

THE EIGHTY-SIXTH ANNUAL MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, MINNEAPOLIS, AUGUST 22-27, 1938

THE GENERAL SESSIONS

ABSTRACT OF THE PROCEEDINGS.

The General Sessions were held in the Hotel Nicollet, Minneapolis, Minn., on Tuesday evening, August 23; Thursday forenoon, August 25; and on Saturday forenoon, August 27, 1938.

FIRST GENERAL SESSION.

President Edmund Norris Gathercoal called the session to order at 8:45 P.M., with a word of welcome to those present and invited the former presidents of the ASSOCIATION to seats on the platform. In order of seniority they were: James H. Beal, E. G. Eberle, S. L. Hilton, C. W. Johnson, D. F. Jones, H. C. Christensen, W. D. Adams, R. L. Swain, Robert P. Fischelis and George D. Beal.

Messages of greetings and good wishes were delivered by Mayor George E. Leach, for the city of Minneapolis; President George F. Kermott, for the Minnesota State Pharmaceutical Association; and by President Henry Moen for the Twin City Retail Druggists Association. President Gathercoal expressed the thanks of the ASSOCIATION to each of these gentlemen for their cordial messages.

The secretary read the following communication from Major-General C. R. Reynolds, Surgeon General, U. S. Army:

"I appreciate very much the invitation extended to me, through you, to attend the Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION at Minneapolis, particularly on August 23rd or August 25th.

As I find myself unable to be present, I wish you would extend to the membership the greetings of the Medical Department of the Army and express our appreciation of the cordial coöperation that has been developed by the ASSOCIATION with the Medical Department in establishing Pharmacy in the medical service on a more substantial and permanent footing. The Act of Congress of June 24, 1936, which provided for the appointment of sixteen pharmacists in the Medical Administrative Corps, was the result of an effort begun many years ago by Surgeon General Ireland and continued by my immediate predecessor, Surgeon General Patterson, in which both had the close coöperation of the AMERICAN PHARMACEUTICAL ASSOCIATION. I am happy to say that the appointees, of which there have been seven, have made a splendid impression on the military establishment and are receiving training in their general military duties as officers of the Army, to be followed by assignments in the field of instruction and the laboratory and supply services. I believe the pharmaceutical service of the Army will be greatly improved by these officers and the instruction of assistants will be placed on a more scientific and thorough-going standard. We intend to train and employ the pharmacists who are appointed in the Medical Administrative Corps in a manner similar to that obtaining in several continental armies where the pharmacist as a commissioned officer is doing much toward the scientific development of the medical service in general.

Another examination will probably be arranged this autumn at which time we hope to obtain more of the splendid young men who have met the standards established by the Army and have had the endorsement of your ASSOCIATION."

The secretary also read a letter of greetings and good wishes from President Thomas S. Smith of the National Association of Retail Druggists.

For the House of Delegates, Chairman A. L. I. Winne reported that the First Session of the House would be held on Wednesday forenoon and urged all members of the ASSOCIATION whether or not they were delegates, to attend the three sessions, during which matters of unusual importance to Pharmacy were to be considered.

In the absence of the two vice-presidents, former President George D. Beal presided while President Gathercoal presented his address. President Gathercoal announced that since printed

copies had been distributed to those present, the address would not be read. He stated that the important activities of the ASSOCIATION during the year had been covered and requested that the address have careful consideration by the members. The address follows:

Ladies and Gentlemen:

A survey of recent presidential addresses indicates that in general, they have served to review the work and accomplishments of the ASSOCIATION for the year and to record any observations or recommendations that were considered to be important. This address will follow the precedent with the modification that no definite recommendations are submitted except the general one that the program of the ASSOCIATION should have the whole-hearted and generous support of every pharmacist and of every one interested in the progress of pharmacy in the United States.

The expressed aim of the ASSOCIATION when it was established in 1852 was "to unite the educated and reputable Pharmacists and Druggists of America" in seven objects which are still to be found in Article 1 of the Constitution. It will be noted that they are fundamental objects and apply to-day as well as yesterday. The members should review these objects occasionally in order to be impressed with the wisdom of our pharmaceutical forefathers and to measure how successfully the ASSOCIATION continues to fulfil the objectives that were set for us.

Our ASSOCIATION in recent years has improved and extended its services, has established a splendid home for American pharmacy, has developed several new and much needed activities—the most important of which are the Reference Library, the Historical Museum and the A. PH. A. Laboratory, has extended and improved its contacts with other agencies, and has increased its personnel and equipment. It has as the result, developed a rather definite program of activity which, broadly speaking, is to protect and improve pharmaceutical service. It requires and deserves a greater interest on the part of the profession, a larger active membership and a more general support of its program. It has the respect and good-will of most pharmacists; it needs, in addition, their active and personal interest.

The ASSOCIATION now functions through three major divisions, the Council, the House of Delegates and the Sections, each of which has committees and which report to the membership of the ASSOCIATION through the General Sessions. In addition, the ASSOCIATION is supported by the state pharmaceutical associations and by local and student branches located in cities and in teaching institutions. In general, the organizations appear to function satisfactorily and to be adequate for the purpose. It seems advisable to continue to reduce the number of committees by omission or consolidation and to simplify the program of the annual meetings, as far as is possible and reasonable. Otherwise, the great volume and diversity of work carried on by the ASSOCIATION and the related organizations is likely to be confusing to pharmacists and to make their personal participation difficult.

In reviewing the activities of the ASSOCIATION attention will be given to the newer and general movements that it has had to deal with during the year and then to the outstanding items in its current and more or less continuous program. Most of these matters will be dealt with more completely in reports and addresses to be delivered later in the meeting and are mentioned here to afford a broad view of the work of the ASSOCIATION.

NATIONAL HEALTH PROGRAM.

Considered under any name, this is not a new problem but it has come very much to the front during the year and is probably the most fundamental problem now confronting the public health professions. Its proper and permanent solution so far as this is possible, demands the careful and unselfish consideration of these professions. Our ASSOCIATION has attempted to keep in close touch with the many developments and was represented at the recent National Health Conference in Washington. It is evident that future developments will center around the program submitted at that Conference which was discussed in an editorial in the July issue of the JOURNAL and which will be reported on at this meeting.

The state associations, through the House of Delegates, and the ASSOCIATION should work in close cooperation in seeing that the American people continue to have available a safe and adequate pharmaceutical service and that any program which is adopted will not interfere with that service or with the reasonable interests of those who render that service.

STUDY OF MEDICAL NEEDS.

A nation-wide study of the prevailing need for medical and preventive medical services where such may be insufficient or unavailable, is being carried on by the state and county medical societies under the sponsorship of the American Medical Association, and they have been advised to contact various agencies, including pharmacists, which are most likely to have helpful data.

The Committee on the Study of Pharmacy of this ASSOCIATION worked with the Bureau of Medical Economics of the American Medical Association in formulating the questionnaire and schedule of information to be obtained from pharmacists. The state pharmaceutical associations were furnished complete information and were requested to contact the state medical societies with an offer of assistance as well as to inform their county and local associations about the study and its objectives. Full information was also furnished to the pharmaceutical publications.

Complete and accurate information concerning the medical needs of the American people is necessary to the development of a sound health program and pharmacists should cooperate in securing such information as is required. Reports so far received indicate that they are responding satisfactorily. A representative of the American Medical Association will discuss the study later in the meeting.

THE VENEREAL DISEASE PROGRAM.

It will be recalled that at the last annual meeting Acting Surgeon General Draper of the U. S. Public Health Service addressed us on the necessity for a coordinated national and state program for the eradication of these diseases and pointed out the cooperation that the pharmacists of the nation can give in this work. Since that time, the LaFollette-Bulwinkle Act has been enacted authorizing such a coordinated program and making available \$3,000,000 for the first year, \$5,000,000 for the second year and \$7,000,000 for the third year for the expenses, the larger part of which will be allotted to the states for expenditure under the direction of the state health officials.

The state pharmaceutical associations have been advised of these developments and to contact the state authorities. It seems evident that programs of a similar character will develop and that they will have a growing influence on the present methods of medication and health protection.

WAGES AND HOURS.

In the Federal act and in most of the state acts so far adopted to regulate wages and hours, those rendering professional services are exempted and small retail businesses are also exempted under the national act. This ASSOCIATION has taken the position that pharmaceutical services must be available so far as is possible, when and where they are required irrespective of any personal considerations and that those who enter the profession must accept that responsibility.

The ASSOCIATION must do everything within its power to maintain that position.

The ASSOCIATION has taken the same position with respect to the control of pharmaceutical services by any outside group or organization. During the year, several efforts were made to exercise such outside control and it is important to note that in more than one instance, the public expressed its disapproval of such efforts as did the other public health professions. The ASSOCIATION has done all that it could independently and in cooperation with local groups of pharmacists to adjust such attempts and believes that practically all of them have been satisfactorily adjusted. Some helpful contacts have also been made with outside groups and organizations and they have been impressed that health services must be considered on a different basis than other activities.

In order to avoid the possibility of legal or organizational control with consequent danger to pharmaceutical services, it is very important that schedules of reasonable hours and wages be maintained and the state associations are urged to give this whole movement careful consideration.

In this general connection, attention should also be directed to efforts being made by state and local associations to bring about a more satisfactory relation between employer and employee pharmacists which is another important phase of this problem.

STATE AND NATIONAL LEGISLATION.

During the recent session of the Congress, legislation was enacted which will have a profound influence on the profession as well as on the drug industry. Of this legislation, the Federal Trade Commission Act and the Federal Food, Drug and Cosmetic Act are the more important. The ASSOCIATION supported both acts and will cooperate in their effective enforcement. They

constitute real advancement in the proper control of the production, advertising and distribution of these important articles and in the protection of the consuming public with respect to their use. While these acts add to the responsibilities of the profession, they broaden its scope of usefulness and will undoubtedly increase the confidence of the public in its services.

The legislatures of a majority of the states will be in session during the coming year and every possible effort should be made by the state pharmaceutical associations to see that the food, drug, cosmetic and advertising legislation of the states should be brought into harmony with the national legislation. Harmony between the previous national and state legislation on these subjects has been a basic factor in their effective enforcement and the same relation should be continued. This subject is scheduled to have full consideration in the House of Delegates at its session to-morrow forenoon.

Definite progress was reported during the Joint Conference between the A. A. C. P., the N. A. B. P. and the A. PH. A. held this forenoon, in the efforts of the ASSOCIATION to cooperate in the modernization of the state pharmacy laws and it is hoped that this movement will also bear fruit in the coming sessions of the state legislatures.

Other important phases of this subject will be reported by the Committee on Legislation and in other reports.

PROFESSIONAL RELATIONS.

It must be evident that the public health professions realize more generally than heretofore that many of their problems are mutual and that coöperation between them and a better understanding will contribute toward progress. There is, therefore, a noticeable improvement in these relations and it is encouraging to note that pharmacy has done its part.

This ASSOCIATION has tried to assist in two ways: *First*, by contacts with and exhibits at the annual meetings of the American Medical Association, the American Dental Association, the American Hospital Association and the Catholic Hospital Association. An exhibit and pharmacy section was also given at the Tri-State Hospital Association in Chicago. In this effort, the ASSOCIATION has had splendid coöperation from individuals, teaching institutions and local groups, which is deeply appreciated, and these exhibits are drawing favorable attention to professional pharmacy; *second*, by coöperation with the state pharmaceutical associations and through them with local groups in their professional relations programs. The majority of the state associations now have committees to promote professional relations in various ways and splendid work is being done. It is hoped that the state associations which do not now have such committees will see that they are appointed and that all of these committees can work in unison toward more or less the same objectives.

The exhibits at this meeting will illustrate the extent and character of the program which is intended to bring pharmacy back to the pharmacy and to promote the professional status of the pharmacist. A meeting of the chairman and members of the state committees will be held this week at which the work being carried on can be reviewed and further plans developed.

SCIENTIFIC RELATIONS.

The principal contact that the ASSOCIATION has with the scientists of the country is through the American Association for the Advancement of Science. Two sessions of the Sub-section on Pharmacy of the Section on Medical Sciences have been held during the year, one at the midwinter meeting in Indianapolis under the chairmanship of Dean R. A. Lyman and the second at the summer meeting in Ottawa, Canada, under the chairmanship of Dean Wortley F. Rudd. At the first meeting the sub-section also held a joint session with the Section on Medical Sciences and the ASSOCIATION had an exhibit illustrating scientific advance in the profession, in which it had the coöperation of Dr. C. O. Lee and others from the School of Pharmacy of Purdue University. At the Ottawa meeting, Chairman Corbett of the Executive Committee of the Canadian Pharmaceutical Association kindly presided over the session of the Sub-section on Pharmacy and a number of Canadian pharmacists coöperated in the program. These contacts provide the opportunity to acquaint the scientists of the nation with the scientific work being done in pharmacy.

AMERICAN DOCUMENTATION INSTITUTE.

In 1937, the ASSOCIATION was invited as one of fifty scholarly and scientific institutions to nominate a member of the newly established INSTITUTE which has for its purpose the "develop-

ment of all phases of documentation, especially microphotographic duplication, and to act as a clearing house for documentation in this country and abroad." Secretary Kelly was named as the representative of the ASSOCIATION and attended the organization meeting of the INSTITUTE in January at the American Academy of Sciences in Washington. The INSTITUTE is financed by a foundation for the present and this contact will enable the ASSOCIATION to keep in touch with improved methods for reproducing professional papers and records which should help materially in solving one of its important problems, the printing or otherwise duplicating the great number of papers, reports and addresses that come to it and to make them available to those who are interested.

HOSPITAL PHARMACY.

The increased interest and developments in this branch of our professional service is very encouraging. The Sub-section on Hospital Pharmacy of this ASSOCIATION has been very active during the year and its program at this meeting indicates that it will soon be one of the most important professional divisions. A list of the hospital pharmacists of the country has been compiled and last fall the officers of the sub-section addressed a letter to each of them explaining the objectives, inviting them to join the A. PH. A. and urging their participation in the program of the sub-section. The response was quite satisfactory.

Several local associations of hospital pharmacists have been established during the year, two of which are affiliated with local branches of the ASSOCIATION, and others are being organized.

The American Hospital Association is cooperating splendidly. The report of its Committee on Pharmacy submitted last fall was a major contribution and laid a broad foundation for the development of pharmaceutical service in the hospitals. For the first time the American Hospital Association will have a section on hospital pharmacy at its coming meeting in Dallas and several hospital pharmacists have been invited to participate.

The American College of Surgeons and the Catholic Hospital Association are also assisting effectively in the general program. A distinguished officer of the College will address a later General Session on hospital pharmacy.

PHARMACY IN THE GOVERNMENT SERVICES.

This phase of our work was dealt with in a report submitted at the Joint Conference this forenoon but brief mention should be made in this address. Although the number of pharmacists involved is comparatively small, it is probably true that no development has raised the status of pharmacy more than its recognition by the government services as a profession. More important still, this recognition gives our profession the opportunity to actively participate in the work of the national and state governments and particularly in the defense of our country.

This branch of pharmaceutical service is evidently entering into an era of great expansion and it is very important that a sufficient number of our best qualified graduates should enter this work and direct its development.

Surgeon General Reynolds who has taken a deep interest in the improvement of pharmaceutical service in the Medical Department of the U. S. Army has sent us a splendid message about the requirements of that branch of the service.

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION.

As was also reported at the Joint Conference this forenoon, the Council has completed the standards for accreditation for schools and colleges of pharmacy and is now engaged in applying these standards to the institutions that have applied for accreditation with the object of issuing a list of accredited institutions in 1939. The establishment of the Council, the work that it has accomplished and the list that it will issue may be referred to as major developments in our professional program. It should be made clear that the Council does not take over any of the functions of the A. A. C. P., the N. A. B. P. or the A. PH. A. with respect to education, registration or professional practice. It will, if successful, act independently as an accrediting agency for the three associations, and should be given complete freedom of decision and action so long as it carries out the functions for which it was established.

So far, American Pharmacy has carried on its program for the improvement of education, registration and professional practice almost entirely through its own efforts and finances. The

progress has now reached the status where it requires an accrediting agency and the profession is attempting to provide that agency in this Council. The profession is attempting self evaluation and is facing a severe trial of its ability to correct its own shortcomings in such a manner as to command respect from its own members and from others.

The Council must have the confidence and the whole-hearted support of the profession at large in order to do its work. It has tried to win that confidence by a careful and frank approach to its difficult task, by working closely with the American Council on Education and by seeking the criticisms and suggestions of every one affected by its proposed standards. Every teaching institution of standing, every board of pharmacy and every professional association must accept its share of the responsibility for the program and the standards employed since their Council has earnestly sought advice with respect to them. This ASSOCIATION through its delegate and in every other way possible has supported the Council and it is hoped that the ASSOCIATION will again pledge its support at this meeting by resolution.

RELATIONS WITH THE NATIONAL PHARMACEUTICAL ASSOCIATIONS.

When the House of Delegates was reorganized a few years ago, representation was provided therein for the eight national associations. This arrangement and other contacts has developed a closer relation between these associations and the A. PH. A. in relation to problems of general interest to all branches of the profession and industry, in the field that the A. PH. A. covers.

RELATIONS WITH THE STATE ASSOCIATIONS.

The A. PH. A. was instrumental in the establishment of these associations and they have been given a very responsible part in its program. Their members are affiliated members of the A. PH. A. and eligible to active membership. The working arrangements with the state associations is not as satisfactory as it should be, although great improvement has been made each year. These associations and the A. PH. A. should work closely in the solution of professional problems and the House of Delegates should become the clearing house for the interchange of opinions and the formulation of policies with respect to these problems. By having its general committees report to the House of Delegates and by making the House its legislative division, the A. PH. A. is working to this end. It deeply appreciates the support that the state associations have given it and invites their greater participation in its program which after all is a mutual one.

FAIR-TRADE LEGISLATION AND COMMERCIAL PROBLEMS.

The A. PH. A. has supported the N. A. R. D. and the state associations in securing state and national fair-trade legislation and takes real pride in the success of this movement. It recognizes that professional practice is related to and dependent on a fair financial return. It will continue to support these organizations in all sound efforts to improve commercial conditions in the retail drug industry as it confidently expects their support in relation to all sound professional procedures.

The A. PH. A. approved of and coöperated in the establishment of the N. A. R. D. These organizations have different but related functions which are based on existing conditions. They should work even more closely together and with fair and friendly regard for the work which each is supposed to carry on. This ASSOCIATION should maintain that relation consistently.

THE PUBLICATION PROGRAM.

The publications of the ASSOCIATION constitute valuable professional and financial assets.

The National Formulary, Sixth Edition, continues to have increased acceptance and there is increased interests in the Second Edition of the Recipe Book as compared to the First Edition. Plans are being made for issuing the N. F. VII earlier in the coming decade than has been true in recent decennial revisions and this will require a Third Edition of the Recipe Book.

The JOURNAL is becoming more and more the professional and scientific publication so much needed in our profession and the monthly publication of Pharmaceutical Abstracts in the JOURNAL adds to its value as well as to the effectiveness of the abstracts themselves. Greater emphasis is being placed on the necessity for and value of up-to-date and comprehensive professional information for the pharmacists in every branch of the profession, especially in their relations with the

members of other health professions. The ASSOCIATION is striving to give this service effectively in the JOURNAL and other changes are being made to improve the service.

The issuance of a more popular type of publication has been delayed as will be explained in other reports and it is hoped that plans for its establishment can now be completed.

The bulletin service to the state associations, the schools and colleges, the state boards and to the pharmaceutical publications has been improved during the year and will be further extended. Leaflet No. 14—Pharmacy as a Career—is being revised.

The issuance of the Monograph on Aconite opens what it is hoped will become a valuable service. This is the first of a planned series of professional monographs and while it is realized that some of the proposed monographs can have only a limited circulation, the information that they will furnish deserves to be made available to those who can make use of it.

INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY.

This important body which meets each two years and to which delegates, including pharmacists, are sent from the Military Departments of various governments, will hold its tenth congress in the city of Washington in May 1939. As President of the ASSOCIATION, I have been invited by Surgeon General Reynolds, who has been appointed as Chairman of the Committee on Arrangements, to serve as a member of the Honorary Committee in connection with the event.

This Congress will be an important occasion not only because of the great work it accomplishes but also because it will bring groups of distinguished foreign pharmacists to this country. The A. Ph. A. will cooperate in every way toward the success of the Congress and the entertainment of the distinguished guests.

Attention can now be turned toward a review of the more or less current work that the ASSOCIATION carries on through the sections, the committees, the conferences and through its delegates to various bodies. These activities cover so many subjects that it will be possible to refer only to those that have been of unusual interest or importance during the year. Taken as a whole, the work has been well done and the large group which gives the ASSOCIATION effective cooperation in serving as officers or members of these divisions, should be highly commended. This type of service requires time and effort if the duties are to be properly discharged.

THE SECTIONS.

The sections have grown remarkably in recent years and the selection of material for their programs has become a serious question from the standpoint of the presentation of papers and reports as well as from that of the expense of publication. Aside from their length or value, it must be apparent that more papers have been accepted than can be adequately considered within the time available or can be published with the funds available. It is encouraging, of course, that so much valuable material is offered the ASSOCIATION and other professional associations as we know, face the same problem. It appears that the officers of the sections will have to select more carefully and that the section programs, with the abstracts of papers, will have to be completed further in advance of the annual meeting to allow for the publication of the general program. If on the other hand, it is decided to be preferable to continue to accept the ever-increasing number of papers, it may become necessary to publish only parts of the papers and to supply the details to those interested at a moderate charge. The Board of Review has rendered valuable service in connection with the publication program.

THE COMMITTEES.

The arrangement recently developed to have certain committees report in full to the sections or the Joint Conference of the A. A. C. P., the N. A. B. P. and the A. Ph. A., and by title to the House of Delegates, has proved to be helpful since it brings the information in these reports to the attention of those directly interested and relieves the program of the House of much detail.

The Committee on the Study of Pharmacy has been given very important assignments recently in connection with the proposed National Health Program, the Study of Medical Needs and the labor question, and it has done good work. It would seem the part of wisdom to give this committee a more appropriate title and a more representative membership.

The Committee on Local and Student Branches has been very active and will have a good report to submit. The branches have increased in number and have improved in the extent and

character of the work they are doing as can be judged from their reports in the JOURNAL. Chairman Little also extended his program to assist in increasing the membership of the ASSOCIATION as well as that of the Branches.

The Committee on U. S. Pharmacopoeia has made an earnest effort to obtain the views of A. PH. A. members with respect to the plans proposed for revising and improving certain features of the U. S. P. Convention. These are important proposals which pharmacists should consider carefully and about which they should express their opinions.

The Committee on Syllabus presented an interesting report this forenoon at the Joint Conference, on its activities during the year in connection with the preparation of the Fifth Edition of this publication which will be based on the experience under the four-year course in pharmacy and with the purpose of bringing the Syllabus into greater harmony with the training now required for every branch of the practice of Pharmacy.

The Committee on Pharmacy Week is actively preparing for the coming observance of this event. During recent months a special committee of the Council has been studying Pharmacy Week policies with the objective of revising them in keeping with the experience so far gained in this movement, and submitted its report at this meeting.

The Committee on Procter Memorial has completed the plans for the erection of the statue of Procter in the place provided for it in the foyer of the AMERICAN INSTITUTE OF PHARMACY, and drawings, a model and full information will be submitted at this meeting.

The Committee on Membership will report the largest increase in membership in recent years and the smallest loss through resignation and the failure to pay dues. Evidently, there is an encouraging improvement in the conditions which followed the depression. Plans are already made for an even more active membership program during the coming year and every member should give his personal support to this movement as it is imperative that the active membership be materially increased and without delay.

It should be repeated that other committees have given valuable services as will be recognized from their reports.

THE CONFERENCES.

The National Conference on Pharmaceutical Research, the Conference of Pharmaceutical Association Secretaries and the Conference of Pharmaceutical Law Enforcement Officials which have met with the ASSOCIATION and which work closely with it, have proved to be strong additions to the A. PH. A. meetings. Their programs bring together annually the active workers in these fields and provide an interchange of views and experiences in research, association activities and law enforcement, all of which are increasingly important activities in professional pharmacy. They deserve and should have the full support of their parent body. What is said here applies with equal force to the Plant Science Seminar which held its meetings this year in the city of its origin fifteen years ago. Its program covering five days grows increasingly strong and more valuable each year.

DELEGATES.

The ASSOCIATION asks a number of its members to serve as delegates to various organizations during each year. This service again involves time and effort in many instances and a review of the roster will illustrate the importance of the service. It would hardly be possible to allow the time for full reports from these delegates but the more important will submit brief reports. These fraternal relationships and greetings are very important from the sociological standpoint. All pharmacists belong to the great brotherhood of Medicine and we should do our part to maintain and strengthen these relations.

WOMEN'S AUXILIARY.

The purpose of the auxiliary is to promote sociability among our members, to assist in the entertainment program and to establish a loan fund for women pharmacy students. The auxiliary has made good progress during its first year of active work and should grow stronger each year.

THE AMERICAN INSTITUTE OF PHARMACY.

The opening of the A. PH. A. Laboratory on June 15th brings into operation the third of the newer activities that were planned for when the building was designed, and adds to the service which the ASSOCIATION is rendering. This effort is a venture into entirely new territory since no laboratory exists which is similar in purpose, and represents a highly professional service. Its development will be studied with great interest.

There have been a number of valuable additions to the Reference Library and the Historical Museum during the year, and others are promised. The work of cataloging the books, periodicals and historical material is going forward very satisfactorily with the helpful interest and coöperation of the Historical Records Survey of the Works Progress Administration, for which the ASSOCIATION is deeply indebted. Special gifts continue to be received for specified or general purposes and they make possible greater service to the profession as well as serving as a memorial to the generous givers.

The services that now center in the INSTITUTE include the Secretary's office, the clearing house for all the ASSOCIATION activities; the JOURNAL office with rooms for the Editor, his secretary and a work room; the Library, with its beautiful reading and conference room; the Museum, filling several rooms, and so attractive to the many visitors; the Laboratory occupying several rooms on the lower floor; and the clerical services including correspondence, addressographing, mimeographing and accounting.

There should be added to these services at the INSTITUTE, that of the revision and editorship of the National Formulary and of the Recipe Book; and that of Publicity, including press releases and news bulletins, National Pharmacy Week publicity, professional pharmacy exhibits and a popular publication.

Likewise other national professional pharmaceutical organizations might profitably maintain offices or headquarters in the INSTITUTE.

The Library and Laboratory are growing rapidly and will soon need more space. The proposed additional services will also require rooms.

The usefulness of the INSTITUTE and the services of the ASSOCIATION can be further extended with time and experience and support, and to the greater credit of our profession."

President Gathercoal spoke informally about the National Formulary and the A. PH. A. Laboratory, and very interestingly reviewed these two important activities of the ASSOCIATION. The Address of President Gathercoal and his informal remarks were received with applause and were referred to the Committee on Resolutions of the House of Delegates.

President Gathercoal resumed the chair and introduced the President-Elect, Dr. J. Leon Lascoff, who said in response:

"This is the first opportunity I have had to express my appreciation for the honor of election as the president of the AMERICAN PHARMACEUTICAL ASSOCIATION, and to thank my fellow members for the consideration which they have shown me.

This ASSOCIATION stands for all that is highest and best in the profession to which I am devoted and which generously opened its doors to me at the time of my greatest need.

To be chosen for the highest position in the ASSOCIATION is the greatest professional distinction which has or will come to me. To discharge the responsibilities of the office in keeping with the record of those who have preceded me, will undoubtedly be the most difficult task of my life.

Although I can pledge the best thought and effort of which I am capable, such success as I will obtain during the year to follow will depend on the continued coöperation and support of my fellow officers and fellow members, and this I earnestly solicit.

I feel that my many years of pleasant relationship with the members of the faculty of the Columbia University College of Pharmacy have made me realize the problems of the teacher of Pharmacy; my twenty-eight years as a member of the New York State Board of Pharmacy have given me an insight into the problems of State Boards; and my fifty years as a retail pharmacist have, I hope, given me a viewpoint of the problems of the retail pharmacist.

It is true that a splendid program has been developed and gradually perfected during the eighty-six years that our ASSOCIATION has existed.

It will be my purpose to carry that program forward as it is my hope to prove worthy of the great trust you have placed in me."

At the request of the President, Dr. Robert P. Fischelis presented as the guest speaker of the evening, Dr. R. G. Leland, Director of the Bureau of Medical Economics of the A. M. A. who spoke as follows:

"I feel peculiarly at home among members of a closely allied profession that has done much to maintain and to advance ideals and standards of services and products for the people whom you serve. In that respect, the medical profession and the pharmaceutical profession have common ideals and common objectives for the people in this country, not only those who are sick, but those whose health should be preserved.

The period between 1902 and 1928 might well be called the era of surveys. During that period of twenty-seven years some 3836 surveys of various types were made. These surveys indicate that the survey idea seems to have changed from a sporadic to an epidemic infection. More than 56 types of surveys were made during that period, in every state of the United States, the District of Columbia and several of the territories.

Until about ten years ago the surveys that were made indicated certain general conclusions. Those conclusions are that surveys up to that time had revealed a paucity of data relating to sickness; that public health surveys showed no logical development or systematic distribution, and that it might be reasonable to anticipate a time when the data pertaining to sickness and to health needs might be collected regularly, perhaps month by month. To-day, in many Health Departments there are data which are collected regularly, usually daily, weekly or monthly.

Since 1928 many other surveys have been made but the number or the nature of all of them is not known. One of them, the study of the Committee on the Costs of Medical Care, which covered a period of some five years, at an expenditure of about \$900,000, resulted in three reports, a majority report and two minority reports. More recently, the national health survey has attracted the attention of the nation and has particularly attracted the attention of those who are interested in governmental expenditures and governmental planning.

The Inter-departmental committee to Coördinate Health and Welfare Activities has drawn heavily on the national health survey in formulating plans for a national health program. This national health survey was made by the U. S. Public Health Service, with the use of WPA workers who were fairly well selected, of a group of 800,000 families representing 2,800,000 individuals. Not all of the returns from the 2,800,000 individuals were tabulated. The rural data were not tabulated at all, so that the reports of the national health survey represent data collected from urban districts for 2,308,588 individuals.

From this study, it is estimated, on a basis of four and a half per cent of the people surveyed, that in the United States there is at all times a considerable amount of illness. It is estimated that there are, at any one time, one and one-half million people who have acute respiratory disorders, two and a half million suffering from disabling chronic and permanent impairments, one and a half million suffering from injuries due to accidents, two hundred and fifty thousand—mostly children—suffering from acute infectious diseases, two hundred and fifty thousand more suffering from acute diseases of the stomach, liver, appendix, etc., and an unstated number of other acute diseases. It is estimated, then, that a total of more than six million persons are suffering from some kind of sickness at any one time.

Of the severity and frequency of illness, this report states that 172 per thousand people are disabled seven days or more with their illnesses; that is to say, 22,000,000 disabling illnesses, each of 57 days' duration, are found in a year, and that ten days per person on the average is the length of these illnesses. So much for the study of the national health survey.

Although one might, with profit, call attention to some of the conditions that are reported in this study, about which questions might be raised as to accuracy, as to the method of study, as to all the implications that are made concerning the various phases of sickness in the United States, it seems hardly fair to report such a large number of illnesses in the U. S. and not state how many of those illnesses are remediable. The most that can be done for a non-remediable condition at present is to give the person temporary relief. For future generations there should be initiated appropriate measures to prevent those conditions which are found to-day to be non-remediable.

The studies that have been made have been devoted largely to such subjects as the frequency of illness, the duration of illness, the cost of medical care, the ability to pay for medical care, the nature of medical care and services provided by selected groups, institutions, corporations and similar organizations and the distribution of medical facilities and services. From the data, gathered by studies of selected groups and plans, generalized recommendations have been drawn for the entire United States. Out of the most recent of these studies has come the National Health Program.

The supporters of state-managed medicine have for several years continued to attack the motives and the methods of practice of the American Medical profession and the allied professions. They have sent scouts scurrying about foreign countries for reports and descriptions of sickness insurance; they have traveled the Volga by boat to look at Russian medicine; they have organized coöperatives to practice medicine for special groups; they have garbled statistics; they have sought by use of almost every known media to create the belief in the minds of the American people that the medical and other professions in the United States are obstructing the distribution of medical and allied services to the groups of people who have low incomes. Organizers have sought through the attention of groups of people in industry, in business, in commerce, in agriculture, in fraternal orders, in educational institutions, and employees in public service, to inflame the people against the kind of medical service that is provided by the private practitioners of medicine.

In this agitation for a change in medicine, there have been many elements of a social revolution. The scattered brain-trusters, who would plan new methods of medical practice, have constantly refused to recognize the steadfast purpose and the continued forward advancement that have characterized the professions since their organization in this country. Steadfastness of purpose and unswerving effort to benefit humanity have characterized the professions in this country from the very date on which they became organized associations. The gradual trend toward greater centralization of control of medical practice and preventive medical practice can be seen in many quarters.

At the American Public Health Association meeting late in 1937, Miss Josephine Roche presented an address in which she called the attention of the members of that association to an alleged fact that some forty per cent of the people of the United States are not getting needed medical care. The American Public Health Association, believing that that question was one which properly pertained to medical practice as much as to public health, appointed a committee to meet and discuss this matter with officers of the American Medical Association.

After the committee had discussed this question with the Executive Committee of the Board of Trustees of the American Medical Association, the Board of Trustees of that Association adopted resolutions designed to assist and encourage state and county medical societies to collect information concerning medical needs and to formulate preferable procedures to supply services where they were found to be insufficient or unavailable according to accepted and established policies and local conditions.

This was the first effort to determine in each county of the United States the degree to which local medical services and facilities were being utilized. Many previous studies and surveys had collected volumes of facts pertaining to the financial status of persons needing medical care, and to the expenditures for medical services, but for the first time, an appeal was made to determine in every county in the United States, to what extent the facilities available to sick people were being utilized and to what extent, if any, those facilities were insufficient or unavailable.

This is not a new policy of the American Medical Association. The early volumes of the transactions of the American Medical Association contain hundreds of references to discussions, reports, recommendations, and the realization of progress on such subjects as epidemics, vital statistics, the organization of state boards of health, medical education and licensure, the regulation of the quality of drugs, information concerning those drugs, quackery and many other subjects which are ultimately of vital concern to the public in the quality and efficiency of medical services rendered.

The American Medical Association was probably among the first, if not the first organization in the United States, to make a study of sickness insurance. This was done in 1916-1917. In 1922 the House of Delegates of the American Medical Association passed the following resolution regarding state medicine: "The American Medical Association hereby declares its opposition to all forms of state medicine because of the ultimate harm that would come thereby to the public

weal through such form of medical practice. State medicine is hereby defined for the purpose of this resolution to be any form of medical treatment provided, conducted, controlled or subsidized by the federal or state government, or municipality, excepting such service as is provided by the Army, Navy or Public Health Service, and that which is necessary for the control of communicable diseases, the treatment of mental diseases, the treatment of indigent sick, and such other services as may be approved by and administered under the direction of or by a local medical society which is not disapproved by the state medical society of which it is a component part."

You will see, therefore, that in 1922 the American Medical Association, through its House of Delegates, encouraged county medical societies to provide for the medical care necessary to various groups of the population. In 1934, the American Medical Association adopted ten principles which should guide county medical societies in the formulation of plans for the provision of necessary medical services for various income groups of the population.

In 1935, at the special session of the House of Delegates, called because of the emergency created by the imminence of sickness insurance legislation proposed by members of Congress and proposed also in several state legislatures, the following resolution was passed: "The House of Delegates of the American Medical Association reaffirms its opposition to all forms of compulsory sickness insurance, whether administered by the Federal Government, the governments of the individual states, or by any individual industry, community or similar body. It reaffirms also its encouragement to local medical societies to establish plans for the provision of adequate medical care for all of the people adjusted to the present economic conditions by voluntary budgeting to meet the costs of illness."

In 1937 in Atlantic City, the House of Delegates again adopted ten principles to govern in the establishment and operation of group hospital insurance plans. In 1938, in San Francisco, the House of Delegates again considered this question of medical care and, devoted its attention to a large degree to the various ways in which sick people might be given the care that they deserve.

The latest step in the last decade of a century-long program of genuine concern of the quality and distribution of medical services to the people of the United States, is to be found in the resolutions recently adopted by the Board of Trustees of the American Medical Association, designed to assist and encourage state and county medical societies to collect information concerning medical needs, and to formulate preferable procedures to supply these needs in accordance with established policies and local conditions. The objectives of this study are: *First*, to determine for each county the prevailing need for medical services where such may be insufficient or unavailable. *Second*, to secure in the collection of the information the friendly assistance of all agencies, organizations and individuals that are concerned with or responsible for the provision of or arrangement for medical services and the services of allied groups. *Third*, to discover and, if possible, to recommend means to remove the obstacles which may interfere with the close, continuous personal relationships between patients and the physicians of their choice. *Fourth*, to arrange to keep up-to-date the information pertaining to medical needs in order that the demands and supply of medical care for all of the people can be kept in constant balance.

In the realization of these objectives, there is an opportunity for all who are in any way related to medical services and facilities, to contribute their share to maintain the medical balance. The study is to be made by the state and county medical societies with the help of all public and private agencies, associations, organizations or individuals, that are concerned with the provision of or arrangement for medical services.

The medical societies are expected to explain the objectives of the study to members of the dental, nursing pharmaceutical and social service, and correlated professions, to health agencies, hospitals, welfare and relief agencies, representatives of labor and industry, state, county and city officials, and many others who may have information concerning medical needs or suggestions concerning the ways in which they believe medical care may be made more readily available and to enlist their assistance in securing the necessary data. All agencies and organizations concerned were then asked to supply from their records, observations and experience all possible information.

The study is consistent with the long-established policy of the American Medical Association on the preferable method of distributing medical and preventive medical services. The association has maintained that no single centralized system for the entire United States can be

made applicable to every county and every state. It has held, however, that the adoption of appropriate measures following a careful analysis of local conditions can be made to meet local medical needs satisfactorily.

There can be little disagreement on certain fundamental objectives in regard to medical care. The medical profession, and I believe the allied professions, agree with other agencies in the field on the importance of these objectives, namely, the provision of good medical care for all the people, the development of comprehensive preventive and public health services, the adoption of appropriate measures to combat specific health problems, and a continuous orderly improvement of the distribution of medical services and hospital and auxiliary facilities, both by geographic and economic divisions.

The medical profession would be the last to deny the existence of medical needs in the United States. Its whole mission has been to discover and to fulfil these needs. It has always sought to meet every need as it arises by the development of appropriate medical and preventive medical services. I hope I am not overstating the situation when I place the pharmaceutical profession in the same category with the medical profession, in that you have within the history of your association sought to find and to solve within your profession the needs which pertain to Pharmacy.

The medical and other professions, however, cannot be blind to the fact that there are other unfulfilled needs, especially such as relate to food, fuel, clothing and housing, which are often as essential to the preservation of health as is medical care.

It is impossible to isolate medical care from these other needs in any consideration of the preservation of health or the formulation of a health program. Neither can medical care be looked upon as a substitute for such other essentials. When vital statistics and the distribution of medical services and facilities are analyzed in detail, it appears that the greatest needs are confined to certain localities, and the needs are not identical in different localities. Therefore, it seems sound to suggest that planning for improvement where improvement is needed must be a local activity. All members of the health and medical professions have a common objective, namely, the service they can render to humanity. As social, political, industrial and economic organization becomes more complex, the distribution of professional services also becomes more difficult. However, as we recognize social change in our civilization, I believe we should not be compelled at the same time to admit that all that has come from the decades of experimentation, sacrifice and experience must be discarded. Certainly, there must be some good from all the experience in Pharmacy and in Medicine that can be salvaged for the people who need medical care and pharmaceutical services.

In attempting to obtain a common objective of service to humanity, the professions should strive to understand each other's problems and they should seek to speak a common language with respect to health and economic problems. It is believed that the study of the American Medical Association on medical care offers an opportunity for such a common understanding and a community of effort in meeting the health needs of all the people. This study is not being made for the American Medical Association. It is being made, for the people who need medical care.

It is designed to assist local communities and it will accomplish its purpose if the members of the local professions and the civic welfare, relief and allied groups will assume the responsibility of determining for their respective communities the nature and extent of the existing medical needs and then will suggest appropriate procedures for supplying these needs. Far better that the American medical profession, the American pharmaceutical profession and all the rest of the professional groups in the United States, closely allied as they are and should be, and all other agencies concerned with Medicine, should now arrange a suitable correlation of existing medical and preventive medical services and facilities, and supplement these facilities and services appropriately where needed, for the purpose of making good medical care available to all of the people, than that the practice of Medicine and preventive Medicine be subjected to political control with all the degenerative practices that would accompany such control.

The American Medical Association, consistent with its established policy, is again endeavoring to adjust the distribution of medical care. In its endeavor, it seeks the assistance of every one who has information or suggestions to offer. It urges a complete, cordial, frank expression of ideas that may result in a fair solution of a most important problem. Thank you."

President Gathercoal thanked Dr. Leland for his attendance and for his forceful address, emphasizing particularly the necessity for close relationship professionally between the various public health professions.

After several announcements the Session was adjourned at 10:50 P.M.

SECOND GENERAL SESSION.

This session was convened at 10:00 o'clock, and President Gathercoal requested Secretary Will T. Bradley of the Section on Historical Pharmacy to conduct the Memorial Service. Tributes to the following were read: C. Herbert Packard by Howard C. Newton; Charles H. LaWall by E. Fullerton Cook; Henry G. Ruenzel by S. H. Dretzka. The audience then stood and observed a moment's silence in the memory of the members who had passed away during the year.

The minutes of the First General Session were read and adopted.

Chairman A. L. I. Winne presented a report of the First Session of the House of Delegates, which was received. (See minutes of the House.)

The following communication from Dr. Malcolm T. MacEachern, Associated Director of the American College of Surgeons, was read:

"It is with the deepest disappointment that I cannot attend the meeting of your ASSOCIATION tomorrow and speak to your assembly on the subject suggested in your letter of August 1st. Please assure the AMERICAN PHARMACEUTICAL ASSOCIATION that we more than appreciate their efforts to improve Pharmacy service in hospitals and that we are desirous of coöperating to the fullest extent. It is most gratifying to know that we are agreed on the minimum standard with which you are fully acquainted.

Again, let me say how much I regret that I cannot be with you at this meeting, not only to meet you personally but also the other fine officers of your ASSOCIATION and to participate in the excellent program which you are having."

and also a telegram requesting that Mr. Roy Amberg, Superintendent of University Hospitals represent Dr. MacEachern.

Mr. Amberg who served as a member of the Committee on Pharmacy of the American Hospital Association, speaking in behalf of Dr. MacEachern, read the minimum standards for hospital pharmacists as adopted by the American College of Surgeons and emphasized the desire of the College to coöperate in improving pharmaceutical services in American hospitals.

At the request of President Gathercoal, Secretary Kelly thanked Mr. Amberg for his encouraging message and asked him to express the regret of the ASSOCIATION to Dr. MacEachern that he could not attend. Secretary Kelly referred to the active support which the ASSOCIATION had received from the American College of Surgeons, the American Hospital Association, the Catholic Hospital Association, and other hospital organizations. He spoke of the importance of Hospital Pharmacy to other branches of the profession and of the efforts of the ASSOCIATION to improve pharmaceutical practice in hospitals. In order that the members of the ASSOCIATION might know more about this work and particularly the activities of the Sub-Section on Hospital Pharmacy which has become one of the important divisions of the ASSOCIATION, he introduced Mr. J. Solon Mordell, chairman of the Sub-Section, who delivered the following address.

"The officers of the AMERICAN PHARMACEUTICAL ASSOCIATION have honored me with a request to speak to you this morning in order that before leaving this convention, those assembled might gain some insight into the activities and the part played by pharmacists in hospital practice in relationship to the profession at large. Please note that I use the expression "pharmacists in hospital practice." This is done advisedly. We have pharmacists in so-called retail practice, pharmacists in the manufacturing field, pharmacists in laboratories, pharmacists in the teaching field, and so on. Essentially and primarily we are pharmacists; and secondarily we are in our respective divisions. So that, when we use the expression "pharmacists in hospital practice," or, and for brevity only, "hospital pharmacists," we intend to denote the fact that we are not some strange species, but individuals who have been given the very much cherished opportunity to practice in a division devoted exclusively to Pharmacy as a profession.

I would like, in no uncertain terms, to impress you with the fact that whatever is practiced and accomplished in the hospital field is very directly reflected upon the practice of Pharmacy in general.

In the hospital, the pharmacist is in most intimate contact with the profession to which Pharmacy is so closely allied—namely, the profession of Medicine. Especially with regard to the younger physician, or intern, much of the reputation of Pharmacy may depend upon the particular pharmacist practicing in the hospital with which that intern is connected. Many times during the day do these young physicians, and older men as well, come to the hospital's pharmacy for advice or information on some phase of drug therapy. Right then and there is the pharmacist put on his mettle, not only from an individual or personal standpoint, but the manner in which he supplies this coöperation may affect his brother pharmacists who are in practice outside of hospital walls. In matters of drug therapy particularly, does the hospital have a preëminent part in shaping the prescribing habits of the physician. There is very little in outside pharmaceutical practice that has not had its inception in some institution for the sick.

With these matters in mind, we feel a very keen sense of responsibility not only to our hospital and to our public, but also to our profession at large. We in hospital practice have attempted to lay the groundwork for progressive pharmaceutical endeavor. We fail in that effort unless our brethren on the outside take the reins from that point.

Up to a short time ago we pharmacists in hospitals had been going our individual ways, modestly performing the duties of our office. If times hadn't changed, and scientific advances progressed as they have, we might still be engrossed in our own individual spheres. But this very close linkage with the medical profession and with our own profession has occasioned the need for some definitely centralized coördination of our activities. If this need had not been recognized we might have found ourselves in the position of having to accept measures devised by individuals outside our own profession—to our own confusion, and to the confusion of pharmaceutical practice in general.

It was with this realization in mind that a very far-sighted group of individuals met over the breakfast table during the Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION in Dallas in 1936. The names of those individuals are certainly worthy of mention at this point. They were: Harvey A. K. Whitney, Chief Pharmacist at the University of Michigan Hospitals, for whom we hospital pharmacists have the greatest esteem, and who acted as chairman of the group; Dean Edward Spease, Western Reserve University; our ever loyal Secretary Kelly of the A. P. H. A.; Dr. E. Fullerton Cook, chairman of the U. S. P. Revision Committee; Dr. Rufus A. Lyman, University of Nebraska; Dr. Marvin J. Andrews, University of Maryland; Louis W. Rising, University of Washington; Louis C. Zopf, University of Iowa; Dr. J. N. McDonnell I. T. Reamer, Duke University Hospital; William Gray, Presbyterian Hospital, Chicago.

The result of this conference was the establishment of the Sub-Section on Hospital Pharmacy in the Section on Practical Pharmacy and Dispensing. Please note that the prefix "sub" was in no way intended to convey the idea that the field of Hospital Pharmacy is subordinate to any other phase of Pharmacy. Inasmuch as hospital practice is essentially a matter of professional practice, papers on this subject were always included in the Section on Practical Pharmacy and Dispensing. Because of the particular problems arising in Hospital Pharmacy and in order that undivided attention might be given to this phase, the sub-section was formed.

Our first meeting in New York last year, under the chairmanship of Louis C. Zopf, of the University of Iowa, provided a very auspicious beginning. Many of you who were present in New York no doubt recall the gratifying reception accorded this meeting.

During the past year, as chairman of the Sub-Section on Hospital Pharmacy, it was an unusual pleasure and a great honor for me to contribute in some small way to its activities.

One of the most important tasks which face us as a group is the matter of central organization under the AMERICAN PHARMACEUTICAL ASSOCIATION of the local hospital pharmacist associations. It is our intent that the good work of each of these local organizations be made known to one another and to all pharmacists in hospital practice. Plans for progress in our field are difficult of execution on a national scale because of difficulty in contacting each individual. The local groups are therefore of vital importance and provide an ideal medium of contact. Secretary Kelly of the AMERICAN PHARMACEUTICAL ASSOCIATION, who has shown such a keen insight into and understanding of the destinies of Hospital Pharmacy, has had correspondence with many representatives of local hospital pharmacist associations, who have expressed a desire to have some centralizing affiliation. The local units known to us at present are those of Minnesota, our hosts at this Convention, and of whom it is fitting that we make first mention; Southern California,

Nebraska and Iowa, Western New York, Philadelphia and Cleveland. Plans are under way for an organization in Cincinnati. It has been suggested through the office of the AMERICAN PHARMACEUTICAL ASSOCIATION that these groups organize as a Local Branch of the A. Ph. A., or in case a Local Branch already exists, to affiliate with it. This is with the express understanding that these local hospital pharmacist organizations will in no way lose their identity or integrity of purpose. A recommendation was incorporated in my report as chairman of the Sub-Section on Hospital Pharmacy, providing for arrangements for such affiliation. The recommendation was made in view of the splendid opportunities for coöperation and united effort which would thus be made available to all pharmacists in hospital practice to the ultimate advantage of Pharmacy at large.

Before closing these remarks, permit me to make mention of one more very far-reaching step which has been taken with regard to the progress of Hospital Pharmacy. It was very amusing and at the same time a matter of great dismay for me to have come upon an article in a hospital magazine, which article dealt with the matter of hospital personnel. The author classified the pharmacist in the *semi*-professional group along with the X-ray technician, physiotherapy technician, etc. Of course this was done innocently because of lack of true conception of the indubitably professional status of the pharmacist. I should mention that a communication was sent to the author appraising him of the true facts. This incident illustrates a definite point. It is another example of what might happen to Hospital Pharmacy, and perforce, Pharmacy in general, if our future were allowed to fall into the hands of individuals or groups foreign to our profession and ignorant of our true functions. This Sub-Section on Hospital Pharmacy has organized a Committee on Hospital Survey, the findings of which we can in all truthfulness predict will have some very far-reaching effects. This survey has as its basis a questionnaire which will reveal on a national scale a true cross section of Pharmacy practice in hospitals and particularly the conditions and status under which hospital pharmacists work. It is hoped that this survey will be ultimately adapted for use by such bodies as the American Medical Association, the American Hospital Association, and the American College of Surgeons, as a basis for inspection of and contribution to the advance of Pharmacy practice in hospitals.

Permit me to express my gratitude for the opportunity and honor accorded me by having been placed on the program during this general session. It is my sincere hope that each and every one present may leave this hall with some clear idea of what we, in hospital practice, your brethern, are steadfastly striving to accomplish for the betterment of our beloved profession and what is of paramount importance, for the protection and insurance of the health of those who entrust themselves to us."

Dr. George Urdang, honorary member of the ASSOCIATION, was introduced and responded as follows:

"Let me tell you that I am very glad to be here and not only to see what you have done, but to hear the great effort you make to the profit of American Pharmacy, and because I notice the difficulties you have in this country with the esteem of Pharmacy as a profession, I admire the effort and the results of your endeavor.

"It is very hard to work against a trend—which leads to a kind of reflection—in which business has a first part but even, therefore, the attitude of the AMERICAN PHARMACEUTICAL ASSOCIATION is so well based that it finds not only recognition, it finds admiration from the whole pharmaceutical world.

"And so I am proud, not only to be an honorary member of your ASSOCIATION, but now perhaps to have the possibility to give you all my assistance in this work, and I hope that I can work with you in that way, not only to the benefit of the pharmaceutical profession in America, but to help you to be an example for the pharmaceutical world. Thank you."

In calling for the report of the Committee on Maintenance, President Gathercoal expressed the regret that its chairman, H. A. B. Dunning, could not be present and spoke in appreciation of the great work which this Committee had accomplished for the ASSOCIATION and for Pharmacy in general. The report was read by Secretary Kelly and adopted.

"The following have served as members of the Committee during the year just closing: H. A. B. Dunning, *Chairman*, E. F. Kelly, S. L. Hilton, R. L. Swain, R. P. Fischelis and George D. Beal. No meetings of the Committee were held since the last annual meeting but the chairman has been in touch with the members by letter and by personal visits.

As previously reported, the accounts of the Headquarters Building Fund and of the Maintenance Fund are kept separately. Payments on subscriptions to the former are negligible in amount for the year ending June 30, 1938. The subscriptions to the latter fund now total \$299,396.20 of which \$102,500 represents two bequests in wills to be paid later, leaving a difference of \$196,892.20. Of this latter amount, \$121,123.70 has been paid, and the remainder represents, almost entirely, recent large donations from a limited number of highly responsible drug businesses, which will be used over a term of three years. The cash balance in the Maryland Trust Company amounted to \$47,433.89 on July 26, 1938.

There has been no appreciable increase in the general expenses for operating the building which are paid out of the current income of the ASSOCIATION and which with the tax exemption, represents a very moderate cost considering the space and facilities available. The cost of repairs to the building during the year have been moderate and it is kept in splendid condition. It was necessary to repair some of the stone work and to repaint the metal window sashes and the railing at the rear of the building.

The INSTITUTE continues to be practically free from debt. The only obligation against it is the mortgage of \$36,400 on account of Lot 7, which it was necessary to purchase in order to secure other property required for the building, and which is carried by the Maryland Trust Company, Baltimore, Md., at 4% per annum, payable quarterly. This indebtedness is amply covered by funds which will become available in time to take care of the mortgage.

Since the first of the year, the west end of the first floor of the building was remodeled for the installation of the A. P. H. A. Laboratory which will be reported in full by the Laboratory Committee. This Laboratory is a valuable addition to the Building. Additional equipment has also been installed for the Library to accommodate the current publications which have been carefully checked and recorded on Library of Congress cards with assistance from the Historical Records Survey of the Works Progress Administration. It is expected that the books and other publications can be similarly checked and recorded before the end of the year which will put the Library material in much more usable form.

A number of articles for both the Library and the Museum have been donated during the year and these have been mentioned from time to time in the JOURNAL. Mrs. John G. Godding gave \$1500 to furnish a room in honor of her husband, the late John G. Godding, and several smaller gifts have been received during the year. One of these is a Visitor's Book with Stand given by the Lambda Kappa Sigma, National Women's Sorority and a Golden Book with Stand, in which the names of all the contributors to the Headquarters Building Fund are to be recorded, the latter a gift from Chairman Dunning. The stands for these handsome books were designed by the Office of John Russell Pope and are, with the furnishings presented by Mrs. Godding, valuable additions to the equipment of the Building.

During the recent session of the Congress, provision was made to begin the erection of the War Department Building to cover the four blocks bounded in part by New York Avenue and Virginia Avenue, between Twenty-First and Twenty-Third Streets, immediately north of the INSTITUTE OF PHARMACY. Provision was also made to erect the new Naval Hospital in the suburbs rather than on the property to the west of the INSTITUTE as was originally planned. It is probable that the erection of the War Department Building marks the beginning of a series of large Government buildings which will extend from the Potomac River and connect with the recently enlarged Interior Department group, and place this line of buildings back of those now facing Constitution Avenue from our Building to Seventeenth Street. If so, our property will then be surrounded by Government and semi-government structures which will insure it against encroachment and change in the future.

As explained in the report of the Committee last year, contributions were obtained to practically cover the costs of operation for the Laboratory, a new Publication and for the Library, during 1938, 1939 and 1940. Two additional subscriptions of \$1000 each for three years have since been received, one for the Laboratory and one for the Library. Other subscriptions for the latter are expected during the coming year.

The Committee has not made aggressive efforts to increase subscriptions during the current year on account of present business conditions. A booklet describing the progress and financial needs of the AMERICAN INSTITUTE OF PHARMACY was sent with an explanatory letter to a number of previous and prospective subscribers in order to keep the INSTITUTE before them. The Com-

mittee is prepared to renew its program to make increased activities in the INSTITUTE possible as soon as the conditions warrant.

In the meantime, all of those who are interested in the advancement of Pharmacy and particularly the members of the A. PH. A. are urgently requested to increase the membership of the ASSOCIATION as rapidly as possible in order that its receipts for current operating expenses may be more adequate, and to bear in mind that gifts to the Maintenance Fund of this great project which is now doing a splendid service, will enable it to develop other services more effectively and more rapidly. It should be again emphasized that gifts to the ASSOCIATION are free from all taxes including inheritance taxes."

Dr. Katherine Graham, past-president of the Lambda Kappa Sigma Sorority was recognized to make the following presentation:

"The Pharmacy Headquarters Building has been a source of pride and satisfaction to all of us who are connected with Pharmacy. However, we realize that there is very much yet to be done to completely equip this building, and it is with this in mind that we attempted the completion of a small unit in the building. We are very happy that we have had some part in the completion of this building, and on behalf of Lambda Kappa Sigma, it gives me great pleasure to present this leather-bound guest book and its stand to the AMERICAN PHARMACEUTICAL ASSOCIATION."

On behalf of the ASSOCIATION, President Gathercoal expressed appreciation and thanks for this fine gift and also for the coöperation of the Sorority in other ways.

Chairman E. Fullerton Cook of the Committee of Revision, U. S. P., presented the following annual report, which was accepted as read:

"Following the custom started a few years ago the chairman of the Committee of Revision herewith presents to the members of the A. PH. A. some of the outstanding developments in the work of revision during the past year.

The 1938 Federal Food, Drug and Cosmetic Act.—The final enactment of this Act with provisions which are believed to be effective and which are generally acceptable to those who struggled for many years for the passage of such a National law, brings to the Pharmacopœia and the National Formulary increased responsibilities and added importance.

The Status of U. S. P. Supplements.—While the official status of the U. S. P. Supplements had never been questioned by the U. S. P. Board of Trustees or Committee of Revision or by the officials of the Food and Drugs Act, others intimated that their texts might not be accepted as official. The new Act settles this by stating under "Definitions" that the term "official compendium" means the *official* United States Pharmacopœia, *official* National Formulary or any Supplements to any of them.

The "Variation Clause."—This clause, the inclusion of which by excellent authorities is believed necessary in such legislation to insure the constitutional character of the Act, has been greatly strengthened.

The Act says, "No drug defined in an official compendium shall be deemed to be adulterated under this paragraph because it differs from the standard of strength, quality or purity, therefore set forth in such compendium, *if its difference in strength, quality or purity from such standard is plainly stated on its label.*" Heretofore, only its own claim for strength, quality or purity was required. Now that the difference, if any, from the U. S. P. or N. F. standards must be plainly indicated, the truth will be made evident and the buyers or users can decide whether they wish to accept a non-official product.

Official Packaging Requirements Must Be Maintained.—This new provision places new responsibilities upon the U. S. P. and N. F. The U. S. P. XI in anticipation of this legislation had every packaging requirement carefully studied by a special Committee. It is now restudying these requirements and making extensive studies of some requirements to confirm the necessity and correctness of some specifications. The much discussed Digitalis and Ergot packaging have been of special importance. The Digitalis specifications are now generally accepted and Ergot is still under intensive investigation. The packaging of Ointment of Rose Water in collapsible tubes has also been criticized but the value of such storage methods has been fully demonstrated as it avoids evaporation and oxidization and prevents deterioration. It is proposed to add a pro-

vision that "where glass-stoppered bottles are directed these may be replaced by glass bottles closed with stoppers resistant to corrosion" or some similar statement.

It is expected that some time during the next six months the "Special Committee on Storage and Packaging" will hold a public hearing where anyone objecting to any of the U. S. P. requirements may present their views.

The New Act Requires U. S. P. Interim Revisions and Supplements.—The new Act also introduced an entirely new feature, namely, that should adequate tests be absent from the U. S. P. or N. F. or should existing tests prove to be insufficient in the opinion of the secretary, the latter is required to bring the facts to the attention of the appropriate official body and if they do not supply satisfactory tests within a reasonable time he, the secretary, shall supply appropriate tests or assays.

This provision leaves no alternative for the U. S. P. and N. F. Committees of Revision than to issue "interim revision" standards whenever they prove to be necessary, as it is unthinkable that, under these conditions, the official Committees would not act. This provision of the Act, in the opinion of the present chairman, greatly strengthens the position of the U. S. P. and N. F. as they are given congressional recognition as the first court of resort in time of need and, only in case they fail to do their duty are they superseded. This provision should be most stimulating to the work of revision and insure its maintenance on a high plane of service.

Many other excellent features of the new act might be reviewed but those already named indicate the great responsibility placed by Congress upon our profession and the high place accorded it by the Congress and the President of the United States.

U. S. P. Reference Standard Substances.—The U. S. P. Board of Trustees has authorized the preparation of and distribution of the following reference standards for use in official and other bio-assay methods:

Digitalis, Ergotoxine Ethanesulfonate, Posterior Pituitary, Pepsin, Aconitine, Epinephrine, Oubain, Vitamin A, Vitamin D and Vitamin B₁. These are distributed through the chairman's office. This service has proved to be of great importance to research workers and manufacturers and the extent of their use can be estimated by the fact that during the last three or four years the sales have amounted to about \$10,000.

International Reference Standards.—The U. S. P. Board of Trustees with the approval of the U. S. Department of State, the Public Health Service and the Food and Drug Administration, on invitation several years ago assumed the responsibility of acting as the distributing agent in this Country for the bio-assay standards prepared under the direction of the Health Committee of the League of Nations, including, so far:

Androsterone	Oestradiol Monobenzoate	Vitamin A
Posterior Pituitary	Progesterone	Digitalis
Oubain	Oestrone	Vitamin B ₁

The U. S. P. Board of Trustees is now preparing U. S. P. Reference standards for the four sex hormones for use in this country by research workers and by the manufacturers of these or related products.

The A. M. A. Articles on The Pharmacopœia and the Physician.—The first series of 24 articles on "The Pharmacopœia and the Physician" will or have appeared in the *A. M. A. Journal* during the past year (the last three are ready and appear next month). It is most gratifying to report that retail pharmacists throughout the Country have purchased about 2500 sets of these, bound in a loose-leaf cover and have presented them to their medical colleagues. At least 500 additional sets have been purchased by practicing physicians and by Medical Colleges for use in teaching therapeutics.

The U. S. P. Board of Trustees also financed the translation of the entire series into the Spanish language and these have been issued as a feature of the Pan-American Sanitary Bureau Bulletin and have already gone to about 10,000 physicians, pharmacists and health officers of the 21 Republics of Central and South America.

The Board has also just authorized the publication of the series in Spanish in book form. These articles will thus be made available to the physicians of all Spanish-speaking countries of the world.

The A. M. A. has also announced the publication within the next two months of the 24 articles of the first series as one of its special series of books useful to physicians and it reports that it already has a large number of advance orders.

Two thousand booklets announcing the series were distributed at the U. S. P. booth, during the recent A. M. A. Convention in San Francisco and similar booklets will be placed in the hands of every medical student in the country this fall and also distributed at other pharmaceutical and medical conventions.

The Second Series of A. M. A. Articles on "The Pharmacopœia and the Physician."—When the U. S. P. Special Committee, responsible for this series had, in coöperation with A. M. A. officials, decided the titles and had selected the first choice of authors for the second series of 24 articles it was a remarkable tribute to the success of the first series to have 22 of the invitations accepted within two weeks. When it is realized that these authors were believed to represent the outstanding medical authorities in this country on the subject proposed, the significance of this record can be seen.

The Digitalis Investigation.—The extensive study which the Pharmacopœia has undertaken is well under way. It will continue for three years and is being participated in by clinicians, pharmacologists, pharmacists, chemists, pharmacognosists and physicians, and both the British and Swiss Pharmacopœial Commissions and also Canadian experts are participating. In the study about 300,000 tablets of Digitalis and about 4000 bottles of Tincture of Digitalis will be used.

It is hoped that from this study many questions may be settled including storage, deterioration and the best assay method. It is expected that all suggested assay procedures will be tried and compared upon both fresh and aged or supposedly deteriorated drugs and preparations. Dr. Henry A. Christian is directing the clinical studies and Dr. E. E. Nelson the bio-assay research.

An Ergot Investigation.—An investigation of the Ergot problem, including storage and assays, similar to that now under way for Digitalis is being planned.

The Decisions of the U. S. P. Anti-Anemia Board.—The admission to the U. S. P. XI of Anti-Anemia Products from liver and stomach introduced entirely new problems for the Pharmacopœia. There was no biological method available for the standardization of such products and no accepted basis clinically for the determination of their value. Fortunately the Pharmacopœia was able to command the assistance of the outstanding authorities of the world in the solution of this problem.

Four members, who consented to serve on the Pharmacopœial Board, were already conducting extensive anti-anemia clinics and the Board succeeded in establishing a satisfactory basis for determining clinical values. These standard methods were announced and firms preparing such products were invited to submit clinical evidence, based primarily upon two factors, namely, the reticulocyte response within the first five days of administration, and the ultimate rise to normal of red blood cells. In addition to these basic factors, other clinical conditions were given consideration in each submitted protocol.

A unique basis for standardization was established, namely, the minimum daily dose of the product which would bring about these standard responses. The result of the activities of the Board developed the startling fact that liver products when given parenterally produced the same response with one-thirtieth the amount of material required by oral administration.

The clinical reports, when finally evaluated, resulted in the acceptance of products having a potency of not less than 15 U. S. P. units per cc., while others were active in lesser concentrations down to about 1 U. S. P. unit per cc. It should be noted that the difference in concentration does not indicate any difference in value, unit for unit. The difference consists only in the amount administered. After a product of 15 units per cc. was announced, there was an immediate effort to produce more concentrated preparations. Representatives of firms stated that they could provide products having even as much as 50 U. S. P. units per cc. There was also a persistent tendency to market mixtures of liver preparations with iron, vitamin B₁, etc.

Following a recent meeting of the Anti-Anemia Board, two important decisions were announced. (1) That the Board would not give consideration at this time to preparations more concentrated than 15 units per cc. on the ground that such products offered no advantage to the physician or the patient and also that there was great danger that increased concentration might remove other important factors normally present in purified liver extracts. (2) That the Board would not approve mixtures of other substances with liver extracts unless there was more sub-

stantial clinical evidence of the value of such products. It was recommended that other products be administered separately should there be indications of the need for iron, vitamin B₁, or other medication.

The U. S. P. Vitamin Board.—Early in the Eleventh Revision period it became evident that the Pharmacopœia would be called upon to establish standards and assay methods for a number of the important vitamins. To meet this demand the U. S. P. Vitamin Advisory Board was established, and the Pharmacopœia was able to command for service on this Board the assistance of internationally known vitamin authorities. Also through the medium of public hearings the Vitamin Board secured the additional help of many authorities on vitamins in this country and England.

The activities of the Vitamin Board were also closely coördinated with those of the Vitamin Committee of the Health Organization of the League of Nations, as members of the Board were also participating in and attending the International Conferences. A policy for this Board, as well as of the Anti-Anemia Board, has been to secure in its membership the A. M. A. Council on Pharmacy and Chemistry representative for the same subject. This makes for harmony of action in these classes of products in the U. S. P. and N. N. R.

Under the direction of the Vitamin Board extensive collaborative assay investigations have been conducted for vitamin A and vitamin D, and for vitamin B₁. These studies have resulted in assay methods for vitamins A and D which are now adopted unanimously in this country, while a vitamin B₁ assay method has just been developed. It is expected that this vitamin and the standard assay method will be made official in the new U. S. P. Supplement. The Vitamin Board has also studied and has now recommended the inclusion of vitamin C or, as it is more properly called, Ascorbic Acid, with a suitable chemical assay method. It is also expected that this will also become official in the forthcoming Supplement.

At the recent U. S. P. vitamin conference conducted by the Advisory Board, 85 representatives were present and it is believed that the recommendations resulting from this conference will place vitamin A and vitamin D preparations upon an entirely new and scientific basis, resulting in a clarification of the now complex situation. The recommendations are as follows:

U. S. P. Cod Liver Oil.—Cod Liver Oil (*Oleum Morrhue*) is to be retained as now official except that the minimum vitamin A potency be raised to 850 U. S. P. units per Gm. This is the present N. N. R. minimum requirement, and is assumed to represent a natural oil of excellent quality which can readily be obtained, without manipulation, in practically every producing field.

This also establishes a ratio of 10 vitamin A units to each vitamin D unit which represents about the proportion found in natural Cod Liver Oil.

It has also been generally agreed that the average satisfactory dose of such an oil for either children or adults is "2 teaspoonfuls per day," which is the present U. S. P. average dose.

New Vitamin A and D Products.—It is then proposed that a series of scientifically manufactured products, containing vitamin A and D, be given official recognition as follows:

(1) Under the title "*Vitamins A and D in Oil*" it is proposed to recognize a solution in oil of vitamin A and vitamin D concentrates from natural oils, the product to contain "at least 1000 U. S. P. units of vitamin A and at least 100 U. S. P. units of vitamin D, in each Gm." (This preparation is not to be made from vitamin A or vitamin D of synthetic origin. If such products are recognized they should be differently named, and constitute a different product.) It is proposed that the carrying oil in this preparation may be a natural fish oil like "Cod Liver Oil" or it may be a bland oil such as Corn Oil or Cotton Seed Oil. It would be especially desirable to use an oil containing natural antioxidants to aid in preventing deterioration in vitamin content.

This preparation could thus be made a product, presumably having all of the therapeutic value of Cod Liver Oil, without its objectionable odor and taste. The use of a flavor might even be permitted as is now done for Emulsion of Cod Liver Oil. The average dose would be two teaspoonfuls per day for either children or adults.

(2) A second similar product, but with ten times the potency, is also proposed under the title "*Vitamin A and D in Oil-10*." This would contain at least 10,000 units of vitamin A and at least 1000 units of vitamin D per Gm. The average dose would be two 5-minim capsules per day.

(3) A third similar preparation is proposed. This would be known as "*Vitamin A and D in Oil-50*" and contain at least 50,000 units of vitamin A and 5000 units of vitamin D per Gm. The average dose would be 6 drops per day.

(4) Another product would be known as "*Vitamin A in Oil*" and, being made from a concentrate from natural oil, it would contain a trace of vitamin D but no claims would be allowed or required for its vitamin D potency. It would contain "at least 50,000 units of vitamin A per Gm. and would provide a suitable form for the administration of vitamin A when vitamin D is contraindicated."

(5) In similar manner a vitamin D containing oil would be provided to be titled "*Vitamin D in Oil*" and to contain at least 10,000 units of vitamin D per Gm. The therapeutic use of preparations containing this strength of vitamin D is well established.

(6) Finally, still another vitamin A and D product to receive official recognition is proposed, namely, a "*Vitamin A and Vitamin D in Oil for Veterinary Use*." This would be required to contain at least 1000 units of vitamin A and at least 100 units of vitamin D, but permission would be given to use natural oils darker in color and more odorous than would pass as an official "Cod Liver Oil." Also, no reference would be made to the variety of fish from which the oil was obtained. This would relieve an existing situation which has become increasingly difficult, especially with reference to importation as there is available a large supply of oils of excellent vitamin A and D potency, suitable for use in animal treatment but dark in color and often with more odor than could be accepted for human use. By the official recognition of such an oil, specifically for veterinary purposes, such an oil can be imported and the cost of vitamin therapy for animals notably reduced.

It is important to observe that all action by these auxiliary boards is submitted to the Committee of Revision for approval before it becomes a part of the official text.

Suggested U. S. P. Hormone Advisory Board.—The two Advisory Boards dealing with Vitamins and Anti-Anemia products have so fully proved their value that a similar plan is now proposed to meet two new problems facing the U. S. P. Committee. There is an extensive demand by physicians, research workers and manufacturers, for the several sex hormones for which the League of Nations has prepared and distributed standards. These are the Oestrus Producing Hormones; Oestrone, and Oestradiol Monobenzoate, also Androsterone, the male hormone and Progesterone, the corpus luteum hormone.

As these standards are provided by the League of Nations in sufficient quantity to prepare subsidiary standards for this Country, it has become necessary to establish a U. S. P. Hormone Advisory Board. Internationally known authorities in this field have already accepted membership on the Board, and they will be responsible for the United States Standards.

Suggested U. S. P. Sterile Products Advisory Board.—Another problem which the Pharmacopœia has recently been compelled to face deals with the standardization of sterile products. These include cottons, gauzes, muslin bandages, adhesive plasters and sutures. This very intricate problem has necessitated the establishment of another group of experts who have been asked to serve on a "U. S. P. Sterile Products Advisory Board." Authorities in this field have also consented to serve.

The U. S. P. Supplement.—The plan of Supplements to the Pharmacopœia seems to have fully established itself as an essential feature of up-to-date revisions for such a book of standards. In fact, if this advanced program had not already been fully established and its value proved when the new Federal Food, Drug and Cosmetic Act became a law a few months ago, that Act would have forced the plan upon the Committee.

Not only is the supplement plan necessary if the U. S. P. is to meet the demands placed upon it by the law and expected of it by physicians and pharmacists, but it has demonstrated its great superiority as a revision method over the old, crowded program with its forced publication on a specific date whether revisions were ready or not.

The Second U. S. P. Supplement.—The U. S. P. Board of Trustees has announced a Second U. S. P. XI Supplement for about January 1, 1939.

This will carry a number of important revisions such as modified assay methods for all mydriatic drugs and their preparations, revised standards for medicinal gases worked out with the cooperation of the Compressed Gas Manufacturers Assn., new Aloe standards, the recognition of Synthetic Ephedrine, which has been demonstrated to be identical chemically and clinically with

the natural alkaloid and the revision of a number of other monographs. In addition it is expected that the Second Supplement will add important, new therapeutic agents, to the U. S. P. bringing it up-to-date therapeutically.

The Spanish Edition of the U. S. P. XI.—The Spanish Edition of the U. S. P. XI has been widely and favorably reviewed in medical and pharmaceutical Journals of Central and South America during the past year. In some countries its adoption as the official Pharmacopœia or as the basis for their own Pharmacopœia has been urged. We have been told recently that this suggestion is to be one of the points for discussion at the Pan-American Sanitary Conference at Bogota next month.

The release of the new Spanish Edition was made the occasion for a very colorful ceremony in Havana on June 17, 1938. Especially prepared and engrossed editions were presented to the President of Cuba, Excmo. Senor Doctor Federico Laredo Bru, to the Director of Health, Dr. Domingo Ramos and to Colonel Fulgencio Batista by Dr. José G. Diaz and the other members of the U. S. Pharmacopœial Commission of Cuba. This occasion also marked the adoption by Cuba of the U. S. P. XI as the new drug standard superseding the U. S. P. X in Spanish.

This event also celebrated the completion of four decades of activity in Pharmacopœial translation by Dr. Diaz as he was largely responsible for the translation of the Pharmacopœia into Spanish and for its adoption as the official Pharmacopœia of Cuba about 1908. He also translated the U. S. P. IX, was chairman of the Committee of the University of Havana which translated the U. S. P. X and enthusiastically assisted the translators of the Pan-American Sanitary Bureau in the current Pharmacopœial translation.

Ointment Vehicle Study.—During the U. S. P. XI revision period the Sub-Committee responsible for Ointments, under the chairmanship of Leonard A. Seltzer, greatly improved many of the official ointments. Fatty vehicles which readily deteriorate were entirely eliminated and some progress was made in securing ointments the consistency of which would not be materially changed by varying temperatures.

An extensive study was made of Phenol Ointment. In this study the Food and Drug Administration laboratories made many studies to determine whether or not the Ointment made by the U. S. P. X formula had antiseptic properties and finally concluded that the Ointment was not bactericidal. Following this study Husa and Radin (*JOUR. A. PH. A.*, Sept. 1932) proposed a formula which they claimed would provide an antiseptic Phenol Ointment. Further work by the Government Laboratory seemed to indicate that the Husa-Radin Ointment was also non-antiseptic. With this uncertainty the U. S. P. Committee secured the help of Prof. Louis Gershenfeld and he and Ruth E. Miller published two articles as the result of their studies (see *A. J. P.*, 1933) under the titles "Bacterial Efficiency of 2 Per Cent Phenol Ointments" and "Ointment Bases for Bactericidal Agents." This investigation confirmed the non-bactericidal character of both the U. S. P. and also the Husa-Radin Phenol Ointments but offered vehicles for phenol which insured bactericidal activity in a 2 per cent Ointment.

Upon further study of the situation it was learned from medical sources that the U. S. P. X Phenol Ointment, while popularly believed to be antiseptic, should not possess that quality as there was evidence that the direct application of active phenol to a wound was likely to cause the death of tissue and result in gangrene. It was then pointed out that the real value of Phenol Ointment depended upon its being a bland dressing having, from the phenol, a local anesthetic effect. The U. S. P. X formula was therefore retained in the U. S. P. XI.

The U. S. P. has, however, made an earnest effort during the past two years to study the dermatology problem and has secured help along this line from noted dermatologists. In the U. S. P. series of articles now appearing in the *A. M. A. Journal* contributions have been made by Dr. Bernard Fantus on "The Choice of Ointment Vehicles in Dermatology," by Doctors Fred Wise and Jack Wolf on "The Use of Dermal Parasitocides" and a series of three collaborative articles on "Infantile Eczema" by Doctor Lewis Webb Hill of Boston, Doctor Marion B. Sulzberger of New York and Doctors Ben Z. Rappaport and Dr. Rudolph Hecht of Chicago.

It is now proposed to extend the study of official ointment bases to render these still more suitable for the purpose intended. A new possibility is the addition of surface tension-reducing substances so as to greatly increase absorption and it is also desirable to remove completely the influence of heat or cold upon the consistency. This new study will be under the direction of the Sub-Committee Chairman Mr. Seltzer and the help of noted dermatologists is assured.

Suggested U. S. P. Standard Spoons.—Decade after decade the question of standards for spoons has been under discussion within the Committee of Revision but no solution has been reached. It is well known that, with the exception of the few physicians in this country who think and prescribe in the metric system, all others in writing a prescription for liquids in spoonful doses calculate the medication upon the basis of 8 teaspoons, or 4 dessertspoons, or 2 tablespoons to the fluidounce. This was the official basis for spoons for many decades and was so indicated in the U. S. P. X.

It is now suggested that the U. S. P. establish standards for spoons similar to those now official for the "U. S. P. Standard Dropper." There are many physical conditions which have to be studied such as influence of surface tension, viscosity, etc., but these are all being scientifically determined and in the near future a specific proposal with exact specifications for three "U. S. P. Standard Spoons" will be offered. Dr. Donald P. LeGalley, a physicist, is collaborating on this study.

Suggestions for Increasing the Effectiveness, the Scientific and the Professional Status of the U. S. P. Convention of 1940.—Two years ago the chairman offered a number of suggestions which, if adopted, he believed would contribute toward a better U. S. P. Convention in 1940. Chairman Wirth of the A. PH. A. Committee on the U. S. P. republished these proposals about a year ago in the A. PH. A. JOURNAL (January 1938) and has invited expressions of opinion from members of this ASSOCIATION.

I wish to endorse these proposals again except that perhaps the suggestion to change the meeting time of the A. PH. A. during 1940 to a date following the U. S. P. Convention may not be practicable and there would seem to be some question of its effectiveness in preventing an attempt at political manipulation. After all it will probably be best and most effective to oppose this openly should it again appear. An additional suggestion is offered, however, namely, that when the Committee of Revision is elected, the membership be so fixed that five of the members' terms of office expire each year. This could be decided at the beginning of the decade by drawing lots.

Members whose term expired would, of course, be eligible for reelection but it would assist in the continuance of a Committee of Members who are willing and able to do their part throughout the decade and also make it possible to add new members from time to time who were qualified to handle the new and unusually difficult problems certain to arise as the decade advances. Of course, each Convention would reflect the entire Committee.

These proposals have been very fully discussed by members of the Board of Trustees and all members of the Committee of Revision have been invited to express their opinions through Dr. Wirth's report at this meeting. It is also proposed that during the next few months the Board of Trustees invite various representative bodies to appear before it when it meets in Washington and present their views on these and any other suggestions which may be presented for improving the effectiveness and efficiency of the 1940 Convention. Such bodies would doubtless include the members of the Executive Committee of Revision, the Executive Committee of the A. PH. A., the Board of Trustees of the A. M. A., the officials of the Public Health Service and of the Food and Drug Administration and the A. P. M. A. Executive Committee or suitable representatives such as the officers of the Contact Committee of the A. D. M. A. and A. P. M. A.

Another important proposal is that the U. S. P. 1940 Convention be made definitely scientific in character with perhaps the first day devoted to registration of delegates, reports of officers, votes on proposed changes in Constitution and By-Laws, appointment of certain committees and other routine business.

The second day of the Convention could then be devoted entirely to scientific meetings with a number of sections meeting simultaneously, each under leadership of the chairman of the Sub-Committee which has handled the subject during the decade. For instance, there could be a joint session on Scope and Therapeutics, where many of the physicians would be especially interested and from which many valuable suggestions could be secured concerning the correct scope of the U. S. P. XII. Other individual sessions would deal with such divisions as Biological Assays, Biological Products, Botany and Pharmacognosy, Proximate Assays, Inorganic Chemicals, Organic Chemicals, Reagents and Test Solutions, Volatile Oils, Extractive Drug Products, Syrups, Elixirs, etc., Ointments, Nomenclature, Vitamins, Anti-Anemia Products, Hormones, Sterile Products, etc. The chairman of each group would, of course, invite outstanding authorities in each field to participate in the scientific discussions and this would also insure the presence at the

Convention of many of the most able men in each field. The third day could be devoted to discussing "General Principles" for the next revision, electing the Board of Trustees and Committee of Revision and any other proper business.

International Commission of Pharmacopœial Experts.—At the last meeting of the Health Committee of the League of Nations an International Committee was appointed to undertake the preparation of standards for the more important therapeutic agents in general use throughout the world for the purpose of offering these to all countries as suggestions for their own national Pharmacopœia. It was hoped that this program would help to bring about voluntarily a notable degree of unification in all Pharmacopœias.

The following were appointed: Professor H. Baggesgaard (Copenhagen), Professor V. E. Zunz (Brussels), Professor M. Tiffeneau (Paris), Professor R. Eder (Zurich), Professor L. van-Itallie (Leyden), Professor E. Fullerton Cook (Philadelphia) and a member of the Union of Soviet Socialist Republics.

Already about 270 substances have been selected for standardization and these have been distributed among the members for the preparation of tentative monographs. In their preparation the standards of the following countries will be given consideration: Belgian, British, Danish, Dutch, French, German, Italian, Portuguese, Spanish, Swiss, United States and Hungarian.

A Suggested U. S. P. Research Foundation.—While up to this time the Pharmacopœia has been able to finance satisfactorily its operations through established procedure, due largely to the efficient management of its Board of Trustees and the maintenance of careful economy and also because of an immense volume of voluntary help, from many collaborators, it must be realized that to meet every obligation of the future some source of increased revenue must be secured. One suggestion recently made was the establishment by the next Convention of a "U. S. P. Research Foundation" under the control of the Board of Trustees, but so organized that those interested in perpetuating the present independent character of the U. S. P. can contribute funds which will be properly conserved, but the income of which may be made available for Pharmacopœial Revision. This suggestion should be given consideration at the 1940 Convention."

Because of its relation to the report just preceding, President Gathercoal called for the report of the Committee on U. S. P., which was read by Secretary Kelly on behalf of Chairman Wirth, and the report was accepted.

"At the Dallas meeting of the ASSOCIATION, Chairman E. Fullerton Cook, of the U. S. P. Committee of Revision, submitted several suggestions to perfect the organization and work of the U. S. P. Convention and the Committee of Revision and expressed the hope that those interested would have an opportunity to consider and express themselves before the 1940 Convention, about these suggestions.

During the year your Committee undertook to aid this work by obtaining the pharmaceutical opinion as well as by giving the membership an opportunity to express itself regarding Chairman Cook's suggestions. To this end a Discussion was prepared together with a questionnaire, and published in the January (1938) number of the JOURNAL accompanied by a return ballot. Several months after publication in the JOURNAL reprints of the questionnaire were mailed out, and to date, a total of 161 replies have been received. While this is not a particularly large number, it nevertheless seems to indicate the general consensus of opinion of the membership.

The individual questions will not be discussed in this report, since a discussion has already been published in the JOURNAL. The result of the poll is as follows:

Question 1.—Do you favor that the Committee on Credentials include in its instructions to the Colleges and Associations a statement to the effect that "no delegate be considered eligible to a seat in the Convention who has not been definitely chosen by the group or college he or she is appointed to represent?"

Yes...158. No...3. (98% in favor.)

Question 2.—Do you favor the recommendation that Chapter VIII of the By-Laws of the Pharmacopœial Convention be changed to allow each member-organization one vote on every question regardless of the attendance of one, two or three delegates?

Yes...149. No...9. (Not voting 3.) (92.5% in favor.)

Question 3.—Do you favor requesting the AMERICAN PHARMACEUTICAL ASSOCIATION to hold its annual meeting in the Pharmacopœial Convention year, after the Convention rather than before the Convention?

Yes... 78. No... 81. (Not voting 2.) (48% in favor.)

Question 4.—Do you favor the present ruling being changed to the effect that persons to be eligible to membership on the Committee of Revision must be accredited delegates present at the current Convention except that, in certain cases, individuals specially qualified to serve because of the exceptional service they can render and are willing and able to give may be elected to membership on the Committee without having been accredited delegates provided such individuals are elected to the Committee by an eighty per cent vote of the Convention, or, in filling a vacancy during the decennial period, by a vote of at least eighty per cent of the members of the Committee of Revision?

Yes... 148. No... 11. (Not voting 2.) (92% in favor.)

Question 5.—Do you favor the issuing of questionnaire blanks, to be filed for each person placed in nomination for the Committee of Revision, the blanks to carry information on professional and academic accomplishments; the blanks then to be distributed in the convention before the votes are called?

Yes... 142. No... 18. (Not voting 1.) (88% in favor.)

Question 6.—Do you favor the closing of the delegation lists at least thirty days before the Convention so that the Credentials Committee may have sufficient time to check the certificates?

Yes... 140. No... 15. (Not voting 6.) (87% in favor.)

SUMMARY.

A large majority of those voting favored the suggestions as outlined in Questions 1, 2, 4, 5 and 6. It is, however, to be expressly noted that a majority did *not favor* a change of time of the A. PH. A. Convention in the decennial year (Question 3).

COMMENTS.

The Questionnaire also invited additional comments and several of considerable interest were received. Of these, the Committee desires to mention two which have a very definite bearing on the items mentioned in the questionnaire.

(1) It has been pointed out that Question 2 would involve more than a change in Chapter VIII of the By-Laws of the Pharmacopœial Convention, in that it would also involve a change in the Constitution. Article II of the Constitution says, "The members of the United States Pharmacopœial Convention, in addition to the incorporators and their associates, shall be the delegates elected by the following organizations"

This specifically states that the *members* are the *delegates* and not the organizations. It has further been suggested that the question be presented to the Legal Council of the A. PH. A. before any definite recommendation be made.

(2) It has also been pointed out that—"the proposition offered in Question 5 is unworkable because it would be physically impossible for the Convention Secretary or any Committee to have the date mimeographed in time to make it available to the voters. It has, however, been suggested that the plan could be made workable if each delegate were to fill out such a questionnaire as is proposed at the time of his appointment and file it with the secretary. This could be printed or mimeographed in time for use by the Nominating Committee. The Convention could then instruct the Nominating Committee to give first consideration to candidates who filed the data."

Your Committee feels that no definite recommendations should be made at this time other than to submit the findings of the questionnaire, which are embodied in this report, and

which speak for themselves. Returns are still coming in from the questionnaire but it is doubtful whether a future tabulation will alter the present percentage very materially.

The Committee hopes to give further study to these and other questions concerning the Pharmacopœia and to make definite recommendations before 1940. The membership of the ASSOCIATION is invited to communicate freely with the Committee and offer suggestions in this work."

Vice-President Jenkins who had taken the chair introduced former president, F. J. Wulling, Dean Emeritus of the College of Pharmacy of the University of Minnesota. Dean Wulling in a brief address expressed his pleasure in meeting with so many former friends, his continued interest in the work of the ASSOCIATION, and his best wishes for its future success. He also joined heartily in the welcome that had been extended by others.

After several announcements, the Session was adjourned at 12:00 m.

THIRD GENERAL SESSION.

President Gathercoal called the Session to order at 10:00 A.M. The minutes of the Second General Session were read and adopted.

The following communication from Dr. Malcolm T. MacEachern was read:

"Deeply regret impossible be in Minneapolis today account fixed engagements. Assure officers and House Delegates we greatly appreciate their cooperation in improving Pharmacy service in hospitals, that we are hundred per cent behind their minimum standard and will do everything possible extend its application in hospitals. Survey Hospital pharmacies not completed."

Vice-Chairman Little presented the final report of the House of Delegates covering its Second and Third Sessions and including the Resolutions approved by the House, which were submitted by title. The report was received and approved. (See minutes of the House.)

Mrs. Robert P. Fischelis president of the Women's Auxiliary, was recognized to present a brief report for the Auxiliary, including a reference to the continued effort of the organization to increase the loan fund which had been established for the assistance of women students in Pharmacy, and assured the ASSOCIATION of the desire of the Auxiliary to cooperate in any way possible.

Dr. C. F. Lanwermeyer, chairman of the Scientific Section, then presented the Ebert Prize for 1938, to Dr. F. F. Johnson, for his paper on, "Solubility and Hydrogen-Ion Concentration of Quinine Salts." Dr. Johnson was presented by Dean Emeritus Wulling and expressed his sincere appreciation of this very unexpected honor.

Before proceeding with the installation of officers, President Gathercoal again expressed his appreciation for the honor of serving as presiding officer, pledged his continued interest in the work of the ASSOCIATION, and thanked all who had cooperated with him, particularly Local Secretary Rogers and others who had contributed to the success of the Program.

Former President James H. Beal was requested to present the officers-elect and first introduced Glenn L. Jenkins and Robert L. Swain as members of the Council. These gentlemen were installed together with Roy B. Cook who was unable to be present. First Vice-President Mickelsen and Second Vice-President Moulton were next installed, the latter in absentia. After his installation, President Lascoff delivered the following address:

"Now that I have been duly installed as the president of this time-honored organization, I want to express my very deep and sincere thanks for the confidence which you have placed in me and to make the frank confession that I look upon this distinction as the greatest honor which has ever come to me.

It shall be my constant purpose during the year to devote as much time as I possibly can to the duties of this office so that, when I return to you at the close of my year, I may have some measure of satisfaction in having done the job as I think it should be done and also a fair record of accomplishment to report to you.

I am aware of the fact that my predecessors in this office have, without a single exception, been leaders in the world of Pharmacy and men who earned the right to the Presidency of this organization. It shall be my constant aim to measure up to the standards they have set and to

do all that I possibly can to better the profession to which we have given our lives and for which this ASSOCIATION was first established.

I realize that this is the closing session of the convention. We have had an unusually full program and those of us, who have followed the various sessions throughout the week, have a right to feel more or less tired and let down. For that reason I shall not burden you with a long address. I do, however, want to submit six proposals which I shall make the backbone of my administration, and while all of them are far-reaching and ambitious, nevertheless, it shall be my desire to meet those objectives in the fullest possible manner.

I: Inasmuch as I look upon Pharmacy as a profession, and the handling of drugs and medicines a great public calling, I shall devote my full efforts to arousing an interest in professional Pharmacy among the retailers of this country. In attempting to do this, I shall coöperate with all agencies seeking to bring about a better understanding between Medicine and Pharmacy. In this connection I shall seek to advance the popularization of the United States Pharmacopœia and National Formulary among the medical profession and the Recipe Book among the pharmacists themselves.

II: It shall be my purpose to do all that I can to improve the membership of the ASSOCIATION. While I cannot at this time, state just how this will be brought about, my efforts will certainly include a personal appeal by means of letters sent to thousands of retail druggists and others interested in professional Pharmacy, urging them to join hands with me in building up the AMERICAN PHARMACEUTICAL ASSOCIATION so that it may be in position to serve professional Pharmacy to a much greater extent than before.

III: It shall be my purpose to coöperate with the college group in their efforts to attract better qualified persons into our profession and to raise the ethics of the profession itself.

IV: It shall be my purpose to coöperate with State Boards of Pharmacy in their efforts to better pharmaceutical legislation, and particularly in their efforts to suppress all fake educational institutions, cram schools and all similar undertakings.

V: It shall be my purpose to arouse pharmacists to the need of so conducting themselves and their places of business as to merit professional standing. This will include special efforts toward the modernization of prescription facilities, contacts with physicians in their neighborhoods, and other public health groups. In other words, I shall seek to have them feel that, if they seek professional prestige, they themselves must conform to professional standards.

VI: It shall be my purpose to coöperate with the National Association of Retail Druggists and the State Pharmaceutical Associations in all efforts to improve conditions under which retail Pharmacy is carried on, and particularly in their efforts to solve, or at least alleviate some of our most serious problems.

While I have, primarily, devoted myself to retail Pharmacy, I have also been privileged to associate rather intimately with other phases of pharmaceutical work. I have just been appointed to my eleventh term as a member of the New York Board of Pharmacy, and am now serving as the president of that group.

For twenty-five years or more, I have been privileged to serve as a member of the Board of Trustees of the College of Pharmacy of Columbia University, and thus it may be reasonably supposed that my interest would include at least these three major divisions of Pharmacy.

While frankly I am proud that I have been privileged to serve Pharmacy in this manner, at this time I am more impressed with the fact that the greater the opportunities for service, the greater that service should be. As I remarked before, it is my purpose to meet the demands of my office in such a manner as to merit some degree of personal satisfaction. For this reason I shall not only devote my efforts to retail Pharmacy but to the schools and to the Boards and to other agencies where my services might be helpful in pushing the program ahead.

It is taken for granted that every one present will coöperate with me as fully and as wholeheartedly as they have with my predecessors and I confess to you, frankly, that I shall look forward to that coöperation because, without it, my administration would be very poor indeed.

Let us all work together as one great unit, harmoniously, and with one ideal in mind—Progress in Pharmacy.”

There being no further business the 86th Annual Meeting of the ASSOCIATION was adjourned, sine die, at 10:50 o'clock.