

take the liberty of calling a Temple of Pharmacy. The professor did not name it. This temple should be the home of pharmacy in all of its branches; where we could all meet within our own gates; where the archives of our respective organizations could be preserved; where large reference libraries could be maintained. It is possible that Professor Lloyd might be willing to have his valuable library housed in a fireproof Temple of Pharmacy.

"Professor Wulling pointed out that his plan meant the initial investment of many hundred thousands of dollars; but he thought the amount could be raised in normal times; and I think so too. His address was the one distinguishing feature of the meeting. It will be as much of an epoch in the history of pharmacy as the gathering of five men at lunch during the Denver meeting of the American Pharmaceutical Association when regret was expressed that it seemed impossible for the several drug interests to get together on matters that interested all. On that occasion I told them how manufacturers dreaded being outvoted by meetings largely attended by representatives of local retail associations, and made the remark: 'Whenever you can devise a body that shall be composed of an equal number of delegates from each of the recognized national associations, and which shall be advisory only, the manufacturers will be with you.' Professor Beal, who was at the table, worked out the idea and presented it to the Association. The results were the National Drug Trade Conference—unique in the history of trade, scientific or professional organizations.

"Think of it! a conference meeting at Washington, deliberating upon a bill proposed by an eminent congressman, and doing so at his instance; amending and modifying it according to the consensus of the judgment of its members; then getting the approval of two of the departments to its amendments, and finally submitting a signed copy of the re-draft to be reintroduced by the same congressman as the bill of the Conference; and securing its passage in the house in the same week it was introduced! The Conference was as deliberative a body as framed the Declaration of Independence, or the Constitution of the United States, and yet a purely advisory body—a body in which we are not merged and yet of which we are members.

Do we not have in the National Drug Trade Conference the embryo, or perhaps the type of, a larger organization, which shall have its Temple of Pharmacy where we may gather annually instead of at the Waldorf-Astoria, and hold our meetings just as independent as we are now holding them, but in an atmosphere distinctly pharmaceutical, and with the feeling that we have the sympathetic interest of all other national pharmaceutical bodies meeting in the same place?"

COMMITTEE REPORTS

REPORT OF THE SPECIAL COMMITTEE ON COMPULSORY HEALTH INSURANCE.

CHICAGO BRANCH OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

The Special Committee on Compulsory Health Insurance which reported partially on February 23, 1917 (*JOUR. A. PH. A.*, 1917, pp. 315-317), herewith submits as its final report the following:

The Committee has considered the subject of health insurance with especial reference to the model bill known as "Standards and Tentative Draft of an Act" proposed by the American Association for Labor Legislation. In connection with this bill the committee has studied the various pamphlets advocating this plan of social insurance which have been issued from time to time by the American Association for Labor Legislation, the reports issued by the Council on Health and Public Instruction of the American Medical Association, and numerous articles appearing in various medical and pharmaceutical journals, and has also sought to obtain information concerning the operation and effects of health insurance systems in force in Germany, Great Britain and other European countries.

As a result of its studies the committee has arrived at the following conclusions:

(1) The standard bill discriminates unjustly between persons employed at manual labor and other wage earners. By the terms of the bill employees at manual labor are to be entitled to benefits regardless of the amount of their annual or monthly earnings, while all other wage earners are to be excluded from these benefits, unless their wage income is \$100 or less per month.

One result of this discrimination would be that an employee at other than manual labor who received even a very small amount in excess of \$100 per month, would be called upon to contribute to benefits for highly skilled mechanics whose annual income might be very much greater than his own.

(2) The standard bill is defective in that it does not make any distinction between illness or disability resulting from the fault or immoral habits of the wage earner or members of his family and that resulting from the nature of the employment, or which ensues without fault or neglect on the part of the insured employee or his family.

In the opinion of the Committee, innocent, industrious and sober employees should not be called upon to bear the expense of the illness or disability, or to contribute to cash benefits for those whose illness or disability is the natural result of their own vicious habits or immoral behavior.

(3) The standard bill is defective in that it does not make adequate provision for the care and treatment of the most necessitous classes of wage earners, namely, those known as casual employees—because their employment is occasional or irregular—and those who are described as self-employed persons—or those who gain a livelihood by the conduct of some small independent business of their own.

In the case of the casual employee the bill gives to the Social Insurance Commission the power to altogether exempt them from benefits. In the case of the self-employed individual it provides that he may insure himself voluntarily in the insurance funds, provided he can pass a satisfactory medical examination and pay the premiums. This means nothing to the self employed person, since he already possesses the privilege of insuring himself, provided he is able to pass a satisfactory examination and pay the premium.

(4) The bill is objectionable in that it places no limit whatsoever upon the amount of money that may be collected and expended for the purposes of health insurance. The proportions of the several contributions by employers, employees and the state are fixed, but not the amount which may be collected and expended so long as the proportions specified are adhered to.

In the opinion of the Committee it would be bad public policy to erect within the state a political instrumentality for the collection and expenditure of money—amounting to millions of dollars annually—without any other limitation upon the total sums to be collected and expended than the discretion of the individuals selected to administer the law.

(5) The standard bill is objectionable in that it empowers the Social Insurance Commission to establish and maintain as many branch offices, and to appoint as many officers, assistants and employees as it deems necessary, without any limitation upon this appointing power.

In the opinion of the Committee, it would be contrary to a sound public policy to confer upon any body created by legislative action the unrestricted right to establish branch offices and to appoint as many assistants and other employees as it might deem necessary.

(6) The bill is objectionable in that it does not provide any outside instrumentality to supervise the handling and care of the vast sums of money which would be collected and disbursed in the administration of the act.

In the opinion of the Committee it would be contrary to sound public policy to relieve the various boards and committees provided for in the bill from the supervision and control of the auditing and other supervisory agencies which the state imposes upon its various other fiscal agents who are charged with the collection and disbursement of public monies.

(7) The standard bill is objectionable in that some of its provisions are so loosely drafted that it is impossible to intelligently interpret them or to determine the manner in which they are to be applied. As an example we cite Section 56, which reads as follows:

“Medical Advisory Board, The State Medical Societies shall choose a Medical Advisory Board which shall be consulted on medical matters.”

It will be observed that it is impossible to determine from this language either the number of members on the board or the length of time for which they are to hold office. Neither is there any specification as to the manner in which the board is to assemble, conduct its deliberations or deliver its decisions. It is equally uncertain whether the medical societies representing the various sectarian schools of medicine are each to elect an equal number of members to the medical advisory board, or whether their representation thereon is to be proportional to the number of members constituting the medical society.

Other portions of the bill are equally obscure and uncertain.

(8) The bill is objectionable in that it makes no provision whatsoever for the manner in which pharmaceutical, medical and surgical supplies are to be obtained.

From a study of the history of the evolution of the bill, and from statements of some of those who favor its enactment by the several states, there is reason to believe that it is contemplated that these supplies will be furnished to insured persons and their families through dispensaries established and maintained out of the insurance funds.

Since it is estimated that compulsory health insurance would provide for the medical requirements of 75 to 80 percent of the working population, there would naturally be a corresponding contraction in the demand for such supplies through the usual retail drug store. Believing as we do that the retail drug store is both a public necessity and a public convenience, we are of the opinion that such a discrimination against the retail druggist is unjust, especially when we consider that the proprietor as an employer would be required to insure his employees under the fund, and as a tax-payer would be compelled to contribute to the proportion of the expense which is to be borne by the state.

In this connection the committee has also made some effort to learn the effect of compulsory insurance upon the drug business in countries where such systems are in force, and where by means of positive provisions in the law efforts have been made to care for the interests of drug dealers.

As a result we have found that such dealers are very generally dissatisfied with the operation of the law. When they receive a portion of the insurance business, they are compelled to render services for which they receive but very little compensation, while those who receive little or none of the insurance practice have suffered a great contraction in the volume of their former business.

(9) The standard bill is objectionable in that it will tend to discourage self-help on the part of employees through voluntary insurance in trade unions and fraternal societies or in societies maintained jointly by the contributions of employees and employers.

While certain sections of the bill seem to authorize the insurance of wage earners in voluntary societies, it is apparent on closer study that the continuance of such societies is to be prevented or at least discouraged. The reason for this conclusion is found in the provision that an employer who contributes to such a society within his own establishment must, nevertheless, pay to the Social Insurance Commission the same amount as he would be required to pay if his employees were not thus voluntarily insured. There is also a further provision which permits the closing up of such societies if, in the opinion of the Social Insurance Commission, their continuance will endanger the success of the state insurance fund in any district.

It is the opinion of the Committee that the state should foster attempts at self-help on the part of wage earners rather than the contrary, and also that if a state subsidized system of insurance is unable to successfully compete with voluntary associations, then there is no reason why the state should attempt such functions.

In addition to the foregoing objections, which refer particularly to the provisions of the standard bill, the committee cites the following objections to *any* system of state subsidized compulsory health insurance:

(10) The claims of the advocates of compulsory health insurance that its establishment will improve the general health conditions of the community and diminish the mortality and morbidity rates, are disproved by statistics collected from countries where such systems of insurance are in force.

According to statistics collected by Mr. Frederick L. Hoffman, statistician for the Prudential Life Insurance Company:

"From the introduction of social insurance in the city of Berlin to the present time, the mortality rate at ages over ten years has practically remained unchanged. * * * Considered by quinquennial periods, there has practically been no perceptible change in the rate during the entire period since social insurance has been in operation, including insurance against invalidity. Evidence of this nature can neither be contradicted nor gainsaid.

"There has been a greater reduction in the tuberculosis death rate in this country than in Germany, regardless of the enormous governmental machinery serving social insurance purposes."

According to Mr. Hoffman the decrease in the tuberculosis death rate in Prussia was 51 percent in thirteen years, while in the same period the decrease in the tuberculosis death rate in Massachusetts was 57 percent.

Mr. Hoffman also shows that there has been a greater decrease in the mortality rates in New York City than in Berlin from tuberculosis, typhoid fever, diphtheria, and croup.

From the report of a commission especially appointed to consider the results of the insurance act in Great Britain the following statements are abstracted:

"The tuberculosis scheme cannot be regarded as a success. In all probability much better results would be obtained were the existing system of over-lapping control brought to an end and the whole responsibility vested in one public health authority. * * * The results of the act as regards sanatorium benefit are looked on as disappointing. The problem was largely miscalculated and the results fall far short of the expectations raised. * * * Most of the evidence was in favor of handing the whole treatment of tuberculosis to the public health authorities."

Much additional evidence might be cited tending to the same effect, namely, that there has been a greater improvement in morbidity and mortality rates in the United States than in the various European countries where compulsory insurance systems are in force.

(11) Compulsory health insurance in the United States would operate to the detriment of the professional independence and progress of the general medical profession.

It might be to the financial advantage of those securing employment under the act, either as panel physicians or as salaried officials, but this could only be at the corresponding disadvantage of physicians who did not obtain such positions.

In order that the whole body of physicians might profit by the enactment of such a law, it would be necessary either that the number of patients per physician should be increased, or if the sickness rate remain the same, that the rate of pay per patient should be increased.

To argue that the amount of sickness would be increased is to argue against the enactment of such a law. To argue that the average rate of pay per patient would be increased is to argue in opposition to experience. Wholesale business implies wholesale rates, and it would be foolish to assume that those in charge of the insurance funds would be willing to pay the same rates for the treatment of 500 families as would be expected in private practice, or that in arranging for medical services they would not make use of the economic force of competition among physicians.

(12) Compulsory health insurance would be detrimental to the medical profession because of the political competition for positions which would inevitably result. It is utterly foolish to assume that where positions differed in desirability there would not be political scrambles to obtain the more desirable ones; or that such competition could be carried on without political organization and all of the turmoil that political contests induce. To win, the contestants would have to be affiliated with the winning side, and that means "practical politics," and all that such affiliation implies.

(13) A system of compulsory health insurance would be inimical to the progress and improvement of the existing regularly constituted public health agencies. The new system would have behind it a powerful organization consisting of a multitude of officials and employees, and able to exercise tremendous pressure upon legislative bodies and the public administration of the state. With such an organization, constantly calling upon the legislature for new appropriations, the other public health agencies of the state would have to compete, with results that could only be disastrous to the weaker party.

(14) Compulsory health insurance could not fail to weaken the sense of personal responsibility and to lesson the efforts at thrift and providence of the wage earner. It is contrary to human nature to expect that those who feel that they will be provided for by the government will not let down in their efforts to make provision for themselves, with a consequent reduction in the moral stamina of the individuals concerned. Such a reduction in moral stamina is one of the acknowledged results of compulsory insurance in European countries.

(15) Compulsory health insurance would inevitably result in the production of a large number of discards among industrial workers, because it would make necessary the discarding of employees who were bad risks from the insurance standpoint.

One student of the subject has estimated that the number of such discards in the United States would amount to four millions or more, who would thus automatically pass from the list of those regularly employed into the classes of the unemployed, casually employed, or self-employed with a corresponding increased strain upon public charities.

(16) Compulsory health insurance would not only increase the normal rate of state taxation enormously,—perhaps two or three hundred percent—but would add very greatly to the cost of products manufactured by the insured industries.

It requires only an elementary knowledge of political economy to realize that burdens placed upon industries are eventually transferred to the ultimate consumer. Under health insurance both employer and employee could obtain partial recompense for their added expenses, the first by adding to the selling price of his product, and the second through medical benefits. But the ultimate consumer, who is neither employer nor employee, would have no such means of recoupment and would have to bear the burden alone.

(17) One effect of compulsory health insurance in European countries has been to increase malingering on the part of employees, that is, either the pretense of illness or the exaggeration of symptoms in order to secure benefits.

Statistics show this to be true beyond question, and that in Germany, for example, not only has the number of real or pretended cases of sickness very largely increased but also that the period of real or pretended disability has been very greatly extended under health insurance. Numerous competent observers have asserted these facts, and several have estimated "the number of impostors and those who intentionally exaggerate their symptoms as constituting not less than 50 percent of all cases."

Similar results have been noted in Great Britain and in other countries where these laws are in force. There is no good reason whatsoever to believe that the same result would not follow the introduction of the system into this country.

In conclusion. The Committee report that, in their opinion, a system of state subsidized compulsory health insurance is contrary to the fundamental ideals of the functions of government as hitherto interpreted in America, and of a self-reliant, progressive American citizenship. The Committee therefore recommends that the Chicago Branch of the American Pharmaceutical Association refuse to endorse the standard bill proposed by the American Association for Labor Legislation and, in case such legislation is proposed in the state of Illinois, that the members of this Branch, individually and collectively, take an active part in seeing that the general public, and especially tax-payers, wage earners, and members of the medical profession and of the drug trade shall be fully informed of the dangers of state subsidized compulsory health insurance and of the results that have followed the establishment of such insurance in other countries.

Respectfully submitted,

J. H. BEAL, *Chairman*,
BERNARD FANTUS,
J. H. WELLS,
Committee.

REPORT OF THE COMMITTEE ON DRAFTING A MODEL FOR A MODERN PHARMACY LAW, AMERICAN PHARMACEUTICAL ASSOCIATION.*

Your Committee at this time presents what it would designate to be a Preliminary Draft. In taking up its task the Committee has been mindful of the work of the Voluntary Conference which was created under the auspices of the Section on Education and Legislation and which proposed a number of new features, very generally meeting with the approval of the State boards and State associations represented therein. It is our understanding that proper further consideration shall be given to the wishes of the Voluntary Conference in the final completion of our work. We would make plain that none of the features contained in the Preliminary Draft have met with final approval, and that as to some there is at present a difference of opinion in the Committee. We believe it possible only to arrive at the best conclusions at a conference where the Committee members can discuss every feature and then decide upon its desirability and such conference will be our aim.

In submitting this preliminary and unfinished draft we have the thought to profit from discussion and criticism which may take place at this meeting and which we earnestly solicit.

* A general discussion followed the presentation of each Section discussed, and at the conclusion of the discussion a vote of thanks was tendered the Committee for their painstaking work, and the body recommended the continuance of the Committee. Chairman Freericks expressed the opinion that the final report on the draft would be presented at the next meeting. The analysis and draft are printed so that all members may study the provisions.

Likewise, we hope to profit from publication and discussion in the Pharmaceutical Press, and if possible in the Medical Press. In order that there may be no misunderstanding as to the scope of our work, we would explain that we mean it to be purely a model. It is not within our sphere to present a draft which can be certainly enacted to-day or to-morrow, in the different States, but rather to present one which we know with due regard for the public welfare should be enacted. We realize that conditions in different States may not be opportune for securing such pharmaceutical legislation as should now exist, but we believe that with a proper model there can be a gradual, if not an immediate, accomplishment. Therefore, we would say to the critic who agrees that our aim is correct, but not possible of practical attainment, that we are concerned only in having the correct aim, and that we must leave to the future, which inevitably works toward correctness and improvement, the desired practical attainment.

In order to serve a more ready appreciation of the scope of this Preliminary Draft, we offer the following abstract of its more important features:

First, It provides that at least a majority of pharmacy board members shall be graduates in pharmacy.

Second, That the pharmacy board shall in conjunction with a drug commissioner to be appointed by it, be charged with the enforcement of all laws pertaining to pharmacy, inclusive of the compounding, distribution, purity and sale of drugs.

Third, That all persons engaged in compounding, selling or distributing potent drugs and poisons at retail, shall prove qualification, and shall be registered by the board of pharmacy.

Fourth, A more definite status of the rights of the assistant pharmacist is sought; the physician and veterinarian, who would compound and dispense his own medicines must prove his qualification to practice pharmacy, and to that extent is to be under the supervision of the board of pharmacy; the so-called drug dealer is to exist only where reasonable public needs require his existence, and he is to show at least some qualification. The provisions which concern the physician and the drug dealer, that is, to show qualification, are not to be applicable to those physicians and drug dealers who at present may be qualified because of practical experience, and such practical experience shall entitle them to registration, in order to meet the objection which otherwise would be insurmountable.

Fifth, It does not seek to interfere with the present practice of the physician, dentist or veterinarian to supply emergency drug needs when personally administered by him.

Sixth, Preliminary educational requirements and the so-called prerequisites are provided for. Academic degrees are required from those who in the future would occupy the chairs of pharmacy, chemistry and materia medica, in colleges of pharmacy. Apprentices are to be registered when they enter their apprenticeship. Reciprocal registration is provided for. Requirements for recognition as colleges or schools of pharmacy are sought. Membership in an association of state boards of pharmacy is sought to be put upon a legal basis, and the necessary support for maintaining such an association is provided for.

Seventh, Suspension and revocation of certificates for cause inclusive of a proper right of appeal from the decision of the board.

Eighth, Definitions for poisons and for potent drugs under which it will be the duty of the board of pharmacy from time to time, to enumerate all poisons and all potent drugs, publishing lists of the same, with provision for a proposed appeal from the decision of the board.

Ninth, All poisons and potent drugs as enumerated either in the Act or in publications of the board are to be labeled, showing poison or potent drug content, but when dispensed by or on the order of a physician, dentist or veterinarian, to either show such content, or to be subject to ready identification by number or mark corresponding with a number or mark on a written record of the content.

Tenth, Drugs and medicines compounded and manufactured under the laws of other States not requiring a publication of poison or potent drug content, when offered at retail, to be under the supervision of the board of pharmacy, whose duty it shall be to determine poison and potent drug content, and who shall then publish lists of such articles, and aside from the label requirement all of the other provisions governing the sale and distribution of poisons and potent drugs, shall then be applicable after such publication.

Eleventh, The Act is intended to include the N. A. R. D. Model for an Anti-narcotic Law.

Twelfth, The Act is intended to include a Pure Drug Law, based upon the provisions of the Federal Act.

Thirteenth, Throughout it has been the aim, aside from matters pertaining to drug adulteration, to seek control primarily over all persons who at retail would sell and distribute poisons and potent drugs. It will be observed that the classification of drugs which are to be considered of a potent character is sufficiently broad, to include all which in the hands of unqualified persons may endanger health and life. The primary thought is, to protect the public whose welfare should be our first aim. A complete copy of the preliminary and unfinished draft is attached hereto.

Respectfully submitted,

FRANK H. FREERICKS, *Chairman*,
WILLIAM C. ANDERSON,
H. V. ARNY,
JAMES H. BEAL,
CHAS. H. HUHN.

PRELIMINARY PARTIAL DRAFT OF AMERICAN PHARMACEUTICAL ASSOCIATION MODEL PHARMACY LAW.

AN ACT TO REGULATE THE PRACTICE OF PHARMACY, ETC.

SECTION 1: Definitions.

SECTION 2: There shall exist and be maintained within the State a State Board of Pharmacy, with duties and powers as hereinafter defined and provided. The State Board of Pharmacy shall consist of five (5) members, and the now existing State Board of Pharmacy heretofore appointed, shall continue in office and act as the State Board of Pharmacy with all the duties and powers as herein provided until the terms of its present members, respectively, expire, the vacancies as they annually occur to be filled in keeping with the requirements of this Act. Hereafter in making appointments to the State Board of Pharmacy the appointees shall have been Registered Pharmacists under this or some former law of the State, for a period of at least ten (10) years, and they at the time of their appointment shall be engaged in conducting a retail pharmacy. At least three (3) members of the State Board of Pharmacy shall be graduates of a, by this State, recognized college or school of pharmacy, and if the now existing State Board of Pharmacy is not so constituted the first occurring vacancies of the State Board shall be filled with appointees meeting such qualification, except in the case of re-appointment of present members, and such qualification for at least three (3) members of the Board shall thereafter be maintained. Members of the Board of Pharmacy to be appointed under this Act, shall be appointed by the Governor and shall serve for a term of five (5) years, or until their successors are appointed, and have duly qualified. Vacancies occurring in the Board other than by expiration of term shall be filled for the unexpired term only. The members of the Board shall be paid ten (\$10.00) dollars *per diem*, and their necessary expenses while actually engaged in the performance of the duties of the Board. Annually, the State Pharmaceutical Association may from among its membership nominate five (5) candidates for the next occurring vacancy on the Board of Pharmacy, who shall meet the requirements as herein provided, and, from among the nominees when regularly submitted and certified by the president and secretary of said State Association, or from others having the necessary qualifications, the Governor shall make his appointment for vacancies occurring in the Board of Pharmacy. Appointees to the Board of Pharmacy shall within ten (10) days after their appointment, take and subscribe an oath or affirmation before a properly qualified officer, that they will faithfully and impartially perform the duties of their office, which oath or affirmation shall be filed with the Secretary of State. The State Board of Pharmacy shall have a president, vice-president, secretary and treasurer, all of whom shall be elected annually, from among their number, except the secretary. The officers of the existing Board shall continue to so act until their terms, for which they have been elected, expire.

SECTION 3: Duties and compensation of Secretary and Treasurer.

SECTION 4: It shall be the duty of the State Board of Pharmacy through officials and employees appointed by it, or under its supervision for that purpose, to enforce all laws of the State now or hereafter enacted, which pertain to the practice of pharmacy, manufacture, production, sale or distribution of drugs, chemicals and poisons, and to their standard of purity.

SECTION 5: There is hereby created the office of a State Drug Commissioner, who under the jurisdiction and supervision of the State Board of Pharmacy, on his own authority as such, is directly charged with the enforcement of all laws as provided in Section 3, subject to the control of the Board. The State Drug Commissioner shall be appointed by the State Board of Pharmacy for a term of five (5) years at a salary of \$—— per annum. The State Drug Commissioner immediately prior to his appointment shall have been engaged in the practice of pharmacy for at least ten (10) years, he shall be a graduate of a college or school of pharmacy, recognized under the laws of this State, and shall be chosen with due regard for his knowledge of chemistry and of his executive ability. Vacancies in the office of the State Drug Commissioner shall be filled by the Board for the unexpired term. The State Drug Commissioner shall employ all necessary chemists, agents and clerical help, for the proper conduct of his office, as may be from time to time determined by the State Board of Pharmacy, and all of his appointments shall be passed upon and approved or disapproved by the State Board of Pharmacy at its next regular session after the appointments are made. The State Drug Commissioner shall report to the State Board of Pharmacy at all its regular sessions.

SECTION 6: The State Board of Pharmacy shall meet at least four (4) times a year in the City of _____, or at such other place within the State as it may designate at any regular session, as an Examining Board, and for the purpose of supervising the office of the State Drug Commissioner. As an Examining Board it shall examine all persons in the art and science of Pharmacy and its allied branches, who meet the necessary qualifications as herein provided and who make application for registration as Pharmacist, Assistant Pharmacist, Medical or Veterinary Dispensers and Drug Dealers.

SECTION 7: The compounding, manufacture, sale and distribution of drugs and medicines at retail when of potent or poisonous character as defined in this Act, shall be limited exclusively to persons who are registered for that purpose under the provisions of this Act, provided that all persons heretofore and now registered within this State as Pharmacists or Assistant Pharmacists, shall have all the rights which are granted to Pharmacists and Assistant Pharmacists under this Act when complying with the requirements thereof as hereinafter set out; and, provided further, that nothing contained in the Act shall be construed to prevent the personal administration of drugs and medicines carried or kept for emergencies, by licensed dentists, physicians and veterinarians, in order to supply the immediate needs of their patients while in their presence. For the purposes of this Act there shall be and are hereby made provisions for the registration of Pharmacists, Assistant Pharmacists, Medical and Veterinary Dispensers and Drug Dealers, each having the rights hereinafter provided, and being subject to the limitations and restrictions as respectively made.

(a) A Pharmacist shall have the right to conduct a pharmacy for the compounding of medicines upon physicians' prescriptions, and for the manufacture, sale and distribution of drugs, medicines and poisons.

(b) Assistant Pharmacists shall have the right to do all things that may be done by a Pharmacist, in a pharmacy or place of business conducted under the supervision of a pharmacist. Supervision as herein required shall not permit the absence of a Pharmacist for more than one (1) day within each separate week.

(c) Medical or Veterinary Dispensers, who must also be by this State licensed physicians or veterinarians, shall have the right only to compound and dispense medicines which they prescribe for persons or animals under their medical treatment, and such compounding and dispensing shall be strictly incident to the practice of medicine and veterinary medicine.

(d) Drug Dealers when conducting fixed places of business at least _____ miles distant from a pharmacy, shall have the right to distribute and sell potent drugs and medicines, and poisons as compounded and prepared under the supervision of pharmacists registered in this or other States when properly labeled under the name of a Registered Pharmacist, known wholesale dealer or manufacturer of drugs and chemicals. A drug dealer having established a fixed place of business under the law shall be privileged to continue the same notwithstanding pharmacies are subsequently established within the _____ mile zone, but when disposing of his place of business shall be subject to the restrictions herein provided in establishing a new place of business.

SECTION 8: Applicants for registration as Pharmacists, Assistant Pharmacists, Medical or Veterinary Dispensers, or Drug Dealers, shall before being admitted to examination meet the following preliminary requirements, proof of which must be first filed with the secretary of the Board under rules and regulations adopted by it:

(a) Applicants for registration as Pharmacists, shall be not less than twenty-one (21) years of age, and shall be graduates of a recognized college or school of pharmacy; they shall have at least four (4) years of practical experience in a drug store or pharmacy where physicians' prescriptions are compounded, provided that not more than two (2) years of credit in meeting such requirement may be given for attendance of at least two (2) full school years at a recognized college or school of pharmacy; they shall have to give proof of a preliminary general education equal to eight units as given in a high school of the State.

(b) Applicants for registration as Assistant Pharmacists shall be not less than eighteen (18) years of age, and shall have at least two (2) years of practical experience in a drug store or pharmacy, where physicians' prescriptions are compounded, provided, that a credit of one (1) year in meeting such requirements may be given for attendance of not less than one (1) full school year at a recognized college or school of pharmacy; they shall meet the same general educational requirements as provided for pharmacists.

(c) Applicants for registration as Medical or Veterinary Dispensers shall give proof that they are registered under the laws of the State as Physicians or as Veterinarians.

(d) Applicants for registration as Drug Dealers shall be not less than twenty-one (21) years of age, and shall give proof of having attained at least a common school education entitling them to entrance of a high school in the State.

SECTION 9: Applicants for registration as Pharmacists and as Assistant Pharmacists shall, to prove their respective requisite knowledge, be examined to a proper varying degree in the subjects of chemistry, botany, materia medica, toxicology, and the theory and practice of pharmacy. Applicants for registration as Medical or Veterinary Dispensers shall be examined in the theory and practice of pharmacy, the scope of such examination to be like that which applicants for registration as Assistant Pharmacists are required to pass. Applicants for registration as Drug Dealers shall be suitably examined in physics and toxicology. Provided, however, that all registered physicians and veterinarians of this State, who, when this Act takes effect, have been accustomed to compound and dispense the medicines which they prescribe for their patients, may on application to the Board of Pharmacy within ninety (90) days from that date, upon affidavit, setting out such fact, become registered without examination as such Medical or Veterinary Dispensers and Drug Dealers, who prior to, and at the time that this Act takes effect, have been engaged as such within the State, may within ninety (90) days from that date become registered as such without examination, upon application to the Board of Pharmacy, giving satisfactory proof.

SECTION 10: Persons who hereafter desire to engage in pharmacy, with a view of becoming registered as Assistant Pharmacist and as Pharmacist, shall, upon entering employment in a pharmacy, register as apprentices with the State Board of Pharmacy, and for all such persons the requisite practical experience shall be determined from the date of registration. A fee of fifty cents (50 c.) shall accompany an application for registration as apprentice. A person who before or after this Act takes effect may have served part of his apprenticeship in some other State not requiring such registration shall give proof of such service satisfactory to the Board. Persons who for more than six (6) months immediately

prior to the time when this Act becomes effective, have been employed in a retail pharmacy, with a view of becoming registered as an Assistant Pharmacist or as a Pharmacist, shall for the purpose of registration as such, be by the Board required to meet the provisions of the law as they existed immediately prior to this Act becoming effective.

SECTION 11: It shall be unlawful for any person to impersonate an applicant before the State Board of Pharmacy applying for registration under the provisions of this Act. Any person violating this Section shall be guilty of a misdemeanor, and, upon conviction, shall, pay a fine of not more than one hundred (\$100.00) dollars, or be imprisoned for not more than six (6) months, or either, or both, in the discretion of the court.

SECTION 12: Persons desiring to enter a college or school of pharmacy shall give proof of the required general education prior to admittance thereto. The necessary proof of an entrance examination shall consist either of certificates issued by the proper school authorities, or in successfully passing an examination before an Entrance Examiner, appointed by the Board for that purpose, at suitable compensation to be allowed by the Board. The Entrance Examiner, under the authority of the Board, shall issue to such persons applying therefore a certificate of preliminary education.

SECTION 13: The State Board of Pharmacy shall recognize as such, Colleges and Schools of Pharmacy which require for graduation a course of studies covering a period of not less than fifty (50) weeks of actual instructions, occupying two (2) school years, with a vacation period of at least two (2) months, between such two (2) school years. Each school year shall cover at least two hundred and fifty (250) hours of class-room instructions and three hundred and fifty (350) hours of individual laboratory practice, including at least the work outlined by the Pharmaceutical Syllabus of 1913. It shall further be required for recognition that at least the professors of pharmacy, chemistry, and materia medica, teaching in such school or colleges of pharmacy, shall hold the degree of B.A. or B.Sc., provided, that this requirement shall not apply to professors of pharmacy, chemistry, or materia medica, who are teaching as such in colleges or schools of pharmacy when this Act becomes effective.

SECTION 14: The State Board of Pharmacy may in its discretion grant certificates of registration as Pharmacist or as Assistant Pharmacist, to persons who furnish proof that they have been registered as such by examination in some other State, and that they are of good moral character, provided, that such other State in its examinations requires the same general degree of fitness as is required by examination in this State, and that the applicant qualifies in all other respects as is required for registration by examination in this State, excepting that persons who have become registered by examination in other States, prior to the time that this Act takes effect, and who have continuously thereafter been engaged in pharmacy, shall be required to meet only the requirements which existed in this State at the time when they became registered in such other State, and provided further, that such other State or States in like manner grant reciprocal registration to Pharmacists and Assistant Pharmacists of this State. Applicants for reciprocal registration in this State shall defray all necessary expense for making an investigation of their character, general reputation and pharmaceutical standing, in the State where they have resided, such expense not to exceed the sum of ten (\$10.00) dollars.

SECTION 15: The State Board of Pharmacy, in order to be informed and to determine the status of Boards of Pharmacy of other States desiring reciprocal registration, and in order also to be advised regarding the progress of pharmacy throughout the country, shall annually select one of its members to meet at the expense of the Board, to be allowed out of its appropriation, with like representatives from other State Boards of Pharmacy. At such meetings, when arranged, there shall be discussed the degree of fitness for registration which is required by the several State Boards of Pharmacy. Such representatives of the several State Boards of Pharmacy may adopt rules and regulations, which shall guide the several Boards in the matter of reciprocal registration, but abidance with such rules and regulations as may be proposed at annual conferences shall be optional and at the discretion of the State Board of Pharmacy. The State Board of Pharmacy through its representatives may with like representatives from other State Boards of Pharmacy join in

creating and maintaining an association of representatives of the several State Boards of Pharmacy, to be engaged in the general advancement of pharmacy and the keeping of records pertaining to reciprocal registration of pharmacists, and at its discretion the Board may give to such Association information which it possesses relating to such aims and objects. The State Board of Pharmacy at an expense not to exceed one hundred (\$100.00) dollars per annum may subscribe for and secure the service of an association engaged in the compilation of pharmaceutical information, knowledge and progress, specially adapted to secure efficiency in the work of the Board.

SECTION 16: Applicants for examination as Pharmacists shall pay an examination fee of five (\$5.00) dollars; applicants for examination as Assistant Pharmacists, Medical or Veterinary Dispensers, and as Drug Dealers, shall pay an examination fee of three (\$3.00) dollars. Certificates of registration shall be issued to Pharmacists on payment of a fee of ten (\$10.00) dollars, and to Assistant Pharmacists, Medical or Veterinary Dispensers, or Drug Dealers, on payment of a fee of five (\$5.00) dollars. Certificates of Preliminary Education shall be issued at a fee of three (\$3.00) dollars. Applicants for reciprocal registration as Pharmacists, in addition to the fee covering costs of investigation, shall pay a fee of \$——— and Assistant Pharmacists a fee of \$———. All fees shall be paid to the State Board of Pharmacy, and by it covered into the State Treasury.

SECTION 17. The registration of any Pharmacist, Assistant Pharmacist, Medical or Veterinary Dispenser, or Drug Dealer, may be suspended or revoked by the Board of Pharmacy, when the registration is proved to the Board, to have been obtained by fraudulent means, or when the registrant has been convicted of a felony or is found by the Board to be guilty of gross immorality, or to be addicted to the liquor or drug habit to such a degree as to render him unfit to compound, sell or distribute drugs and medicines. Suspension or revocation of a certificate shall be only after due notice and hearing, and for the purposes of such hearing the Board or any member thereof is authorized to examine witnesses under oath and to take oaths or affirmations, and to reduce the testimony given in any such case to writing. Within thirty (30) days after the suspension or revocation of a certificate of registration, the registrant may take an appeal to any court of record of the State, of competent jurisdiction, and pending such appeal the decision of the Board shall be suspended until the court renders judgment which shall be final in the case, and if the decision of the Board is not sustained, the registrant shall be re-instated.

SECTION 18: There shall be kept in every pharmacy and in every medical or veterinary dispensary a copy of the latest revision of the U. S. Pharmacopoeia and the latest revision of the National Formulary, and if Homeopathic remedies are compounded and dispensed, a copy of the latest revision of the American Homeopathic Pharmacopoeia or Homeopathic Pharmacopoeia of the U. S., which books must be open to the inspection of the Board of Pharmacy, the Drug Commissioner and their properly authorized agents or employees. Any person violating this Section shall, upon conviction, be fined the sum of ten (\$10.00) dollars and the costs of prosecution.

SECTION 19: All certificates as Pharmacists and Assistant Pharmacists, Medical or Veterinary Dispensers, and Drug Dealers, shall at all times be conspicuously displayed in the place of business or dispensary where the registrant is engaged as such. Any registrant violating this Section shall, upon conviction, be fined to pay the sum of ten (\$10.00) dollars and the costs of prosecution.

SECTION 20: Registration of place annually.

SECTION 21: The Board of Pharmacy shall make, from time to time, uniform rules and regulations, which are to govern it and the Drug Commissioner and all employees in the enforcement of this Act. It shall prescribe, publish and furnish all application forms for registration, which are required under this Act.

SECTION 22: It shall be unlawful for any person who is not a registered Pharmacist, registered Assistant Pharmacist, registered Medical or Veterinary Dispenser, or Drug Dealer, or who is not under the direct and immediate supervision of either of such registrants operating within their lawful spheres, to compound, manufacture, sell or distribute at retail any potent drugs or poison as hereinafter defined, excepting only, that this provision

shall not apply to the sale of drugs and poisons when intended for agricultural, technical and industrial use, and shall not apply to the personal administration of drugs and medicines by dentists, physicians and veterinarians in keeping with Section 7 of this Act. It shall be unlawful for Medical or Veterinary Dispensers to compound, sell and distribute potent drugs or poisons, except for use by bona fide patients, who are under their medical treatment. It shall be unlawful for any Drug Dealer to compound or manufacture Potent Drugs, poisons or preparations containing the same, and it shall be unlawful for such Drug Dealer to sell or distribute potent drugs and poisons, except in original packages as prepared by and under the supervision of a registered Pharmacist of this or some other State, properly labeled to meet all requirements of the law, and bearing the name of the original distributor or manufacturer. Any person violating the provisions of this Section shall be guilty of a misdemeanor, and upon conviction thereof shall be sentenced to pay a fine of not less than fifty (\$50.00) dollars, nor more than five hundred (\$500.00) dollars, or to imprisonment for not more than one (1) year, either, or both, in the discretion of the court.

SECTION 23: (A) The term poison shall include the compounds and salts of antimony, arsenic, _____ etc., and shall include all compounds, combinations, mixtures and preparations of the same, which contain more than one (1) adult medicinal dose of said substances in each one-half fluid ounce, if liquid, and one-half avoirdupois ounce if solid, of such compounds, combinations, mixtures and preparations, or when in the form of capsule, pill, tablet, powder or other like sub-divisions there is contained more than one adult medicinal dose in two or less of such capsules, pills, tablets, powders, or other like sub-divisions. The term poison shall further include all substances of which an adult medicinal dose when in original form is less than two grains if solid, and less than two minims if liquid, and the compounds, combinations, mixtures and preparations thereof, when more than one adult medicinal dose is contained in one-half fluid ounce if liquid, and one-half avoirdupois ounce, if solid, or when in capsule, pill or tablet, powder or like sub-division more than one such adult dose is contained in two or less of such sub-divisions.

(B) The term potent drug shall include all poisons as defined in sub-section (A) hereof, and all preparations containing more than five percent (5%) of alcohol by volume when intended for medicinal use, and shall further include all substances, the adult medicinal dose of which is less than sixty (60) grains, if solid, or sixty (60) minims, if liquid, and all compounds, combinations, mixtures, and preparations thereof, which contain more than an adult medicinal dose in each fluid ounce, if liquid, and each avoirdupois ounce, if solid, or when in capsule, pill, tablet, powder or other like sub-division more than one adult dose is contained in less than ten (10) of such sub-divisions.

(C) It shall be the duty of the State Board of Pharmacy to determine from time to time the adult medicinal dose of all substances, which are not specially named as poisons or as potent drugs, and which are to be determined as such by their dosage, and having so determined such other poisons and potent drugs, the State Board of Pharmacy shall publish lists of such other poisons and potent drugs so determined, and after ninety (90) days from date of such publication such poisons and potent drugs shall be delivered, dispensed and sold, only as may be provided by law. Within ninety (90) days after publication of what the State Board of Pharmacy determines to be a poison or potent drug, on the basis of the adult dose thereof, any person interested in such determination may apply for a hearing before the Board to submit proof that such determination with reference to any particular substance, compound, combination, mixture, or preparation, is erroneous, and if the Board becomes so satisfied, it shall rescind its order and publication with reference to such particular substance or substances, compound, mixture or preparation. In case the Board decides against the complainant, he shall have the right within thirty (30) days to appeal to any court of record having jurisdiction, for a review of the decision of the Board, and it shall act in compliance with the order of the court on final adjudication, and pending such final adjudication the determination of the Board with reference to the substance or substances, combination, compound, mixture or preparation, shall be held in abeyance.

SECTION 24: All chemicals, drugs, their compounds and preparations when of poisonous or potent character as defined in this Act, and when dispensed, distributed, or sold at retail to the consumer, except in original packages as manufactured and put up outside of the State in keeping with the laws of some other state or country, shall be in containers bearing a label for ready inspection, upon which such poisonous or potent drug content is plainly shown, as also the percentage thereof, contained therein: Provided, that when such chemicals and drugs are dispensed in keeping with a written record as made by a registered physician, dentist or veterinarian, and such written record is retained or filed by a pharmacist, physician, dentist or veterinarian, for at least one (1) year, the label requirement herein shall be satisfied when the container of the chemicals and drugs so dispensed bears a number or mark corresponding with a number or mark on the written record, so that it may be readily identified. Whenever chemicals and drugs, their compounds and preparations, manufactured outside of the State are dispensed, distributed or sold in original packages at retail to the consumer, without meeting the label requirements herein provided, it shall be the duty of the State Board of Pharmacy, by, and with the assistance of the State Drug Commissioner, to determine poisonous or potent drug content as herein defined, and upon such determination it shall list and publish the article under the name given it by its producer or manufacturer, as of either such poisonous or potent drug content, and thereafter such article shall be dispensed, distributed or sold, at retail within this State, only in compliance with the other provisions of this Act.

SECTION 25: Whoever knowingly sells or delivers to any person otherwise than in the manner prescribed by law, any poison or potent drug as defined in this Act, or sells or delivers in the manner otherwise prescribed by law any poison as defined in this Act, but without the written order of an adult, to a minor under sixteen (16) years of age, shall be fined not less than ten (\$10.00) dollars, nor more than fifty (\$50.00) dollars for each offense.

SECTION 26: Whoever sells or delivers to any person a poison as defined in this Act, except upon the written record of a registered physician, dentist or veterinarian, made and kept as provided in this Act, without having first learned by due inquiry that such person is aware of the poisonous character thereof, and that it is desired for a lawful purpose, or without plainly labeling the word "POISON," and the names of two or more antidotes therefor, upon the box or package containing it, or delivers such poison without recording in a book kept for that purpose for which it is alleged to be used, the date of its delivery, and the name and address of the purchaser, and the name of the dispenser, or fails to preserve said book for five (5) years, and submit it at all times for inspection to proper officers of the law, shall be fined not less than ten (\$10.00) dollars nor more than fifty (\$50.00) dollars for each offense.

SECTION 27: In this Section and its necessary Sub-Sections, are to be included the N. A. R. D. Model for a Narcotic Law.

SECTION 28: In this Section and its necessary Sub-Sections, are to be included the provisions of a Pure Food Law as based upon the terms and requirements of the Federal Food and Drugs Act.

THREE INJUNCTIONS.

First: Find yourself. Find who you really are and what you like best. Know your weak points and your strong ones. Only by knowledge of our weaknesses and constant effort can we overcome our failings. Find what you really want to be. Determine what you really want to be. Determine what you are naturally best adapted to do. Don't be misled by false glitter or another's success in a different occupation. Find your groove, your talent, and stick to it. Find yourself!

Secondly: Save yourself. Be careful of your physical being. Your health is a fortune and should be guarded more closely than your dearest possession. Learn economy of steps, of motion, of time. Be physically fit for any reasonable demand on your strength. Then go about your daily work with vigor, with enthusiasm, with pleasure. Save yourself.

Lastly: Give yourself. Give the world the best on your part. Don't expect to give a second-class article and receive pure gold. One's mind grows by sharing as well as does one's character.

--W. H. CLEMENS.