

by medical and dental practitioners. The Committee urged a better understanding between the two professions. A list of subjects was mentioned with the suggestion that they be taught in the Medical and Dental Colleges so that each would have a better knowledge of fundamental and special sciences applicable to each profession. In part, the medical men thought that the dentist should receive more instruction in anatomy, pathology, physiology, bacteriology, hygiene and physical diagnosis as it pertains to the practice of the physician. The dentists suggested that the physician should be better trained in maxillidental surgery, dental infection and its relation to diseases elsewhere in the body, oral diagnosis, etc. It was brought out that out of all the Medical Colleges not more than fourteen made any reference to stomatology in their curricula. Hospital internship is not required of the dentist graduating from College at the present time. The report recommended that the dentist be required to have hospital experience so that he is better equipped to enter the practice of his profession. Dental Colleges have recently had a study made of their curricula by the Carnegie Survey Committee.

One evening was devoted to Topic Discussions. A list of subjects such as Preventive Dentistry, Nutrition and Diet, Operative Dentistry, Porcelain Restorations, and many others were scheduled as "Clinic Sessions without Clinics." Each topic is assigned to a Leader, who answers a set of printed questions outlined in the general program and asked of the Leader by the chairman of the session. Those attending the discussions are also permitted to ask questions, thus affording the dentist an opportunity to obtain information on the problem with which he is individually concerned.

Commercial houses occupied considerable space with their exhibits. It is interesting and gratifying that there are fewer displays of those products not approved by the Council on Dental Therapeutics.

There is much that those interested in Pharmacy can learn by attending dental conventions. There is a real opportunity for the ethical pharmacist to acquaint himself with the uses dentists have for medication. The pharmacist who is a specialist in his profession will find the dentist willing to go more than half way to do his part in rendering a service with the pharmacist which will aid in advancing public health.

COMMITTEE REPORTS

REPORT OF THE COMMITTEE FOR THE COLLECTION OF INFORMATION PERTAINING TO PROFESSIONAL PHARMACY.

BY MARVIN J. ANDREWS, *Chairman*.

The Committee for the Collection of Information Pertaining to Professional Pharmacy was appointed by Chairman Henry M. Burlage in accordance with a recommendation passed by the Section on Practical Pharmacy and Dispensing at the 1934 meeting held in Washington, D. C.

As implied by the name, the duty of this Committee was to contact (1) Deans of all Schools of Pharmacy, (2) Secretaries of State, City and County Pharmaceutical Associations and (3) Hospital Pharmacies in an effort to collect any information that may be used to promote the best interests of Professional Pharmacy. With this in view it was thought best for the Chairman of the Committee to assume the responsibility of contacting the first two groups, but due to the size of the third group, namely, Hospital Pharmacies, each member of the Committee should assume the responsibility of contacting the hospitals located in the States, assigned to them.

With this in view the members of the Committee were assigned to contact the hospitals located in the following States.

Marvin J. Andrews	Delaware, District of Columbia, Maryland, New Jersey and Pennsylvania.
Ralph W. Clark ¹	Iowa, Kansas, Missouri and Wisconsin.
W. G. Crockett	Kentucky, Ohio, Virginia and West Virginia.
Richard D. Franklin	Connecticut, Massachusetts and Rhode Island.

¹ Officers of Section and ex-officio members of the Committee.

Elmer L. Hammond	Alabama, Arkansas, Louisiana, Mississippi, Oklahoma and Texas
J. Solon Mordell	Maine, New Hampshire, New York and Vermont.
Emery T. Motley	Florida, Georgia, North Carolina, South Carolina and Tennessee.
Charles V. Netz	Minnesota, Nebraska, North Dakota and South Dakota.
Leon W. Richards ¹	Colorado, Montana and Wyoming.
L. Wait Rising ¹	Idaho, New Mexico, Utah and Washington.
E. T. Stuhr	Arizona, California, Nevada and Oregon.
Ralph E. Terry	Indiana, Illinois and Michigan.

As it is impossible to give a detailed report of all the information collected, the Committee has decided to summarize all the questionnaires and make a brief general report under each division.

INFORMATION OBTAINED FROM SCHOOLS OF PHARMACY.

In addition to training students in Chemistry, Pharmacognosy, Pharmacology, Pharmacy, etc., which is the primary purpose of all Schools of Pharmacy, the questionnaires from 49 Pharmacy Schools revealed that some also take an active part in many other fields which are best summarized as follows:

1. Scientific articles are written pertaining to some phase of Pharmacy which are presented before National, State, County and City Pharmaceutical Associations. A great many of these are published in some Pharmaceutical Journal.
2. Research is carried on by members of the various faculties in many different fields of Pharmacy.
3. Some schools or members of their faculty take an active part in the revision of the U. S. P. and N. F.
4. An active part is taken in National and State Pharmaceutical Associations through which State Laws and regulations for pharmacy have been constantly improved in the last decade.
5. Give lectures in Pharmacy to (a) Medical Students, (b) Hospital Interns.
6. Conduct pharmacies located in hospitals.
7. Prepare U. S. P. and N. F. displays at State or National Medical, Dental or Hospital Association meetings.
8. Send out U. S. P. and N. F. Publicity Bulletins or Pamphlets in conjunction with local or State Pharmaceutical Associations.
9. Have Student Pharmaceutical Association meetings and conduct an open house night at least once a year.
10. Conduct or aid in preparing the programs for the Scientific Section of State Pharmaceutical Associations.
11. Aid Retail Pharmacists by (a) acting as consultants in prescription and dispensing problems, (b) loaning apparatus and preparing professional pharmacy window displays, (c) assisting pharmacists in planning their detailing material for the medical and dental professions and also for the laymen.

There are no doubt a great many other activities in which Schools of Pharmacy participate but the above data is confined to the actual information obtained from the questionnaires received.

INFORMATION OBTAINED FROM STATE PHARMACEUTICAL ASSOCIATION SECRETARIES.

The questionnaire sent to the State Pharmaceutical Association Secretaries asks for a great amount of information as to the activities of the State, County and City Associations pertaining to the promotion of the best interest of Professional Pharmacy. The four main questions requested are as follows: (1) Does Association have a Committee for promoting Professional Pharmacy? (2) Name of the Committee. (3) Who is Chairman of this Committee? Address of Chairman and (4) What type of work is this Committee doing?

At the present time your Committee has had replies from 35 State Secretaries, of which only 13 States have an active Committee to promote the use of U. S. P. and N. F. Products or to contact members of the Medical, Dental or Hospital Associations. Due to the elements of time and expense the Committee has not as yet contacted the County and City Associations listed on the

¹ Officers of Section and ex-officio members of the Committee.

questionnaires, but will do so next year if it is the desire of the Section and the AMERICAN PHARMACEUTICAL ASSOCIATION.

A summary of the activities of the Committees in the States of Illinois, Indiana, Iowa, Maryland, Minnesota, Mississippi, Oregon, New Jersey, New York, Ohio, Pennsylvania, South Dakota and Wisconsin as supplied on the questionnaires is as follows:

1. Annual displays of U. S. P. and N. F. drugs and preparations at State Dental, Hospital, Medical or Pharmaceutical Association meetings.

2. Sponsor joint meetings between Dentists, Pharmacists and Physicians.

3. Prescriptions containing U. S. P. and N. F. Products are sent to members of the Dental or Medical Associations in one of the following ways: (a) Advertisements in Medical Journals, (b) Booklets such as those used in New York, New Jersey and Pennsylvania, (c) On 3" x 5" index cards such as those used in Minnesota and (d) Bulletins printed on the letterhead of the Committee as used in Maryland, etc.

In a great many of the above-mentioned States the pharmacists receive copies of the prescriptions through their State Journals before they are mailed to members of the other professions.

The questionnaires from Kansas, Montana, New Hampshire, North Carolina and Rhode Island indicate that these States have appointed or intend to appoint Committees to contact members of professions other than Pharmacy.

In addition to the above information a great many State Pharmaceutical Associations are devoting one day of their annual meeting to scientific work for the first time in 1935.

INFORMATION OBTAINED FROM HOSPITALS.

The Committee contacted the larger hospitals in the United States in an effort to collect Hospital Formularies as well as to obtain other data. In addition to obtaining the name, address and size of the hospital the following information was requested on the questionnaire: (1) Does hospital have an outpatient dispensary? (2) Does hospital have its own hospital formulary? (3) Does hospital have special names for combinations used in the dispensary or throughout hospital? (4) Number of registered pharmacists employed in hospital. (5) Name and address of Chief Pharmacist. (6) Name and address of all other pharmacists. (7) Have any papers been written by members of the Pharmacy Staff? (8) Give author's name and cite bibliographical information: *i. e.*, title of work, name of periodical, also year and page reference.

To date replies have been received from 381 hospitals, 99 of which sent formularies, and 24 stated that their formularies were undergoing revision and when complete a copy would be forwarded. The remaining 258 hospitals returned the questionnaires filled out with the notation that the hospital did not have a formulary, or that the U. S. P. and N. F. were used exclusively.

The formularies varied from a few handwritten prescriptions to elaborate mimeographed or printed books. The prescription combinations contained in the formularies were to be prescribed by one of the following methods: (1) by numbers, (2) by special names, or (3) to be written out in the form of a prescription.

As the space in the JOURNAL and the time for the presentation of this report is limited it will be impossible to give a great deal of specific information which would necessarily be required to summarize the remaining vast amount of information collected by the Committee. However, it may be well to include a few of the outstanding points, that are quite evident upon examining the questionnaires and formularies which were sent to your Committee, that may aid other hospital pharmacists in revising their hospital formularies, etc., in the future.

The constructive criticisms may be briefly summarized as follows:

1. A great many of the present formularies are in need of revision as some were printed as far back as 1911 and naturally contain a great many obsolete drugs and prescriptions.

2. A definite policy should be established before the prescriptions are written for incorporation in the formularies so that the young physician (Intern) may have a guide that is reasonably correct from a pharmaceutical standpoint. The most frequent mistakes found in the formularies collected are: (a) The ingredients in the same prescription are written in Latin, Abbreviated Latin, English or a combination of any or all of the above-mentioned instead of using one definite language throughout. (b) The quantities of the ingredients are written in either the Avoirdupois, Apothecary or Metric System. In some instances two different systems are used in the same prescription, that is, the quantity of the first ingredient is given in grains, the second in grams, etc.

We suggest that the quantities of the ingredients be written in the Apothecary System and the conversions into the Metric System be placed to the right in a corresponding column. The following will act as an illustration.

Ingredients Used in Prescription.	Amt. in Each Dose.		Amt. Usually Prescribed.	
	Apoth.	Metric.	Apoth.	Metric.

(c) There is a continual use of the abbreviation for the Avoirdupois ounce (oz. which equals 437.5 grains) when the abbreviation for the Apothecary ounce (Apoth. oz. or \mathfrak{z} which equals 480 grains) is desired. Likewise the symbol oz. is used when it should be fl. oz. or fl. \mathfrak{z} .

3. The galley or page proof of the formulary should be thoroughly proof-read by several qualified pharmacists. Some of the formularies received contain any number of mistakes in spelling the names of drugs as well as conversions of quantities. The general arrangement of the prescriptions, etc., indicate the author or authors know very little or nothing about pharmacy.

The above criticism is given with the view of constructive rather than destructive information in the revision of hospital formularies. A great number of the formularies received by the Committee have been carefully prepared and will accomplish much in the promotion of the best interests of professional pharmacy.

RECOMMENDATIONS MADE BY MEMBERS OF THE COMMITTEE.

1. This Section in coöperation with the Section on Education and Legislation or the ASSOCIATION should foster a vigorous program to find out wherein the education of pharmacists is lax in respect to the attainment of professional ideals, thereby endeavoring to uplift the dignity of pharmacy as a profession.

2. The Section or the ASSOCIATION should make a survey as to the number of hospitals employing registered pharmacists as compared with those that employ none.

3. The ASSOCIATION should endeavor to enlist the many hospital pharmacists in this country to join the AMERICAN PHARMACEUTICAL ASSOCIATION as these men are the first to actually contact the young physicians after they graduate.

4. The Section or the ASSOCIATION should encourage hospital pharmacists to conduct dignified, scientific laboratories offering every assistance in the way of consultation, research, etc., instead of conducting just a "Pill Dispensing" storeroom.

5. The ASSOCIATION should endeavor to correlate and supply authoritative information that will be of aid to local and state associations in promoting the use of official products.

6. The Section should request the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION to appropriate \$100.00 to be used in purchasing letter size folders and State guides for filing all information collected by the Committee during 1934-1935 and to continue the work during 1935-1936. This information is to be placed in the AMERICAN INSTITUTE OF PHARMACY.

In conclusion, I would like to take this opportunity to thank the members of this Committee and all others that have worked with me during the past year in collecting the information pertaining to professional pharmacy.

PHILADELPHIA STUDENT BRANCH A. PH. A. PROPOSED.

In the last few weeks there has been considerable discussion among the Pharmacy students relative to the fact that there is no student organization of Pharmacy Students. Attention to this fact has been brought to the members of the staff. With a Biological Society and a Chemical Society, it would not seem amiss in a college of Pharmacy to have a Pharmaceutical Society.

Other colleges have solved the problem with a student branch of the AMERICAN PHARMACEUTICAL ASSOCIATION. This seems to be the most logical type of organization to further the professional and technical side of Pharmacy. With an organization of this kind in the college, the Pharmacy students will have all the advantages of membership in the AMERICAN PHARMACEUTICAL ASSOCIATION, although not eligible for actual membership until graduation.

Matters of pharmaceutical interest will be discussed at the meetings as well as articles from the JOURNAL. Extra information will also be given to the group from the ASSOCIATION.