

ADDRESS OF THE PRESIDENT OF THE AMERICAN
PHARMACEUTICAL ASSOCIATION.

BY ROBERT P. FISCHELIS.

Ladies and Gentlemen of the American Pharmaceutical Association:

The duties of the president as provided for in the By-Laws include the preparation of an address to be presented at the first general session of the annual meeting. It is not specified whether this address shall constitute a report of the activities of the president or of the ASSOCIATION, or whether it shall be upon some other subject deemed pertinent to the occasion. Custom has doubtless influenced the decision of former presidents in this regard and we have had, on occasions like this, a series of forceful expressions of conditions in the practice of pharmacy, records of activities pursued during the presidential year and occasional suggestions and recommendations with respect to future activities. At times these suggestions and recommendations have led to the adoption of new policies and procedures which have left their mark upon American Pharmacy. More frequently, perhaps, the suggestions and recommendations have been received with varying degrees of respectful attention, and have been just as respectfully consigned to the limbo of forgotten things. The eighty-third president therefore enters upon the discharge of this duty with no illusions.

It has always seemed to me somewhat anomalous to have the outgoing president follow the review of activities of his administration with recommendations to be carried out by his successor, when that successor has been elected eight months before taking office and very likely has some ideas of his own as to what should be done. Would it not be more logical for the president-elect to be given an opportunity to submit a program for the ensuing year and have that program passed upon by the convention and then, while president, take the lead in carrying out the approved suggestions rather than to inherit what is left of a program that may be submitted by an outgoing president?

If the president-elect submits the program he is more apt to insist upon its careful and immediate consideration because he has a year ahead of him in which to act. The outgoing president submits his program three days before he leaves office and he knows that whether it is accepted or rejected his official responsibility in connection with it ceases within three days. Unless there is unusual coördination between the outgoing and incoming presidents, it is my judgment that the ASSOCIATION loses a great deal by the present arrangement. The unusual coördination referred to can take place only when the retiring and incoming presidents happen to be so located, geographically, that they can confer frequently. Such a situation is very unusual. I have discussed this matter with various officers of the ASSOCIATION



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and there seems to be no objection to the idea of giving the president-elect an opportunity to submit a program at the convention at which he takes office. The only practical difficulty would be presented at the meeting at which the change is to take place. I suggested that I would be willing to give my time this year to the president-elect but it was considered inadvisable by others to inaugurate the plan without approval by the ASSOCIATION. However, we have arranged to give the president-elect such time as he may desire for a message at the final general session of this Convention although this will not allow an opportunity for action upon possible recommendations.

President-elect Costello has wisely pointed out, in connection with this matter, that if the president-elect is to submit his program at the beginning of his administration, we must also make provision for keeping him informed of the work carried on by the organization during the year preceding his incumbency. This would mean that the president-elect should become a member of the Council immediately upon being elected.

ATTITUDE TOWARD THE PRESIDENCY.

It is not difficult to imagine several attitudes toward the administration of this office. If it happens to be occupied by one accustomed to administrative duties, he is apt to look upon the presidency of this ASSOCIATION very much as he would upon the presidency of a business enterprise or institutional activity. Under such circumstances the president would expect to make decisions on matters which arise during his term of office, receive reports of other officers and committees and act upon them in accordance with the expressed policy of the ASSOCIATION, or, if there has been no expression of policy, then upon the best advice obtainable and with the exercise of his own judgment. He would expect to take the initiative in promoting the interests of the ASSOCIATION in its recognized sphere of activity and represent the ASSOCIATION publicly where such representation is in order or essential to its progress.

If the presidency is occupied by one who has been elected because of distinguished scientific or professional attainment, and to whom administrative duties are irksome, he is apt to take the position that such duties should be assumed largely by others and he might confine himself to literal compliance with the By-Laws.

Another attitude which may be taken, regardless of the particular attainments of the occupant of the office, is that the general affairs of the ASSOCIATION are of no particular concern to the president after he has appointed certain committees and that his chief function is to preside at the annual convention and act otherwise very much like an ornamental constitutional monarch, being careful of course not to omit "the speech from the throne."

The more one studies the By-Laws of our ASSOCIATION the more it becomes apparent that the presidency was probably not intended to be a position in which forceful leadership should be exercised and that in furtherance of this policy the possible exercise of such leadership has been surrounded by so many barriers as to discourage a man of ordinary initiative.

If the By-Laws provided for the assumption of leadership by some other

officer, it would be a waste of time to make these remarks about the presidency. The fact is that no single officer of our ASSOCIATION is at present designated as the executive officer. It is, therefore, quite natural for the members of our ASSOCIATION and pharmacists, generally, to think of the presidency of the AMERICAN PHARMACEUTICAL ASSOCIATION in terms of leadership and active administration. Accordingly I have tried, within the limits of my ability, to satisfy the demands of the office as it is conceived by the rank and file of pharmacists, by other professions and by the public.

Naturally I have found it impossible to please everybody. I knew in advance how useless it would be to try to please some, but I have tried to keep before me constantly the cherished ideals of those who vision Pharmacy as essentially a profession of service to humanity. If in so doing I have at times incurred the displeasure of those to whom pharmacy is essentially a source of material profit, I am not greatly disturbed. The results of our efforts speak for themselves and in the words of the immortal Lincoln whose statue, housed in that glorious memorial structure, looks down upon our own building in the City of Washington:

"I do the very best I know how, the very best I can, and I mean to keep doing so till the end; if the end brings me out all right, what is said against me won't amount to anything."

ACTIVITIES AND OBJECTIVES.

We have had a very busy year. The reports of the other officers and committees will give you detailed information of what has been accomplished and what plans are in store for the future. It would be impossible for me to recount in the time available even the high spots of our many and varied activities. However, I am cognizant of the fact that we are meeting in a section of our Country which we have never visited before as an ASSOCIATION. Therefore it may not be amiss to call attention briefly to the fundamental objectives for which our ASSOCIATION was organized and to devote some time to an appraisal of our present activities in the light of these objectives.

The seven objects of the ASSOCIATION as outlined in its Constitution may be briefly stated as follows:

1. To improve and regulate the drug market by preventing importation of inferior, adulterated or deteriorated drugs, and by detecting and exposing home adulterations.
2. To encourage such relations among pharmacists, physicians and the people at large as may promote the public welfare and tend to mutual strength and advantage.
3. To improve the science and art of pharmacy by the diffusion of scientific knowledge among pharmacists, stimulating discovery and invention, encouraging home production and manufacture, fostering a pharmaceutical literature and developing inherent talent among its members.
4. To regulate apprenticeship and employment so as to prevent as far as possible the evils flowing from deficient training in the responsible duties of preparing, dispensing and selling medicines.
5. To suppress empiricism and to restrict the dispensing and the sale of medicines to educated pharmacists.
6. To uphold standards of authority in education and in theory and practice of pharmacy.

7. To create and maintain a code of ethics in keeping with the professional knowledge and function of the pharmacist and designed to protect the public to the highest degree.

If we were to start to-day—eighty-three years after the founders—to lay down a platform upon which American Pharmacy might take its place with other health professions, we could hardly conceive of a more inclusive statement of desirable objectives.

FOOD AND DRUG LEGISLATION.

The first of these objectives has been brought very close to us in the past two or three years because of the endeavor to revise the Federal Food and Drug Act. Pharmacists have been conscious of the need for such revision for many years. The need for some control over the advertising of drugs and medicines by means of radio, newspapers and magazines has become more and more necessary as advertisers have become bolder in their methods and have so far exceeded the bounds of propriety and even decency in their announcements as to call down upon themselves the censure of broadcasting companies and the better class of publications. If truth is important in any field it is so in matters having to do with the public health and especially in expounding the virtues of drugs and medicines.

The proposed food and drug law known as the Copeland bill, which has passed the Senate and is now before the House of Representatives for action, places the control of advertising of foods and drugs in the hands of the Food and Drug Administration. This is as it should be. There has been some agitation to separate the control of advertising from the control of other features governing the manufacture and distribution of drugs and medicines by placing it in charge of the Federal Trade Commission. Such control as is now exercised by the Federal Government over advertising, generally, is in the hands of the Federal Trade Commission. This is so, because this Commission has to do with the control of unfair competition. It has the power to regulate advertising if it involves unfair competition. Thus, if the manufacturer of a brand of aspirin states in his advertising that his product is fresh because of the way in which it is packaged, or that it does not affect the heart, and intimates through his advertising that other brands are not fresh because they are not packed in a certain way, or that they do affect the heart, his competitors may prevail upon the Federal Trade Commission to cite him for unfair competition and to cause him to cease and desist from this practice under penalty of a fine.

The fact that such advertising may have been misleading to the public in so far as therapeutic action is concerned, does not interest the Federal Trade Commission because its function is not to protect the public health, but to protect industry. It would be a calamity if a branch of the Federal Government whose chief function is trade promotion should be entrusted with the control of the advertising of medicines, even though new powers were granted the enforcing agency under the Food and Drug Act. The point of view of a trade promotion bureau and that of a public health agency are so totally different that it is inconceivable that the Congress of the United States should give serious consideration to the pleas of those who would transfer any part of the function having to do with the administration of food and drug laws to a trade agency. I took this position when I appeared before the Senate and House Committees which conducted hearings on the bill.

The necessity for including cosmetics in the regulatory provisions governing the manufacture and distribution of foods and drugs has been apparent for a long time. Pharmacists have known of the danger lurking in the use of certain types of cosmetic preparations and the lack of information available on the label of these products, which have frequently contained poisonous ingredients, has been sufficient to classify many of these products as definitely detrimental to health. This ASSOCIATION is on record as approving the inclusion of the regulation of cosmetics in the Food and Drug Act, and I so informed the Committees of Congress.

The proposed law contains a basic weakness with regard to adulteration. I refer to the so-called "Variation Clause." The bill states that, "No drug shall be deemed to be adulterated under this paragraph because it differs from the standards of strength, quality or purity, therefore set forth in an official compendium, if its standards of strength, quality and purity be plainly stated on its label." Here we have the old policy of *caveat emptor*—let the buyer beware—at its best. Allowing the use of an official name without requiring the product to be of official strength is nullification of the fundamental principle upon which uniformity in drugs and medicines is based. Pharmacopoeias were brought into being for the purpose of unifying standards of drugs and the first step toward such unification is an established nomenclature. Tincture Digitalis U. S. P. should mean a product of definite strength from coast to coast. If its standard of strength is not proper let it be changed by the Revision Committee. If several strengths of the tincture are required let them be recognized under official titles but we should not permit the official title to be used for a product that is not of the official strength. The provision of the proposed law which requires only a statement of the standard of strength on a label, if the product differs from the official standard, without indicating how the strength differs from the official standard, opens the door to fraud. This ASSOCIATION is on record against the use of official titles unless products so labeled meet official standards and I so informed the Committees of Congress.

I also took the stand that the request of the Food and Drug Administration for authority to permit unrestricted seizures of shipments of drugs misbranded in such a way as to be grossly deceptive, should be granted. We have been on record for some time in favor of partial formula disclosure. The act provides for partial formula disclosure which is a long step in the right direction, and of course I publicly favored this. The Copeland bill as passed by the Senate and submitted to the House of Representatives is weak in many particulars but as I pointed out in a recent editorial in our own JOURNAL, the time has come to take some definite action so that the element of uncertainty as to future regulation may be removed and the revision of state laws no longer delayed. If enacted in its present form, this proposed law will so vastly improve regulation of the food and drug industries that we are warranted in giving it our approval. It was necessary to spend three days, immediately preceding departure for this meeting, at Washington before the House Subcommittee which has this measure in charge. The outlook for passage of the bill at this session of the Congress appeared favorable.¹ In dealing with the Food and Drug Legislation it has been very gratifying to have the active and effective support of the American Association of Colleges of Pharmacy.

¹ Adjournment of Congress in August left insufficient time for final action on the bill and it was carried over to the next session.

I have dwelled at length on this phase of our activity because it is without doubt one of the most important factors in the progress of pharmacy and it is a question on which the public interest transcends the private interests of those engaged in the manufacture and distribution of drugs and medicines. In my judgment, we have shown the Committees of Congress and the general public that we recognize this. I do not believe that we could have done so by allowing any other organization to speak for us or by having the representatives of our ASSOCIATION speak for other branches of the drug industry. The situation called for a positive attitude toward this great public question. I did not feel that those who were engaged in the controversies arising out of the drastic food and drug legislation originally proposed and who doubtless rendered a great service in clarifying the issue, were in the best position to meet the new situation. Therefore I assumed personal leadership in the matter. I was well aware of the criticism this might arouse in certain quarters, although I did not expect the low type of personal attack indulged in by some. These are matters that can be attended to after I leave the presidential office. I am certain in my own mind that the position I have taken has brought honor and credit to the AMERICAN PHARMACEUTICAL ASSOCIATION in places where honor and credit mean something to American Pharmacy. I hope you will agree with me and if you do, I ask that you endorse what I have done.

PROFESSIONAL AND PUBLIC RELATIONS.

Our second objective, having to do with professional and public relations, offers a splendid opportunity for a type of leadership which is sorely needed in American Pharmacy to-day. Most assuredly it is the AMERICAN PHARMACEUTICAL ASSOCIATION which should take the initiative in promoting better relations between pharmacists, physicians, dentists and other health workers and with the public.

I wish to call attention to some of our activities and accomplishments in this direction and point to possibilities for future effective work.

In 1931 the ASSOCIATION authorized the appointment of a Committee on Professional Relations. For some reason unknown to me the committee was never appointed. The need for active coöperation with the medical, dental, nursing and other professions along various lines being apparent, I appointed such a committee this year headed by Leonard A. Seltzer of Detroit with Dean Roland T. Lakey as secretary. An immediate need was felt for a representative from each State to coöperate with this committee. It seems to me that the voting delegate from each State Association to our House of Delegates could furnish the proper contact for this Committee with State groups representing the various professions and I so recommend. We now have a number of State Councils or State Conferences of the Allied Medical Professions actively engaged in the study and consideration of professional and economic problems affecting all professions. In some states these conferences are limited to the health professions. In others they include teachers, lawyers and additional groups. To all such Councils or Conferences we can supply helpful information and guidance on pharmaceutical questions.

It is important that our professional relations be governed by sound thinking, plain speaking and effective action. To this end we should be well informed of the views and opinions of other professional groups. The auxiliary committee of State

Delegates can keep the Committee on Professional Relations informed of developments within the states and it, in turn, should study all proposals involving cooperation between the professions in matters affecting public health, medical care, emergency relief, the use of official drugs and the regulation of the professions, and make such recommendations to the ASSOCIATION as may be indicated.

We have endeavored to maintain the most friendly relations with the medical and dental professions. The emergency relief programs of the Federal and State Governments have had a tendency to emphasize the inter-relations of the health professions. The designation of U. S. P., N. F. and special formulary non-proprietary drugs for exclusive use in emergency relief prescribing has given an impetus to prescription writing which requires a high type of pharmaceutical practice. This is in the interest of the patient as well as the professions. The efforts of pharmacists all over the United States in meeting the demand for emergency relief prescription service at reduced fees is to be commended and is an indication to the Government and to the public that we can be depended upon to do our part whenever emergencies arise.

For a number of years the Council on Pharmacy and Chemistry of the American Medical Association has not had in its membership the same quota of pharmacists originally included in its make-up. We can recall with pride the services of Puckner, Wilbert, Hallberg, Kraemer and perhaps others to this very useful agency. It is probable that the organization of a Council or Committee with similar activities by the AMERICAN PHARMACEUTICAL ASSOCIATION was discouraged because American Pharmacy was given representation on the Council on Pharmacy and Chemistry of the American Medical Association. The present policy seems to be not to replace pharmacists removed from the Council by death, with other qualified pharmacists. It does not seem to me that such a policy will be of benefit to the American Medical Association in the long run and it is hoped that when future vacancies on the Council occur, a pharmacist or two will be named as members so that the very important viewpoint of professional pharmacy will not be eliminated from the deliberations of this all-important and extremely useful Council. An effort should also be made to place a pharmacist or two on the Council on Dental Therapeutics. Here we have points of contact between medicine, dentistry and pharmacy through which a very useful service can be rendered by our profession. They should not be overlooked.

It is unfortunate that our official formularies have not made available to physicians a variety of combinations of active drugs with suitable adjuvants and vehicles such as are furnished under various proprietary names and, of course, at proprietary prices. This situation has led to the preparation of various special formularies promulgated by hospital organizations, State and County medical and pharmaceutical societies and is apt to result in a certain amount of confusion especially if such local formularies multiply. The original objective of the United States Pharmacopœia and National Formulary was to bring about uniformity in standards for drugs and formulas. To avoid the confusion existing before these standard works came into being, they must be kept in step with the progress of the times and supply existing needs by means of frequent supplements. Decennial revision is no longer sufficient to meet existing needs. In this connection a way should be found to supply supplements to the official standards, when issued, di-

rectly to all subscribers to the official books, at no addition to the original cost of the books.

Cognizance should also be taken of the recurring agitation as to the constitutionality of the present system of issuing and revising the United States Pharmacopœia and National Formulary. If there is any doubt about the legality of the present method of revision, we have nearly five years before the next decennial revision in which to obtain Congressional action to authorize issuance of these standards by revision committees called into being by the Congress, if that is necessary. Knowing the slow process by which Congressional action is obtained in these matters, we should not delay our efforts to place the revision of these standards on a firm and sound legal foundation.

Our relations with the public have been enhanced considerably through the completion of the headquarters building in Washington, the continued observance of Pharmacy Week and various public contacts by representatives of the professions with civic and public health groups and through the medium of the public press. Our building in Washington attracts the attention of many visitors to the capitol city and provides a tangible expression of the place of the pharmacist in the progress of scientific medical care.

It was my privilege, as president of our ASSOCIATION, to inaugurate Pharmacy Week last October with a fifteen-minute message from Station WEAJ, Radio City, New York, over a network of the National Broadcasting Company. Reports indicate that the professional window displays made by pharmacists throughout the United States and other features of the observance of Pharmacy Week were of a high order. However, there has been considerable complaint of the manner in which some radio advertisers of drug products have sought to tie up their sales talks with the professional features of Pharmacy Week. Time donated by radio advertisers for purely professional messages during Pharmacy Week constitutes a real contribution to the purpose of this "Week." However, when a purely commercial broadcast is connected with a Pharmacy Week message, it defeats the object of the "Week" which is not to urge people to buy medicines or toilet articles but to be reminded of the professional services rendered by the pharmacist. Radio advertisers who unite their advertising with Pharmacy Week messages are contributing nothing to this movement. On the contrary, they are selfishly taking something away from it.

Throughout the year newspapers, pharmaceutical journals and other publications, including the official journal of the American Association for the Advancement of Science, have carried messages, articles and reports of addresses by your officers and Committee members.

The economic phases of the practice of medicine are occupying the best minds among physicians as well as social workers. Dr. A. C. Christie in his recent book on the "Economic Problems of Medicine" makes the following significant statement: "The doctor entering private practice, finds that medicine is not only a profession, but a business as well." The public is conscious of the fact that there is a business phase to medical care. It has no special interest in regulating the professional phases of medical practice, but it is claiming more and more of a voice in the regulation of its business phases. This development cannot be stopped by ignoring it and the medical profession is finally, although with evident reluctance, making an

effort to meet the situation which has caused the outcry against high costs of medical care. We should watch developments in this field with great care and anticipate probable trends with a constructive program of our own. Such things cannot be developed over night. When the Federal Committee on Economic Security had in process of development what has since become the Social Security Act, we kept in very close touch with the program. State Associations were asked to gather information and transmit it to our Washington office. We were finally informed that the immediate plans of the Government contemplated no application of the insurance principle to the furnishing of drugs and that the per capita expenditure for necessary drugs and medicines does not reach a figure which warrants elimination of the retail pharmacy as a source of supply for drugs under any scheme of socialization of medical services.

Emergency Relief Administrations and other organizations engaged in providing medical care find the many easily accessible pharmacies a convenience in supplying necessary drugs and related items. Hence the agitation for centralized drug dispensaries manifested occasionally in some quarters has made little or no headway.

While there is no justification for the concentration of great numbers of pharmacies or drug stores in centers of population which can be served as well or better by half the number actually available, there is something to be said for a logical distribution of pharmacies so as to maintain suitable and convenient pharmaceutical service to the public. In pharmacy as in medicine and dentistry it is essential that the personal relations between those giving professional services and those receiving them be maintained.

PUBLICATION PROGRAM.

Our third objective referring to the diffusion of scientific knowledge and fostering pharmaceutical literature is being cared for through our JOURNAL, the National Formulary, the Recipe Book, occasional bulletins and special publications issued from time to time.

In my correspondence with the membership and in my personal contacts with them, I have gained the distinct impression that our present JOURNAL does not meet the needs of the average pharmacist in a number of particulars. There is also some dissatisfaction on the part of those wishing to use the JOURNAL as a medium for the publication of lengthy scientific papers. The mere statement of these facts is sufficient to call attention to the difficult problem faced by the Editor. The ASSOCIATION is on record in favor of establishing a second monthly publication designed to interest and serve the retail pharmacist. This matter has had very careful consideration in the Council and it is believed that the interests of the ASSOCIATION will be served best if the present JOURNAL is gradually converted into an exclusively scientific publication carrying the monthly abstracts of pharmaceutical literature, papers of sufficient scientific value to warrant giving them a permanent place in the literature and editorials relating to the development of professional pharmacy. American pharmacy needs such a publication. The general information now carried in the JOURNAL, together with articles of special interest to pharmacists operating retail establishments or prescription shops and editorials relating to the general objectives of the ASSOCIATION and defining its policies would be published in the new JOURNAL. Thus the ASSOCIATION would fill a long-felt need in bringing its activities closer to the average retailer.

With the publication of the 1934 YEAR BOOK this series of volumes reporting the progress of pharmacy will come to an end in accordance with the action taken by the ASSOCIATION some time ago. In place of the annual publication of abstracts in the YEAR BOOK, monthly instalments of these abstracts will appear in the JOURNAL. This improved service to the members of the ASSOCIATION has been in effect since March of this year. Editor DuMez and his collaborators are to be commended for the promptness with which abstracts of pharmaceutical literature are now reaching us, and Editor Eberle has made arrangements to segregate the abstracts in the JOURNAL in such a manner as to make them available for separate binding at the end of the year if that is desired. Many of us will miss the annual YEAR BOOKS even as many others of a previous generation missed the annual volume of Proceedings, but the needs of the day are such as to require prompt publication of proceedings, abstracts and other material, and to this end monthly publication is much more serviceable. Further reference to the publication program will be made in another part of this address.

PRACTICAL TRAINING.

Our fourth objective bearing upon proper conditions of apprenticeship and employment so as to prevent the evils flowing from deficient training in responsible duties in preparing and selling medicine is, at this time, of deep concern to the profession. The advent of the four-year course in pharmacy has focused attention upon the necessity for the revision of the practical experience requirement. I do not intend to recommend any specific method of providing the practical training which all pharmacists need before entering upon their profession. Nor do I intend to condemn any method which has been proposed for providing necessary practical training in advance of a trial of the method. I believe that practicing pharmacists have a certain responsibility in connection with the matter. Colleges of Pharmacy are concerned in so far as the coördination of their courses with the practical experience requirement is essential. The problem is of chief concern to the Boards of Pharmacy which are responsible to the public. It is to be hoped that the Boards will rise to their responsibility in this and other matters. We have in the United States, forty-eight states which are also forty-eight laboratories in which we should be permitted to do some experimenting. To arbitrarily attempt to stifle the initiative of any state in this matter is not rendering a service to pharmacy. Fortunately, we have Boards of Pharmacy which are willing to do pioneer work in this field. They should be encouraged in their attempt to find solutions to our problems.

DRUG DISPENSING RESTRICTED TO PHARMACISTS.

Our fifth objective refers to restriction of the dispensing and sale of medicines to pharmacists. We have made many attempts by legislation to attain this objective. In spite of the fact that it is entirely logical, and in the interest of the public health and welfare, to require that all drugs and medicine shall be dispensed under the supervision of registered pharmacists, we have not been able in eighty-three years to come as close to this objective as the public interest demands. The tendency on the part of pharmacists, is to condemn legislators for failure to so revise pharmaceutical laws as to give the public this necessary protection. The fact

is that the members of our own industry are probably more responsible for our failure to reach this objective. I am not basing this statement on guess-work. It is perfectly apparent to anyone who has had legislative experience that manufacturing interests invariably block state legislation which tends to restrict the sale of drugs and medicines to registered pharmacists.

At the 1934 meeting of the National Drug Trade Conference, I presented a resolution asking the conference to go on record in favor of restricting the sale of drugs to drug stores. The resolution was referred to a committee consisting of one member from each of the eight associations participating in this meeting. They represented the three drug manufacturing associations, one wholesale association, our ASSOCIATION, the National Association of Retail Druggists and the association of colleges and association of boards. The committee voted five to three in favor of the resolution. The three negative votes were cast by the three associations of manufacturers. Undoubtedly, there are among the better class of drug manufacturers, some who would be willing to see their products marketed exclusively through the drug store. However, as a class they do not desire to restrict distribution of their products to registered pharmacists. How can we expect legislators and laymen to support the principle that all drugs should be supplied under the supervision of registered pharmacists if members of the drug industry are opposed to such a procedure? It is necessary for us as the professional association of pharmacy to educate members of our own industry on this question. With the increasing amount of radio and magazine advertising of packaged drugs, it is not difficult to visualize the possibility that pharmacists may be eliminated as important factors in the distribution of drugs and medicines. That may not be the immediate objective of drug manufacturers, but it is conceivable that if their volume of sales can be increased through other channels of distribution, some of them will not hesitate to use these channels to a greater degree and others will follow if the plan is successful. The medical profession is just as deeply concerned in this situation as we are. It is not a far cry from general distribution of drugs and medicines through non-professional outlets, by means of modern advertising facilities to the diagnosis and treatment of disease by the same methods. As a matter of fact, it has been done and is being done. In self defense as well as in the public interest, the professions should endeavor to curb this trend.

PHARMACEUTICAL EDUCATION AND PRACTICE.

Our sixth objective has to do with upholding standards of education and standards of pharmaceutical practice. We have made rapid though belated strides in the improvement of the education of pharmacists. The delay has unquestionably been due to lack of interest and initiative of pharmacists themselves in improving their system of formal education. The American Medical Association realized much earlier than did we, the necessity for a high standard of culture and professional attainment in order to maintain the dignity and leading position which medical men occupy. The AMERICAN PHARMACEUTICAL ASSOCIATION, as an association, has not taken the direct interest in promoting higher educational standards for pharmacists which it rightfully should have taken in its position as spokesman for American Pharmacy. It is somewhat late to offer a program now. However, it is not too

late to express complete approval of the present trend in pharmaceutical education toward a cultural background for the necessary technical training required of prospective pharmacists and to urge adherence to the four-year course as a minimum requirement for undergraduate study. It is also important to emphasize that leadership in pharmaceutical education should be retained by pharmacists. The American Association of Colleges of Pharmacy was organized to promote the interests of pharmaceutical education but it is composed only of faculties connected with institutions that teach pharmacy. It is an organization which serves the profession in a specialized field. It does not and cannot speak for American pharmacy as a whole. Its function is to provide for the proper administration and teaching of pharmacy courses. In this function it should have the active support of the AMERICAN PHARMACEUTICAL ASSOCIATION and beyond this, it is certainly the duty of the AMERICAN PHARMACEUTICAL ASSOCIATION to see that the colleges of pharmacy of the United States meet an adequate standard, that they are adequately financed, and that they limit their out-put to the number which can be absorbed by the industry and the profession.

In addition to this responsibility, the AMERICAN PHARMACEUTICAL ASSOCIATION should assume some responsibility for the continuance of the education of those who are actively engaged in the practice of pharmacy. This can be done by planning for extension courses in coöperation with schools of pharmacy and schools of medicine. A start in this direction should be made even if the response, at first, is not too gratifying.

The proposal to organize a Council on Pharmaceutical Practice under the ægis of the AMERICAN PHARMACEUTICAL ASSOCIATION has been approved and a committee headed by Professor Cook has been actively engaged in formulating plans for setting up such a Council. Time has been set aside at one of our general sessions for the presentation of the report of this Committee and a discussion of its plans. It should be understood that the AMERICAN PHARMACEUTICAL ASSOCIATION is not arbitrarily setting itself up as an agency to classify pharmacies or drug stores. However, it is taking cognizance of the fact that pharmaceutical practice may be supplied with varying degrees of expertness and efficiency. It is, therefore, supporting a plan designed to set up minimum standards of acceptable practice for pharmaceutical work in manufacturing plants, in hospitals, in prescription pharmacies and in various governmental or private institutions. In order that the public may benefit to the fullest extent from such plans it seems desirable to indicate in some manner who is qualified to render the specialized services for which minimum standards are to be set. It is recognized that a certificate to practice a profession issued by a commonwealth does not necessarily indicate great proficiency on the part of the holder of the certificate. It is at best merely a protection against gross incompetence by guaranteeing that the licensee has met certain minimum standards and passed a prescribed test of fitness which does not always measure fitness satisfactorily. Hence it seems desirable to follow the trend in medicine, which is now so pronounced, of creating boards of experts in given fields, which examine the qualifications of those who desire to practice as specialists and certify that they are really qualified by training and experience to act as such.

Our seventh objective refers to the code of ethics and need not be commented on here for it is well known to pharmacists everywhere. It may not be out of

place to suggest that Boards of Pharmacy require newly registered pharmacists to sign this code of ethics as a part of the registration requirement as is done in New Jersey.

MEMBERSHIP PROBLEMS AND PLANS.

You heard in the report of Secretary Kelly to the House of Delegates yesterday, that our active personal membership numbers only about three thousand. In spite of a lack of personal participation in its activities, the pharmacists of the United States have looked up to the AMERICAN PHARMACEUTICAL ASSOCIATION as the personification of everything they would like pharmacy to represent in its highest and most professional sense. Practically all of them are ready to point with pride to what the AMERICAN PHARMACEUTICAL ASSOCIATION represents. This was true before there was a building in Washington, before there was a full-time Secretary and even before the organization embarked on the venture of publishing a monthly journal. It was one of those things that is just taken for granted. In other words, the AMERICAN PHARMACEUTICAL ASSOCIATION has for more than four score years been a symbol in the minds of the average pharmacists who never expected to get very close to the ASSOCIATION and who were never directly approached by the ASSOCIATION, but who nevertheless sensed the lofty purposes which prompted its organization and have benefited by the activities of individuals affiliated with the ASSOCIATION and acting for the ASSOCIATION on occasions when professional pharmacy was called upon to take part in national affairs having to do with the compounding and dispensing of medicines or the rendering of services commonly described as pharmaceutical. But I raise the question, "Shall the AMERICAN PHARMACEUTICAL ASSOCIATION remain a symbol or shall it become a living thing to all pharmacists?" I am convinced after an experience of nearly twenty-five years, that American Pharmacy needs concerted national direction more than it needs anything else to-day. It is my further conviction that it is absolutely unnecessary to go outside of existing set-ups to provide this concerted action and national leadership. In fact it has been definitely shown that such organizations as the National Drug Trade Conference and the Drug Institute which were organized to provide for the expression of a composite view on behalf of all elements in the drug industry, have failed to accomplish that purpose. I believe that the only way in which the divergent interests of the various elements of the drug industry can be harmonized to the extent required on questions of professional and trade interest, is by the meeting of representatives of those elements on the same level and that means meeting as pharmacists with the welfare of pharmacy in mind. When we meet as pharmacists, we have something in common. When we send our attorneys to meet each other, it is notice to the world that we are endeavoring to obtain the best deal possible for our private interests. Let us solve the problems of American Pharmacy by meeting as pharmacists in the AMERICAN PHARMACEUTICAL ASSOCIATION. There are some who would profit by retaining the American Pharmaceutical Association as a symbol and building it up as a professional veneer for the drug industry. We must guard against any such eventuality.

In an address last January,¹ I covered the membership problem in detail and I desire to quote the following from this address:

¹ *Druggists Circular*, January 1935, page 28.

"The AMERICAN PHARMACEUTICAL ASSOCIATION is the all-inclusive organization of pharmacists. It can include in its membership every member of the manufacturing, wholesale, retail, teaching and law enforcement associations. Using the state associations as a basis, it can include every retail pharmacist affiliated with such associations. It is fortunate that such an all-inclusive membership is possible to-day without upsetting or injuring any other national association. By the simple expedient of bringing every state association member into the fold of the AMERICAN PHARMACEUTICAL ASSOCIATION and the National Association of Retail Druggists through the payment of one fee for membership in the state associations, and by the medium of a small per capita tax collected from other national associations, a majority of the retail, wholesale and manufacturing groups can be brought into the AMERICAN PHARMACEUTICAL ASSOCIATION and make it the spokesman for American Pharmacy on matters of general professional and economic concern. The membership fee under such an arrangement will be nominal. The publications of the ASSOCIATION, with so wide a distribution of readers, will bring in revenue, and there will be an end to the demand for new associations and the solicitation of funds with which to do what we should now be doing. Furthermore—and this is of the greatest importance—when the ASSOCIATION becomes representative of the majority of practicing pharmacists, its power of moral suasion will be great enough to make many demands for laws to control trade practices unnecessary. We can only have industrial and professional self-government when we represent the profession and the industry by the consent of the majority.

"If we are ever to adjust the output of pharmacists to normal demands; if we are ever to obtain satisfactory legislation for the control of the quality and sale of drugs and medicines, and if we are ever to establish uniform requirements for licensure and improve the professional and economic status of the pharmacist, we must operate as a unit. With a majority of pharmacists in the various branches of the profession united through membership in the AMERICAN PHARMACEUTICAL ASSOCIATION, our Code of Ethics will take on a new significance. Membership in the AMERICAN PHARMACEUTICAL ASSOCIATION will be a badge of distinction to be taken from anyone who fails to live up to the Code of Ethics and the principles of Fair Play.

"To take care of the present membership, which is, to a degree selective, there may be organized within the ASSOCIATION a body to be known as the 'American Institute of Pharmacy,' the members of which would be designated as 'Fellows.' In this way a new significance would be given to the title 'American Institute of Pharmacy,' which is now nothing more than the name on a building belonging to the AMERICAN PHARMACEUTICAL ASSOCIATION. To become a Fellow of the American Institute of Pharmacy one would first have to be a member of the AMERICAN PHARMACEUTICAL ASSOCIATION for a period of years to be determined, and he would have to present qualifications entitling him to fellowship. We have the same arrangement in the American Association for the Advancement of Science and the American Public Health Association. It is to be expected that fellowship dues will be higher than membership dues in the AMERICAN PHARMACEUTICAL ASSOCIATION. The Fellows of the American Institute of Pharmacy by virtue of their membership will be recognized as outstanding individuals in their field. They may have specialized in prescription practice, in teaching, in law enforcement work, in manufac-

turing pharmacy or in research. This will assure the presence within the AMERICAN PHARMACEUTICAL ASSOCIATION of a group of highly qualified pharmacists to whom should be assigned committee appointments and the elective offices of the ASSOCIATION. Since any pharmacist who is able to qualify as an expert in some phase of pharmaceutical practice would be eligible to fellowship in the Institute, no unjust discrimination can be charged, and representation of the ASSOCIATION by highly qualified individuals will be assured."

It is advisable to await action of the Joint Committee on coöperation of the AMERICAN PHARMACEUTICAL ASSOCIATION and National Association of Retail Druggists with State Associations and the launching of our new JOURNAL before taking any definite action on this plan. My recommendations on the subject are made with this development in mind.

REORGANIZATION OF THE COUNCIL.

The Council of the ASSOCIATION is the executive body and, under present conditions is more responsible for the activities of the ASSOCIATION than any individual officer. It is now composed of seventeen members, nine of which are elected by members of the ASSOCIATION. The balance are officers of the ASSOCIATION. This is an unwieldy body for the transaction of business either personally or by mail. Some years ago we substituted for the Council, a board of directors composed of nine members. This was a much more satisfactory group and the only reason for changing back to the larger number was to satisfy an apparent requirement of the Charter of the ASSOCIATION. I have studied the Charter and I see nothing in its wording which would require the Council to consist of seventeen members. I recommend that the By-Laws be amended to reduce membership of the Council to six elected members and three ex-officio members, namely, the president, the president-elect and the chairman of the House of Delegates. The six elected members should be distributed geographically in accordance with the concentration of membership. The Council should have its own secretary and should be required to meet at least three times a year; one meeting to be held in connection with the annual Convention, one meeting in the fall of the year, and one meeting in the spring. It should be required that the permanent officers of the ASSOCIATION make quarterly reports to the Council and it would be expected, of course, that the Secretary of the ASSOCIATION and such other officers as the Council deems necessary, be asked to attend the meetings which should all be held at the headquarters building in Washington.

The recommendation that the Council should be small is in line with good administration as followed by other efficient national organizations. The provision that the Council should have its own secretary is likewise in line with good administration and goes back to the policy formerly followed by this ASSOCIATION. It seems that when we decided to elect a full-time secretary, we were afraid that he would not have enough to occupy his time, so we made him Secretary of the ASSOCIATION with the work incident thereto at the general sessions of the Convention; we then made him Secretary of the House of Delegates with the tremendous amount of detail that entails at the annual convention and then we topped it off by making him Secretary of the Council so as to be sure that he would have no spare moments, either night or day, during the Convention week. I believe that when we expect our permanent secretary to act at the general sessions, and as Secretary to the House of Delegates,

we have given him more than enough of a load to carry at these Conventions. The duties of the Secretary of the Council would not be sufficiently arduous at any time to call for anything more than nominal expense for clerical help and other services.

ACTIVITIES OF STANDING AND SPECIAL COMMITTEES.

The standing and special committees of the ASSOCIATION have been active in their various spheres and will have some very interesting reports to make. I wish that I could take the time to give a more detailed résumé of the work of all Committees for it represents a true picture of the many and varied activities in which our ASSOCIATION is engaged. However, a mere reference to the more important activities must suffice at this time. New members and those who have not followed the work of the AMERICAN PHARMACEUTICAL ASSOCIATION very carefully in recent years will be amazed at the scope and variety of activities covered if they will look over the titles of the many committees we have at work and read the valuable information contained in their annual reports. The following brief comment on Committee activities may be of interest at this time: The Committee on Local Branches, under Dean Ziefle, has made a very careful survey of the Local Branch situation and will have some recommendations to make. I asked the Local Branches to communicate with me at the end of their fiscal year, setting forth a review of their activities and supplying information about their programs which might be helpful to the future plans of other branches. The response to this request was very gratifying and this information has been turned over to the committee. There seems to be a very live interest in some of our schools of pharmacy in the Student Branches. I hope that this interest can be fostered. I believe that some arrangement should be made to rebate a small portion of the annual dues of members of the AMERICAN PHARMACEUTICAL ASSOCIATION who are members of Local Branches, to the Local Branches. This would aid the collection of dues for both the parent organization and the branches.

The Committee on Pharmaceutical Research headed by Dr. Arny has continued its activities in promoting and supplying financial assistance for outstanding research projects.

The Committee on Proprietary Medicines has not been very active in recent years. It could render a very useful service to the profession by organizing a service for pharmacists which would make available information with regard to the composition, standards, classification and ethical status of proprietary medicines. Certainly retail pharmacists should have as much information about proprietary preparations as is now furnished by organizations serving various groups of consumers. While it is not the function of pharmacists to diagnose or treat disease, they are expected to have full information about the drugs and medicines which they are called upon to dispense. With an authentic source of information on this subject available, the professional status of the pharmacist will be enhanced and service to the public will be greatly augmented.

A similar service can be rendered the pharmacist in connection with cosmetics. Here is a virgin field. There is no Council on Cosmetic Preparations serving in the capacity of the Council on Pharmacy and Chemistry or the Council on Dental Therapeutics. Our Committee on Cosmetics has this matter in mind and could render a splendid service to the pharmacists of the United States as well as the

public by arranging for the collection and distribution of information on the composition and claims made for cosmetic products.

The Committee on the Study of Pharmacy has made a number of contacts with foundations interested in education and in the problems of medical care. It is often stated that a complete survey of pharmacy and the activities of pharmacists is necessary in order to supply the background for departures from existing methods of supplying drugs and medicines. The fact is that a number of excellent surveys have been made and are available in published form. The Charters' Report, the Reports of the Committee on the Costs of Medical Care, the St. Louis Survey and other surveys of the Department of Commerce are all replete with facts and figures concerning the practice of pharmacy and in some instances these reports contain recommendations for the improvement and enlargement of pharmaceutical activities which, if carried out, would be of considerable assistance in placing the practice of pharmacy upon a more satisfactory basis. We should make greater use of information contained in these surveys. At the same time, a complete study of the present situation will undoubtedly prove most helpful at this time and the Committee on the Study of Pharmacy should continue its efforts in this direction.

The Committee on U. S. Pharmacopœia, under the chairmanship of Professor Glover, has been somewhat regenerated during the past year. It is a standing committee of the ASSOCIATION and its functions are to collect statistics regarding the frequency with which official and non-official remedies are used in legitimate practice and to ascertain the general wishes and requirements of the profession throughout the country in regard to any desired changes or improvements in the Pharmacopœia. It has other duties but the foregoing are of paramount importance, particularly in view of the coming revision of the U. S. Pharmacopœia. It seems advisable that membership on this Committee should be restricted to those who are not also members of the U. S. P. Revision Committee.

The Committee on Prescription Tolerances, headed by Dr. Schaefer, has done very valuable work in determining the limits of possible accuracy in the extemporaneous compounding of prescriptions. It is very essential that this work be continued and extended.

The Committee on Weights and Measures, under the chairmanship of President-Elect Costello, has continued to assemble information on the accuracy of weighing and measuring devices in retail drug stores, and in this connection it is pertinent to point out that in states where strict supervision over weights and measures is maintained, the apparatus and equipment are found to be in good condition.

The Committee on Physiological Testing, under the chairmanship of Dr. Munch, has continued its work on the deterioration of digitalis, and in the course of time the experiments reported by this Committee over a period of years should prove of considerable value in estimating the rate of deterioration of biologically assayed drugs.

The Committee on Pharmacy Corps in the U. S. Army, under the chairmanship of Dean Kendig, has energetically pursued the objective of the ASSOCIATION to secure commissioned rank for pharmacists in the Army. The report of this Committee will show that considerable progress has been made. Several conferences were held with Surgeon General Patterson and members of his staff during the past year,

and on one occasion the pharmacies at two Army posts were visited. It appears quite certain that in the near future suitable commissioned rank will be provided for pharmacists whose education has been of the same character as that of other professional groups now enjoying commissioned rank in the Army.

The Committee on Horticultural Nomenclature under the chairmanship of Professor Youngken has been active in making classifications which will assist in the identification of various drug plants.

The Committees on Legislation, Pharmacy Week, Press Relations, Transportation and Code Matters have all functioned in their respective fields and some of their work has already been referred to in other parts of this address.

The Committees on Pharmaceutical Syllabus, International Pharmaceutical Nomenclature and Prerequisite Legislation have likewise functioned in their respective fields, although in the majority of instances their principal activities have been completed for the time being.

The Maintenance Committee for the Headquarters Building has obtained a number of new subscriptions to the Building Fund, and subscriptions totaling \$132,036.00 to the Maintenance Fund. Of the latter amount \$50,000.00 represents a bequest to be paid at a later date, and of the remaining \$82,036.00, the sum of \$64,436.00 has been paid. This has enabled the ASSOCIATION to complete payment of all indebtedness on the building and property with the exception of a mortgage of \$36,400.00 on the lot in the rear of the building, which is amply covered by the bequest of \$50,000.00 previously mentioned. The building has recently been exempted from taxes because of the educational and non-profit nature of the activities carried on by the ASSOCIATION.

A variety of gifts have been made to the headquarters building in addition to the contributions toward the Maintenance Fund, and these are covered in detail in the report of Chairman Dunning of the Maintenance Committee. Our continued thanks are due Chairman Dunning for his untiring efforts in this connection.

The Committee on William Procter Jr. Memorial Fund under Chairman Hancock has made excellent progress toward the preparation and erection of the monument in the headquarters building, and we may look forward to the dedication of the monument in the near future.

Dr. John C. Krantz and Professor Gustave Bachman are to be congratulated on the fine program which they arranged in behalf of Pharmacy at the recent meeting of the American Association for the Advancement of Science. The establishment of a section devoted to pharmacy within this national association is an indication of the progress scientific pharmacy is making.

During the past year we have also had at work Committees on State and National Code Matters; on the Study of Pharmacy Laws and on the Drafting of an Act to Restrict Distribution of Drugs and Medicines to Pharmacists. The latter two Committees should be continued and encouraged in their efforts toward finding a solution for some of the most perplexing problems relating to pharmacy law enforcement. They are headed by Dr. Robert L. Swain and Mr. W. Bruce Philip, respectively. In making a study of Pharmacy laws it has seemed to me to be advisable to enlist the coöperation of the American Bar Association and its Commission on uniform State laws. I am pleased to be able to report that correspondence with

the officers of the Bar Association indicates an interest in our problem of seeking greater uniformity in State pharmacy laws. It is suggested that the Committee correspond further with the American Bar Association.

The Committee on National Formulary and the Committee on Recipe Book have both been busily engaged in the revisions of these respective volumes. Dr. Lascoff as chairman of the Committee on Recipe Book, with the assistance of Mrs. Elsie Kassner, who was selected as editor, and the other members of the Committee, has practically completed the revision of the Recipe Book, and I feel sure that the second edition of this important and valuable volume will meet with general approval. The new edition of the National Formulary is nearing completion and will be an outstanding work in its particular field.

I cannot allow the opportunity to pass without paying a tribute to the diligence and effective work of the committee which is revising the National Formulary. Professor Gathercoal has brought to the chairmanship of the committee a type of leadership in which American Pharmacy and the AMERICAN PHARMACEUTICAL ASSOCIATION can take just pride. His sane approach to the problems of the revision, the scientific thoroughness which has characterized the preparation of the monographs and withal the great patience and willingness to seek and accept advice which have been displayed throughout the revision, call for our most profound admiration and thanks.

To Editor Eberle, I wish to express my thanks for coöperation extended throughout the year.

To Dr. Kelly whose very difficult and trying position as Secretary of an ASSOCIATION, which is endeavoring to be helpful to the divergent interests within the drug industry, requires great patience, tact and capacity, and who possesses all these attributes to an unusual degree, I likewise desire to express my gratitude. We have not always agreed on methods but I doubt whether there has ever been a disagreement between us as to the position which the AMERICAN PHARMACEUTICAL ASSOCIATION should take on matters of fundamental importance. As officers of the ASSOCIATION, we have had to place our own interpretation on matters regarding which the ASSOCIATION and Council failed to give definite instructions. There has been no difficulty in harmonizing our views or stating our respective positions on such matters because they were approached with the interests of American Pharmacy and the AMERICAN PHARMACEUTICAL ASSOCIATION at heart. Such recommendations as I have made with respect to the secretaryship are intended to clarify and assert an association policy on the subject and to give to the office that responsibility which the proper exercise of its duties demand.

To all others whose advice, counsel and coöperation I have had throughout the year, I express my sincere appreciation and thanks, and finally, I thank the members of the ASSOCIATION for the opportunity that has been given me to serve in this high office.

RECOMMENDATIONS.

Recommendation No. 1.—It is recommended that it shall be the policy of the AMERICAN PHARMACEUTICAL ASSOCIATION to require its full-time officers to confine their pharmaceutical activities to the affairs of the ASSOCIATION. This is not to be interpreted as an abridgment of the privilege to take part in related affairs in the capacity of advisor, committeeman or delegate.

It is, however, to be interpreted as abridging the privilege of serving in a secretarial or managerial capacity to any other organization or group or to act as the spokesman or representative of any other organization or group within the sphere of pharmaceutical activity unless permission to do so is specifically granted by the Council.

Recommendation No. 2.—It is recommended that the secretary of the ASSOCIATION be also designated as general manager and that this title shall carry with it executive supervision of and responsibility for the activities of the ASSOCIATION in the headquarters building.

Recommendation No. 3.—It is recommended that it shall be the policy of the AMERICAN PHARMACEUTICAL ASSOCIATION to work actively toward a unification of pharmacial forces within the United States and that the immediate steps to be taken in this direction shall be the fostering of an intimate contact with the State Pharmaceutical Associations and with the National Association of Retail Druggists to the end that membership in state Pharmaceutical Associations shall eventually carry with it a personal affiliation of every State Association member with the A. PH. A. and the N. A. R. D.

Recommendation No. 4.—It is recommended that it shall be the policy of the AMERICAN PHARMACEUTICAL ASSOCIATION to assume active responsibility for the general direction of pharmaceutical affairs in the United States. This is not to be interpreted as an effort to duplicate the activities of any organization now functioning in a specific field such as education, licensure, manufacturing, wholesaling or retailing. It is, however, to be interpreted as an offer of coöperation from the representatives of the profession at large with respect to the formulation of policies affecting pharmacy as a whole and as an expression of the intent to assume leadership in those matters which are national in their scope and which affect the relations of pharmacists to other professions, the relations of pharmacists to each other and the relations of pharmacists to the public.

Recommendation No. 5.—It is recommended that the president-elect be made an ex-officio member of the Council immediately following his election and that the procedure at the annual convention be so arranged as to give the president-elect an opportunity to submit recommendations in time for approval at the meeting at which he takes office.

Recommendation No. 6.—It is recommended that the office of Librarian and Curator of the Museum be created as soon as possible as a full-time office.

Recommendation No. 7.—It is recommended that the contents of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION be confined to scientific and professional papers of permanent value or significance, to the monthly abstracts of pharmaceutical literature and to editorials dealing with scientific and professional matters. It is further recommended that as soon as this change can be brought about, the material of general interest now appearing in the JOURNAL together with helpful papers and articles on professional and economic subjects be issued in the form of a new monthly publication directed particularly to the retail pharmacists of the United States. It is further recommended that this publication carry no advertising.

Recommendation No. 8.—It is recommended that the new Journal referred to in the preceding recommendation be mailed to the members of all State Pharmaceutical Associations upon payment of a small per capita tax by the respective State Associations and that it be issued with the coöperation of the N. A. R. D. if the plans for unification and coördination of the activities of State Associations and the two National Associations now under discussion are consummated.

Recommendation No. 9.—It is recommended that the coöperation of the AMERICAN PHARMACEUTICAL ASSOCIATION be extended to Boards of Pharmacy in their efforts to establish adequate standards for the practical training of pharmacists, especially in cases where departures from established customs are contemplated and that the results of any survey or study which the ASSOCIATION may make in connection with the formulation of standards for practical experience, be made available to the Boards.

Recommendation No. 10.—It is recommended that the dangers of the distribution of drugs and medicines without the supervision of pharmacists be called to the attention of the American Medical Association and Medical Societies of various states with the request that they join the AMERICAN PHARMACEUTICAL ASSOCIATION in an aggressive effort to persuade drug manufacturers to limit distribution of their drug products to registered pharmacists.

Recommendation No. 11.—It is recommended that the Council on Pharmaceutical Practice give consideration to certification of specialists in the fields of hospital pharmacy, manufacturing

pharmacy and prescription pharmacy, by the establishment of boards of experts for such certification.

Recommendation No. 12.—It is recommended that the committee on study of pharmacy be instructed to explore the possibilities of extension courses for practicing pharmacists to the end that formal lectures and demonstrations in connection with newer materia medica may be arranged at suitable points and that such instruction be confined to fundamental scientific progress in the field rather than to commercial preparations.

Recommendation No. 13.—It is recommended that the By-Laws be amended to reduce membership of the council to six elected members and three ex-officio members namely: the president, the president-elect and the chairman of the House of Delegates. The six elected members should be distributed geographically in accordance with the concentration of membership.

Recommendation No. 14.—It is recommended that the Council be authorized to take such steps as may be necessary to obtain the best legal opinion on the status of the National Formulary as a legal standard under the Food and Drug Act and that such changes as may be required in the manner of selecting the Revision Committee in order to obtain Congressional authorization for the revision and publication of the National Formulary, be inaugurated as soon as possible. It is further recommended that the U. S. P. Revision Convention be urged to take similar steps with respect to the U. S. P.

Recommendation No. 15.—It is recommended that the Committee on Proprietary Medicines be requested to study the possibilities of organizing an informational service to the profession with regard to the composition, standards, classification and ethical status of proprietary medicines and report its recommendations to the Council for action at an early date.

Recommendation No. 16.—It is recommended that the Committee on Cosmetics be requested to give immediate attention to the possibility of organizing a Council on Cosmetic Preparations with functions similar to the Council on Pharmacy and Chemistry of the A. M. A. and the Council on Dental Therapeutics of the A. D. A. so that necessary information on the composition and claims made for cosmetics may become available to pharmacists and proper standards be devised for the protection of the public in the commerce in these commodities.

Recommendation No. 17.—It is recommended that the Council give immediate attention to the possibility of making available from the permanent funds, accumulated interest, or other sources, a sufficient sum of money to launch some of the activities to which this ASSOCIATION is committed. In launching these activities, preference should be given to the ones which appear to promise the most immediate return of the financial outlay required in their inauguration. Activities which seem to require immediate attention are: revision of the publication program; membership campaigns; Council on Pharmaceutical Practice.

INTERNATIONAL PHARMACEUTICAL FEDERATION.

The ninth general assembly of the International Pharmaceutical Federation was held on Monday, July 29th, in the rooms of the Nationale Pharmaceutique, Brussels. This is the second meeting of the Federation to be held in Brussels since the foundation in 1912. The President of the Federation (Dr. J. J. Hofman, The Hague) presided over an attendance of about fifty members, including Professor Dr. L. van Itallie (*president d'honneur*), M. G. Barthet, M. O. von Koritsanszky, E. Saville Peck and Dr. E. Host Madsen (*vice-president*), Professor Dr. H. Baggsgaard Rasmussen, and Dean Burbidge of Nova Scotia.

THE PAN-AMERICAN MEDICAL ASSOCIATION.

On August 2nd, the Pan-American Medical Association completed its sixth cruise to South America. The itinerary included brief visits to Nassau, Jamaica and Curacao, more extended visits to Rio de Janeiro and São Paulo, and again brief visits to Trinidad, Puerto Rico and Bermuda. The visit of more than a hundred American physicians to our South American neighbors must result in benefit to international relations and acquaint the South American countries more fully with the medicine of the United States. Moreover, opportunity was given to the American visitors to obtain an insight into the medical institutions and to some extent into the nature of practice of the countries visited.—*Jour. A. M. A.*