

HOUSE OF DELEGATES,
AMERICAN PHARMACEUTICAL ASSOCIATION.

ABSTRACT OF THE MINUTES OF THE SESSIONS HELD IN THE CITY OF WASHINGTON, MAY 7 AND 10, 1920.

FIRST SESSION.

Chairman Samuel L. Hilton called the meeting to order. Upon motion the roll-call was dispensed with.

The Chairman introduced Major A. P. Clarke, representing Surgeon General Ireland of the U. S. Army, who spoke in part as follows:

"Surgeon General Ireland, of the United States Army, has asked me to extend to you his personal greetings and the greetings of the Medical Department of the Army, and I assure you that it gives me great pleasure to do this.

"General Ireland feels that you are particularly interested in the status of pharmacists in the United States Army, both in the active Army during peace and in the reserve force which is held in preparation for any future war. As you know, that status is more or less dependent upon subsequent legislation. There are before Congress several bills at the present time and I will refer to these in my remarks.

"We have had during the war an administrative corps in the Medical Department, the Sanitary Corps. The bills that are now before Congress change that name to the Medical Service Corps. These bills authorize a reserve section for every branch of service that appears as a part of the active Army. There would be, therefore, a reserve section for the Medical Service Corps, and as a branch thereof a section devoted to pharmacy. In the present Army the Medical Department, during peace, has relatively few units as compared with the number of units during war. When I speak of a unit I mean a hospital. The reasons, of course, are quite apparent. The great function of the Medical Department—whether in times of peace or war—is that of salvaging the human material that has become injured. Our efforts are always directed towards returning to the firing line the maximum possible of injured men in sufficiently fit shape to fight or to at least carry on.

"In war we have, as you know, a tremendously greater expectancy in sick and wounded for various reasons. The result is that, even at the very start, we must naturally have a greater number of units receiving the sick and wounded. We must have a sufficient number of units to receive the sick and wounded from the firing lines when it becomes necessary to evacuate certain positions and this, a great task, must be done in an orderly manner. In order to do that it requires an additional overhead in these hospital organizations.

"In times of peace we need in our hospital well-trained pharmacists. And when I speak of a pharmacist, I speak in the sense that we know the pharmacist in civil life. The need, therefore, is quite apparent and urgent, and in war it is also apparent, but more urgent. The need in war, naturally, can never be met by the number of active pharmacists on duty during times of peace. Just as every branch of the service looks to the civil body to supply its needs, so the Medical Department of the Army goes to the civil body to supply that need for us. We have now in civil life approximately 4,000 pharmacists who served with the army during the war. In recognition of the need of the Medical Service Corps, we hope Congress will permit us to organize our pharmaceutical section with men who have devoted their time to the study of pharmacy in civil life.

"We have now a project before the General Staff that calls for an increase in the scope of the educational system for the Medical Department. The primary object of the educational system is to prepare our young men entering the Service. An object that is possibly secondary, although almost primary, is that of helping to insure the country against war as far as the Medical Department can do so. The project calls for a field school. Tentative arrangements have been made, and we have asked the War Department for a site which we contemplate will be located at the old Indian School, at Carlisle, Pa. Here we expect to expend the facilities and be prepared to receive men from civil life and give them a short course in intensive training.

"If, therefore, we have a section of pharmacists and Congress authorizes this system, the men who qualify will be given the rank of from Second Lieutenant to Major. If the bills are

passed we will then have a large number of pharmacists who may be commissioned as officers of the Pharmaceutical Section of the Reserve Corps. The commissioning of a pharmacist will be dependent upon his age and professional attainments in civil life and, as stated, the rank to be given an individual will range from Second Lieutenant to Major, according to his qualifications.

"A certain number of these men will have had prior service, others will have had no military training. It will be necessary, therefore, to coördinate their professional attainments and their technical ability with the needs in the Service as officers or as soldiers. It will then be the desire of the Medical Department of the Army to have a certain number of those men ordered to our school upon active duty, where we will give them a six weeks' to two months' course in military training. In a way we will administer education in tabloid form.

"In order to do this it will be necessary for the office of the Surgeon General of the Army to have accurate statistical records—that is, live records—of the available assets, in personnel, in civil life.

"We are prone to think of the pharmacist as the man behind the counter in a drug store, but that is only one phase. There are men in pharmacy who have broad business experience, business ability in buying, and in a very material way possess qualities which make them highly desirable for service in the Army. These men, naturally, fit into the military machine in time of war.

"In time of peace the requirements of the Army are naturally somewhat narrower in scope. We are expecting Congress to authorize the Medical Service Corps to consist of a force of commissioned officers and, possibly, at the same time a force of enlisted men. These men from the rank of private up to the grade of Major will be concerned with administrative work, but in order to be successful in the Army, they must have passed through the lower grades. It is anticipated that the enlistment period will be approximately three years, and in order that a man may obtain the commission for which he aims, it is expected that he will serve a certain length of time as a non-commissioned officer. From the grade of non-commissioned officer, it is expected that the soldier, if properly qualified, will be able to pass an examination and be in line for promotion to the first commissioned grade, that of Second Lieutenant.

"The present status with regard to the requirements for admission into a civil pharmaceutical school is that the applicant must have had two years of high school training. I believe ultimately it will be required to have a certain amount of college work before he may take up the study of pharmacy.

"The plan of the Medical Department considers that a man should graduate at a school of pharmacy at about the age of 21, and at that time enter the Army and receive his preliminary training as an enlisted man, and at the end of a short period, if qualified, be appointed to a commissioned rank and still continue the practice of pharmacy, going forward gradually to the grade of Major.

"We have in addition to the field school project an additional phase of the educational program. This is a strictly technical school, the Army Medical School. This school is located in Washington. It is now occupying quarters in an office building where it has been located for a number of years, but it is about to be moved, as soon as an appropriation is made available, to the large medical center at the Walter Reed Hospital.

"I would like to be able to give you an approximation of the number of pharmacists the Army might need, but it is almost impossible to foretell that need for any future war. For the present, at least not until the present bill is passed and becomes law, it is impossible to say just how many pharmacists we must have on our active list. The number to be placed on the inactive list will depend upon the War Plans Division of the General Staff which will indicate to us exactly what the Army program is to be.

"But in this connection the point is that some agency must possess the data that I have spoken of, in order that we may be able to say exactly what we are to expect from the men in civil life, from which source we are to draw our pharmacists for the Reserve.

"It has been brought to my attention to-day that efforts are being made in your Association to tabulate and coördinate such data in which there will be an attempt to line up the schools from which we are to obtain pharmacists. This will not be done from the standpoint of preparing

for a war, but from that of insuring against war, and to preserve the records of those of the profession of pharmacy who fought for our country.

"One desire of the Medical Department is to know how many civilian pharmacists are available, and then also: their qualifications, that they meet the standards of the profession; their ages; from what school they have graduated; their respective standing in the communities where they reside. Such information would be highly and extremely useful to the Surgeon General of the Army. Once it is received it will be compiled and made a matter of permanent record in the office of the Surgeon General, for reference when required.

"I want to impress upon you the fact that Surgeon General Ireland feels that there is a place for the pharmacist in the United States Army, and that he is vitally interested in their welfare, whether on the active list or in the reserve, and that he thinks the pharmacist has a very definite function in military life and action."

Lieutenant Paul F. Dickens, representing Surgeon General Braisted, of the U. S. Navy, was then introduced by Chairman Hilton. The subject of his address was,

THE PHARMACIST IN THE NAVY.

The almost universal misconceptions which have so long prevailed in regard to military matters in general include also the duties and career of the naval pharmacist. I know that a goodly proportion of those who listen to me to-day have had their ideas of the duties and specific functions of naval pharmacists changed by having been closely associated with them in the late war, and undoubtedly many of you are now, in some degree, familiar with military life.

In the very nature of things, every individual member of our naval organization has a position all his own. You each have yours. It belongs to you by reason of your fitness to perform certain specific tasks more efficiently than others who lack your training and experience. This is true also in naval life, where all positions are very sharply defined. * * * In military service it is of the most vital importance that this leader have experience and special qualifications to fit him for that position. It is for this reason that we have officers and enlisted men in the military services. This is true of every military organization in the world, and it is true of all forms of business conducted on a large scale.

The pharmacist who severs his connection with the colleagues of civil life to enter a military service appears to have acquired many masters, and to be at the beck and call of men who are not qualified to direct him in the details of his calling. He finds himself in situations very different from those of civil life, but these situations all have their parallel ashore. The man who stands behind the counter must be the servant of his patrons; the head of the retail store is very directly and constantly affected by what goes on in the wholesale trade; and the big wholesaler and importer is dependent for success on the trade conditions and political conditions existing throughout the world. Everybody has a boss, whether that boss is outwardly marked by a uniform and devices or has no earmarks by which the uninitiated public can distinguish him at a glance.

The American Pharmaceutical Association is an organization which has stood the test of time and has an all-powerful influence on the destinies of its individual members. It represents pharmacy and things pharmaceutical. To enumerate the beneficial things done by the American Pharmaceutical Association in general is not within my power, but it is my desire to express to you the gratitude of the pharmacists of the naval service for the many activities which have been so helpful to us, and, in the name of the naval pharmacists, I most heartily thank you for these beneficial acts.

Before any organization can render the greatest good for the amount of energy expended on behalf of those of us "who go down to the sea in ships" it is highly desirable that the duties, responsibilities, and activities of the naval pharmacist be thoroughly understood. The practice of medicine and surgery at sea, and especially in a military organization, is very different from that ashore, and to even a greater extent the practice of pharmacy, under the circumstances of naval life, is likewise so different that it is in the nature of a specialty within a specialty.

THE NAVY HOSPITAL CORPS.

In order to appreciate just what a pharmacist in the Navy is, let us go for a moment into the history of the Hospital Corps. The naval pharmacist of to-day is a product of the gradual

evolution of the Medical Department which began with the establishment of our Navy and has gone on to the present day. The present pharmacist bears the same relation to the sick-bay attendant of earlier days that the highly qualified medical officer does to his predecessor of a century ago; that the self-respecting, ambitious, clean-cut, clear-eyed, young American sailor of our modern battleship bears to the rough, rum-drinking bluejacket formerly recruited from a regular seagoing class, brought up on the wind-jammers of the merchant service that carried our flag to every seaport in the world. We may get a conception of the radical changes which have taken place by contrasting the laws and regulations in force in this year, 1920, with those of the early Revolutionary period.

In 1794 Congress enacted a law for certain commissioned and warrant officers. Among those provided for were physicians, termed surgeon's mates, who were allowed \$30 per month and two rations per day, with one-half pint of distilled spirits per day, or in lieu thereof one quart of beer per day for each ration. This sounds rather attractive, but one shudders at the thought of the weevils in the bread, the salt meat or salt horse, as it was called, stored in the appropriately named harness cask; at the long voyages without cold-storage or refrigerated food; the undistilled drinking water, the dark, ill-ventilated cockpit where the surgeon cut off arms and legs without anesthetic. What misery was endured by the sick and wounded of those days! There was no provision for hospital corpsmen, the surgeon having for his assistant, nurse and handy man, an individual known in the Navy as a bayman, too often an ignorant, rough, untrained, though well-meaning, individual, picked up from among the misfits of the sailing-ship's crew and assigned to the somewhat rough-and-ready doctor of the time.

The next step was the apothecary, a druggist of the period of 1870 to 1898, appointed from civil life for service on board ship for a stated period or for a definite, but always long, voyage. The next advance was secured by an act of Congress approved June 17, 1898. This law provided for the rank of pharmacists and the enlisted ratings of hospital apprentice first-class and hospital steward, and was in reality the birth of the Hospital Corps which grew out of an absolute necessity through the aim of the Medical Department of the Navy to keep fully abreast of developments ashore.

For many years the Hospital Corps of the Navy was not properly appreciated, and there was no adequate provision for promotion and so no inducement for good men to join our ranks. From hospital steward the next step was to the warrant officer grade of pharmacist. For a young man in the Hospital Corps who had had no previous pharmaceutical education it was a very hard matter, indeed a matter of years, to reach the grade of hospital steward. He had to educate himself in order to be capable of passing the requirements for promotion to that rating.

The man who was a graduate of pharmacy, possessed of a good preliminary education, and was temperamentally fitted for military life, would soon acquire the necessary service qualifications to pass the examination for hospital steward, but it took even a man of this type years to qualify for naval pharmacist, on account of the peculiar duties, responsibilities, and educational requirements of this grade.

Since the establishment of the Hospital Corps in 1898, the legislation which has accomplished the greatest good for us to date was the act of Congress approved August 29, 1916, which reclassified the Hospital Corps of the Navy, so as to have it conform to the other enlisted or enrolled branches of the service, by creating the ratings of petty officer first-class, corresponding to sergeant in the Army, and petty officer second-class, corresponding to corporal in the Army, and changing the designation hospital steward to chief pharmacist's mate, and the petty officers to pharmacist's mates first-class, second-class, and third-class.

The reorganization of the Hospital Corps in accordance with this was rapidly accomplished, and under this new scheme the expansion was wonderful and an incentive to better himself was furnished to every actual and prospective member. This legislation was a step in the right direction, and it is certain that it showed excellent judgment on the part of the Medical Department of the Navy and of Congress.

April 6, 1917, saw the Hospital Corps of the Navy with some 6,100 enlisted members and 44 pharmacists and chief pharmacist's mates preparing in time of peace for an emergency which was soon to come. Seven months after the declaration of war the Hospital Corps had expanded to meet the emergency. On July 1, 1917, there were 44 permanent and 54 temporary pharmacists, 6,000 regular and 4,000 reserve enlisted members. One year later there were 82 pharmacists

who had been granted temporary commissions in the Medical Corps and 22 chief pharmacist's mates who had been promoted to temporary pharmacist and 16,000 enlisted men in the Hospital Corps. The member of the Hospital Corps who served with the Marines in France in such encounters as occurred in the Chateau-Thierry sector, at Belleau Wood and Boursches, in the Soissons sector at Vierzy, in the Toul sector at Pont a Mousson, in the St. Mihiel salient at Thiaucourt, in the Champagne section at Blanc Mont, and in the Meuse-Argonne section from Sainte Georges to Mouzon, not only maintained the long-established record for active, honorable, praiseworthy, and often heroic conduct in action against the enemies of our country, but won new and beautiful laurels.

In all the long history of worthy deeds performed by hospital corpsmen, never have there been more notable displays of heroism, greater deeds of valor, or more courageous acts under the most gruesome tests than were performed by these who had the privilege of serving in action with the soldiers of the sea on the battlefields of France.

Of these fortunate few, comparatively speaking, who were with that renowned organization of fighting men overseas, 12 were killed and 101 wounded and gassed. One was taken prisoner; 1 was cited for, 63 were awarded, and 33 recommended for the French *croix de guerre*; 19 were awarded and 22 were recommended for the distinguished service cross; 1 was cited for the French *medaille militaire*, and 24 were cited in Army General Orders.

The enlisted members of the Hospital Corps are to-day highly trained all-around men. They are recruited from all walks of life, preference being given to the high school graduate and the man with a knowledge of pharmacy, chemistry, embalming, etc.

The chief pharmacist's mate is the senior of the complement of enlisted hospital corpsmen allowed on a battleship. He is the medical officer's right-hand man. He supervises the sick bay, which is the ship miniature hospital, and assists the medical officer in surgical operations, in giving anesthetics, and in performing various sanitary duties. He assigns the other members of the Hospital Corps to their duties and performs most of the clerical work of the medical department. He must be an absolutely reliable first-aid man, capable of detecting contagious cases and isolating them; of differentiating the serious medical and surgical cases from those of minor importance, so as to be able, unflinchingly, to pass on to the medical officer all those requiring the latter's special care.

One may say, "Why should a naval hospital corpsman be required to know these things?" For one thing, the Navy is limited by law as to the number of doctors, and the Medical Department finds that it has not a sufficient number to be able to assign one to each vessel. Therefore, a hospital corpsman must be trained for independent duty; that is, duty on board a small craft or at smaller and less frequented and often remote short stations. He is not a physician or surgeon, nor supposed to be one, but in many emergencies he does have to perform the duties of a doctor, and he should be able to acquit himself creditably and yield a maximum of help in case of accident or epidemic. Though a torpedo boat may have a crew of 120 or more men, no medical officer is assigned to it. To each individual torpedo boat the Medical Department, with perfect confidence, assigns a chief pharmacist's mate, knowing that he is qualified to meet most of the usual cases and emergencies as they arise. On boats of this type the chief pharmacist's mate is often required to perform minor surgical operations, and he has to be on constant watch for contagious cases and to keep infections to a minimum. Torpedo boats operate in units, and for each group there is a parent ship, or tender, carrying several doctors and equipped with ample medical and surgical outfits. During the war, of course, the responsibilities of the pharmacist's mate on our torpedo boats were greatly increased, and our men earned universal and unstinted praise by their work. On these vessels the chief pharmacist's mate will often recommend in writing to his commanding officer sanitary changes which he deems imperative regarding the intake of air, the sewage system, the kind and quality of food or clothing, and the habits and condition of the crew.

I remember one case in particular, during the war, where a naval overseas cargo boat had put into a river port and tied up. The chief pharmacist's mate on board had gone ashore to investigate the prevalence of contagious disease in the town, and when he returned he informed his commanding officer that he thought it undesirable to take water on board from the river for drinking purposes. The commanding officer approved his recommendation and issued the necessary instruction. The engineer officer, however, took on a supply for use in the boilers.

This water being stored where it was handy for members of the engineering force, some of them drank it and came down with enteric trouble. They were thus rendered unfit for duty before passing through the war zone, which seriously handicapped the ship. Imagine what might have happened to the entire crew if this hospital corpsman had not investigated and made his recommendation. From this type of hospital corpsman the naval pharmacist is developed.

QUALIFICATIONS.

The naval pharmacist, first of all, must have considerable executive ability. He must be capable of handling men and commanding their respect. He must be subordinate to those in authority over him, and at the same time able to win the respect of the medical and other officers with whom he is closely associated. He must have a broad knowledge of the internal administration of a naval hospital, and must be thoroughly familiar with the subjects taught in a college of pharmacy, and with such allied subjects as X-ray, bacteriology, and serology.

At a naval hospital and on board a hospital ship the pharmacist is the right-hand man of the medical officer in command and of his executive surgeon. He has immediate charge of all the clerical, statistical, and administrative details. Under his supervision are prepared for the Navy Department all the statistics of the institution, and at the department another pharmacist prepares the vital statistics of the entire Navy. The records and pensions division of the Medical Department of the Navy is a big work, its live file covering, as it does to-day, three wars—the Civil, Spanish, and World War.

The naval pharmacist at our large medical supply depots, under the medical officer in command, procures all medicines, surgical instruments, textiles, hospital furniture, and supplies issued to the service. He passes upon the quality of all these to see that they meet requirements, and in the case of drugs, the specifications of the United States Pharmacopoeia. He must have sufficient knowledge of contract law to protect the Government against fraud. He must be able to prepare specifications for many and diverse things—from laundry machinery, ice-making machines, and electrical equipment at a hospital to kitchen ranges, household furniture, and such things as delicate and complicated surgical instruments and appliances and, last but not least, X-ray machines. One of the important assignments for a naval pharmacist is the management of the commissary department. For this, besides business training, he must have some understanding of the caloric and nutritive value of foods and of the classes of diets suitable for the sick, so as to prepare proper menus for the sick and staff, after he has procured the articles of food and submitted them to rigid investigation both in the raw state and after preparation.

For the development of the Hospital Corps the Medical Department has established primary and advanced schools, and the naval pharmacist is assigned to these institutions as an instructor. If a pharmacist is particularly able, and has teaching ability, he will gravitate to one of these schools. He must be capable of teaching any one of the subjects in the curriculum, not only those strictly pharmaceutical in nature, as pharmacy and chemistry, but hygiene, bacteriology, nursing, first-aid and minor surgery, anatomy, and physiology. In his capacity of commissioned officer he is often required to do duty in connection with courts martial, where he is not only a jurymen but a member of a court dispensing military justice.

X-RAY WORK.

The naval pharmacist often becomes a proficient technician in X ray work, and the Medical Department allows every opportunity for the pharmacist to study and acquire a knowledge of the physics of the Roentgen ray. It is highly desirable for him to possess a knowledge of the chemistry of photography, and not a few of our men become experts in interpreting shadows of X-ray photographs. He, of necessity, has a sufficient knowledge of electricity to intelligently manipulate the machine, and will often locate a defect and make the necessary repairs. You can perhaps realize the importance and difficulty of drawing up specifications for an X-ray machine when I tell you that the regulations of the Navy, in order to be fair to all manufacturers, prohibit specifications which would allow only the delivery of a machine of a special type. So you see the naval pharmacist must have some knowledge of volts, amperes, cycles, and transformers, to say nothing of X-ray tubes, such as Coolidge and vacuum, and water-cooling apparatus. In bacteriology the naval pharmacist is often called upon to make blood counts, make and stain smears of blood, pus, and sputum. He has quite a familiarity with Gram negative cocci, tubercle bacilli and tests for occult blood. He examines feces for eggs of worms, and makes analyses

of urine and water. He often prepares culture media, vaccines, and antitoxins. The naval pharmacist being assigned by naval regulations as the commissary officer of a hospital must be capable of examining food material of all kinds, of testing for adulteration and preservatives and of determining whether or not meats are fresh or cold storage, and in every way fit for human consumption. He makes physical tests of fabrics, and determines the tensile strength of such important items as suture material.

There has been agitation in some quarters against military service on account of the fact that graduate pharmacists are required to enlist as if enlisting in the military service of the Government was a stigma on one's character. I believe that this brief outline of the character of the service rendered has proved to you that the three-year period one is required to go through as an enlisted man of the Hospital Corps, passing through the grades of pharmacist's mate, third-class, second-class and first-class to chief pharmacist's mate, there to become eligible for examination for the officer grade of pharmacist, is not an excessive one. Let me say in this connection that one of the main reasons why the graduate pharmacist does not win out in competition with the man of the service is because he has not the basic educational qualifications. This is true academically as well as professionally. The graduate of a reputable high school without a pharmaceutical education is handicapped in the Navy, but not so much as the sixth or eighth grade grammar school man who may be a graduate pharmacist. The high school boy, if diligent in his studies, will in the long run win advancement to the higher rank. He may not be promoted to chief pharmacist's mate first, but in the large percentage of cases his progress will be steadier and when he reaches the grade of chief petty officer he will be better equipped for the examination for promotion to the warrant rank of pharmacist in the Navy than the graduate pharmacist who has not the preliminary educational attainments. This can be remedied if you gentlemen of the civilian branch of the Association will compel your schools to raise the entrance requirements and at the same time to lengthen the course at the pharmaceutical college. It is not only in entering the Hospital Corps that special training is needed to meet the military and other requirements of the service.

The Medical Department, after examining a graduate of medicine from a class A + medical school (requiring college work for entrance), requires this physician, regardless of his professional standard and the fact that the duties he is to perform are (outside of those purely military) professional, to attend a six months' course at the Naval Medical School here in Washington to fit him for his naval career.

The needs of the sick at sea and in military life generally are so modified by a thousand differences in all the attendant circumstances that those who minister to them in any capacity are required to have radically different training from the corresponding service ashore. This thought must be ever in the minds of those who would like to better the standing of the naval pharmacist. With the best intentions in the world you cannot, through influence or legislation, force upon the service types of men or women with the kind of training not adapted to our needs.

AFLOAT AND ASHORE.

A widely prevalent misconception among my civilian colleagues is that if a man is a good chemist, a good dispenser, a good salesman, and able to command a good salary ashore, he should at once be eligible for a commission as a pharmacist in the Navy. We have nothing to sell in the Navy, and compounding and dispensing is a relatively small part of what our high-grade hospital corpsmen have to do. When in the past we have told this to our friends of the American Pharmaceutical Association, the answer generally was, "Well, you do have some places for chemists and dispensers. Give our good men commissions and place them in these positions, and get others to do the nursing and clerical work and anything else you may require at sea." Now, it must be understood once and for all that no branch of the Navy can have two sets of men, one to do the work ashore and the other at sea. Please do not forget that the people who go to sea are human beings. Their natural habitat is terra firma. If we are to get men for the ships we must promise them their due turn ashore. In other words, our men must alternate duty.

If you will give us men of education we can guarantee them promotion. That we have any standing in the Navy to-day, nay, that we have a very high standing, is due to the fact that for years we have been getting men who thought less of money than of other things. They had energy, patience, and ability. They made work for themselves in the Navy; they developed

and enlarged their functions, and made themselves more and more useful by opening up new avenues of endeavor. Here and there a man of this type did so well as a commissary officer, as an administrator, as an organizer, and director of men, that when he went elsewhere he left a void and there was a demand for another like him.

I have been asked to tell you gentlemen what the Navy has to offer a graduate pharmacist with a sound foundation of general education. He is required to enlist as a hospital apprentice first-class. I know you object to the word apprentice, but why object to the honest statement of an honorable fact? He begins an apprenticeship in a line of work which cannot be learned elsewhere, a line of work indispensable to the functions he must exercise later on, when he becomes the leader, teacher, and officer. While in this rating he learns the military side of naval life; he learns to function as a petty officer, and it is in this rating that he is sent to one of the various preliminary hospital corps schools to learn nursing, the care of the ward and the sick, to become an assistant to the surgeon. Upon graduation he is advanced to pharmacist's mate third-class (I am speaking of the graduate pharmacist, not the layman; he is graduated in a lower rating); then he is transferred to the general service to compete for promotion. In three months he may become a pharmacist's mate second-class at \$72 per month and food.

Now, mind you, this man has just served his apprenticeship. Six months after being made pharmacist's mate second-class he may be advanced to pharmacist's mate first-class at \$84 per month and food and room. One year after that promotion he may be advanced to chief pharmacist's mate at \$99 and board, doctor's bill paid, etc. (It is at this stage that he becomes eligible to compete for pharmacist.) One year later he may, if he has not been promoted to pharmacist, be eligible for a permanent appointment as chief pharmacist's mate at \$126 per month and board. Do your graduates in civil life have equal opportunities to save?

Should he be successful in being promoted to pharmacist he then has an ideal position with a fair salary and allowances for quarters, heat, and light, which at present may be from \$1,760 a year to \$3,600, according to length of service, travel, etc. Should Congress at this time recognize pharmacy by granting commissions in the Army and Navy to those qualified under service conditions, it behooves the pharmaceutical colleges to raise their entrance requirements and lengthen their courses and to live up to the dignity of their profession.

I was glad to hear Professor Cook, in his testimony before the Congressional Committee on Naval Affairs, state that the colleges of pharmacy were working for, at least, the full four years' high school course for entrance and a full four-year course at the college and in this respect it is noted with interest that several leaders of pharmacy advocate the same preliminary stages. To quote from an article by Prof. R. A. Lyman, in the April *Druggists Circular*, "There are certain steps which seem to be necessary in order that Pharmacy may keep pace with the related professions. We may differ as to the best methods of bringing about desired results, but as to the necessity of making certain changes there can be no question. The time has come when a four-year high school course and a four-year technical college course should be the minimum educational requirement for any profession." * * *

The growing tendency to commercialism is the great menace of our profession. It must be offset by ever-rising standards of professional ability and by a systematic expansion of our general educational requirements. The world is going ahead and we must move with the rest, and if we are to occupy a large and high place we must have something more to take us through than just a keen scent for the almighty dollar. The one mixture that never fails is the mixture of brains, character and knowledge. Send into the Navy the men so compounded and they will get their due.

The Chair called upon Mr. George M. Beringer to respond to Major Clarke and Lieutenant Dickens and the Secretary was directed to send a letter of thanks to Surgeon Generals Ireland and Braisted.

Chairman Hilton announced the following appointments: Committee on Nominations, Robert P. Fischelis, *Chairman*, Francis G. Schachleiter and Diodato Vilamena. Committee on Resolutions, Henry P. Hynson, *Chairman*, Charles H. LaWall, Henry M. Whelpley, John Cully and W. Bruce Philip.

Mr. Clyde L. Eddy now read a paper entitled "The Future of the War Veterans' Committee. (See JOURNAL A. PH. A., June 1920, p. 609.) Chairman Hilton and Recording Secretary Hostmann rendered brief verbal reports. The Chair called for resolutions. None were pre-

sented. The Committee on Federation reported progress. The report was approved and it was voted to continue the committee.

Vice-Chairman Kelly assumed the chair and called for the discussion of the "Newcomb Plan for Organizing American Pharmacy." Upon motion it was decided to make the discussion a special order of business for the Second Session.

Adjournment was voted at 5.30 P.M.

SECOND SESSION.

Chairman Hilton presiding. The minutes of the preceding session were approved as read in abstract.

Vice-Chairman Kelly assumed the chair and called for the special order of business, the discussion of the "Newcomb Plan." Prof. Newcomb described the plan in great detail. After a lengthy and thorough discussion it was voted to refer the Newcomb Plan for Organizing American Pharmacy to the Executive Committee of the A. Ph. A., with the request that it bring the plan before all other national pharmaceutical bodies.

H. B. Smith, of New York, read a paper on

ORGANIZING AMERICAN PHARMACY.

Many complicated and cumbersome plans have been suggested for the coördination of pharmacy in this country.

The retailer is the first and should be the last consideration for every plan of consolidation.

Everything is dependent upon him. He pays the bills, most of the freight, and shoulders the losses.

The American Medical Association is a unit in its interest for the physician.

The American Chemical Society fathers the interests of the Chemical Industry.

Many other organizations concentrate the interests of their several trades.

Pharmacy should do likewise. Every local and state association should unite with the national in one grand body, presenting an unbroken front to anything inimical to their interests.

We have been kicked and cuffed in so many ways that like the old saying, "It's a long lane without a tin can in it." It's time we put a fuse on that tin can, put in a good charge of powder, and mean business. Some of us may lose a little prestige, but it will be for the ultimate benefit of Pharmacy.

The success of the Allies during war times aptly illustrates what can be accomplished by coöperating under one head. Time, money and energy can be saved and better results obtained. Every organization pharmacist in the United States could be a member with the privilege of the floor when attending conventions. But there should be a delegate attending these meetings for every five hundred or less members of our state associations to voice the sentiment and troubles of their local co-workers. In line with this thought I would suggest that we unite under the best name for such a body.

The American Pharmaceutical Association, with a President, Treasurer and Secretary. Call them Grand President, Grand Treasurer and Grand Secretary, if you desire.

Three major subdivisions, each controlled by a Vice-President, Assistant Treasurer and Assistant Secretary, or President, Treasurer and Secretary, if desirable.

Section 1. Subdivided A and B.

A. Scientific Subjects
Research Work, etc.

B. Historical, etc.

Section 2. Subdivided A, B, and C.

A. Educational
Boards of Pharmacy

B. Practical Pharmacy
Dispensing, etc.

C. Pharmacopoeial Revision

Section 3. Subdivided A, B, and C.

A. Commercial Interests

B. Legislation

C. Publicity

The vice-presidents of each section to be responsible for their immediate section's interest and appoint their various committees. The detail of this plan, I think, can be worked out very harmoniously and quickly and with very little friction, by a committee from all interests involved. Concluding, may I suggest the appointment of such committees.

Respectfully submitted,

H. B. SMITH,

Kings County Pharmaceutical Society, Brooklyn, N. Y.

After discussion it was voted to refer the paper to the Committee on Reorganization of the A. Ph. A.

The following resolution was received from the Section of Education and Legislation. It was unanimously adopted:

RESOLUTION ON NARCOTIC TRAFFIC.

WHEREAS, The last few years have witnessed the renewal of the use of narcotics by the people of China in a way even more deadly and dangerous than the opium from which the nation recently freed itself by a heroic moral effort, this renewal of narcotics being the use of morphia and similar drugs; and

WHEREAS, The Government of the United States entered into covenant with the Governments of China, Japan, Great Britain and other nations at the Hague Conference, in 1912, whereby stringent and effective measures were proposed for the protection of China and other countries from such drugs; and,

WHEREAS, The full execution of these protective measures has been hitherto restrained by the non-participation of a few nations, namely, by lack of signatures of one Latin-American nation and three or four minor European nations; now, therefore be it

Resolved, By the American Pharmaceutical Association that the Congress of the United States be urged to give immediate effect to these measures without waiting for their full ratification; and,

Resolved, second, That we applaud and join in the recent action of the Conference of the British Chambers of Commerce assembled at Shanghai in "urging upon the British Government to control the production of such habit-forming drugs and to limit their production to the amount required for legitimate medical use, and to limit their export to such countries as have established laws and regulations which effectively control the traffic in these drugs and restrict their use to legitimate purposes only;" and

Resolved, third, That we respectfully urge American manufacturers, importers and dealers in narcotic drugs and alkaloids, to refuse to accept orders for these commodities from Japanese firms except in those cases in which the order is accompanied by a guarantee from the Japanese Government that the articles are intended for medicinal use only, and that they will not be re-shipped from Japan.

The Committee on Nominations presented the following:

For Chairman, E. F. Kelly, Maryland; Vice-Chairman, J. G. Beard, North Carolina; 2nd Vice-Chairman, A. Wirth, Louisiana; Recording Secretary, Jeannot Hostmann, New Jersey.

Upon motion, regularly made, the Chairman of the Committee on Nominations cast a ballot, unanimously electing the above as officers for the ensuing year.

Adjournment was voted at 5.15 P.M.

Attendance 78, representing 28 state associations and 56 non-voting associations.

JEANNOT HOSTMANN, *Recording Secretary.*
