

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to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."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

A large and enthusiastic attendance marked the May assembly of the Baltimore Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, which was held at the Emerson Hotel on Friday, April 24, 1931. A dinner preceded the meeting, which was featured by a debate between the teams of the School of Pharmacy, Duquesne University, Pittsburgh, Pa., and the School of Pharmacy of the University of Maryland.

The subject discussed was:

"Resolved the Chain Store System Is Detrimental to the Best Interests of the Community."

Mr. McClinton and Miss Borda of Duquesne presented the arguments for the affirmative, while Messrs. Elsberg and Moses of Maryland, defended the negative position. The data of each group had been judiciously selected and correlated, and were presented so convincingly that it was with difficulty that a decision favoring Duquesne was rendered. The judges were C. Morris Harrison and J. Davis Donovan, members of the Baltimore Bar, and Professor Saunders, director of Debating at the Baltimore City College.

CHICAGO.

The 197th meeting of the Chicago Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held at the University of Illinois School of Pharmacy on the evening of April 21st. The meeting was called to order by Vice-President Terry, who, in the absence of President Hynes, conducted the meeting.

Dean Day introduced the guest speaker of the evening, Dr. Edward Kremers, director of the Course in Pharmacy of the University of Wisconsin, who talked on "Aspects of American Pharmaceutical History."

Mention was made of the fact that pharmacists contributed much to American chemistry. The historical side of his talk brought out the fact that the first white settler in New France was an apothecary named Hébert, who came over with Champlain. Also, Governor John Winthrop was an apothecary and medical advisor to the colonists.

Most of the drugs used in the early days were imported from England and were official in the B. P. Even after the Revolutionary War the United States still depended upon England for its medicinal agents.

The first American Materia Medica was written after the war by a surgeon, Schoepf, who came over with the Hessian soldiers and then settled here. The Philadelphia College of Pharmacy was a sort of guild, organized by the pharmacists of that city to protect themselves.

At the conclusion of Dr. Kremer's address, Dr. Fantus expressed his appreciation of it and commented on how few people really thought about the subject. He also asked for advice on the welfare of the U. S. P. and N. F. and about the history of important preparations, and suggested that the history be deposited some place where it would not be forgotten or become lost. He told how Labarraque's solution came into use.

Dean Day stated that John Uri Lloyd was writing the history of the U. S. P. preparations, but as to how much work had been completed, he could not say.

Mrs. H. C. Christensen, in the absence of President Christensen, greeted Dr. Kremers for the A. PH. A.

Professor Terry then suggested that the papers and memoirs of Dr. Kremers be collected and preserved.

Dr. Fantus then made the following resolution:

"WHEREAS, It is generally difficult and often impossible to obtain access to the history of the various preparations of the National Formulary,

"WHEREAS, It is important most especially for the revision and improvement of the formulas to have available such historic data,

"Resolved, That it is the sense of this meeting that the AMERICAN PHARMACEUTICAL ASSOCIATION be requested to set aside annually a sum of \$1000 for such historic research and publication."

The resolution was seconded by Wm. Gray, and endorsed by Professor Gathercoal, who told about the cost of publication of the N. F. A vote on the resolution was called for by Vice-President Terry and carried.

The meeting was concluded by giving Dr. Kremers a rising vote of thanks.

LEWIS E. MARTIN, *Secretary*.

NEW YORK.

The April meeting of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held, in conjunction with the Academy of Pharmacy, on Monday, the 13th, at the New York Academy of Medicine. There was an attendance of about 250.

The meeting had been arranged for the purpose of discussing problems of mutual interest to physicians and pharmacists; notices had appeared in the medical and pharmaceutical press of the City and the various associations of physicians and pharmacists had been circularized.

President Robert S. Lehman, of the Academy of Pharmacy, called the meeting to order at 8:30 P.M. and after a word of welcome, introduced President Robert P. Fischelis, of the New York Branch of the A. PH. A., who occupied the chair for the first part of the program, which was devoted to the expression of views by physicians. He introduced Dr. Horatio C. Wood, Jr., editor of the United

States Dispensatory and professor of *Materia Medica* at the University of Pennsylvania and the Philadelphia College of Pharmacy and Science; Dr. Wood delivered an address entitled, "What the Modern Physician Should Expect of the Modern Pharmacist."

Dr. Wood prefaced his remarks by saying that he esteemed it a privilege to take part in the evening's discussion because he was sincerely interested in both branches of the medical profession, and held that medicine and pharmacy were essentially one; they have the same purpose of relieving human suffering and if some people to-day are forgetting this, the truth of the statement is not altered.

He said that medicine and pharmacy were mutually dependent each on the other for its existence; there are druggists to-day who ignorantly say, "I don't need the doctor, I can still make a living selling soda-water and sandwiches;" already to-day rumbles in the legislatures presage the coming of a storm which will wreck these men who call themselves pharmacists. There are physicians who claim that they do not need the pharmacist while there are physicians' supply houses and proprietary medicines; but, if there were no pharmacists, who could make the ready-made remedies; who, among physicians, is qualified to go out and supply himself with herbs and medicines?

He felt that there was a very close relationship between medicine and pharmacy; in the war on disease, the doctor is the Commander-in-Chief and he has handed over to the pharmacist the Service of Supplies. What should the modern physician expect of the modern pharmacist?

(1) *Loyal Coöperation*—an assistant who is not interested in seeing the success of his chief is worse than no assistant at all.

(2) *Honesty*—one of the saddest lacks of the pharmaceutical profession is the failure to visualize the sick and suffering waiting on the pharmacist's ministry; he does not realize how often health or life itself is being weighed in the pharmaceutical balance.

(3) *Ability*—there is no greater nuisance than the man desiring to help but without the ability; the physician expects that the pharmacist shall not only have the spirit of willingness to serve but shall have the requisite knowledge of the art and science of his calling. Judging by the appearance of some drug stores of to-day, where the physician sees 90% of the space taken up with general merchandise, can

he be blamed if he thinks that the compounding of prescriptions does not play a big part in the drug store and so mistrusts the ability of the pharmacist to compound prescriptions? The education of the pharmacist is fully as sufficient for his profession as is the education of the physician.

Directing his remarks to the physicians present, Dr. Wood said that that man gets the best service from his assistants who shows the proper consideration for their rights; there are poor physicians as well as poor pharmacists. If the physician writes prescriptions for ready-made preparations, how does he expect the pharmacist to retain, much less improve, his technique in the art of compounding prescriptions? If medicine and pharmacy work together in harmony, there will be for both professions and for the community at large, a great measure of success; if medicine and pharmacy move in opposite directions, the dissolution of each is the only result.

Dr. Fischelis next introduced Dr. M. O. Magid, president of the Bronx County Alliance, who in his discussion of Dr. Wood's paper, spoke on "The Relation of the Pharmacist to the Medical Man as a Medical Man Sees It."

Dr. Magid said that he had been very pleased to listen to Dr. Wood, whose opinions on the present situation were virtually his own; but that he would try to place the blame not where Dr. Wood placed it, but where it ought to go. Twenty-five years ago there was harmony between physicians and pharmacists, and he wished that it existed to-day; the physician was not so much to blame as the pharmacist. A modern pharmacist, as Dr. Wood said, often stocks up his place with merchandise not pharmaceutical, whereas a modern physician, though he may be an old-timer, tries to keep abreast of the times by attendance at clinics, reading medical literature, etc.

The public has been taught by manufacturing drug houses, by means of advertisements, to deal with the pharmacist who allows his store to be a display house for certain proprietaries; by recommending these he tries to practice medicine under cover, to usurp the place of the physician; he does not think of the patient's safety and comfort, but of his cash register. The degree of Doctor of Pharmacy does not license him to practice medicine, nor to assume to treat the patient nor to interpret clinical reports. The public expects that leaders of the medical profession should deal ethically

with them, protect them from quackery and charlatanism and give of the latest and best in the interests of public health; the pharmacist should be an adjunct in the treatment of the sick, he should be honest and dispense genuine ingredients, should be thoroughly competent, ethical with his colleagues, alert and not meddling; he should discharge his duties by refusing to counter-prescribe, by refraining from attempts at diagnosis and instead, by sending the patient to the physician.

What are some of the factors that have brought pharmacy to its present status? The pharmacist is the victim of a machine age, of "big business" and its large financial resources, of modern advertising methods, of advances in medicine with changes in methods of treatment (intravenous medication, etc.), of changes in policy in medical education (little or no pharmacology and materia medica), of lack of confidence by the medical profession and by the public in the average pharmacy.

How may the relations be improved between the public and the pharmacist and the physician? The remedy is public education in matters of health and hygiene, also a change in the curriculum of students in pharmacy and medicine. The medical and pharmaceutical professions should together plan a campaign of lectures and demonstrations for the public; little has been done to educate the public by either profession; the public should be enlightened on all matters pertaining to health and hygiene so that it will not be tempted by the alluring advertisements of the patent medicine makers. With regard to the education of medical students, the profession should see to it that they receive more instruction in pharmacology and prescription writing. For the future of pharmacy, the student body should be chosen from men and women of high ethical standards.

How may the confidence and better relations between the two professions be restored? The remedy lies with the profession of pharmacy; let its members abandon counter-prescribing, stop treatments, eliminate interpretations of clinical laboratory reports and guarantee that they will not substitute or omit ingredients from prescriptions; then will the medical profession do all within its power to be a real friend and colleague to the pharmacist. The pharmacists themselves can bring about this favorable relation by establishing ethical standards through a committee which will form a code of ethics to which the pharmacists must adhere

just as the medical profession must adhere to its code of ethics.

The next speaker was Dr. Howard Lilienthal, Senior Surgeon of Mount Sinai Hospital; he said that, before coming to the meeting, he had consulted his dictionary which told him that pharmacy was a branch of medicine; it seemed to him, that if the druggist were merely practicing one branch, then the physician should have greater sympathy with him. He thought that druggists should not trespass on a physician's field, but that if they undertook laboratory or X-ray work, they should employ technicians skilled in each branch.

In regard to proprietaries, he felt that the pharmacist's own preparations were proprietaries and he saw no difference between a hand-lotion made by the pharmacist and one put up by a manufacturer. He held that all medicines should be prescribed in writing, so that in any untoward event, the ingredients used can be traced to their source.

He suggested that pharmacists should not recommend doctors to patients, but in cases where it becomes necessary, it should not be done with a commercial end, known as "fee splitting," in view. With reference to physicians recommending drug stores, he said that, in the interest of fair-play, this should not be done, though a physician has a right to send a patient to a pharmacy where he is sure the prescriptions will be correctly compounded.

Dr. A. B. Hirsch, editor of the *New York Medical Week*, was now introduced by Dr. Fischelis; he referred to a well-organized campaign against physicians, articles appearing regularly in various magazines dealing with the supposed misdeeds of the medical profession; he said that there was an urgent need for active replies to put a stop to this lying campaign. He spoke of the growth of new cults and the way in which they seek legal authorization—the chiropractors, the osteopaths and the physio-therapists; these men are often illiterate and have a poor professional training, if any. During the past session of the State Legislature, a Chiropractic Bill was passed by the Assembly; this shows the influence wielded by the chiropractors and emphasizes the need for the medical profession to be active in trying to prevent the passing of such bills; pharmacists should be interested in supporting the physicians on this point, since chiropractors and members of other irregular healing cults claim that their patients can dispense with the use of drugs. He suggested that physicians and

pharmacists should work together in legislative matters, and that pharmacists could help in a very practical way by having petitions in their stores and getting as many signatures as possible; these, since they represent votes, would carry great weight with the members of the legislature.

The chair was now taken over by Mr. Lehman and he presented Dr. H. V. Army, dean of the College of Pharmacy, Columbia University, who delivered a paper entitled "The Physician and the Pharmacist as Co-Workers."

Dr. Army pointed out that, from ancient times, the apothecary had been the physician's assistant; he said that, in these days, too much was heard about the commercial side of pharmacy, but in this physicians had no interest and so it was not of that which he would speak to-night, but of coöperation between the physician and the pharmacist.

This can exist only when each of these practitioners is fired with the same primal motive; the desire to bring relief to the suffering patient. There can be no coöperation when the physician is a "dispensing doctor," is unethical, is a therapeutic nihilist or is either too ignorant of therapeutics or too indolent to write an orderly prescription. There can be no coöperation when the pharmacist is a "counter prescriber," is more concerned in making sales than in performing professional service, is uninterested in medical progress or is too ignorant to be able to advise physicians, or too indolent to properly compound prescriptions. There can be coöperation when the physician and the pharmacist feel that they are co-workers in the fight against disease, when each respects the other's special knowledge and qualifications, when mutual exchange of views will produce the satisfactory remedy for the particular patient upon whom both the physician and the pharmacist are at the moment concentrating their attention. If this coöperation were clearly understood and honestly acted upon, friction between the physician and the pharmacist would cease and a better state of medical practice would be obtained. How can such coöperation be brought about? It can and will and is actually being brought about when the physician and the pharmacist coöperate in the treatment of disease by the administration of medicines.

The professional man is one to whom first things are first and in pharmacy the "first thing" is the prescription department; this does not necessitate the conducting of a strictly

prescription pharmacy; a number of side-lines are entirely proper adjuncts to pharmacy and these only become objectionable when an improper emphasis is placed upon them. The physician has always at hand a number of methods whereby he can measure the ability of the individual pharmacist. Is the pharmacist an educated man? Does he give his personal attention to his business? Is he more interested in his prescription department than in any other part of his business? Is this interest manifested by proper location, equipment and advertising of his prescription department? Is he sufficiently well-read to be able to give expert and practical advice as to newer materia medica and recent advances in the pharmaceutical practice? Is he honorable in his business transactions? If all of these questions can be answered in the affirmative, then the physician has found a worthy pharmaceutical co-laborer.

Every physician in his quiet moments must realize that the patient is not best served by the handing out of such tablets that chance to be in the doctor's stock closet or by being given prescription specialties of unknown composition, the "ethical pharmaceutical" of today which becomes the largely advertised "patent medicine" of to-morrow. The thinking physician realizes that the ideal administration of medicine is by means of the carefully thought out prescription, by the prescribing of the hundreds of elegant and effective preparations found on the pages of the Pharmacopœia and of the National Formulary. Diagnosis is not the ultimate aim of the physician. The patient has a right to demand of the physician the same skill and thought in providing effective remedial agencies, as the modern medical practitioner employs in locating the cause of the malady.

Dr. Army said that what he considered the primal factor necessary to develop the professional coöperation between the physician and the pharmacist was the organization of an Institute of Prescribers or a Guild of Apothecaries, the members of which should be limited to those pharmacists who—

1. Give their prescription departments their first interest and loyalty.
2. Have the education, training and principles fitting them to be competent to give physicians expert advice and to furnish their patients with the finest grade of medicines in the most modern and elegant form.

3. Have broad-mindedness and public spirit sufficient to embark with their fellow pharmacists of equal standing in an enterprise destined to be of great service to the practice of medicine.

If such a national organization were effected, if physicians were supplied with prescription blanks bearing the names of Guild members in their neighborhood, if these physicians were furnished with seasonable information as to U. S. P. and N. F. preparations and with actual samples of these preparations as manufactured by Guild members, he believed that the writing of prescriptions would increase and all three human factors in the art of healing—the patient, the physician and the pharmacist—would be benefited.

Mr. Lehman then introduced Robert R. Gerstner, retail pharmacist and former president of the New York Branch of the A. P. H. A. Mr. Gerstner said that he admired Dean Army for upholding the pharmacist; the average physician wants to coöperate with the pharmacist, and the average pharmacist wants to coöperate with the physician, but often the pharmacist has neither the knowledge nor the ability and blames the physician for the lack of prescription business.

The pharmacist must coöperate with the physician more than the physician with the pharmacist; few stores keep complete files of pharmaceutical catalogs available to the physician for reference; few stores stock an adequate variety of biologicals; pharmacists should read the *Journal of the A. M. A.* and thus keep in touch with newer methods of treatment. A store that devotes its efforts to the soda fountain business cannot devote itself successfully to a prescription business; the former is not to be recommended as it is not conducive to ethical pharmacy. When a person asks a pharmacist to refer him to a doctor, the pharmacist should write down the names of three physicians for him and thus free himself from the suspicion of "fee-splitting."

Mr. Gerstner held that in giving physicians large discounts pharmacists were, in a way, bribing them. If a pharmacist opens a laboratory, he will hire trained chemists and bacteriologists to do the work, whereas a doctor, in his office practice, sometimes employs a very cheap technician to carry out urine analysis, blood tests, etc. Doctors should put a stop to "fee-splitting" between their secretaries or nurses in charge of their offices and certain

pharmacists; they should not attempt to foretell to patients the price of prescriptions, nor should they tell them "to go to the drug store for this or that" as this is only inducive of self-medication by the public. It would be a help to the pharmacist if the physician would not use, in the case of external preparations, the phrase "use as directed," because the patient often questions the pharmacist on the point to see if he knows his business; frequently the preparation can be used in a variety of ways and the pharmacist is ignorant of the particular way in which the doctor wants it to be used for the case in question.

Mr. Gerstner felt that the pharmacist is a professional man and that if he wishes to be considered as such he must conduct his pharmacy ethically.

The next speaker was Dr. J. Leon Lascoff, retail pharmacist and president of the New York State Board of Pharmacy. He, first, referred to two previous joint meetings of physicians and pharmacists held under the auspices of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION; these had been a clearing house of problems arising in the relationship of physician, pharmacist and patient.

Dr. Lascoff said that, at the present time, the calls of so many manufacturers' detail men on physicians had forced the pharmacist to stock his shelves with numerous proprietaries, a large number of which were similar in formula and differed only in name; it was unfortunate that the average pharmacist was not in a position to send a representative to the doctor's office, as there were very few, if any, combinations manufactured under patented names, whose therapeutic value the physician could not duplicate in formulas of his own, to say nothing of those given in the U. S. P., N. F. and A. P. H. A. Recipe Book. He did not think it to the best interest of physicians for them to prescribe proprietaries in "original bottles" as in this way patients often found out what they were taking; he felt that if the addition of a small quantity of some tincture or elixir to the proprietary were prescribed, the patient would consider the prescription as such rather than as a "patent medicine." The prescribing of proprietaries in original containers leads to self medication, and recommendation to friends and frequently promiscuous use of habit-forming drugs.

Dr. Lascoff referred to Dr. Arny's paper and said that there was no doubt as to the ability

of the pharmacist, it was there and waiting to be used; pharmacists to-day were receiving 100% better training than in the past. He directed the attention of the audience to the display of pharmaceutical products which he had arranged, as chairman of the U. S. P. and N. F. Propaganda Committee of the New York State Pharmaceutical Association; the display included keratin-coated pills, salol-coated capsules, wafers, ampuls, sterile solutions, suppositories and U. S. P. and N. F. galenicals; all of these could be put up by any pharmacist. Standard formulas and legal requirements insure uniformity and all ingredients are known; the State Board of Pharmacy is seeing to it that these preparations, as well as prescriptions, are put up according to standard.

He thought that Dr. Arny's idea of the Institute of Prescriptionists was a splendid one, and suggested the formation of a committee of physicians and pharmacists to find a remedy to improve conditions as they exist to-day. Then will the physician be assured of a high type of coöperation, the good pharmacist will be encouraged and, most important of all, the patient will benefit.

Dr. Jacob Diner, dean of the Fordham College of Pharmacy and former president of the Academy of Pharmacy, was then introduced by Mr. Lehman. Dr. Diner said that it was the duty of the physician to know what to prescribe, and of the pharmacist to know how it should be compounded; he criticized the pharmacists of to-day for throwing away mortars and pestles and depending on manufacturers for the making of galenicals; a pharmacist making his galenicals would be putting on his shelf preparations with his own personal guarantee. He thought that medical colleges should be censured for devoting such a meagre portion of their course to *Materia Medica* and Pharmacy. He felt that there should be more frequent joint meetings between physicians and pharmacists, as he was certain that such meetings were of great benefit to both professions.

Mr. Lehman next presented Charles E. Heimerzheim, retail pharmacist and secretary of the Kings County Pharmaceutical Society, who spoke on the subject of "How Physicians Respond to U. S. P. and N. F. Propaganda."

He told how his Society, 25 years ago, had started an active U. S. P. and N. F. Propaganda among Brooklyn physicians to combat the prescribing of Patent and Proprietary

Medicines; the Committee in charge of the work began by mailing letters to the doctors and pointing out the four following advantages of prescribing U. S. P. and N. F. preparations:

1. The Pure Food and Drug Act made the U. S. P. and N. F. Official Standards.
2. These books are revised every 10 years by a committee consisting of doctors, pharmacists and scientists.
3. Should the formulas be changed the doctor becomes aware of the fact; this is not usually the case with patent medicines.
4. The patient soon finds out the name of a patent or proprietary medicine and may recommend it to a neighbor for self-medication, or he may condemn the doctor for prescribing a patent medicine.

Later, a doctor was secured as a detail man to call on physicians so as to carry out the propaganda more effectively; he was directed not to attempt to teach the physician how to write a prescription as he would undoubtedly resent this; he was supplied with samples, and by displaying them he soon discovered which ones interested the doctor and he could then concentrate his talk on these; it was considered he had done good work if he succeeded in getting the doctor to prescribe one or two of them. Unfortunately, owing to the war, it was necessary to dispense with the detail man. The mailing of letters, etc., was resumed, and the N. A. R. D. booklets entitled "Important Preparations of the U. S. P. and N. F." were distributed; Get-Together Meetings between physicians and pharmacists were held in Brooklyn and were considered very successful.

The effect of the propaganda was determined by collecting data from a number of members of the Society, and to ascertain specific results, efforts were often concentrated on one particular preparation for 4 or 6 months; the prescribing of a number of preparations was traced directly to the committee's activities in this direction.

Mr. Heimerzheim said that many letters had been received from doctors and also hundreds of requests for booklets; he read a few letters, and told how one doctor said he regretted he had not received a good deal of this information sooner, while another admitted with shame that he possessed neither a U. S. P. nor an N. F.

He concluded by saying that he was sure a propaganda properly conducted with the aid of a detail man, whom he considered indis-

pensable, would prove a great success; he hoped that the pharmacists of Greater New York would one day subscribe liberally to a real live U. S. P. and N. F. Propaganda.

The meeting was now opened for discussion and Dr. Magid rose to say that he was arranging a joint meeting of physicians and dentists next November and would be glad to help in any way possible in planning another Physician-Pharmacist Meeting in Greater New York.

President L. S. Williams, of the Maryland Pharmaceutical Association, said that he had traveled up from Baltimore that morning so as to attend this meeting; he thought that there were to-day two types of pharmacies—some were merely department stores and should not be classed as pharmacies, while some still looked like pharmacies and functioned as such. In regard to U. S. P. and N. F. propaganda, he said that he had been carrying this out himself over a long period; his method was to send to physicians every other week a one-ounce bottle of some preparation, together with its formula and dose; he did not feel that this was trying to tell the physician what to prescribe, but it was showing him the quality of his products. He held that propaganda work by pharmaceutical associations was a good thing, but that it was not quite as effective as that done by the individual pharmacist. He was certain that U. S. P. and N. F. propaganda would be a success if carried out systematically over the whole country. As State President he had visited most of the pharmacies in Maryland and had tried to impress upon the proprietors the importance of making their stores look like pharmacies; in this connection he had stressed the use of the show-globe, which in Maryland, by State law, can only be displayed when a registered pharmacist is in charge.

Dr. Wood, Dr. Magid, Messrs. Seley, Brodtkin and Kopald took part in an animated discussion on some of the problems that had been mentioned by the various speakers.

President Fischelis said that this meeting should be the starting-point of some active and corrective measures; he suggested the holding of "Conferences of the Health Professions in Greater New York," and moved a resolution to form a committee of 2 physicians, 2 pharmacists and a professor of a College of Pharmacy to institute such conferences; this was carried.

The meeting, which had been full of interest from beginning to end, adjourned at midnight.

HERBERT C. KASSNER, *Secretary*.

NORTHERN OHIO.

The second regular meeting of the Northern Ohio Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was called to order by President Spease in the lecture room of the School of Pharmacy, March 13, 1931. The minutes of the previous meeting were read and approved.

President Spease outlined the program of the organization for the benefit of the guests present and introduced the speaker for the evening, Dr. A. F. O. Germann, chief chemist for the S. M. A. Corporation.

Dr. Germann spoke on "Infant Feeding." In the course of his talk he took up the composition of natural and synthetic milks and showed by tables the compositions of the various infant foods. Dr. Germann discussed the lactose, fat and protein of human and synthetic milks and gave his experience in the manufacture of S. M. A.

After discussion of the paper the society adjourned.

F. J. BACON, *Secretary.*

PHILADELPHIA.

The April meeting of the Philadelphia Branch, AMERICAN PHARMACEUTICAL ASSOCIATION was held Tuesday, April 14, 1931, at the Philadelphia College of Pharmacy and Science.

The minutes of the March meeting were read and approved.

President Munch introduced Dr. Ellice MacDonald, Director of Cancer Research, Graduate School of Medicine, University of Pennsylvania, as the guest speaker for the evening. Dr. MacDonald chose for his subject "Cancer Research," basing his discussion upon the following outline:

"Cancer research is changing in character from microscopic study of dead cells to the study of the function and qualities of living cells. The cell is the unit of life: but the cell and its environment are one. The vital system consists of at least four parts: (1) nucleus, (2) protoplasm, (3) cell membrane, and (4) the environment, the blood and tissue juices.

"The known facts in regard to cancer are that there is a different cellular metabolism from normal, that cancer patients have undue alkalinity of the blood plasma, and that the blood of cancer patients contains an undue amount of sugar. Tumors which are virulent contain a greater amount of potassium and a less amount of calcium than normal.

"Taking these facts it is possible to remove the cancer from the experiment and error laboratory and put its study upon the basis of the scientific method and to lay down the criteria required to control cancer.

"Biochemical study of the blood in cancer has great possibilities of throwing light on the course of the disease. After all, cancer lives in the body and the blood may be considered the environmental fluid of the cells. Alternations in the environment will produce alterations in the functional activities of the cell. Cancer has so long been considered a cellular disease that we have been apt to forget that the cell and its environment are one and that no investigation of cell is completely without a study of its environment. When we say we have fish for dinner, we misstate the fact; we have had something which, when it was in its environment (the water) was fish, but, removed from there, is a dead thing. When we study the cancer cell through the microscope, we study a dead and altered thing, removed from its environment, having lost its functions and with most of its qualities destroyed.

"The study of these functions and qualities by means of the investigation of the environmental conditions, of which the blood is a great part, offers considerable promise. In such studies, it should not be forgotten, while the ideal is the discovery of the cure of cancer, that improvements of existing methods of treatment are a second duty, not less important than the ideal. Present methods of treatment of cancer are not without result when the total percentage of cures are compared with such diseases as pneumonia, etc. It is true that none of us are satisfied, because we realize that present methods are merely a bridge leading to better things. Still, if these present methods can be improved, and their value extended, it will be a great and immediate help. Of studies which may lead to that consummation devoutly to be wished for, investigation into the chemistry of the blood in cancer patients seems to be a field which has great promise of helpful results."

A rising vote of appreciation was tendered Dr. MacDonald for his splendid talk.

Chairman Slothower of the Membership Committee submitted the following names for Branch Membership: J. W. Jester, W. C. Boucsein, H. H. Crosbie, C. C. Neal, Dr. Ellis Miller, G. A. Slothower, H. H. Jones, F. R. Firebaugh, Ko Suto, E. C. Erthal and R. I.

Grantham. A motion to accept them as Branch Members was made and carried.

Proposed amendments to the By-Laws of the Philadelphia Branch, AMERICAN PHARMACEUTICAL ASSOCIATION were submitted and are as follows:

(1) In the By-Laws numbered (1) change *contributing to honorary*.

(2) In By-Law (3) insert after *residing in the words or within a radius of seventy-five miles of*

(3) In By-Law (4) change the word *contributing to honorary* wherever it occurs.

(4) Amend By-Law (10) by inserting the words: Every active member who shall be in arrears in the payment of annual dues for two years or more, shall be transferred to associate membership, but may regain active membership upon payment of said dues.

These proposed changes were tabled for final action to be taken during the May meeting.

Committee appointments for the ensuing year announced during the meeting are as follows:

Committee on Practical Pharmacy: Chas. T. Pickett, *Chairman*; R. T. Blackwood, Ambrose Hunsberger.

Committee on Professional Relations: Dr. John L. Minehart, *Chairman*; Dr. Wilmer Krusen, W. L. Cliffe.

Committee on Membership: G. A. Slothower, *Chairman*; E. T. Hahn, L. G. Penn, W. N. McNeary, Brua C. Goodhart, A. B. Nichols, F. H. Eby.

Committee on Entertainment: J. W. E. Harrison, *Chairman*; Raymond Hendrickson, C. Louis Seip.

W. J. STONEBACK, *Secretary*.

PHARMACEUTICAL HISTORY IN BARCELONA.

Barcelona¹ seems to have an important part in the settlement of affairs in Spain at the present time, hence an article by Euphemia Terry in the *Pharmaceutical Journal and Pharmacist* on "An Old Hospital of Barcelona," is of interest, and is abstracted in the following. The hospital referred to is the "Hospital de la Santa Cruz," which was founded in 1229 by Canon Colon. The apothecaries of Barcelona, who maintained an age-long quarrel with some of the religious orders, seem to have had no grudge against this hospital for they maintained a pharmacy within it and presented this hospital, in 1535, with a complimentary copy of "Concordia farmacopolarum barcenonensium." This was in 1535 at about the same time that the Council of the College appointed a committee to inquire into how hospital pharmacy might be improved. The College of Apothecaries was a close corporation with strict rules, and records as far back as 1302 refer to it as a guild known as "Candalers a tenders a Especiayres."

The General Estates of Catalonia with headquarters at Perpignan² in 1350 regulated the status of apothecaries so that each town should have three arbitrators—a merchant druggist, a master physician and an apothecary, and these were entrusted to inquire at least once a week relative to the medicinal preparations as to whether these were correct and legal; any faults with them had to be reported to the officers of the law.

In 1433 an order was made that all prescriptions had to be clearly written in the native script; in 1445 the arbitrators had to examine the drugs in the shops every three months. In 1473 apothecaries were forbidden to possess more than one shop apiece. In 1640 the chief apothecary received the title of "Chief Council." The apothecaries had as their patroness St. Mary Magdalene. There was considerable rivalry between the trading apothecaries and the religious houses which maintained free dispensaries. The apothecaries complained especially of the Dominicans and they took the matter to Rome in 1635 and obtained favorable judgment, but the local courts did not uphold the ruling; the apothecaries appealed to Rome again in 1672, always winning their case; namely, that only trained apothecaries should be allowed to dispense medicines, but the legal victories did not seem to meet with desired success.

The museum of Barcelona contains quite a number of apothecaries' jars. There is also an old apothecary's workshop still in use where nothing is modern except the gas. This belongs to Don Pere Escuder y Duch and is known as "Santa Maria del Mar."

An account of the apothecaries of Barcelona is included among that of other guilds in the "Historia dels antichs Gremis dels Arts e Oficis de la Cuidat de Barcelona," by Gonzalez Sugranes.

¹ Second city of Spain to-day; during the middle ages was an important commercial and literary center; several times under French rule.

² Since 1642 has belonged to France.