

pharmacists in Iowa in the position of being able to secure in 1885, a law governing Itinerant Vendors of Medicine, requiring an annual license fee. This law is still in effect and enforced by the Iowa Pharmacy Board. We have been very fortunate in retaining the administration of this law, for such regulations are best enforced by those who are directly interested. We have not only given our own druggists protection from this type of competition, but have added considerable to our prestige, by turning back to the State General Fund the sum of \$20,000 to \$40,000 a year. Over the period of years the grand total above expenses, is something over \$900,000.

The annual renewal of certificates is of assistance to us in law enforcement, in that the information requested on the renewal application blank gives us a record of the pharmacist which can be obtained otherwise only by personal contact. This application when returned with the fee for renewal, gives the location of the pharmacist, whether active in retail drug business or not, and if active whether it be as proprietor, manager or clerk, as well as the name of the firm where he is practicing. Some states have sufficient inspectors to call in all stores several times a year, but we are not so fortunate in this respect. Through our renewal we check by mail as it were, the things an inspector would learn through a visit to the store as our files are our check when any violations are reported, relative to the supervision of licensed pharmacists in drug stores. It is our policy as a rule, to send out each year with the renewal receipts, notices of changes in laws, reports or request for cooperation along the line of law enforcement. This has brought big returns in interest and a closer contact with the druggists over the state. Through this closer touch, they feel that the work of the Pharmacy Board, including law enforcement, is part of their own personal responsibility. Other states can and do send out material of this nature, but the renewal is an easy and natural way to handle this type of work which is one of the duties of the Pharmacy Board.

In the inspection of drug stores the work is facilitated by renewal receipt card, which in Iowa must be on display along with the original license. The inspector can tell at a glance whether the certificate is in good standing and if not, a check is made to ascertain whether the owner is active in the store, or the reason for failure to renew the license.

I hope I have successfully pointed out to you, why we in Iowa feel that the annual renewal of certificates is of considerable value in the enforcement of the laws coming within the jurisdiction of the Pharmacy Board. To sum up, *first*, because it brings in funds not raised by general taxation, with which to best administer the pharmacy laws in the interest of public health and the profession. *Second*, because through annual renewals it is possible to keep in closer contact with the pharmacists, thus we have the opportunity to give as well as receive information relative to law enforcement. *Third*, the establishment of a feeling of cooperation by regular contact between the department and the licensed pharmacist over the state.

Dr. R. P. Fischelis next presented his paper on "A Legislative Attempt to Establish Prescription Tolerances." The paper was discussed by Messrs. Meads, Durham, Hayman and Hugo Schaefer.

#### A LEGISLATIVE ATTEMPT TO ESTABLISH PRESCRIPTION TOLERANCES.

BY ROBERT P. FISCHELIS.

A law recently passed in New Jersey and known as Chapter 309, P. L. 1933, regulates the compounding of prescriptions. Its principal provisions are as follows:

(1) It is made unlawful for any person who is not a registered pharmacist to compound, dispense, fill or sell prescriptions of licensed physicians, dentists, veterinarians or any other licensed medical practitioner.

(2) Apprentices employed in a pharmacy may compound, dispense, fill or sell prescriptions of licensed physicians, dentists, veterinarians or any other licensed medical practitioner under the immediate personal supervision of a registered pharmacist.

(3) A prescription is an order for drugs or medicines or combinations or mixtures thereof, written or signed by a duly licensed physician, dentist, veterinarian or other licensed medical practitioner.

(4) Prescriptions of licensed physicians, dentists, veterinarians or other licensed medical practitioners transmitted by word of mouth, telephone, telegraph or other means of communication must be recorded in writing by the pharmacist, and the record so made constitutes the original prescription which must be filed as indicated below.

(5) Every registered pharmacist compounding, dispensing, filling or selling a prescription must place the original written prescription or the prescription as recorded by the pharmacist, in case of telephoned, telegraphed or other communicated orders from practitioners, in a file kept for that purpose.

(6) The registered pharmacist must affix to the container of every prescription dispensed a label bearing the name and address of the pharmacist, the date on which the prescription was compounded and an identifying number under which the prescription is recorded in his files. The label must also bear the name of the licensed practitioner writing or communicating the prescription and the directions for the use of the prescription by the patient, as directed by the licensed prescriber.

(7) It is a violation of the Act if a prescription is found to contain more or less than the quantity of the several or combined ingredients ordered by the prescriber.

(8) It is a violation of this Act if the prescription contains ingredients other than those ordered in writing by the prescriber. The addition of such inert ingredients as are required in the art of compounding is permissible when such ingredients are not used in any manner to replace the several or combined constituents ordered by the prescriber. No replacements can be made without the prescriber's permission.

The final weight or volume of a prescription must not be more or less than the original prescription calls for. The quantities of individual ingredients must not deviate from the weights or volumes prescribed. A reasonable tolerance may be permitted to account for manipulative procedures and normal variations due to unaccountability for accurate weighing and measuring and for the use of drugs of standard strength as well as for strict accuracy in all operations involving subdivision of bulk quantities into the individual doses prescribed. "Eye measurements" in subdividing capsules, powders and similar dosage forms are not to be relied upon in place of accurate weighing and measuring devices.

(9) The Board of Pharmacy has the power to make rules and regulations for the enforcement of this act and is authorized to establish tolerances to allow for deviations from the amounts of ingredients prescribed due to manipulative procedure or deterioration.

(10) All violations of this act are punishable by penalties ranging from a minimum of \$25 for the first offense to \$100 for third and subsequent offenses.

We believe this to be the first State law which specifically grants authority to a Board of Pharmacy to establish tolerances for prescription work.

Rowland Jones, of South Dakota, next presented a paper on "What Privileges Should Be Granted the Unregistered Dealer under the Pharmacy Laws?" The paper was received and discussed by Messrs. Fischelis, Monias, Wilson, McCullough and Philip.

#### WHAT PRIVILEGES SHOULD BE GRANTED THE UNREGISTERED DEALER UNDER THE PHARMACY LAWS?

BY ROWLAND JONES, JR.

The question of what privileges should be granted unregistered dealers under the pharmacy laws is indeed an important and vexatious one. The pharmacy laws of the forty-eight states differ in wide range in the treatment of this problem. Examination of pharmacy laws of the various states indicate that we have an almost complete absence of uniformity in the methods evolved in the treatment of the evils these laws were designed to mitigate. The laws of the several states extend in scope from almost complete freedom from restraint of the unregistered dealer, as embodied in the six- and ten-mile qualifications in some states to rigid restriction on nearly all drug products in others.

For the reason that my experience in pharmacy law enforcement and the development of changes in pharmacy laws in general has been limited to a strictly agricultural area in which comparatively long distances separate registered pharmacies, I shall treat the subject in the light of such experience and depend upon subsequent discussion by the group to develop the phases of the problems as they exist in more thickly settled and in urban districts.

In South Dakota, the evolution of the pharmacy laws since statehood was attained in 1888, has been confined to the last six years. As in many states the territorial pharmacy law, which was usually written by pharmacists, was carried into the statutes subsequent to admission