

indicate the superior sanitary quality of dishes washed with an alkaline detergent containing sodium metaphosphate. This superiority is not attributed to its germicidal action but to its specific function of preventing the formation of films of insoluble alkaline earth salts and soaps. The use of a film preventive agent in improving sanitation is a novel one."

"*Drug Trade News*, for April 12th, quotes the report of Dr. Anwyl-Davies on a specific for gonorrhœa. The product is the serum of immunized horses prepared in the London laboratories of Parke, Davis & Co. It is claimed to have cured between 60% and 70% of the more than 200 persons to whom it has so far been administered."

A letter of thanks from the Secretary of the Boards and Colleges of N. A. B. P. District No. 2 was read.

Chairman Schaefer, of the special committee, reporting on the meeting of the conference, stated that the deficit in expenses had been paid by the Mallinckrodt Chemical Company, who had acted as hosts to the visiting delegates.

Dr. Schaefer moved that the secretary be instructed to send a letter of thanks to the Mallinckrodt Chemical Co. for their coöperation. Motion was seconded and carried.

A motion was made, seconded and carried, that the report be accepted and the committee be discharged with the thanks of the Branch.

Mr. Mason announced that the speakers for the May meeting would be Dr. Herman Goodman, dermatologist, on the subject of "Cosmetic Allergy" and Dr. Frascatti, chief of the laboratories of Freminick & Co., who would supplement his remarks from the commercial viewpoint. Dr. C. P. Wimmer will be present to lead the discussion.

President Schaefer then introduced the speaker of the evening, Dr. Theodore Rosenthal, Assistant Director, New York City Board of Health, who spoke on the subject of "The Pharmacist and the Syphilis Control Program."

HORACE T. F. GIVENS, *Secretary*.

## THE PHARMACIST AND THE PROGRAM FOR SYPHILIS CONTROL.

BY THEODORE ROSENTHAL,\* M.D.

The members of the pharmaceutical profession, in common with the other members of the allied medical professions, have a great interest and responsibility in combating syphilis, not only as citizens and taxpayers, but because of their professional obligations and qualifications. No person of intelligence can have gone through the past few years without being made aware of the existence of syphilis as a great menace to the public health. The long standing barriers of mistaken prudery and ignorance that held back progress have finally been broken through; fortunately for our efforts at publicity, mention has been made for the first time in the public press and more recently on the radio, of the extent of this great menace. The public is thus being gradually acquainted with the facts. The history of medicine shows in successive generations how great plagues and scourges of humanity have been encountered and successfully overcome. Within the memory of all of us, typhoid fever, summer complaint of infants, diphtheria and tuberculosis have virtually been exterminated or in great part diminished, due entirely to the scientific application of medical and public health measures. In centuries gone by, bubonic plague, cholera, smallpox (in contradistinction to syphilis, called the Great Pox) had been eliminated, through advances in hygiene, sanitation and medical knowledge.

Many of us have not been aware of the extent of this all too common disease. An editorial in the *Journal of the American Medical Association*, for April 1935, stated "The conquest of syphilis is the next great objective in public health. Sufficient information indicates that it is probably the most prevalent of all communicable diseases except for measles in epidemic years."

"The history of medical progress shows instance after instance in which the combined forces of medicine and public health have conquered disease as far as public coöperation can be procured. With the combined efforts of physicians, public health officials, educators and the public, syphilis can be conquered next."

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\* Assistant Director, Bureau of Social Hygiene, in charge of Education and Epidemiology, N. Y. City Department of Health.

I will not attempt to bore you with statistics, but suffice it to say that it is estimated in the United States to-day anywhere from five to ten per cent of the total population is infected with syphilis. Each week nearly one thousand newly diagnosed cases of syphilis are reported to the Department of Health of this city; and we assume that there are in New York City at least 375,000 men, women and children, for syphilis infects children, too, in our city to-day.

The burden of syphilis on the community needs emphasis here. We must not lose sight of the fact that not only is syphilis a killer, causing, it is estimated about 100,000 deaths per year, but it causes great disability, both mental and physical, among its victims. The care of the vast majority of these ultimately devolves upon the taxpayer, as they become public charges, so that the cost of syphilis to the nation in dollars and cents amounts to an astonishing total.

Approximately 20-25% of patients known to be infected with syphilis, untreated or inadequately treated especially during the early stages, will develop incapacitating or fatal late sequelæ; there are in the United States approximately 115,000 patients each year developing cardiovascular or neurosyphilitic.

The cost of hospitalization and of direct relief paid to disabled syphilitics, chiefly, the insane, parietic and the hopeless cardiac is very high, and may be conservatively estimated as a whole at somewhere between 35-50 million dollars per year. This sum is the cost of neglect of the early syphilitic.

The question may well be asked in view of these figures showing the extremely high prevalence, "Do we know enough about syphilis ever to eradicate it? If so, can our knowledge be applied practically?" We believe that the answer to this question is in the affirmative. As a matter of fact we know as much about syphilis as we do about any other communicable disease, including its cause, pathology, course, diagnosis, treatment and prognosis.

At present our best hope for the eventual conquest of syphilis and for relief from its burden seems to lie in the fact that syphilis can be rendered non-infectious by treatment. This is the foundation upon which has been built the success thus far attained—success that is brilliant though limited to but a few small countries. Outstanding are the Scandinavian countries. In Copenhagen the number of new cases of acquired syphilis was reduced from about 600 per 100,000 population in 1885 to less than 30 in 1933. In Sweden, syphilis has been reduced almost to the vanishing point. In 1934 only seven new cases per 100,000 population were reported. This means that syphilis is as rare in that country as typhoid fever is in New York City.

The efforts for syphilis control in New York City are being conducted not only by the New York City Health Department, but under the provisions of the Social Security Act, by the State Health Department, in coöperation with United States Public Health Service. In this way, one can see that we have a well-integrated, compact, centralized and direct attack upon the disease which has been called "The Great Killer."

In New York the program is being conducted along three main lines—education, case finding and treatment. Educational activities are concerned with the rallying of public support for the city's fight against syphilis and gonorrhoea and the dissemination of knowledge of the nature, means of spread, necessity of treatment and methods of prevention of these diseases. All the modern methods of conveying information to the public are useful and can be employed with satisfactory results provided reasonable skill and discrimination is used. No educational work is more productive of good results than the instruction of persons already infected.

It is precisely at this point that we feel the coöperation of your profession would be most helpful. We are not unaware of the favorable attitude in the past of your group in furthering educational efforts for venereal disease control. On the occasion of the Surgeon-General's Conference on Venereal Disease Control in December 1936, the following telegram was sent by the Professional Relations Committee of the New York Pharmaceutical Council. "With reference to present conference on control of venereal diseases being held in Washington, desire to assure you of interest in same by our organization. We represent approximately 4000 retail pharmacists in New York City. Anything we can do to coöperate will be gladly done."

This coöperation, voluntarily offered, is something that we wish to solicit earnestly. We should like to secure the whole-hearted assistance of every pharmacist in this public-spirited movement. As another example of unsolicited assistance, I should like to read this letter from a pharmacist in Brooklyn. "May I take the liberty of suggesting even a better and more effective advertising agency than either our radio or newspapers in bringing to the attention of the

public the dangers and treatment of social diseases? I have reference to the neighborhood druggists of the Empire State (through the New York State Pharmaceutical Association) dressing their show windows with your propaganda at a definite time for a period of four weeks or so—the public would not only start thinking but would ask and receive from their family druggist proper information necessary to eradicate this scourge. If interested you may take the liberty of using two of my show windows for this worthy experiment. It would afford me great pleasure to plan this coöperation with you.”

As a matter of fact, on a small scale, such a plan is now being carried out in the Kips-Bay Yorkville District in the east side of this city. The District Health Officer there has himself made arrangements with a number of independent pharmacists, together with a few chain stores, to distribute informative pamphlets on venereal disease to the public.

In recent years, with the decline of the general practitioner and the rise of specialization in medicine, the place of the fatherly family physician, more confidant and father confessor than exponent of the last word in medical science, has become vacant. To a certain extent the neighborhood druggist has assumed part of the rôle thus left empty. His advice is sought alike by housewife, business man and casual transient on everything from infant feeding to diseases of old age. It is within his power to become a force for great good as well as for evil.

By coöperating with the medical profession and the public health authorities, not only will his ethical and professional standards be elevated, but also his economic status will benefit.

There is no quick cure for a venereal disease; self medication and roots, herbs, amulets, love potions, charms, electrical apparatus, nostrums and other concoctions sold to the gullible at an enormous profit are worse than useless.

Few realize the extent of the trade carried on by correspondence “Specialists in Men’s Diseases,” Medicine Men, Witchcraft Professors, Voodoo doctors, herbalists and unscrupulous druggists.

Forty-two out of one hundred young men approached at random on the streets, in pool-rooms and barbershops of one city, advised the investigator to go to a drug store for venereal disease treatment. Four told him to treat himself. Only forty, less than half, suggested going to a physician or clinic.

The *Chicago Tribune*, a few years ago sent out reporters, previously certified as being in perfect health, to call on quacks. Repeatedly they were examined, found “infected” and charged all they said they could pay for “cures.” The frauds were exposed.

In New York City three studies of quackery have been conducted in recent years, one in East Harlem covering the Italian area, one in Central Harlem and a third in Chinatown.

Doctors in East Harlem in 1927 complained that a few local pharmacists were treating venereal disease patients.

Twenty-odd Chinese claiming to be doctors and owners of medicine dispensing companies were trapped in the Chinatown cleanup.

I might also point out here, that Section 343-q of Article 17B of the Public Health Law of this state says “that no person, other than a licensed physician, shall treat or prescribe for a case of venereal disease, or dispense a drug, medicine or remedy for the treatment of such a disease except on prescription of a duly licensed physician.”

The question of prophylaxis is a most important and live topic. While the institution of supervised prophylactic measures has been highly successful in the military establishments, civilian prophylactic stations under trained supervision have not been successful in the United States. In civil life the question is not one of preventing or discouraging the use of properly manufactured prophylactics on the initiative of any individual. Rather the question facing the Health Officer is: How far may I go wisely in advocating such personal prophylactic measures without any opportunity to instruct the individual before exposure, or to follow him up afterwards? After a careful study Mahoney has stated that it seems evident that we do not have at our disposal at the present moment an ideal chemical method or agent, in regard to which we possess sufficient knowledge to enable the Public Health profession to advocate openly its use with the accompanying tacit assurances that by so doing the possibility of infection is entirely obviated. The most practical and promising of all venereal disease preventives is the modern sheath, but to obtain its promised results its quality must be controlled. Properly manufactured and adequately inspected, it could be marketed in a form practically 100 per cent free from de-

fects. Failures with such mechanical devices would then be due only to accidents or faulty use. It would seem clear that the Health Officer cannot yet justify placing his official stamp of approval upon these measures, which paradoxically could be the most important in our whole program for combating syphilis and gonococcal infections, if every one concerned understood and could be counted on to apply them scientifically.

Case finding, as the name indicates, means the systematic examination of individuals or groups of individuals with the proper laboratory tests. I should like to emphasize that no physical examination is considered complete to-day without a blood test. Here again an opportunity presents itself for the public-spirited pharmacist to cooperate in our educational efforts by distributing information literature, and urging inquirers to go to their family physicians, or to seek medical advice at an institution in the vicinity.

Prompt and efficient treatment, of course, is the foundation of success in the control of syphilis. It is believed that every pharmacist as an intelligent, socially minded citizen should acquaint himself with the medical facilities of his locality in addition to those of the entire city. He usually knows the physicians but he should also be acquainted with the hospitals and clinics in his vicinity, and therefore is in an excellent position to serve as a source of reliable information to the many who seek him out for advice on this matter.

We have in New York City almost 14,000 licensed practitioners of medicine and we believe these physicians constitute the shock troops in our battle against syphilis, more valuable than all the clinics and hospitals, both public and private in the city. The practical aids which the Department of Health offers to the physician may be briefly described as follows:

1. *Diagnostic Services:* The Department of Health laboratory performs without charge serologic tests for syphilis (215,000 specimens tested last year). At every one of its fourteen diagnostic centers blood specimens are taken for private physicians on request. Darkfield examinations and diagnostic consultations are offered in these centers, the reports being sent directly to the physicians.

2. *Treatment Services:* In order to enable private physicians to care for a larger number of patients having syphilis, especially those who cannot pay the regular fee, the Department of Health provides nearsphenamine, bismuth or mercury in amounts sufficient for one year of treatment. These drugs are to be supplied free upon request without distinction as to the patient's ability to pay a full fee or any fee for his service.

3. *Educational Activities:* The Sanitary Code requires that every person found by a physician to have syphilis or gonorrhoea shall be given a pamphlet of instruction with regard to his infection and the protection of contacts.

In a general way, then, we wish to enlist the active support of all the pharmacists of this city in our policies and efforts.

Specifically, it is felt that much can be accomplished by distribution of pamphlets, in some cases exhibition of suitable window displays, but basically by intelligent advice properly given.

The hope of success in combating syphilis, in reducing its prevalence and mortality rates, lies in full understanding and cooperation among all who are responsible for any phase of the program. Without expecting miracles, but anticipating that the changes will be indicated as we progress, we believe that a start in the right direction has been made and that with the cooperation of the medical profession, your group, hospitals and social agencies, we shall, if we persevere, see a radical reduction in the prevalence of syphilis and in the disasters which it causes.

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#### NORTHERN OHIO BRANCH.

The Northern Ohio Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION met at the Faculty Club of Western Reserve University, April 9th. As usual, this was a dinner meeting, twenty-seven members being in attendance.

Following the procedure for conducting meetings that was inaugurated a year ago, President F. J. Cermak had arranged for two talks by fellow-members on some phase of pharmaceutical practice. Joseph Jephson gave a short talk on professional practices, the salient points of which were:

1. The successful pharmacist must give something more than merchandise.
2. A good looking and substantial package has more than merchandising significance in the drug business. Packages, for illustration, were displayed.
3. The customer should be made to feel that the pharmacist plays no favorites.

The second speaker, Doctor L. D. Edwards of the School of Pharmacy faculty, Western Reserve University, discussed the new official biologicals. After reviewing the pharmacology of these products, Dr. Edwards, at the request of several members, gave considerable detailed information on the origins and preparation of all the U. S. P. biologicals.

N. T. CHAMBERLIN, *Secretary*.

#### NORTHERN NEW JERSEY.

The regular monthly meeting of the Northern New Jersey Branch of the AMERICAN PHARMACEUTICAL Association was held at the Rutgers College of Pharmacy, March 15th, with an attendance of about twenty-five members and friends. Professor Adolph Marquier presided.

Chairman Robert W. Rodman, of the program committee, introduced Anton Hogstad, of Anton Hogstad Associates, as the speaker of the evening.

Dr. Hogstad predicted a revival of learning; a rediscovery of the ancient and honorable profession of the apothecary. He stated that the pharmacist is entitled to the same respect as is accorded to the physician, the lawyer and minister. To merit this respect the pharmacist must fill in the cultural background. The position of the pharmacist in the community is that of a clearing house for scientific and medical information. This position can be filled only by keeping abreast with the current literature of the medical and allied sciences. To do this necessitates the addition of an extensive library to the workshop.

Many of our druggists have followed the more difficult lane and lost themselves in the maze of commercial competition and lost for themselves the more pleasant path of intellectual competition that had been opened for them by their scientific educational background.

CYRUS L. COX, *Secretary*.

#### NORTHWESTERN BRANCH AND THE SCIENTIFIC AND PRACTICAL SECTION OF THE MINNESOTA STATE PHARMACEUTICAL ASSOCIATION.

The meeting of above-named bodies was held at St. Paul Hotel, April 5th, 11:00 A.M. to 5:00 P.M.

The meeting was presided over by Dean Emeritus F. J. Wulling, chairman of the Scientific and Practical Section, assisted by chairman E. B. Fischer, of the Northwestern Branch.

Following the chairman's address and reports by the chairmen of sixteen standing committees Dr. Bernard Fantus of the School of Medicine of the University of Illinois addressed the meeting upon the subject "Some Useful Prescriptions."

The meeting then adjourned to the ballroom where Dr. Fantus addressed a luncheon group of pharmacists and physicians of Minnesota upon various phases of interprofessional relationship work.

The pharmacists then adjourned to the convention room where the following papers were presented:

1. "The Pharmacology of Benzedrine," Fred G. Kusterman.
2. "A College of Pharmacy in Your Store," N. Vere Sanders.
3. "Some Glimpses of the Practice of Pharmacy in a Hospital," Sister Constans.
4. "Some Phases of Ethical Pharmacy," Abe Strimling.
5. "The Microscope in Pharmacy," Chas. E. Smyithe.
6. "Recent Advances in Our Knowledge Concerning the Constituents and Uses of Ergot," Earl B. Fischer.
7. "Problems in Dispensing," Gustav Bachman.
8. "Solution of Magnesium Citrate U. S. P. XI," George Crossen.
9. "Granulocytopenia Due to Aminopyrine," Chas. V. Netz.
10. "Research in Pharmacy," Glenn L. Jenkins.
11. "Pharmaceutical Progress in Anemia Therapy," Mr. Edward Brecht.

12. "The Scientific Basis of Sunburn Prevention," Miss Phyllis Brewster.
13. "New Products and Methods of Burn Treatment," Curtis Waldon.
14. "The Uses of Sulfonated Oils and Their Compounds in Pharmaceutical Preparations," Miss Laurine Jack.
15. "Studies on Synthetic Pressor Drugs of the Ephedrine and Epinephrine Type," Kenneth L. Radke.
16. "The Pharmaceutical Institute of 1937," Joseph Vadheim.
17. "The College of Pharmacy, 1935-1936," Historical, F. J. Wulling.
18. "Dr. Chas. Rice, Scholar," F. J. Wulling.
19. "Study of the Various Methods of Determining Moisture and Their Application to the U. S. P. Syrups," Miss Laurine Jack.
20. "Continuation Study for Pharmacists," Chas. H. Rogers.

All of the committee reports and papers presented before the session will be printed in the "Proceedings of the Minnesota State Pharmaceutical Association for 1937."

CHAS. V. NETZ, *Secretary*.

#### PHILADELPHIA.

The April meeting of the Philadelphia Branch, AMERICAN PHARMACEUTICAL ASSOCIATION, was held April 13th in the Auditorium of the Philadelphia College of Pharmacy and Science.

The minutes of the March meeting were read and approved. L. L. Miller presented the name of Vernon Bachman for membership. Mr. Bachman was elected to membership by unanimous vote.

The secretary asked the instruction of the Branch on the status of newly elected members of the parent body, pointing out that under the old policy the Branch received a rebate out of the initial payment to the parent body which covered the dues of the member for one year in the Branch and that under the present policy the Branch receives fifty cents annually from the parent body so long as the member continues to pay dues to it.

A motion was made and carried, providing that persons attaining membership in the AMERICAN PHARMACEUTICAL ASSOCIATION shall be considered as having membership in the Local Branch for one year dating from the date of his membership in the parent body. Thereafter such members shall pay the usual annual contribution of one dollar.

Upon motion of James C. Munch the secretary was instructed to re-open the question with Secretary Kelly as to whether persons may be considered active members of the Branch, who are not members of the AMERICAN PHARMACEUTICAL ASSOCIATION.

President Kendig asked the membership to suggest to him in writing the names of members who might serve on standing Committees of the Branch. He announced that the appointments to these Committees would take place in the near future.

The Speaker of the evening, Dr. Herbert Marshall Cobe, of the Temple University School of Pharmacy, was then introduced. Dr. Cobe spoke on the subject, "The Pharmacist and Allergy." He emphasized the fact that Allergy has become a highly specialized branch of Medicine and that diseases such as hay fever, bronchial asthma, gastro-intestinal hypersensitivity, contact dermatitis and drug hypersensitivity are conditions which are best placed in the hands of the competent Allergist. Dr. Cobe mentioned that there are 263 proteins which are known to have caused cases of bronchial asthma and that 136 drugs give rise to allergic conditions in certain individuals. Common among these drugs are quinine, aspirin, cocaine, amidopyrine and the barbiturates.

Following the address several members asked questions which resulted in much interesting discussion.

Upon motion by Arno Viehoever, seconded by Dr. LaWall, the speaker was accorded a rising vote of thanks.

Nathan Zonies reported that he had just returned from Harrisburg where he had attended Senate Committee hearings on bill No. 534 which aims to restrict the sale of drugs of all kinds except several specifically named household remedies to drug stores; and on bill No. 703 which is a replica of the Federal Copeland Bill. Mr. Zonies stated that the Senate Committee seemed favorably impressed by testimony of witnesses supporting these bills.

ARTHUR K. LEBERKNIGHT, *Secretary*.

## UNIVERSITY OF SOUTHERN CALIFORNIA STUDENT BRANCH.

A meeting was called to order on January 14, 1937, by President Harold Miller during chapel period. Being the first meeting of the year, a discussion on a membership drive was begun, after the reading of the minutes.

It was decided to make a rebate of 10% to any student in the college, making the total membership fee \$4.00 instead of \$5.00. An instalment plan was also accepted, in which a contact member collects fifty cents weekly until the required sum is obtained.

After a short report on the botanical garden by Harold Miller, the meeting was adjourned.

## FEBRUARY.

President Miller opened the meeting on February 18, 1937. After the usual roll call and reading of the minutes, contact-member, Peter Bedrosian, made a brief report on the progress of the membership drive. He stated that over half of the prospective members have paid and wished to know whether these names should be turned into the home office. It was decided to wait until all members had paid in full.

A report on the botanical garden by Andrew Croal then followed. He also expressed sincere thanks to the administration for its donation of the generous plot of ground to Mrs. Kurschner for her many plant donations and the AMERICAN PHARMACEUTICAL ASSOCIATION for its donation of \$5.00.

An election was held for Vice-President to fill the position vacated by David Ostrom who did not return this semester. Peter Bedrosian was elected.

President Miller then read a letter from our honorary president, Albert Musick, who is making a generous donation of two memberships in the AMERICAN PHARMACEUTICAL ASSOCIATION annually, to be named the, "Albert Musick Prize."

Harold Miller suggested that the program of this organization include a monthly business meeting and a monthly gathering with a speaker. The plan was accepted.

Before adjournment, Ernest Yamaguchi made a motion to the effect that \$5.00 more be donated to the botanical garden fund. This was unanimously accepted.

## MARCH.

On March 17, 1937, Dr. H. R. Cooder, a prominent Los Angeles physician and child specialist, spoke on "A Doctor Looks at a Drug Store."

After the interesting talk the students' comments were, "That's the kind of talks we need." Further programs are to be presented.

## APRIL.

A short business meeting was opened on April 8, 1937 with the roll call—President Miller presiding. Correspondence from Secretary E. F. Kelly, and Chairman A. Ziefle, of Committee on Local Branches and Student Branches, was read. The latter hoped that the botanical garden would be established soon, so that he can make a report at the New York convention. He also asked for a brief report on the program for the year.

Plans for a luncheon were formed and the date was set for May 12th at Aeneas Hall. Reservations for a hundred are to be made. Dean Stabler was chosen as the speaker.

Peter Bedrosian made a motion to invite all members of the AMERICAN PHARMACEUTICAL ASSOCIATION to the luncheon. This motion was accepted. Ernest Yamaguchi was appointed to purchase two door prizes for the occasion.

President Miller appointed Hugh Bubar to correspond with several of the large manufacturing houses, requesting them to make a presentation to the graduating seniors of the College of Pharmacy.

The remainder of the period was spent in discussing the problems of the pharmacist's union in Los Angeles, and the N. F. Syrup of Cherry.

MASARU MASUOKA, *Secretary.*

The Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION and affiliated organizations will be held during the week of August 16th—the week of Plant Science Seminar to be named.

CITY OF WASHINGTON BRANCH OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.\*

The Meeting of the City of Washington Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was called to order on Monday evening, April 19, 1937, in the Assembly Room of the AMERICAN INSTITUTE OF PHARMACY.

The minutes of the previous meeting were read and approved.

President Briggs appointed a program committee consisting of: L. E. Warren, *Chairman*, and Messrs. Delgado, Fuller, Kelly, Swann and Maxwell.

President Briggs introduced Alfred L. Tennyson, Chief, Narcotic Section, Office of the General Counsel, Treasury Department, as the first speaker of the evening. He read a paper entitled "Federal Narcotic Law Enforcement, Past and Prospective."

The next speaker was H. C. Fuller, former secretary of the Branch, who gave a comprehensive and interesting lecture on assays of official products. He stated that the general procedure for assaying given in the official books is better than in any previous edition, although some of the assays are impracticable for the use of the average retail druggists.

A general discussion followed.

President Briggs introduced L. E. Warren, Chemist of the Food & Drug Administration, member of the Editorial Committee of the *Journal of the American Official Agricultural Chemists*, and special contributor to the U. S. P. XI Revision Committee. His topic was "The Association of Official Agricultural Chemists and Their Work on Drug Research."

Under new business Dr. McCloskey offered the following resolution:

"Be it resolved by the City of Washington Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, that the funds of this Branch be deposited in the Riggs National Bank, northwest office, and that the signature of the president, W. Paul Briggs, and the treasurer, William T. McCloskey, be required on each of the checks before withdrawal of funds can be made."—Passed.

*Chairman* W. E. Warren, of the Program Committee, gave a tentative program for the May meeting. It was suggested that a practical, a scientific and a legal paper be given at each meeting.

Mr. Howes moved that the Legislative Committee take up the matter of violations under the Robinson-Patman Bill. Duly seconded and passed.

V. B. NORELLI, *Secretary*.

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\* The report came in after section was made up.

FEDERAL NARCOTIC LAW ENFORCEMENT; PAST AND PROSPECTIVE.\*

BY ALFRED L. TENNYSON.<sup>1</sup>

More than 20 years ago, the first International Opium Convention destined to have a measure of world-wide effectiveness was signed at the Hague by delegates from 12 world powers, including the United States of America. Almost coincidentally with the ratification of this international agreement, Congress passed, and the President approved on December 17, 1914, the law which has for the past 22 years formed the principal basis for the limitation, to medical and scientific purposes, of manufacture and sale of opium and coca leaves and their several alkaloids. This law is the so-called Harrison Narcotic Act and I am sure that all of the members of this audience are familiar with its terms.

The duty of enforcing the new law was imposed upon the Bureau of Internal Revenue, and field officers of that Bureau undertook the investigative work in conjunction with their work of enforcement of the general internal revenue laws. There was some doubt among members of the dispensing professions as to just what was meant by the limiting term "professional practice" as used in the new law and whether, assuming that the limitation sought to prevent the mere gratification of drug addiction, it would be held valid from the constitutional standpoint. It was inevitable that these questions would be presented sooner or later for judicial decision.

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\* Read before Washington Branch, A. Ph. A., April 19th,

<sup>1</sup> Attorney, Bureau of Narcotics.