

## THE SECTIONS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

(Continued from p. 959, November Journal.)

QUESTIONNAIRE SENT TO CONFERENCE SCHOOLS OF PHARMACY BY SECRETARY W. F. GIDLEY, SECTION ON EDUCATION AND LEGISLATION, A. P. H. A.

- A. Correct name and address of school.
- B. Number of students admitted to first year class (freshmen).
- C. Number of students admitted to second year class (sophomores).
- D. Number of students admitted to third year class (juniors).
- E. Number of students admitted to fourth year class (seniors).
- F. Number of other students admitted.
- G. Total number of students admitted.
- H. Number of high school graduates in first year class.
- I. Total number of high school graduates in all classes.
- J. High school educational requirements for admission to course.
- K. Number admitted on certificate from high school only.
- L. Number admitted on certificate of state only.
- M. Number admitted on both high school and state certificate.
- N. Number admitted by examination.
- O. By whom examined.
- P. Total number graduated this year with the degree of Ph.G.
- Q. Total number graduated this year with the degree of Ph.C.
- R. Total number graduated this year with the degree of B.S.
- S. Total number graduated this year with other degrees. (Please specify what the degrees are.)

In the charted replies questions "O" and "S" may be omitted and such information presented by footnotes from the data in column "N" in the case of question "O" and by noting here, in the case of question "S," that only two colleges report having given degrees other than the Ph.G., Ph.C., or B.S. in Pharmacy. The Louisville College of Pharmacy gave one degree of Doctor of Pharmacy—Phar.D. The Pittsburgh College of Pharmacy gave two degrees of "Hospital Technologist" and eight "Certificates of Proficiency."

In bringing the replies to a uniform type so as to be charted the common practice of calling straight two-year students "juniors" and "seniors," or "freshmen" and "seniors" had to be abandoned and in its place was adopted the policy of calling students who have been in school one, two, three, or four years freshmen, sophomores, juniors, or seniors, respectively. In schools having only two regular years of work "post graduates" are listed as juniors but explanatory notes appended to explain such classification. It will be noted that under entrance requirements many schools use the phrase "or equivalent educational requirements" and probably many others not reporting it could have used it. Rulings under such entrance requirements are usually carefully made, but a "loop-hole" is here presented which must look unsightly to those of our sister professions having more strict requirements.

The full name of the schools will be found in the Proceedings of the American Conference of Pharmaceutical Faculties. The charted replies from the schools follow.

### CHARTED RESPONSES FROM SCHOOLS OF PHARMACY.

	B.	C.	D.	E.	F.	G.	H.	I.
1. Ala. Polytech. Inst. Dept. Pharm.....	40	22	0	3	0	65	30	47
2. U. So. Cal. College of Pharmacy.....	115	54	8	2	..	179	81	130
3. U. Col. College of Pharmacy.....	18	10	9	4	1 <sup>16</sup>	42	18	41
4. G. W. U. National College of Pharmacy	13	6	0	1	1 <sup>10</sup>	21	14	20
5. U. Ill. School of Pharmacy.....	201	56	0	0	8	256	199	246
6. Purdue U. School of Pharmacy.....	55	23	9	3	1 <sup>16</sup>	91	55	90
7. State U. Ia. College of Pharmacy.....	46	29	1	1	0	77	44	75 <sup>24</sup>
8. U. of Kas. School of Pharmacy.....	63	23	4	2	36	128	63	128
9. Louisville College of Pharmacy.....	121	57	2 <sup>11</sup>	0	0	180	41	65
10. Tulane U. School of Pharmacy.....	45	20	4	0	0	69	29	49

11.	U. of Md. Dept. of Pharmacy.....	53	32	1	0	13	99	45	81
12.	Mass. College of Pharmacy.....	259	114	15 <sup>11</sup>	0	9	397	198	272
13.	U. of Mich. College of Pharmacy.....	10	29	19	24	4	86	10	85
14.	U. of Minn. College of Pharmacy.....	50	..	37	38	..	125	47 <sup>24</sup>	122
15.	U. of Miss. School of Pharmacy.....	37	26	..	..	..	63	37	63
16.	Creighton U. College of Pharmacy.....	53	28	3	0	0	84	50	80
17.	Brooklyn College of Pharmacy.....	238	237	0	0	0	475	60	145
18.	U. of Buffalo College of Pharmacy.....	101	65	0	0	1	167	49	81
19.	Columbia U. College of Pharmacy.....	358	245	10	2	78	693	170	292
20.	Fordham U. College of Pharmacy.....	180	65	0	0	0	245	65	83
21.	U. N. C. School of Pharmacy.....	42	17	2	0	11	72	33	53
22.	Western Reserve U. School of Pharmacy	70	50	7	..	2	129	70	125
23.	Ohio State U. College of Pharmacy.....	122	..	77 <sup>13</sup>	..	1 <sup>14</sup>	123	121	198
24.	State U. Okla. School of Pharmacy.....	92	61	3	3	10	169	69	115
25.	Ore. Agr. College School of Pharmacy..	95	55	36	34	0	210	85	189
26.	U. of Pittsburgh College of Pharmacy..	203	153	3	1	7	367	151	237
27.	Med. Col. S. C. College of Pharmacy...	44	41	0	0	0	85	7	25
28.	So. Da. School of Pharmacy.....	38	20	5	2	2 <sup>19</sup>	68	38	67
29.	U. of Tenn. School of Pharmacy.....	32	19	..	..	1	52	32	52
30.	Baylor U. School of Pharmacy.....	46	19	..	..	..	65	33	49
31.	Med. College Va. School of Pharmacy..	47	34	0	0	6	87	39	63
32.	State Wash. School Pharmacy.....	58	31	11	5	3 <sup>16</sup>	108	56	105
33.	U. of Wash. College of Pharmacy.....	58 <sup>28</sup>	40	10	6	0	114	58	114
34.	U. of W. Va. School of Pharmacy.....	21	0	0	0	0	21	21	21
35.	U. of Wis. Course in Pharmacy.....	49	27	17	9	3 <sup>24</sup>	96	49	93

(Numbers refer to same schools as in part of table above.)

J.—High School educational requirements,*		K.	L.	M.	N.	P.	Q.	R.
1.	2-4 <sup>1</sup>	36	0	...	4 <sup>2</sup>	9	0	3
2.	3-4 <sup>29</sup>	115	...	...	0	48	0	0
3.	4	0	0	0	0	0	2	4
4.	4	19	...	1	0	0	0	1
5.	4	199	0	0	2 <sup>22</sup>	45	0	0
6.	4	90	0	0	0	17	0	3
7.	4	...	...	...	..	23	1	1
8.	4	...	...	...	..	14	2	1
9.	2	168	...	...	12	53	1	0
10.	3	20	0	0	0	19	4	1
11.	4	...	0	...	0	28	1	0
12.	4	388	...	...	9	74	9	0
13.	4	9	0	9	1	0	14	5
14.	4 <sup>25</sup>	50	0	50	0	0	27	6
15.	4	63	...	...	..	25	..	..
16.	4	84	0	0	0	26	3	0
17.	2 <sup>4</sup>	q. c. <sup>5</sup>	...	...	..	217	..	..
18.	2	1	166	167	0	61	0	0
19.	2 <sup>8</sup>	L <sup>7</sup>	86	607	86 <sup>8</sup>	209	7	2
20.	3 <sup>9</sup>	...	...	...	..	...	..	..
21.	14U <sup>17</sup>	61	...	...	..	12	2	0
22.	4 <sup>27</sup>	0	0	70	3 <sup>28</sup>	45	5	0
23.	4	121	0	121	0	30	0	7
24.	..	115	...	115	6	33	3	3
25.	13U <sup>16</sup>	...	0	0	0	20	10	7
26.	4	...	367	...	0	100	2	1
27.	4	85	0	85	0	36	0	0
28.	4	67	0	0	0	19	2	1
29.	4	52	0	52	0	16	0	0
30.	4 <sup>8</sup>	65	...	...	..	17	0	0
31.	15U <sup>12</sup>	...	...	...	4	20	0	0
32.	4	...	...	...	0	16	4	4
33.	4	114	0	114	0	24	8	6
34.	15U	21	0	21	0	9	0	0
35.	4	93	0	93	0	18	0	9

A few of the gleanings from this chart are:

\* Numbers indicate number high school years, units are designated by U., and "qualifying certificates" by q. c.

<sup>1</sup> See next page for footnotes.

1.—Total number of students in these schools, 5248. 2.—Total number of H. S. graduates in these schools, 2608, or 50%. 3.—Number of these schools requiring 4 yrs. H. S. for entrance—at least 25, or 71%+. 4.—Number in these schools who are seniors of four year courses, 148. 5.—Number of students entering, 3073. 6.—Number of H. S. graduates entering, 1067 or 34%+. 7.—Pharmacy schools are doing their part in training disabled soldiers. 8.—The Ph.C. degree seems firmly established as the 3 year degree. 9.—Number of B.S. degrees granted (among which number we should have some excellent research workers), 65. 10.—There are several large and old schools from whom no replies were received. 11.—It would be a fair estimate to say that there were this last year 10,000 students in schools of pharmacy, recognized and otherwise. 12.—Comparing my figures with those of Prof. Zeigler on this same work last year I find: (a) A somewhat greater number of students in all classes in pharmacy schools of Conference type. (I report a smaller figure, but from a less number of schools.) (b) The entering class is considerably larger than last year but the percent of high school graduates seems much smaller—"about 70%" as against my 34%. The percent of H. S. graduates in all the classes is about the same—57% last year against 50% this year. (c) There were about 70% more B.S. degrees granted this year than last, and a still higher percentage of Ph.C. degrees.

#### QUESTIONNAIRE SENT TO STATE BOARDS OF PHARMACY.

- A. Name of state.
- B. Number examined for Pharmacist for year.  
(Please take for year if possible June to June.)
- C. Number examined for Assistant Pharmacist for year.
- D. Total number examined for year.
- E. Of the above: Pharmacist passed.
- F. Of the above: Assistant Pharmacist passed.
- G. Total number passed for the year.
- H. Number from within state registered without examination.  
(State if upon diploma or how, omitting reciprocal registration.)
- I. Number registered by reciprocity.
- J. Is N. A. B. P. plan followed?
- K. New laws affecting pharmacy since last report (1921).
- L. Board's rulings raising educational requirements in addition to or in place of above laws.
- M. Unsuccessful attempts to raise educational requirements.
- N. Unsuccessful because of lack of support:
  - 1, of schools. 2, of druggists. 3, of legislature. 4, of Pharmacy Boards.

Thirty-six out of forty-eight secretaries of State Boards of Pharmacy replied promptly—this being about twenty percent better than the last two years.

These footnotes refer to table on preceding pages.

<sup>1</sup> 2 yr. high school for 2 yr. course; 4 yr. for 3 and 4 yr. courses. <sup>2</sup> Examined by committee on Entrance Examinations. <sup>3</sup> H. S. graduation or on approval, under same conditions governing admission to College of Fine Arts, at discretion of dean. <sup>4</sup> Or its educational equivalent. <sup>5</sup> All students admitted on student qualifying certificate from University of the State of N. Y. <sup>6</sup> Or 30 regents' credits. <sup>7</sup> If we take from 607 the 86 given under "L," we have 521 as an answer for "K." <sup>8</sup> Regents' Exams. <sup>9</sup> "After Jan. 1, 1922, is required a certifying certificate based on completion of 3 years' H. S. work or equivalent of 54 regents' academical counts passed at 75." <sup>10</sup> "Admitted conditionally." <sup>11</sup> Post graduates. <sup>12</sup> 15 units or equivalent. <sup>13</sup> This figure "77" represents sophomores, juniors and seniors together. <sup>14</sup> Two special students were admitted under the old law. <sup>15</sup> 13 H. S. units required for entrance. <sup>15</sup> units required for graduation. Two units must be made in Summer School, if missing. <sup>16</sup> "Federal Board" or "War Veteran Student." <sup>17</sup> "Must be at least 17 yrs. of age and must have completed a high school course of study or must present evidence of 14 units. <sup>18</sup> The other 11 have college credits in addition to high school credits. <sup>19</sup> One graduate student and one vocational student. <sup>22</sup> One examined by U. of Ill. examiner and one by N. Y. regents. <sup>23</sup> Two students in the first year class were Federal Board students and not candidates for degrees. <sup>24</sup> Three students as per footnote 23. <sup>25</sup> H. S. graduation with subject requirements. <sup>26</sup> Two year course dropped. All entering students of 1921 registered for at least the three year course. <sup>27</sup> H. S. graduation and a grade of 80 or above in 9½ prescribed units. <sup>28</sup> Examined by Adelbert College, Western Reserve University. <sup>29</sup> 3 yrs. H. S. for Ph.G. and H. S. graduation for B.S.

## SCHEDULE OF RESPONSES TO QUESTIONNAIRE FROM BOARDS OF PHARMACY.\*

A. States and territories.	B.	C.	D.	E.	F.	G.	H.	I.	L.
1. Ala.	93	9	102	69	27	96	0	19	0
2. Alaska	0	0	...	...	...	...	0	3 <sup>1</sup>	0
3. Ariz.	22	3	...	17	3	20	H <sup>3</sup>	..	L <sup>4</sup>
4. Ark.	255	...	255	116	...	116	0	6	L <sup>5</sup>
5. Col.	69 <sup>6</sup>	...	69	21	15 <sup>7</sup>	36	4 <sup>8</sup>	44	0
6. Conn.	152	191	343	49	77	126	0	11	L <sup>11</sup>
7. Fla.	65	...	65	16	...	16	H <sup>12</sup>	66	..
8. Ga.	327	...	327	152	...	152	0	..	..
9. Ida.	22	...	22	11	...	11	0	8	0
10. Ind.	137	81	218	76	54	130	0	30	..
11. Ill.	663	167	830	225	90	315	0	112	0
12. Ia.	265	...	265	140	...	140	0	13	L <sup>14</sup>
13. Kas.	320	10	330	52	3	55	0	8	L <sup>15</sup>
14. Ky.	81	33	124	35	21	56	0	21	L <sup>17</sup>
15. La.	82	27	109	46	21	67	0	18	0
16. Me.	67	1	68	20	1	21	0	4	0
17. Md.	61	21	82	31	21	52	..	24	..
18. Mass.	540 <sup>19</sup>	...	540	129	151	280	0	16	0
19. Minn.	209	162	371	63	88	151	0	18	..
20. Miss.	45 <sup>21</sup>	0	45 <sup>21</sup>	30	...	30	..	18	..
21. Mo.	119	198	317	114	173	287	41 <sup>22</sup>	44	L <sup>23</sup>
22. Mont.	51	0	51	38	...	38	H <sup>24</sup>	9	..
23. Neb.	58	...	58	44	...	44	0	11	L <sup>25</sup>
24. N. J.	239	153	392	84	52	136	..	..	..
25. New Hamp.	29	7	36	17	9	26	..	11	..
26. N. Y.	588 <sup>27</sup>	...	1072	413	F <sup>28</sup>	760	0	0	..
27. N. C.	29	17	46	17	2	19	0	14	0
28. N. Da.	17	7	24	15	...	22	..	7	..
29. Ohio	195	127	322	138	109	247	0	33	0
30. Okla.	275	125	400	94	102	196	0	27	0
31. Pa.	467	779	1246	308	441	749	2 <sup>30</sup>	21	L <sup>31</sup>
32. Porto Rico	50	0	50	35	0	35	0	0	..
33. So. Car.	16	1	17	12	1	13	0	8	0
34. Vt.	46	...	...	19	4	...	..	2	..
35. Va.	246	70	316	86	29	115	0	19	L <sup>32</sup>
36. W. Va.	78	6	84	34	5	39	0	20	L <sup>33</sup>
37. Wis.	168 <sup>34</sup>	142	310	97	90	187	0	10	0
38. Wyo.	21	0	21	17	0	17	0	0	0

\* Responses to J, K, M and N are omitted from tabulation and explained in the following: J, all states answer yes except as follows: Minnesota—yes, in addition to special rules by the Board; Nebraska—not fully; New Jersey—no; Wyoming—considered. K, no laws are reported except by following: Alaska—Amendment Pharmacy Law requires that apprentice must have passed H. S. examination; Kentucky—every registered pharmacist pays a renewal fee and becomes a member of the state association, also those not required under federal law to execute bond for handling non-beverage alcohol are not required to execute state bond; Maryland—provision to admit those who took course at a night school or college, provided they have other qualifications; Montana—education prerequisites are up to legislative committee; New York—requirements for admission to a registered school of pharmacy increased after January 1, 1923, to at least 3 years H. S., or equivalent. M, no report except Colorado—prerequisite law was passed but was so amended as to be undesirable, and the Governor was encouraged to veto. Other reports simply answer that efforts were made, and all answer that lack of success was due to insufficient interest of druggists and members of the legislatures—this answers for "N" of the questionnaire.

## GLEANINGS FROM THE REPLIES FROM THE STATE BOARDS.

State Boards reporting examined a total of 8962, considerably more than last year; 4600 (51%+) passed these Boards; 577 registered by reciprocity, about 20% less than last year; practically all of the Boards follow the N. A. B. P. plan.

Some Boards use the scheme indicated by foot note 7; there is possibility and probability that only about 40% pass the Board examinations.

The following three questions should be asked of Boards:

"Do you require candidates to be high school graduates?"

"Do you require candidates to be graduates of a recognized school of pharmacy?"

"Do you require candidates to be both high school and college graduates?"

According to the Christensen Chart, over which probably now a better showing could be made—13 Boards demand graduation from H. S. after Jan. 1, 1923; two after Jan. 1, 1924; one after Jan. 1, 1925. With two Boards H. S. graduation is optional. After Jan. 1, 1923, 15 Boards demand graduation from a college of pharmacy (some specify type of college) 2 other Boards will make the requirement effective after 1924 and another after 1925.

Thirteen Boards require citizenship of registered pharmacists; any group or groups handling poisons and bacterial products, as do registered pharmacists, should certainly be citizens of the United States. All Boards require registered pharmacists to be 21 years of age.

NOTES TO REFERENCES IN THE SCHEDULE OF RESPONSES, P. 1049, AND NOT ANNOUNCED IN ABOVE.

<sup>1</sup> Good help is easily obtainable from Pacific States on account of better salaries. <sup>2</sup> Six under 20-year rule, 4 through N. A. B. P. <sup>3</sup> Board rules effective 1923, have plan to increase treasury of State Association. <sup>4</sup> Examinations same for all, difference in grade required. <sup>5</sup> The number was really less than indicated by figure, because some who only obtained assistants' grade already had assistants' certificate. <sup>6</sup> Registration as Assistant Pharmacist only is granted to Ph.G., or to registrants of other states who do not care to go to expense and trouble N. A. B. P. plan; 3 of the 4 so registered were registered elsewhere, 1 was Ph.G. <sup>7</sup> H. S. 1923, College 1925. <sup>8</sup> One registered through medical license. <sup>9</sup> No authority for action, except to ask legislature for H. S. requirement. <sup>10</sup> 4 yr. H. S. or College Pharmacy. <sup>11</sup> July 1924 for registered pharmacist Board requires 2 yr. H. S. or equivalent and 2 yr. practical experience, and graduation from school or college member A. C. P. F. <sup>12</sup> For year ending, Nov. 30, 1921. <sup>13</sup> For year 1921. <sup>14</sup> 41 registered by college diplomas. <sup>15</sup> 4 yr. H. S., 1923. <sup>16</sup> 12 registered N. A. B. P. reciprocal. <sup>17</sup> A combination ruling allowing two years of university and two years of practical to equal 4 years of university. <sup>18</sup> In addition N. Y. Board examined (1921) 342 junior pharmacists and 142 druggists. <sup>19</sup> 347 juniors and druggists passed. <sup>20</sup> Two in business in 1887 at passage of original act. <sup>21</sup> 3 yr. H. S. for college entrance; 2 yr. for Assistant Pharmacist examination. <sup>22</sup> 4 yr. H. S. Pharmacy schools must demand this in order to have their graduates accepted for examination. Prerequisite effective April 1, 1922. <sup>23</sup> Graduation after Jan. 1, 1923. <sup>24</sup> April to April.

## SECTION ON COMMERCIAL INTERESTS.

The first session of the Section on Commercial Interests was convened by Chairman Charles W. Holton, at 8:30 P.M., August 16. The first order of business was the reading of

## THE CHAIRMAN'S ADDRESS.

In these days of discussions such as "What is the matter with pharmacy?" and similar topics, the questions as to whether there is such a thing as commercial pharmacy, whether professional and business activities can exist side by side and be practiced by the same individual, whether the American Pharmaceutical Association should have a Section on Commercial Interests, it is fitting that we should review the last decade or more and pause to consider whither we are going, or, perhaps, as others might say, drifting.

I have been actively engaged in retail pharmacy for not quite twenty years, and associated with it all my life. In the last twenty years marked changes have taken place, and if we look back another twenty years the changes are still more marked. We all know that the drug store has become more and more a small department store in place of the old apothecary shop of years gone by, where only drugs and chemicals were dispensed. What has been the cause of this change?

Has the pharmacist added more "side-lines" of necessity, because his very living was at stake? Have they been forced upon him by others, and not always to his liking? I think both of these reasons are responsible for the changed conditions, and the conditions are here to stay, whether we like them or not.

Necessity is a powerful factor anywhere, in any business, and the commercial activities of the present-day pharmacist, reaching out into "side-lines" not at all related to medicine, have been stimulated very largely by necessity. If a satisfactory livelihood can be made through the dispensing of medicines and the sale of sick-room supplies, well and good. Let anyone interested show us how it can be done and many of the "side-lines" will be relegated to the discard. And this applies not only to a few isolated and exceptional cases, doing business under unusual conditions, but to the great rank and file of retail drug stores situated throughout the length and breadth of the land.

The change has been wrought, also, by a process of evolution within pharmacy itself. Years ago we had no large manufacturing plants which carried on pharmaceutical operations on a large scale. Of necessity the pharmacist made all his own preparations, even to the manufacture of such a common article as compound cathartic pills. When the pharmacist can purchase a standard U. S. P. fluidextract of nux vomica for less than he can make it himself, will he buy it or make it? He will *buy* it. When he can purchase tincture of iodine made from denatured alcohol at a very much lower cost than he can manufacture it, will he buy it or make it? He will *buy* it. When physicians call for antitoxin and other biological products he must buy these articles also. And so since it is no longer feasible or practical for the retailer to manufacture many of his wants, he purchases these articles and less pharmacy is practiced in the store.

Medicine has advanced, and pharmacy too, but in the newer medicine there is very often less call for the products of the drug store. Surgery, too, has not added to the prescription business of the store. My boy became ill of cerebro-spinal meningitis. The physician diagnosed and began treatment by lumbar punctures. His agents were not of drug store manufacture. A serum made by such an institution as the Rockefeller Institute, for example, was called for. With the exception of such minor articles as cotton and gauze and a mouth wash, the case progressed without the need of the drug store. In my section of the country, at least, most of the biologicals are supplied by the city, by whom they are made or purchased, and the growing use of and advance in biological treatment of many diseases makes just that much less call for the old prescriptions which the drug store supplied.

It is true that the pharmacist may run a laboratory in connection with his store, and perform analyses for physicians, but I believe it is the testimony of those who have tried it that such an enterprise is not profitable, as in many cities this work is done by hospital laboratories at a nominal cost. On numerous occasions I have asked physicians whether they were writing more or less prescriptions than they did a decade ago, and the reply is invariably "less." One physician told me that ten drugs and chemicals would satisfactorily meet his entire wants.

The public, too, has demanded a greater assortment of merchandise in the drug store than was formerly the case. The ladies expect and demand all sorts of toilet articles, hair nets and bathing caps. The pharmacist may be loath to carry these articles in stock, but when his customers demand them, what is he to do? It would be poor business to send them away with their wants unfilled, especially when they are regular customers and give the store prescription business. And why should not the pharmacist avail himself of this avenue of profit? The attractive display of many of these "side-lines" often induces the sale of some of them to a customer who is waiting for a prescription. Except in rare cases is the pharmacist able to meet his expenses and lay up something for a rainy day from the profit on prescriptions and sick-room supplies?

These are some of the reasons why such marked changes have taken place in retail pharmacy and there are others that might be added.

What of the future? Will the tendency of the past continue? Shall we have a division into strictly professional pharmacies and drug stores, or has the peak of commercialism been reached and will present conditions continue, and general improvement of both professional and business operations result? The latter course, I think, will prevail.

That there is a need for real pharmacy no one will deny. That the practice of real pharmacy exclusively in a retail store will provide a satisfactory living is to be doubted. But that a combination of real pharmacy and the sale of numerous articles not related to healing can be

carried on in the same store is entirely possible. And the greater the specialization in the drug store into separate departments, conducted by competent individuals, the better service the public will receive in both these branches.

From whom does the cry come that pharmacy is going to the bow-wows? From the physician? I have not heard any expression of dissatisfaction from the physician with the character of pharmaceutical service he is receiving now. From the public? I have not heard any complaints from laymen that their prescriptions were not properly filled at any hour of the day or night. Both are receiving better pharmaceutical service than ever before. When your pharmacist calls for, fills, and delivers your prescriptions in short order, and the cost to you is perhaps a dollar, can you complain of poor service? I submit that this is excellent service and at a very moderate cost.

As time goes on and the drug store becomes more and more specialized as to its drug, prescription, candy and soda departments, each presided over by the most skilled help, the service of the store to the physician and the public will improve still more and the pharmacist will be assured of a reasonable competence. I doubt whether we shall see a separation into pharmacies and drug stores.

That educational requirements should be raised there is no doubt. And for work which requires the services of a registered pharmacist we should have the best-trained men possible. A prescription department under the control of skilled men, in a commercial pharmacy, will render the very best type of prescription and drug service. Along with this expert prescription service we need expert commercial training. And the two are entirely compatible. To have *any* drug store requires capital, requires a knowledge of buying, of banking, of employment, and many other subjects, if the store is to succeed. And unless the store is a financial success there can be no store at all, not even a prescription counter over which medicines can be dispensed. So that while we give a high place to the practice of real pharmacy, we must give a higher place than we have been giving to the considerations of every-day business, for without the latter the former cannot exist.

These are the reasons, then, why we advocate a broad knowledge of business along with the highest type of pharmaceutical education. That a man should not pursue his vocation with the mere thought of personal gain is self-understood. His thoughts and deeds should rise above the confines of his bank account. His service to humanity should be of paramount importance. He should be interested in the philanthropic movements of the day. Very often the pharmacist confines his efforts too closely to his own business, and lacks the broader viewpoint. But in order to take an altruistic interest in the things that count in life, he must feel reasonably secure in his mind about the welfare and creature comforts of his family. To do this he must put his business on a paying basis. In short, he must be posted in modern methods of carrying on his business. As for the present pharmacy graduate, a very large part of his time will necessarily be devoted to commercial considerations. Why not give him adequate equipment for this work?

We make no apologies for a Section on Commercial Interests in the A. Ph. A. If in the reorganization plan, it is contemplated to make the organization one which will consider and be interested in scientific subjects only, there is no quarrel, but if it is to be a broad organization, contemplating all phases of pharmacy, then there is a place, and a very large place, for a section devoted to commercial interests. And may the time never come when this old organization of pharmacy will not be interested in all that pertains to the calling, whether it be manufacturer, jobber, or retailer, in all their many and varied activities.

The address was referred to the Publication Committee.

The next subject of the program was an address by Dr. Jacob Diner on "Shall the Ownership of Pharmacies Be Confined Exclusively to Registered Pharmacists?" It follows:

SHALL THE OWNERSHIP OF PHARMACIES BE CONFINED EXCLUSIVELY TO  
REGISTERED PHARMACISTS?

The paper as indicated in the program is in the form of a question. In my opinion it should have an exclamation sign, without any question mark after the title of the paper—not "Shall," but an exclamation point. It is no question in the minds of anyone, whether it be a pharmacist, physician or merely a general consumer of drugs or medicinal products. There can be no question as to who shall be responsible for the drugs dispensed in a pharmacy. However, the law in

practically every state, as far as I have been able to find out, permits anyone to own and operate, but not to conduct a pharmacy. The conduct or the management of a pharmacy is generally restricted to a licensed man, although we have in some states a so-called licensed assistant who is permitted by law to conduct such a store.

Now, what are the reasons why only a pharmacist, a licensed pharmacist, shall be permitted to own a pharmacy? It has been advanced as an argument against this proposition, that as long as a licensed man is in charge of a pharmacy, and the present law is complied with, the public is sufficiently safeguarded. At first glance that may appear to be correct. The head of a large dry goods store is not necessarily an expert on carpets, silks, laces, etc. He can engage experts for these particular departments, to conduct them for the benefit of his establishment. Isn't that equally true with reference to pharmacy?

To begin with, I do not believe that there is anyone here who is ready to concede that pharmacy is exclusively a commercial enterprise. It has been from time immemorial classified among the professions.

Secondly, if the head of a pharmaceutical establishment (I am speaking now of a retail pharmacy) is not capable of judging, not only of the quality of the drugs and articles which are purchased and dispensed, but equally so unable to judge of the qualifications of the man who dispenses them, then a serious condition prevails—a condition in which the life and health of the people are jeopardized, and it becomes a serious menace to society at large. That is one, and I believe a very important, argument in favor of confining the ownership of a pharmacy to pharmacists only.

There is another factor to be considered in this matter. If a man is not a qualified pharmacist, he is not interested in it. He is not even conversant with the ideals of pharmacy. He is interested primarily, principally, and I might say, exclusively, in the financial returns which this business enterprise gives him, and it stands to reason that he is apt to and most likely will sacrifice quality to price. He will not encourage the purchase of the highest quality of drugs, but, on the contrary, will be guided by price largely, rather than by quality. That is a second argument in favor of ownership of pharmacies to be confined exclusively to registered pharmacists.

But there is another point, and a more serious one. In practically all of the states, the Boards of Pharmacy, to the best of their ability, are endeavoring to see that drugs dispensed are of standard strength. In all of the states certain penalties are imposed for violation of the Pure Food and Drugs Act of the state, or the Pharmacy Law, or whatever code governs the dispensing of prescriptions and the sale of drugs. These penalties are usually, first, of a monetary character. If a fine is imposed it is usually collected, but beyond that most of the Boards have the power to either recommend to the licensing body that a license of a repeated violator be revoked, or they have the power themselves to revoke such a license. What, then, is the condition in the case of a pharmacist owning a pharmacy, and a non-pharmacist owning a pharmacy? Take, for instance, Mr. A—who has prepared himself by going through the necessary preliminary requirements, we will say, taken a course in a recognized school of pharmacy, graduated therefrom, and successfully passed the State Board examination in his state—either personally, or through his clerk, has become guilty of repeated violations of the Pharmacy Law in his state. He has paid the requisite number of fines, and he now is cited to appear before that Board to show cause why his license should not be revoked, and it may be revoked if the Board sees fit. In the case of Mr. B, who has given neither time nor study for the privilege of conducting such a drug store, the story is different. He has made sales of drugs of inferior quality. He has been fined, as principal, penalized by monetary fines, has paid them, but can he be cited before that Board to show cause why his license shall not be revoked? By no means. You cannot revoke anything that a man does not have. So Mr. B can go on operating his drug store, with a registered assistant or with an unlicensed clerk, if he sees fit; he can dispense prescriptions of an inferior quality, he can go on violating the law as often as he wants to, and all he can be called upon to do is to pay an occasional fine of anywhere from \$5 to \$50 for such violation. Is that fair? Is that justice to either the pharmacist or still more to the public at large whose life and whose health are endangered daily, if not hourly, by such a non-pharmacist owning a pharmacy?

I am not speaking on this subject from the purely selfish viewpoint of pharmacy at all. I will admit, and probably there are many here who will admit, that pharmacy will never merit the consideration to which it is entitled, until we have eliminated the non-pharmacist owner from the privilege and the right to conduct a pharmacy.



For these reasons, and, furthermore, for the reason which has been previously stated—that this subject has not been given any consideration—we have advocated, in the state of New York, the restriction of the ownership of a pharmacy to a pharmacist only.

What has the Volstead Act done to pharmacy? We all know that the temptations were too strong, even for men who have had a high standing in the pharmaceutical body of their city or state. Certainly many ex-saloonkeepers, politicians and others saw a fruitful field in that liquor permit, and they engaged promptly in the profession of pharmacy. They emphasized the profession very strongly. Can we expect that a saloonkeeper (he may have been a mighty good saloonkeeper) would take a great pride in his pharmacy and in the professional side thereof? Certainly not. There is another menace in the non-pharmacist owner on account of this liquor proposition. That menace, I will admit, is a commercial one, but we do not know that to maintain ideals it is much easier to do so if we are financially free to do as we would like. It is a well-established fact that it is easier for the rich man to be good than it is for the poor man, and certainly for the very poor, and the man who has no financial care will not take the chances with the law that would the man who is in financial need or in financial distress.

Now, what has been the result of these men going into pharmacy? They know that it is necessary to show a certain amount of actual drug business in order to obtain or retain the alcohol permits, or to increase the amount of alcohol which they are permitted to withdraw. That leads them to an artificial forcing of the turnover of drugs and preparations sold in a drug store, and druggists all over the country have been complaining that it is menacing the existence of the legitimate pharmacist. We have made a study of goods sold, not at cost price but frequently at half the wholesale cost, minus all of the discounts, including the cash discount, in order to swell the turnover of the drug end and permit the handling of a corresponding amount of alcohol.

You may say that it is not a menace to the public. Perhaps it isn't. In my opinion it is, because the man who can scientifically and who will conscientiously serve the public is put out of business.

So the New York State Pharmaceutical Association instructed its Legislative Committee to investigate the matter of the legality first, and, if found within the law, to draw up and present a bill limiting pharmacy ownership to pharmacists only. I shall not go into all the details of the proceedings. Suffice it to say that the legality of such a law was established, but in drawing up the bill we had to consider many facts.

I am bringing these points out for you, with a hope that when you men go back to your states you can agitate similar legislation, and so that you may know some of the points and difficulties with which we had to contend and consider, in order to save you time and disappointment. The first and most serious problem that was presented to us was, "What are you going to do with the present chain stores?" The answer, of course, is obvious. It is a good business proposition to consider the chain stores in that light, because, instead of opposition from them, as we would surely encounter, we would have their cooperation. It is also illegal to make legislation retroactive.

In order, however, to prevent a sudden influx of corporations, or a sudden increase of new corporations, we added to that bill that corporations which are now in existence and licensed to do business in the state or those which have filed application prior to the introduction of this bill shall be permitted to continue uninterrupted. That prevented the opposition of the old corporations, it obviated the sudden rush of new incorporations and did away with that problem.

The next question that naturally arose was, "What will you do with a pharmacy whose owner dies?" That, of course, we could readily solve. European countries, which have worked under similar laws, permit the widow or estate of the deceased pharmacist to carry on that business under the responsible head of a licensed pharmacist, with a proviso that this licensed pharmacist now becomes personally responsible, just as if he were the owner. At present your licensed pharmacist can commit all the violations in the world as long as they are not criminal, and notwithstanding that the State Board of Pharmacy has licensed that clerk it generally holds the owner responsible, although the Board may cite and penalize the licensed clerk. But under the new law the manager becomes responsible to the Board of Pharmacy and the law, and the infractions of the law are laid against him, just the same as if he were the pharmacy owner. That did away with all the expected obstacles.

The Bill was introduced both in the Assembly and in the State Senate. We were willing to take our chances with those bills on the floor. We heard no opposition to that bill, and we thought ourselves wise birds in not asking for a hearing before the House Committee, fearing that if we asked for a hearing, we would bring out all the opposition that we did not want and a little bit more.

On a certain Monday night, at midnight, the term of the committee to report on bills of the Assembly Committee expired, and just a few minutes before that we got wind that they had not even taken up that bill in the Assembly Committee. The Chairman of the Legislative Committee of the state got busy at once, by telephoning and telegraphing, and a hearing was granted him and two other men of the Legislative Committee a little after twelve, midnight, of that same day, and they sat there until two o'clock in the morning, but when they got all through they were informed that it wasn't within their power to report that bill.

So we thought we still had another chance, and that was the Senate Committee, as they were still acting, and then we could have it taken down for ratification in the Assembly. We had a hearing before the Senate Health Committee, and we succeeded in convincing the state senators that we had a just and fair cause on behalf of the public. In fact, we interested them to such an extent that one of the senators got busy and dug up the constitutional law of the state, which clearly defines the powers of corporations and prohibits the practice of any profession by corporations; specifically mentioned there were medicine and law. They conceded that pharmacy was a recognized profession. They reported that bill favorably, and it was passed in the Senate. In the meantime we began to get some inside information as to the action of the Assembly Committee. We found that some of our legislators in the Assembly and also some in the Senate were vitally interested in drug stores, were doing a lucrative business, and those not interested financially intended to become so soon, and that was the reason the bill was handled so nicely and chloroformed so gently.

Our Assembly men did not want the bill to come out on the floor. They did not want it to go on record, and so powerful political influences were brought to bear upon the Chairman of the Rules Committee and it died a death of inanition in that Rules Committee. It is needless to say that we are going to get very, very busy promptly. The bill has been reviewed, the weakest points ironed out, and it will be introduced at the very next session of the Legislature.

What I want to bring out particularly is this: That this measure, when you introduce it, must be made a measure of public welfare for the interest of the people. It would not matter one iota to pharmacy if it did not endanger the public welfare. We would not agitate as strongly as we have, except for the fact that the basic reasons for the passage of such a bill are and must be the safeguarding of the public health.

Now, in order to get any bill of that kind through, we have learned a lot as to what must be done. It is necessary to get the newspapers, the daily papers, interested in that. To accomplish this, we have a Publicity Committee of which Mr. Clyde Eddy is the chairman, and we have appropriated such funds as are necessary to carry on this work. We want to establish the fact in the people's minds first, that when they go into a drug store they do not know whether that drug store is a legitimate pharmacy. We want them to know that if that bill goes through, they will feel safe when they see the sign "drug store," or "pharmacy" over a door or a window. They will feel just as safe about that as, in the state of New York to-day, when they see the sign Dr. Jones on a window, they know that that man is a legally qualified physician, a man duly empowered and qualified to practice the art and science of medicine. We want them to know that same thing about pharmacy. It is for the protection of the public only.

There is another thing: Whenever you introduce a bill of that kind go to see your candidates for office in the fall election, and find out their attitude, whether they are going to support it, or whether they are going into the profession of pharmacy, not for the benefit of humanity, not for the protection of the public, but for the mere sake of making money, illegitimately if necessary. If most states will introduce those kinds of bills, we will soon obtain laws of that kind. If the American Pharmaceutical Association will have accomplished nothing more than to stimulate the introduction of passing such a bill, limiting ownership of a pharmacy to registered pharmacists only, it will have established a monument which neither time nor vicissitude can ever tear down.

## DISCUSSION.

J. H. Beal asked if there was any provision made for supplying drugs in communities where there is no registered pharmacist.

Dr. Diner replied that, in the pharmacy law of the state of New York, such contingency is provided for by what is known as a storekeeper's license. The storekeeper's license is granted only where there is no drug store within an area of six miles. That dealer may handle remedial drugs in packages when put up by a pharmacist, and bearing the label of the licensed pharmacist who has put them up, not necessarily limiting them to innocuous drugs. The seller to the permit holder is made responsible to see that the storekeeper is familiar with the dangers of the drugs and that he calls the attention of the purchaser to such things.

In reply to the question "What will happen to the men in business, not a corporation, and still own drug stores operated by licensed pharmacists?"—Dr. Diner answered that the law will make the manager responsible equally, as if actually the owner.

L. L. Walton said "The Doctor stated that the legality of the bill was established and he made the reference to a senator referring to the Constitution of the State of New York, in which it was found that no license could be granted to practice medicine or dentistry or any other profession to a corporation. Is that correct?"

In reply to other questions Dr. Diner stated that by research made by counsel and referring it to the Attorney-General of the state, it was established that pharmacy could be considered as one of the professions. He said further: "Our pharmacy law reads, first, 'Pharmacy.' A pharmacy is a place where drugs are sold, dispensed or compounded, and it goes on to say a pharmacy may not be conducted or operated by any one who has not complied with the following, and sets down the qualifications as to preliminary education, license, etc. Then it is negated by a little clause later on introduced, because at that time there was considerable opposition in the rural districts, and it was added, 'However, this shall not apply to the ownership of a pharmacy.' If it hadn't been for those few words, we would have a law in the state that would have given us all the power that we wanted. The compromise at that time has been the cause of all that disturbance.

"You may say before your Legislature that an unlicensed pharmacist is apt to be careless about the kind of help he employs and the kind of drugs or preparations dispensed. On two separate occasions an unlicensed man was found to be in charge of a drug store. On several other occasions the prescription contained insufficient quantities of drugs prescribed and in some instances substitution was practiced."

L. L. Walton asked whether in the opinion of the Attorney-General of the state of New York the bill which was introduced provided for proper application of the police power of the state of New York, and if the bill had been passed whether the Attorney-General would have recommended that it be signed?

Dr. Diner replied "yes," to the first part of the question and that he had understood the Governor would then sign the bill.

The question of restraint of trade was brought up. Dr. Diner in reply said: "The greatest difficulty we had with that bill was this: All the pharmacists knew about the legality and illegality of the bill. I might also say that my information from Europe after the war was that the old laws were still in effect. I worked under those laws, and I know that no one could own a pharmacy in Germany, unless he was a pharmacist, and after the owner's death, the only ownership was the widow or the estate of the deceased. In that case the manager was made responsible, not only for his actions, but for the actions of his employees as well.

"We are not losing any sleep about what the higher courts will do, because, after all, common sense has been a very marked qualification of our judicial system, and a matter of protection to the public.

"As far as it being a restraint of trade, you don't want to forget that anybody can sell any articles that are not drugs, and we do not try to limit such sales, but when actual drugs are sold or prescriptions dispensed, then the place of business becomes a pharmacy."

Secretary H. C. Christensen of the National Association of Boards of Pharmacy said: "It seems to me that there is every reason in the world to believe that such a law would be legal. It has been ruled that a corporation cannot practice medicine, even though physicians were hired to take charge of that corporation. The corporation must state definitely 'Doctor John

Smith, M.D., or a combination of M.D.'s, and the same with dentistry. It seems very reasonable to me that the welfare of the public is involved as much and more in pharmacy, than in any of the other professions.

"A thorough study should be made of the subject. Quite a number of inquiries have come into our office, as to whether there was a movement on foot to bring about the passage of such laws in the different states. I have had a brief prepared by our attorney in which he outlines the conditions and possibilities of such legislation, much along the same line as presented by Dr. Diner, claiming that it is not only legally possible, but very likely that such laws will be enacted." L. L. Walton stated that recently in the state of Pennsylvania a charter was refused for a dental corporation.

The following papers were read and discussed: (They are printed in September *JOURNAL A. PH. A.*, pp. 807 and 808.) "Further Chain Store Figures," by Clyde L. Eddy. "Commercial Pharmacy or Business Administration," by Robert P. Fischelis.

The first session of the Section on Commercial Interests was then adjourned.

#### SECOND SESSION.

The second session of the Section on Commercial Interests was convened by Chairman Charles W. Holton, at 9:30 A.M., August 18.

The first subject of the program was an address by H. S. Noel on "The Great Need for Better Commercial Training." This is printed in October issue of the *JOURNAL*, pp. 802-806.

In complimenting the speaker Dr. Diner pointed out the need of business training both in buying and selling and proper stock-taking; that the overhead is frequently not rightly determined, or the cost of preparations manufactured in the pharmacy.

Chairman Holton stated that he had profited by many suggestions and ideas presented in Association papers and discussions. In his opinion, it was necessary to lay more stress on the conduct of business for profit; the retail pharmacists should in larger numbers interest themselves in this Section and discuss their every-day problems.

William Gray contended that every druggist owed this Association support, that here was an opportunity for a postgraduate course in pharmacy.

H. L. Thompson said that it was impossible to give much business training in a 2-year course; in the institution with which he is associated provision is made for a 4-year course; students select the course best suited for their needs—based on what line of work they will engage in after leaving the school.

W. C. Anderson commended the paper by Mr. Noel; there were two points he wanted to make—that most pharmacists need more commercial training and this training should be given in schools of pharmacy. While the 2-year course did not permit of a thorough business training for students, they could be drilled in business conduct, buying, selling, bookkeeping, etc. He agreed with Dr. Diner that observance of the ethics of business and of the profession is essential to success. The man who has the proper commercial understanding which will enable him to make a commercial success can uphold the ethics of the profession. Those who bring disgrace on the profession are usually those who are unsuccessful in business or in the profession. The graduates in pharmacy should not only have professional training but be trained in business principles so that they can make a business success.

M. A. Jones expressed his interest in the figures which indicated that the large percentage of failures among retail druggists was due to lack of business knowledge. He hoped that Mr. Noel would study the business courses in pharmacy schools further, and report his findings.

A rising vote of thanks was tendered Mr. Noel. He stated that he would be glad to continue his studies where he left off in this paper, and present further facts at another meeting of the Association.

Fred W. Ames read a paper on "Prescription Pricing." It was discussed and referred to the Publication Committee.

The following papers were read by title and referred:

"Brush Goods—Buying Quality, etc.," by Arthur H. Davis.

"What Is the Matter with Pharmacy?" by Ambrose Hunsberger.

"Coöperating in Pharmacy," by Henry B. Smith.

The Committee on Nominations presented the names of the following for officers of the Section:

*Chairman*, Walter M. Chase, Detroit, Mich. *Secretary*, Henry B. Smith, Brooklyn, N. Y. *Associates*: E. R. Serles, Brookings, S. Dak.; A. B. Nichols, Philadelphia, Pa.; Theodore D. Wetterstroem, Columbus, Ohio. Under instructions, by motion, F. W. Ames, acting as secretary, cast a ballot for the nominees and they were declared elected and duly installed. The final session of the Section on Commercial Interests was then adjourned.

#### SECTION ON HISTORICAL PHARMACY.

The first session of the Section on Historical Pharmacy was convened at 9:00 P.M., August 16, by Chairman C. P. Wimmer. He announced that with the consent of the members the order of business would be changed, leaving the officers' reports to the second session.

The first contribution of the evening's program was a paper by Hugo Kantrowitz on "The Oldest Pharmaceutical Organization in America," in which he described the activities of the New York German-American Apothecaries Society. The compiler and author presented the Association with an album containing pictures of events, invitations, and prints of many members. This historical paper, in presenting an account of the activities of the Society, contributes largely to the history of the American Pharmaceutical Association, to which the former is closely linked.

The next number on the program was an illustrated lecture by H. M. Whelpley. While most of the pictures spoke for themselves, and were frequently applauded, the lecturer enlarged on points of interest, which added zest and information. The speaker brought out interesting incidents of past meetings, and unconventional snapshots of well-known members were shown; many of the latter had passed onward. Mrs. Whelpley, as usual, contributed largely in preparing the beautifully colored lantern slides. A vote of thanks was passed to both Mr. and Mrs. Whelpley, and a promise was made by them of further contributions. A selection of the slides is to be presented at a later day to the Association, when housed in its own building.

James H. Beal presented "An Appreciation, Paying Tribute to the Late S. A. D. Sheppard." In the memoir an account of the activities of the latter is recorded; it is printed in the September number of the JOURNAL, p. 659.

An extremely interesting and informative illustrated lecture was given by H. W. Felter of Cincinnati, entitled "The Backgrounds, Foundations and Founders of the American *Materia Medica*." Many of the illustrations shown and data cited were taken from a work in preparation by Dr. Felter. The information contained in this lecture may, in a measure, be estimated; those present considered themselves fortunate in having the opportunity of listening to the author and seeing pictures on the screen that vividly portrayed the backgrounds, foundations and founders of American *Materia Medica*. A rising vote of thanks was tendered Dr. Felter, and the session was adjourned at 1:00 A.M.

#### SECOND SESSION.

The second session of the Section on Historical Pharmacy was convened at 2:00 P.M., August 17, by Chairman C. P. Wimmer; his address follows:

#### ADDRESS OF THE CHAIRMAN.

With this meeting the Historical Section enters into the twentieth year of its useful and interesting activities. The amount of work done and the kind of work accomplished during the period of its existence can hardly be properly estimated. There are in the possession of our historian numbers of valuable papers and records, sketches, autobiographies, papers on subjects of historic interest, of every kind and nature. They are stored away, sleeping peacefully, but awaiting like the charmed princess the deft hand of him who will bring them to life and usefulness. Numbers of papers are annually submitted at these meetings. Some are read and published, some not read and not published, but all of them are placed into our archives to be available should a demand arise. And demands arise more frequently than one might think. The number of people interested in the history of pharmacy is ever on the increase. Hardly an issue of the pharmaceutical periodicals appears in which an article of historic interest cannot be found. It seems to me that the time has come when some one should undertake to write a history of American Pharmacy. There is plenty of material to draw from, and the archives of our Association would be of invaluable assistance. Few members, however, realize that our store of historic material is rich, or know that all of the material submitted is kept on hand. To bring this forcibly to their attention I suggest that the historian be requested to prepare an index of all historical material now in his possession, and that this index be printed in the JOURNAL and be avail-

able in reprint form. The preparation of this index would, no doubt, entail a considerable amount of work, but I have no doubt that the Association would grant such clerical and financial help as might be required. I shall be glad to entertain a suitable motion bringing this matter to the attention of the council.

The program prepared for this year is as large and promising as it was last year. The chairman wishes to express his thanks and appreciation to all contributors. The work of the officers has, indeed, been made easy and enjoyable by the hearty support they have received.

The untimely death of Arthur W. Linton, who was elected secretary of this Section last year to succeed himself, has been a great shock to all of us. Mr. Linton was a man of high ideals, who took an active interest in many branches of pharmacy. His contributions to historical pharmacy are numerous and of considerable interest. The words used by Professor Johnson in Mr. Linton's obituary notice seem to me so appropriate that I will repeat them here: "His death brings sadness to all who knew him, but his memory will live in the hearts of his associates."

Clyde L. Eddy was elected to the secretaryship of this Section to succeed Mr. Linton. To Mr. Eddy's efficiency and hearty cooperation much of the success of our program is due, and full acknowledgment of that fact, as well as of the assistance rendered by our historian, Mr. Eberle, is hereby gladly and thankfully made.

It was moved, seconded and carried that the report be received and the recommendations were approved.

#### REPORT OF THE HISTORIAN.

The growing interest in this Section is evidenced by the program, and also its general value—for no Section considers matters relating to pharmacy from more viewpoints. President Garfield said: "History is constantly repeating itself, making only such changes of program as the growth of nations and centuries requires." Cicero said: "Not to know what has been transacted in former times is to continue always a child. If no use is made of the labors of past ages, the world must remain always in the infancy of knowledge." General application of quotations can readily be made and specifically each member will apply them according to the teachings of his or her experience.

From earliest times—when trade between nations was first entered into—drugs ranked high as important articles of commerce. They were material considerations in trade routes, and changes of these were closely associated with the rise and fall of empires. Even in more recent periods drugs have brought about enmity between nations or developed greater friendships. Trade marked the character of nations—making some of them strong leaders and others have been held back, and dominated. Nations have been brought together to discuss the evil effects of drugs—how best to limit and how best to extend the industries concerned therewith. The geography and government of countries have been almost recast under the influences or by the influences exerted through the industrial or commercial value of drugs. Impossibilities have become actualities. It is unnecessary to be specific in these references because they can be made to apply differently and at different points and periods in history. It is unnecessary to go back to the times when the cinchona made sections habitable where civilization was impeded by centuries of darkness, and with it consider the progress that has taken place. Here, at this convention, we will hear from one of our members who on a number of occasions traveled through areas of, until then, undiscovered country, or at least made possible further utilization of valuable *materia medica* of the countries south of the equator. The expedition of which Dr. H. H. Rusby was the director was viewed with favor in educational and scientific circles in South America, and a Peruvian newspaper describing Dr. Rusby and these researches refers to his exploits as "the gallantry of a man of science." But this undertaking has done more, it has brought pharmacists into closer relation with other men of science, the industries and the public. Let us not overlook its significance. It will prove to be one of the big events recorded in the history of science, commerce and industry.

One of the papers of the program relates to Colonel May's Journey to the Ohio Country and throws additional light on the way ginseng traffic was then carried on. Its importance is brought out by the author who states that ginseng was used for coin, and fluctuation in market value might have been the making or undoing of a merchant. A further important fact is referred to in that the first ship leaving an American port after the establishment of the United States carried a quantity of ginseng which was exchanged for tea and silk; thus trade was established which

has continued. Among the plants John Bartram collected for Sir Hans Sloane was ginseng. The former was a friend of Peter Collinson, the Quaker botanist whose name has been memorialized in the *Collinsonias*. Through him John Bartram was appointed botanist and naturalist for the exploring of the provinces.

While the purpose of bringing out these latter points is to emphasize the value of the study of historical pharmacy in one direction—and there are many, as has already been noted—it is also for the purpose of making reference to John Bartram's gardens and home which still exist though much neglected. In localities where points of historical interest are many it is almost impossible to preserve and maintain all of them. I will not attempt to say to what extent we as pharmacists and botanists throughout the country should be interested in this subject; however, it is a source of regret that this link of the past with the present should go to ruin. There are many things contained in the house and about the gardens which have historical value and could readily be sold for relatively large sums. As it is, the grounds and buildings are going to ruin and as time goes on articles that have been viewed with interest disappear.

John Bartram was not a pharmacist, but his knowledge of medicinal plants brought him into close relation with apothecaries and doctors who had a part in the development of the *materia medica* of that period. The paper on the first American Pharmacopoeia brings us into closer relationship with the apothecaries of the formation period of our Government. Soon thereafter the Philadelphia Dispensary, which last month closed its doors, was established. This institution not only brings us in touch with early apothecaries such as Christopher Marshall, but again we find that John Bartram also was a patron and that antecedents of one of our well-known ex-presidents, Edward Parrish, were among the founders. In the regulations which obtained throughout the eventful history of this institution the physician and apothecary were considered as co-workers, if not equally important. "They" governs the phraseology. "They are allowed to absent themselves the first day of the week provided 'both' are never absent at the same time;" "They are admonished to be kind and courteous," etc.

Pharmacy's immediate claim to Louis Pasteur is largely through work which brought him in touch with French pharmacists and pharmaceutical institutions; pharmacy, however, owes much to him. The centenary of Pasteur's birth will be celebrated this fall at the International Exposition of Hygiene in Strasbourg. It was in this city that the great scientist began his career; a monument will be erected to him.

So we might continue without great difficulty to bring out from the records historical events that have had much to do in shaping pharmacy.

The transactions of the 1872 Convention of the American Pharmaceutical Association were participated in by some of those living to-day and present at this meeting. Thos. D. McElhenie will give some account of these proceedings and of the members who made pharmaceutical history in 1872. Dr. Enno Sander was the presiding officer of the Convention. The pharmaceutical events of 1822 and chemical chronology are subjects of papers on the program, and many of these events and individuals would serve as subjects for interesting papers.

The convening of the International Pharmaceutical Federation may be regarded in the light of pharmaceutical history for it has been nearly ten years since the prior convention; a brief account is given in the June issue of the *JOURNAL*, p. 493.

The International Congress of the History of Medicine met in London during July; those engaged in related lines are eligible to membership. The editor of the *Pharmaceutical Journal*, Mr. J. P. Gilmour, read a paper on "British Pharmacy;" the entertainment program included functions at Apothecaries' Hall and at the Wellcome Historical Museum. Mr. Henry S. Wellcome has been a member of our Association since 1875.

Nothing of great historical value has come to us during the year. The editor continues to clip from various publications items that have a bearing on pharmacy; a record of these cover many subjects, and an alphabetical list is filed each year. We have also received 25 photographs of members; nearly half of them were accompanied by brief sketches. All members are again invited and respectfully asked to send in a photograph and a brief sketch, if they have not already done so. The future will have need for them in one way or another. The photo in July issue of Dr. Enno Sander is from the album of Professor Maisch, donated last year by his daughter, Miss Margaret Maisch, and she is present at this meeting.

Among those who have gone away from us since last we met are the following: Richard M. Shoemaker, Seward W. Williams, William O. Blanding, Frank R. Partridge, William Pendleton De Forest, Charles William Benfield, W. D. White, W. Arthur Skillern, Prof. Arthur Linton, Dr. Otto A. Wall, Charles I. Hood, Azor Thurston, Simon Newton Jones, William Bryant Cheat-ham, Frank A. Southard, Otto George Hottinger, Ira Benton Clark, Henry George Duerfeldt, Randolph P. Mullins, George Gustiniani Muth, William H. Sigler, B. O. Wilson, William Marks, H. J. Stolle, D. A. Neu, J. F. Whitley, Adolph Hoenny, James E. Brennan, George C. Frye, Gustavus Balsler, Harry O. Mayer, A. J. Jehlik, William A. Scheddell, J. A. Belanger, E. T. Colton, Carl E. Weise, W. L. Cummings, Ambrose C. Snyder, Benjamin A. Wilson.

While George Robert White, Boston philanthropist, was not a member of the American Pharmaceutical Association, the splendid example he set for others to emulate should be made a matter of record here. A sketch is printed in the March number of the *JOURNAL*, p. 227.

As far as it is possible notices and also sketches of the deceased are printed in the *JOURNAL*. Workers in all of the pharmaceutical activities are represented in the memorial list; some became leaders in affairs, others were glad to follow and lend their aid in the advancement of pharmacy according to their opportunities. Some were members of the Association only for a few years, others had passed the half-century mark—Ambrose C. Snyder, Benjamin O. Wilson, Charles I. Hood and Simon N. Jones. One died in office as a state association president—W. Arthur Skillern, others had held the office, the greater number had been active in state association work. Seward W. Williams was associated in an editorial capacity with pharmaceutical publications in his earlier years and, later, chemist for a longer period. He was a frequent contributor to the proceedings of the Association. Dr. Otto A. Wall presided over the 1910 Pharmacopoeial Convention, and during the greater part of his life was a member of the faculty of the St. Louis College of Pharmacy. A loss that has been felt keenly by this Section is that occasioned by the death of Prof. Arthur Wilson Linton. He was a student and year by year became more valuable as an educator, and exerted greater influence in American Pharmacy. He was secretary of this Section. His contributions exhibited his ability as a writer, and a number of these papers were reprinted in part in the foremost magazines; particular reference is made to the comprehensive paper read at the last San Francisco meeting on the voyages of the 16th and 17th centuries in their relation to drugs, spices and dycestuffs.

Among the most recent deaths of which we have been given notice is that of Prof. Frederick P. Tuthill of the Brooklyn College of Pharmacy, who joined the Association in 1899; also that of the well-known Japanese chemist, Dr. Jokichi Takamine, who joined the Association in 1898. Sketches of both are printed in the August number of the *JOURNAL*.

In a communication a personal friend of the latter, Hon. K. Kumasaki, Consul General of Japan in New York, states: "The loss of Dr. Jokichi Takamine means the loss of a most eminent citizen of Japan, a loyal friend of America, and incidentally one of the oldest Japanese residents of New York," and he concludes by saying that, "in his business undertakings Dr. Takamine always sought the cooperation of Americans, as he firmly believed that such joint American-Japanese enterprises were conducive to bettering the relations between the two countries." Here we see how the history of pharmaceutical science blends with the history of nations.

The mention made year after year that a headquarters for the American Pharmaceutical Association is coming, is nearer a realization; at this writing over \$5,000.00 has been subscribed for the home. When this purpose comes to accomplishment the room for Historical Pharmacy will be a most interesting part of the structure, and many of the records that are largely historical which now are lost to pharmacy will be preserved. Fortunately much material has been preserved in the colleges, but it requires no great stretch of imagination or stimulated thought to realize that there has been a loss because there was no depository for such material under the direct control of pharmacists. Let us promote the growth of the A. Ph. A. Headquarters Building Fund.

Last year the historian made the request that as far as possible pharmaceutical publications preserve matter that can, after the A. Ph. A. building is completed, be properly taken care of; this suggestion is now extended also to the pharmaceutical industries and the educational institutions of pharmacy. The growing interest in this Section evidences the possibilities; in the writer's opinion more intensive cooperation will be offered from all the sources mentioned



when the depository is available. In the meantime he also believes that they will accept the invitation because history and research are of growing interest.

Respectfully submitted,

(Signed) E. G. EBERLE.

On motion, duly seconded and carried, the report was received and recommendations concurred in. The officers of the Section were requested to prepare a memorial relating to the late secretary, A. W. Linton, to be incorporated in the minutes of this Section. (See also addresses of Chairman and Historian.) It follows:

*In Memory of Arthur Wilson Linton.*

The Section on Historical Pharmacy suffered the loss of one of its most active workers in the passing of Secretary Arthur W. Linton, January 26, 1922. The deceased was born in Bunker Hill, Illinois, May 1878; here he received his earlier education and also his drug store training, prior to entering Highland Park College, from which institution he graduated in 1902. In 1906 he received the degree of Bachelor of Science from the University of Michigan, and was awarded the Frederick Stearns Fellowship. He was professor of pharmacy at Valparaiso University from 1909 to 1913 and during the succeeding years associate professor of pharmacy in the University of Washington where he earned his Master of Science degree, in 1915.

Professor Linton was secretary of the Washington State Pharmaceutical Association at the time of his death and had served in that capacity from 1915-1917. He conducted a page "Prescription Difficulties" in the *Pacific Drug Review*. His contributions to the Section on Historical Pharmacy bear evidence of his interest in the subject and qualification in historical research.

In honoring the memory of our lamented member, the late Secretary of the Section on Historical Pharmacy, Arthur Wilson Linton, we voice the sentiments of tribute by his colleague, Prof. C. W. Johnson.\* In his passing American pharmacy has lost one of its brightest minds and an inspiring teacher. We express our sympathy to his widow and other members of the immediate family, and share in the loss of a loyal member of the American Pharmaceutical Association.

For the Section on Historical Pharmacy, A. Ph. A.

C. P. WIMMER, *Chairman*,  
CLYDE L. EDDY, *Secretary*,  
E. G. EBERLE, *Historian*.

The following papers were read by title and referred to the Publication Committee:

"Biographical Sketch of Emile Bourquelot," and "Lycion or Lyceum of the Ancients," by William H. Gano.

"Events of 1822," and "Chemical Chronology," by Otto Raubenheimer.

"Contemporary History, 1921," by Clyde L. Eddy.

"Historical Fragment: Colonel May's Journey to the Ohio Country, 1788-1789;" "Gleanings from Diary of Samuel Pepys;" "History of the Apothecary Shop: A Bibliography—The Apothecary Shop of Castle Issogne;" "A Fifteenth Century Boutique;" and "Gleanings from Humbolt's Reise durch die Aequinoctial—gegen Amerika's," by Edward Kremers; and "The Book Literature on New Remedies," by Lida Winkelblech and Edward Kremers.

"Bezoar," by William Kirkby.

"New Drugs Introduced during the Last Fifty Years," by E. M. Holmes.

The last two papers are by two of our honorary members in Great Britain.

"A Swedish Drug Store of the 18th Century," by B. E. Höckert.

"Historical Sketch of the School of Pharmacy of the University of Illinois," by William B. Day.

"Possible Services of the American School of Oriental Research in Bagdad," by Adelaide Rudolph; later the paper was temporarily withdrawn.

"Historical Notes on Some Edible Plants Used by Our American Indians," by William J. Bonisteel.

---

\* March JOURNAL, A. Ph. A., p. 225.

"A Sixteenth Century Champion of Pharmacy," by William J. McGill.

"Apothecaries Hall—The Oldest Drug Store in America," by John Bennett.

R. S. Lehman gave an illustrated talk which described interestingly the evolution of the postage stamp in America, and explained why it has become an item of drug store merchandise. The slides used to illustrate this paper were donated by Mr. Lehman to the historical files of the Association. Hugo Kantowitz expressed pride in the fact that he had given Mr. Lehman, when a lad of seven years, the first postal stamp album; this was the incentive to become a collector of stamps, and he is now secretary of a society of philatelists.

A vote of thanks was extended to Mr. Lehman.

Thomas D. McElhenie, one of the veterans of 1872, read two papers: "Memories of '72," and "Jobbers I Have Traded with." They were full of interest.

In offering his article on "Medical Superstitions and the Pharmacists' Opportunity in Folk Lore," E. V. Howell stated that the subject was closely associated with pharmacy and, by presenting this paper, he hoped that this Section would become interested in folk lore. The author said that superstition ran through all literature. He contributed quite a number of clippings and references to the historical files.

"The First Pharmacopoeia Published in the United States," by J. W. England, was presented by E. G. Eberle who stated that the reprints which were given to those present were prepared from "The First Century of the Philadelphia College of Pharmacy," of which Mr. England is the editor. Copies of plates prepared from the first edition of the first American Pharmacopoeia were included in the reprints, and also a reproduction of a letter of Dr. William Brown.

A biographical sketch of William Simpson, forty-second president of the American Pharmaceutical Association, was read by J. G. Beard. Four reproductions of photographs of Mr. Simpson accompanied the memoir.

"Johnny Appleseed" was the subject of a contribution by J. W. Sturmer; a photograph of a memorial stone in his memory accompanied the article.

Lyman F. Kebler announced progress in the compilation and preparation of his comprehensive paper on "The History of Federal Legislation Affecting Drugs."

Clyde L. Eddy, of New York, was elected chairman of the Section and R. S. Lehman, of New York, secretary. The final session of the Section on Historical Pharmacy was then adjourned.

#### WOMEN'S SECTION.

The ninth annual meeting of the Women's Section of the American Pharmaceutical Association was called to order at 10:30 A. M., August 16, 1922, by the president, Mrs. Lewis C. Hopp, Cleveland. The secretary not being present, Miss Bagley acted as secretary, *pro tem*.

Dr. C. A. Mayo addressed the Section, explaining the origin of the gavel which he had presented to the Section at the San Francisco meeting in 1915. He likened the virtues of the orange wood, of which the gavel is made, to the qualities which are most desired in women— attractiveness and the ability to wear well. He pointed out that in the general trend of progress of the times, women have come to a parity with men in all the professions including pharmacy, and stressed the part which the women of the A. Ph. A. can play in the work of the general association and that that work is not only the duty of the women who are eligible to the Section, but is also their privilege.

The president then called upon Mrs. Godding, the first president of the Section, to say a few words. Mrs. Godding stated that there seemed to be some misunderstanding that the Women's Section was an independent organization and pointed out that it is a part of the A. Ph. A., on the same status as other sections and cannot function outside the limits of the A. Ph. A.

The president then read her address; it follows:

#### ADDRESS OF THE PRESIDENT.

With assurance and pride we acknowledge our city an ideal summer resort; likewise in winter it blows you an insistent welcome. You have had the personal greetings of the resident women; we gave you the welcome collectively with the men; now it is extended to you through me as president of the Women's Section, which has its place on the program with the meetings of these men of science—our husbands—though not with them.

A president's second term gives an opportunity to reestablish. For me it has been a research and, perhaps, will bear its best results later, as most researches do.

How many fine and capable predecessors there have been! It is my opinion they should have remained in office until this growing child was able to pass the guidance and continuance of this work to others.

Always woman has been recognized as a power for good or evil. At present she is not a silent power, for openly and credibly are filled all positions by her in every field all over the globe. The woman pharmacist comes to these meetings and has the opportunity to compete with these scientific men on the Association floor, therefore we cannot hold her in this Section.

We perhaps unconsciously have influenced our men to enforce laws to curtail unscrupulous sales. Haven't we also influenced them regarding what seems to be the by-word of every druggist's wife—"His time for the other fellow being." It isn't our fault that our men feel the need for more commercialism and we gain it at their expense, they doing without another clerk.

Commercialism is the crime of the age and the multitude wish it solely for the expenditure of pleasure.

Persistently the strain of all the papers have been to meet and cultivate each other on a social basis. What further progress for the good of many comes through these acquaintances formed and by exploiting our own experiences. In extending this hand of fellowship to the guests, the closer intimacy will follow naturally. For this reason it seems expedient to have as president a woman in the city you next meet in. It likewise seems a necessity to establish a permanent secretary in order to accomplish what this Section endeavors to do.

It has been impossible to lengthen the sessions of this Section and you will all be pleased to have the opportunity of visiting with each other before luncheon and then ride out upon the waters for a rollicking or restful time.

The address was duly accepted, with a vote of thanks.

On motion duly carried, the Chair was instructed to appoint a committee of two to investigate the proposition to change the names of our officers by substituting the word "chairman" for the word "president" wherever it appears in the roster and to eliminate the office of treasurer.

The Chair appointed on this committee Mrs. L. F. Kebler and Miss Bagley. Later the committee reported that the By-Laws of the Section carried sufficient authority to sanction the proposed change and on motion duly carried it was so ordered and announcement made to the Council of A. Ph. A. as follows:

"Council of American Pharmaceutical Association: By vote of the Women's Section at its meeting August 17, 1922, the By-Laws of the Section were amended to change the name of the officers by substituting the word 'chairman' for the word 'president,' making the roster uniform with that of other sections. The office of treasurer is also eliminated."

On account of the changing of secretaries and the great distances in their residences, the minute book of the Section was not available for this meeting. Miss Bagley agreed to compile the minutes of former meetings as printed in the JOURNAL A. PH. A. and preserve them in permanent form.

The Chair appointed as nominating committee, Mrs. E. R. Selzer and Miss Elizabeth Jenkins.

An adjourned session was held to act on the report of the nominating committee. The report nominated the following officers:

*Chairman:* Mrs. L. F. Kebler, Washington, D. C.

*First Vice-Chairman:* Mrs. J. G. Godding, Boston, Mass.

*Second Vice-Chairman:* Mrs. L. L. Walton, Williamsport, Pa.

*Secretary:* Miss Anna G. Bagley, Columbus, Ohio.

*Members Executive Board:* Mrs. L. C. Hopp, Cleveland, Ohio, Mrs. J. H. Beal, Urbana, Ill.

The report of the Committee was accepted and on motion duly carried the secretary was instructed to cast the ballot of the Section for the officers named, which was done.

At the Thursday morning session the previous minutes were read and accepted.

The Chair asked for suggestions for a slogan to be used by the Section and "What Shall We Do to Serve" was adopted.

Each new officer as she was installed pledged her earnest effort to further the work of the Section and to do her part in spreading the gospel of the A. Ph. A.

The secretary was instructed to send letters of thanks to the Cleveland ladies for their hospitality and generous entertainment during the convention. ANNA G. BAGLEY, *Secretary*.