

## PROCEEDINGS OF THE LOCAL BRANCHES

"All papers presented to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."

—Part of Chapter VI, Article VI of the By-Laws.

ARTICLE III of Chapter VII reads: "The objects and aims of local branches of this Association shall be the same as set forth in ARTICLE I of the Constitution of this body, and the acts of local branches shall in no way commit or bind this Association, and can only serve as recommendations to it. And no local branch shall enact any article of Constitution or By-Law to conflict with the Constitution or By-Laws of this Association."

ARTICLE IV of Chapter VII reads: "Each local branch having not less than 50 dues-paid members of the Association, holding not less than six meetings annually with an attendance of not less than 9 members at each meeting, and the proceedings of which shall have been submitted to the JOURNAL for publication, may elect one representative to the House of Delegates."

Reports of the meetings of the Local Branches shall be mailed to the Editor on the day following the meeting, if possible. Minutes should be typewritten, with wide spaces between the lines. Care should be taken to give proper names correctly and manuscript should be signed by the reporter.

### BALTIMORE.

The last spring meeting of the Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the Hotel Emerson on May 31, 1927, President Kantner presiding.

Dr. E. W. Schwartz of the Mellon Institute of Industrial Research, University of Pittsburgh, spoke on the subject:

#### PAST, PRESENT AND FUTURE ROLE OF PHYSIOLOGICAL ASSAYS IN MEDICINE.

Dr. Schwartz stated that the Physiological Assay as known in the pharmaceutical world was proposed for the assaying of the pharmacodynamic potency of drugs which could not be assayed by chemical means, mentioning that each individual assay may be considered as temporary, depending upon the finding of a better method, or discovery of chemical methods. He further stated that the particular assays performed are also influenced by the trend of therapeutics, since it is entirely within the province of the physician to determine what drugs he should use.

Dr. Schwartz mentioned that historically the present-day practical physiological assay was evolved from the academic physiological assay, which is too elaborate for practical use and which is designed, often extemporaneously, for purely research purposes. He stated that the historical record of the practical physiological assay is divisible into three stages: (1) That of the academic ideal, during which time tests were being standardized and technicians trained to determine if the

tests were practicable of commercial application. (2) The stage in which they were optional, namely the age of the scope of the U. S. P. IX. (3) The present stage in which they are compulsory (U. S. P. X). This record of growth is evidence of the firm foothold which the physiological assay have gained in the drug world.

He pointed out that practically, the physiological assay accomplished all that the physician accomplished heretofore when he attempted to standardize a drug of uncertain potency upon his patients. It does more, in that it places at his command certain drugs the standardization of which upon patients would be fraught with considerable danger.

Dr. Schwartz stated that physiological assays include the testing of serums and of such drugs as salvarsan and are therefore, not limited simply to drugs in the narrow sense. He pointed out that the testing of salvarsan represents an extension of the original idea, because the purpose of this test is to eliminate preparations objectionably toxic, and prophesied that we may confidently look forward to the development of other tests to demonstrate what a drug should not be as well as tests demonstrating what it should be.

In conclusion, Dr. Schwartz remarked that physiological assays are strictly quantitative, in that they do not necessarily identify a drug, but only measure potency; and moreover, sophistication is possible which must be controlled by other means.

J. Thomas Holland of the firm of Holland & Thompson, Centreville, Md. was a visitor

and expressed pleasure in being able to attend a meeting of the Baltimore Branch.

Mrs. George Kaiser, who is studying at the Peabody Conservatory of Music, added to the pleasure of the evening by contributing several well-selected vocal solos.

The next meeting of the Baltimore Branch will be held following the Convention of the AMERICAN PHARMACEUTICAL ASSOCIATION in St. Louis.

B. OLIVE COLE, *Secretary, Treasurer.*

## ASSOCIATION BUSINESS

AD INTERIM BUSINESS OF THE COUNCIL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, 1926-1927.

Office of the Secretary, 10 West Chase St., Baltimore, Md.

### LETTER NO. 12.

July 23, 1927.

*To the Members of the Council:*

116. *Tentative Program for the Diamond Jubilee Meeting.* Motion No. 43 (see Council Letter No. 11, page 697) has been carried and a majority of the members of the council indicated their preference for Program A. The St. Louis Committee has been so notified and the program of the meeting will be in accordance with this plan.

117. *Motion No. 44* (see Council Letter No. 11, page 698) and Motion No. 45 (see Council Letter No. 11, page 73) have been carried. Applicants for membership numbered 178 to 194 inclusive and applicants for membership numbered H-403 to H-452 inclusive are, therefore, declared elected.

118. *Affiliation of the A. Ph. A. with the American Conference on Hospital Service.* In accordance with a motion passed at the first meeting of the Council held in Philadelphia (see Council Letter No. 1, item 24) the Secretary has been in correspondence with several persons in reference to the conditions of affiliation. It is learned that:

"The Conference was organized some years ago for the purpose of improving hospital service in the United States of America and the Dominion of Canada. Twelve national organizations participated in the formation of the Conference, and several societies have joined since. The membership, as you doubtless know, includes the American Hospital Association, the American Medical Association, the American Nurses' Association, the Association for Industrial Physicians and Surgeons, the Catholic Hospital Association, the International Compensation Board, the National League of Nursing Education, the Medical

Department of the Army and Navy, and the United States Public Health Service.

"Delegates to meetings consist of two duly accredited representatives of each constituent society. The revision of the constitution is under consideration with a view to the establishing of a limited class of honorary members who may serve on committees, but who will not be entitled to hold office.

"The principal permanent or continuing service of the Conference is the support of the Hospital Library and Service Bureau, which draws its financial sustenance from a number of sources, chiefly outside of the organization itself. The constitution provides that the annual dues of member societies shall be \$25."

With respect to the Hospital Library and Service Bureau, the following information has been gathered:

"I am very glad to have the opportunity of telling you of the work of the Hospital Library and Service Bureau. It is an organization, not for profit, which was developed in the fall of 1920 for the collection and dissemination of information on all phases of hospital organization, construction, equipment and administration. It serves, without charge, persons engaged in hospital and public health work, but limits its service to persons in this special field. The Bureau is financed by voluntary contributions from various national hospital, nursing, medical, surgical, social service, dietetic, public health, and similar organizations, aided by grants from the Rockefeller Foundation, Carnegie Corporation, and the Commonwealth Fund.

"The service is not geographically limited. Hospitals and public health workers in foreign countries are utilizing this service to a considerable extent.