

PROCEEDINGS OF THE LOCAL BRANCHES

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to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council."—Part of Chapter VI, Article VI of the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

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

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

Reports of the meeting of the Local Branches shall be mailed to the Editor on the day following the meeting, if possible. Minutes should be typewritten with wide spaces between the lines. Care should be taken to give proper names correctly and manuscript should be signed by the reporter. *Please advise us of changes in Roster and mail reports promptly.*

CHICAGO.

The monthly meeting of the Chicago Branch of the A. PH. A. was held Tuesday evening, December 10th, at the University of Illinois, College of Pharmacy.

President S. W. Morrison appointed the following nominating committee for officers of the coming year: W. B. Day, *Chairman*; I. A. Becker, C. F. Lanwermeyer.

A resolution of condolence was passed to Mrs. Fred W. Meissner, whose late husband was one of the oldest members of the Branch.

The speaker of the evening was Dr. Julius Hess, president of the Chicago Medical Society, who spoke on "The Value of Serum Therapy."

According to Dr. Hess, serums are thought of mainly as to curative value, but in reality, are active for only a few months.

Emphasis was placed on the fact that one should always prepare for an anaphylactic shock when using serums where they have been used before. From his own experiences Dr. Hess has a fear of repeated antitoxins.

Slides were shown giving statistical data of the deaths in Chicago from the year 1833 to 1930, due to diseases. Important steps in curtailment of these diseases were also listed. A decided advance in preventative medicine was noticed by the decline in deaths from diphtheria, smallpox, malaria, tuberculosis, typhoid and infantile paralysis.

The antitoxins were discussed individually in the following order:

Diphtheria.—The danger is in not diagnosing the case early enough and in not giving enough antitoxin. In advanced cases the antitoxin should be given intravenously. Large, early doses are advised.

Tetanus.—Those cases that develop in eight to ten days are difficult to treat. In prophylaxis treatment Dr. Hess recommends that in these cases the regular dose of 1500 units be increased to many times that amount. If the original wound is reopened at any time it is recommended that a fresh injection of the antitoxin be given. The curative dose depends upon the virulence of the organism and the resistance of the patient.

In recent work at the Cook County Hospital the patients have first been given 50 mg. per Kg. of body weight of Avertan, rectally. Spinal punctures are no longer given as this upsets the patient. It was suggested that the antitoxin be given intravenously in 60,000 to 200,000 units.

Erysipelas.—This is a streptococcus disease and at one time played terrific havoc with new born babies and mothers. As made to-day it is both antitoxic and antibacterial in action. It usually takes repeated doses to cure; convalescence serum is an aid in treatment. In severest cases and if other serums have failed massive transfusions of the blood of recently recovered patients should be used.

Scarlet Fever.—This is also a streptococcus disease. The question arises of prophylaxis in the presence of the disease. The incubation period of the disease is from five to eight days.

If a horse serum is used the patient is sensitized; it is suggested that large curative doses be given as this sensitizes no more than a small dose. The safest way to minimize contacts is to give the blood of those who have had scarlet fever. For prevention the Dick vaccine can be given. At first many patients were found who did not remain immune, but larger doses are given now and Dr. Hess practices and recommends its use.

Meningitis.—This treatment should be given intraspinally. Where extra-spinal symptoms are outstanding the injection should be made intramuscularly. In the opinion of Dr. Hess the first dose should be given partly in the spine and partly in the vein.

The following serums were discussed in order:

Anti-pneumococcus Serum.—There is still much to learn of pneumonia. A study is now being made of human convalescent serum and two cases of children were mentioned as now convalescing after this treatment. One child was of the No. 3 type and the other was No. 4 type. 200 cc. of the serum were injected.

Antidysentery Serum.—Use is made of this serum and results have been obtained in some cases.

Poliomyelitis Serum.—Dr. Hess believes that human convalescence serum has a place in the treatment of this disease. A case was cited where a boy's life was saved by the injection of 240 cc. of it. Cases should be absolutely isolated.

Measles.—This common disease is now 90% preventative. Placental extract is now being used more or less as an experiment. Human convalescent serum is not practical as it is hard to get measles blood as blood is not drawn from children as a rule.

Chicken Pox.—We have only human convalescent serum for treatment.

Mumps.—Mumps can be checked and modified with 5 cc. of human convalescent serum. In the early stages larger doses of the serum will modify after the disease has developed.

Pertussis.—Vaccination is recommended against pertussis. The vaccination must be given at least six weeks before exposure. There have been some very good results. Some 600 children were given the vaccinations wherein only three cases developed. It is questionable how long the immunization will last.

The meeting was closed by an open discussion with remarks of particular importance by Dr. Fantus and O. U. Sisson.

L. TEMPLETON, *Secretary-Treasurer.*

NEW YORK.

By invitation of the Kings County Pharmaceutical Society, the December 9, 1935, meeting of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held in the Brooklyn College of Pharmacy, Long Island University. About seventy-five members and their guests attended.

The meeting was called to order by President Ballard who thanked the Brooklyn College of Pharmacy for the opportunity of assembling in their building. The minutes of the previous meeting were read and approved. The report of Treasurer Currens was submitted.

Chairman Lehman, of Committee on Education and Legislation, then reported as follows:

National Legislation.—Of foremost interest to the pharmaceutical profession, before the next session of Congress are the following bills: Robinson-Patman Anti-price Discrimination Bill, H.R.8442; Robinson-Tydings National Fair Trade enabling act; Copeland (Tugwell) Bill, Food and Drug Reform.

The first makes it unlawful for any person engaged in commerce to discriminate in price or terms between purchasers of commodities of like grade and quality, to prohibit the payment of brokerage or commission under certain conditions, to suppress pseudo-advertising allowances, to provide a presumptive measure of damages in certain cases, and to protect the independent merchant, the public whom he serves, the manufacturer from whom he buys, from exploitation by unfair competitors, etc.

The second permits price standardization by amending the Federal Trade law, Section 1, as follows: Provided that nothing herein contained shall render illegal, contracts or agreements prescribing the minimum prices for the sale or resale of a commodity which bears the trade-

mark, brand or the name of the producer or owner of such commodity and which is in fair competition with commodities of the same general class produced by others when such contracts or agreements are lawful under any statute now or hereafter in effect in any state, territory or the District of Columbia in which such sale or resale is to be made, and the making of such contracts or agreements shall not be an unfair method of competition under Section 45, Title 15, U. S. C.

The Copeland Food and Drugs bill will be pushed forward vigorously it is reported.

The Federal Trade Commission has approved a rule prohibiting sales below cost "with the intent and with the effect of injuring a competitor where the effect may be to substantially lessen competition or tend to create a monopoly or to unreasonably restrain trade, cost being determined by including all elements recognized by good accounting practices."

Under the New York State Fair Trade Law, the following suits were tried:

Cooper and Cooper *vs.* Angert, temporary injunction granted.

Doubleday, Doran Co. *vs.* Macy, temporary injunction denied.

Coty *vs.* Hearns Dept. Stores, temporary injunction denied.

Seeck & Kade Co. *vs.* Tomschinsky, temporary injunction denied.

The first case tried before Judge Brennan in Brooklyn, the second and fourth by Judge Close in White Plains, the third case before Judge Roseman in New York City.

Appeals are being argued in Albany, at present, on the three last ones and a decision is hoped for in January.

There is also a case of Retailer against Retailer, under Section two of the act: Harry Dolen *vs.* Salzman & Bromberg, of which there is no report up to this time.

The Fair Trade Committee asks the member of the pharmaceutical profession to reserve judgment and not worry unnecessarily about the outcome of the matter.

About 125 deputy inspectors were appointed by the New York State Board of Pharmacy under the appropriation granted by the Federal Government, and these men and women are doing effective work in remedying abuses in illegal and sub-standard sales in non-pharmaceutical stores.

I have before me a letter from the New York State Pharmacist enclosing a galley proof of an article showing that the pharmacist must pay the following number of taxes. New York City taxes, 8, State Taxes, 7 and Federal Taxes, 12. However, the *Bulletin* of the California State Association lists not less than 52 (fifty-two) Federal taxes, and what is good for the Golden State must be good in the Empire State.

F. C. A. Schaefer, Branch Delegate to the New York Pharmaceutical Council submitted the following report: Another mass meeting is to be held on the evening of December 10, at 9:30 P.M., in the Hotel Pennsylvania, the object being to further the application of the new Fair Trade Act. Steps are being taken to organize Manhattan pharmaceutically as has so successfully been done in other Boroughs of the city.

Chairman Steiger, of Progress of Pharmacy Committee, reported as follows:

Two interesting articles on Unsaturated Fatty Acids appear in *Drug Trade News* for Nov. 25th. The first quotes Dr. August J. Pocini of the Pharmaceutical Specialties Co. He claims that linoleic and linolenic acids are effective in preventing head-colds, because head-colds start as a hay-fever like allergic condition, which can be treated by the use of these acids. Pocini points to several years of research by many workers, including Oncken, Burrs, Hansen and Corubleet, tracing the effects of unsaturated fatty acids in various allergic conditions, to the final conclusion that head-colds may be prevented by restoration to the diet of the unsaturated fatty acids that industry has removed.

The second article refers to the researches of Dr. F. E. Chidester. His claim is that the unsaturated fatty acids, in combination with traces of organic iodine, constitute a powerful tool in the hands of medicine, for the cure and prevention of a large number of diseases due to glandular unbalance. "Dr. Chidester's finding that the unsaturated fatty acids are a valuable factor in the control of the common cold is but a special limited application of a much broader theory which involves the interaction and interdependence of all the vitamins, the iodine-fat balance of the human metabolism, the thyroid secretion and human nutrition in general."

A patent granted to G. B. Walden, assigned to Eli Lilly & Co., describes the production of a highly effective concentrated anti-anemic substance from stomach tissue.

Pharmacy in Germany, as recently reorganized, is reported by the *Pharmazeutische Zeitung*, which prints the long list of professional regulations which strictly govern the conduct of German pharmacies. A few of the regulations follow:

No. 1. The Pharmacy is an institution of the State Public Health Service. Its task consists in service for the public welfare. Striving after profit must take second place to the achievement of this purpose. (Regulations Nos. 2 to 5 are familiar ethical standards.)

No. 6. Methods are forbidden which have as their object the capture of business in an unfair manner. Particular instances of such methods are: (These are numerous and are numbered alphabetically. I will quote only a few.)

f. Fraudulent claims that the pharmacy has a privileged position.

g. The use of misleading terms in describing or recommending medicaments, for instance, "the only genuine," "only to be had at Blank's," etc.

m. Arrangements with doctors or other persons who treat sickness whereby medicaments are ordered under brand names and descriptions which prevent their being compounded by any other pharmacist.

n. Supplying drugs to persons for purpose of door-to-door selling.

No. 7. Breaches of these regulations will be dealt with by professional tribunals.

Under the heading of Communications a letter from Chairman A. Zieffe, of A. P. H. A. Committee on Local Branches, was read. This letter called upon the local branches to communicate their ideas and suggestions for improving and strengthening the local branches. The resolution submitted by the N. Y. Branch at the Portland Convention was quoted in part. The matter was discussed but no action was taken. Dr. Schaefer pointed out that a meeting of the A. P. H. A. Council had taken place on December 6th, and it would be advisable to find out what action had been taken on the N. Y. Branch resolution.

President Ballard appointed the following to membership on the Nominating Committee to report at the next meeting: Peter Conroy, Lewis N. Brown, Robert S. Lehman, *Chairman*.

The chairman then introduced the speaker for the evening, Dr. Albert F. R. Andresen, who discussed, "The Fallacies of Symptomatic Treatment in Gastro-Intestinal Diseases."

The speaker referred to some of the essentials of the anatomy and physiology of the gastro intestinal tract. This was important for a clear understanding of the discussion which followed. Dr. Andresen was careful to make clear that substances within the gastro intestinal tract were not within the body but in a canal or tube which went through the body.

He explained that the stomach is one of the most abused organs. Many irritating substances find their way to the stomach and greater care should be given to avoiding excessively hot or cold foods.

Dr. Andresen enumerated some of the common symptoms observed by people suffering with various disorders of the gastro intestinal tract. He stated that frequently the "home treatment" used, was the cause of serious damage due to the fact that the symptoms had been misinterpreted. The speaker was particularly careful to point out that abdominal pains did not always indicate a stomach or intestinal disorder, but were frequently the result of a ruptured appendix, gall-stones, or even coronary thrombosis.

The layman does not realize the dangers of home treatment when he employs cathartics and enemas in cases where vomiting, cramps and perhaps constipation occurs. Many such instances have turned out to be caused by an intestinal obstruction and quick surgical action was necessary to save the patient's life.

Gastric ulcer was then discussed and the speaker said that this was a condition which was very much overtreated to-day. Regulation of diet was all that was needed, medication being wholly unnecessary.

A point which few people realize is that diarrhea is far more serious than constipation. In all cases the cause of diarrhea should be determined, since it is frequently a symptom of infectious disease. Cancer of the bowel causes diarrhea, and the speaker mentioned that this was one of the most easily treated types of cancer, particularly in early states.

In conclusion Dr. Andresen explained that all the symptoms of gastro intestinal disorder

might be caused by allergy. It is, therefore, important to determine the cause of the symptom and we should not trust ourselves to ordinary home remedies.

A discussion followed in which the speaker and Messrs. Seley, Milliman, Maistelman, Ballard, Schroeder and Schaefer took part. In the discussion the following additional points were brought out.

Stomach ulcers form rather quickly, often in 2 to 4 hours. Food, especially that containing large residue, along with water, constitutes the safest and best laxative.

The taking of bran and other "roughage" can be carried to a point of producing actual harm by "packing" the bowel.

Some persons are sensitive to phenolphthalein, and it is an irritant in any event.

When a laxative is needed constantly, change should be resorted to, it is then best to experiment with different laxatives.

Psyllium seed in excess can do harm by causing impaction.

Smoking of tobacco can cause symptoms of stomach or intestinal disorder by allergic reactions.

Following the discussion Dr. Ballard thanked the speaker and a rising vote of thanks was given the speaker.

RUDOLF O. HAUCK, *Secretary.*

(See Philadelphia, page 53; Northern Ohio Branch will appear in February JOURNAL.)

ASSOCIATION BUSINESS

AD INTERIM BUSINESS OF THE COUNCIL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, 1935-1936.

Office of the Secretary, 2215 Constitution Ave., Washington, D. C.

LETTER NO. 11.

January 13, 1936.

To the Members of the Council:

74. *Minutes of the Meeting of the Council on December 5, 1935.* Comments were received from two members. Dr. Swain approved the minutes as submitted. Dr. Fischelis requested three changes which have been made in pages 27, 28 and 29. Corrected copies are sent herewith and the members are requested to substitute them for the pages bearing the same numbers, in Council Letter No. 10.

(*Motion No. 32*) It is moved by Eberle that the minutes of the meetings of the Council on December 5, 1935, as given in Letter No. 10 and as corrected, be approved.

75. *Bequest of Dr. Frederick B. Kilmer.* See Items 70, Letter No. 12; 75 in Letter No. 14, and 115, in Letter No. 22, 1934-1935. The following letter has been received from Charles M. Morris, Counselor at Law, New Brunswick, N. J.:

"I represent the Executors of the Estate of Frederick B. Kilmer, late of New Brunswick, deceased.

"The Executors desire to pay the bequest of \$3000.00 under the terms of the Will, and I herewith enclose a release, which I would thank you to have executed and returned to me; upon receipt of the release properly executed, I will forward check for \$3000.00 in payment of the bequest."

The release is as follows:

"Know all men by these presents, that whereas Frederick B. Kilmer, late of the City of New Brunswick, in the County of Middlesex, and State of New Jersey, deceased, in and by his last Will and Testament duly proved before the Surrogate of the County of Middlesex, did give and bequeath as follows:

"I give and bequeath unto the AMERICAN PHARMACEUTICAL ASSOCIATION, organized under the District of Columbia, the sum of Three Thousand Dollars, to be held in trust, the income to be applied to the awarding of a prize for meritorious work in pharmacognosy, such prize to be known