

THE EIGHTY-SEVENTH ANNUAL MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, ATLANTA, GA., AUGUST 20-26, 1939

THE GENERAL SESSIONS

ABSTRACT OF THE PROCEEDINGS.

The General Sessions were held in the Hotel Biltmore, Atlanta, Ga., on Tuesday evening August 21; Thursday forenoon, August 24; and on Saturday forenoon, August 26, 1939.

FIRST GENERAL SESSION.

The Session was called to order by President J. Leon Lascoff at 8:50 P.M., and the former presidents of the ASSOCIATION, in attendance, were invited to occupy chairs on the platform.

President Lascoff stated that he had been presented with a gavel made from the newel post in the old home of Dr. Crawford W. Long, in Athens, Ga., by President Frank K. Bolland of the Crawford Long Memorial Association, and that after the meeting the gavel would be presented to the Historical Museum in the AMERICAN INSTITUTE OF PHARMACY.

At the invitation of the president, Dean Curry of the Louisville College offered the invocation.

The secretary read communications from Honorary President Anderson and Vice-President Mickelsen; and from Messrs. David Hooper, J. W. Dargavel, W. D. Adams and Anton Hogstad, Jr., expressing regret that they could not be present and extending best wishes for a successful meeting.

Mr. Charles H. Evans introduced President Bonnie Brown of the Georgia Pharmaceutical Association and President M. J. Long of the Atlanta Retail Druggists' Association, who extended greetings and good wishes on behalf of these organizations. In the absence of President A. C. Ayres of the Fifth District Pharmaceutical Association, Mr. Evans spoke for him.

Dr. C. H. Rogers, Chairman, reported for the House of Delegates that the First Session would be held on Wednesday forenoon and invited everyone in attendance at the meeting to attend this Session whether a delegate or not. He stated that this was a very important session and emphasized that the meeting would start at the time scheduled.

PRESIDENT'S ADDRESS.—Second Vice-President George A. Moulton occupied the chair and requested the attention of those present while President Lascoff read the following address, which was received with interest and prolonged applause.

"Ladies and Gentlemen:

I am indeed delighted to preside over this Eighty-Seventh Annual Convention of the AMERICAN PHARMACEUTICAL ASSOCIATION, and am particularly pleased that it is meeting in Atlanta. In looking back over the records of the ASSOCIATION, I find that it met in Atlanta in 1878, which, by a simple process of subtraction, shows me that we have been sixty-one years in paying a return visit.

While it is true that we have not had the pleasure of meeting in Atlanta for sometime, this is not to be construed as indicating that we have not been meeting in the South. As a matter of fact, the number of times that the ASSOCIATION has met below the Mason-Dixon Line, shows that the ASSOCIATION has been mindful of Pharmacy in the South and has sought to maintain frequent contacts with this delightful section of the country: 1890, Old Point Comfort; 1891, New Orleans; 1894, Asheville; 1898, Baltimore; 1900, Richmond; 1908, Hot Springs; 1910, Richmond; 1913, Nashville; 1921, New Orleans; 1923, Asheville; 1930, Baltimore; 1931, Miami; 1934, Washington, D. C.; and 1936, Dallas.

I am certain that in 1878 the ASSOCIATION was entertained with true southern hospitality and our failure to return more promptly, I know, is due entirely to the immensity of this country and in no sense is indicative of a lack of appreciation on our part.

As president of the AMERICAN PHARMACEUTICAL ASSOCIATION, I want to express the fullest confidence in the integrity of the South, and to extend a warm and hearty welcome to the pharma-

cists of this section to join hands with the ASSOCIATION in improving Pharmacy, not only here, but throughout the country as a whole. We are indeed happy to be back. We are certain we shall enjoy our stay, and we hope that you who are entertaining us will gain as much from the contacts as I am sure we ourselves will.

At the very outset, I want to express my personal thanks to Dr. Robert C. Wilson and his co-workers who have so ably perfected the arrangements for this convention and much of its success will be due to their thoughtfulness and care in this respect.

In this address I shall make no attempt to discuss, or even mention, many of the activities which the ASSOCIATION has carried on during the year. You know that the center of the activities of the ASSOCIATION is the secretary's office, and you know that you have a secretary in Dr. E. F. Kelly, who not only is well qualified to administer the affairs of the ASSOCIATION, but is one to whom the entire pharmaceutical world looks for leadership and inspiration.

It would be unfair of me to attempt to claim credit for much the ASSOCIATION has done during the year, and it would also be unfair to the ASSOCIATION, because many of the things which it has undertaken are a part of the long range program and can only be brought to successful completion through years of devotion and hard work. Attempting to make them appear as part of my administration, in the sense that they were instituted by myself, would present these activities improperly. I shall, therefore, leave to Dr. Kelly the discussion of the ASSOCIATION'S major activities and ask him to interpret them to the membership.

My address will be devoted to a discussion of some of my own activities on the one hand, and an exposition of the views which I hold on the nature and needs of professional pharmacy, on the other. I believe that a president serves the ASSOCIATION best when he presents himself to the membership as a human factor, as by so doing, he emphasizes the continuity of the ASSOCIATION'S existence and thereby gives coherence to its policy and activities.

When I was installed as president of this time-honored organization at the Minneapolis convention, I stated that I looked upon my election to the presidency of the AMERICAN PHARMACEUTICAL ASSOCIATION as the greatest distinction that could ever come to me. As that was my feeling then, I can assure you that the feeling has become intensified after one year in office.

I wish it could have been possible for every pharmacist in America to have been at my side during the past twelve months, so that they might have obtained a closeup of the extremely important work which this ASSOCIATION does in behalf of Pharmacy. If they could see the intimate workings of the organization and could grasp the fine spirit which pushes it forward, I am sure that the membership of this ASSOCIATION would go ahead by leaps and bounds. The more closely I am associated with the AMERICAN PHARMACEUTICAL ASSOCIATION, the more I am convinced that the welfare of American Pharmacy demands that the ASSOCIATION be maintained in the strongest possible condition.

A brief review of my work in Pharmacy is necessary, as it is from this background that I shall try to interpret my own opinions and to show that the references I shall make to professional pharmacy are in no sense perfunctory, but constitute the bedrock upon which my work has been based.

I came to this country in 1892, at the age of twenty-five, and at that time had had six years of practical experience and had completed my pharmaceutical education. I am somewhat shocked by the realization that forty-seven years have passed since then and, yet, the length of time rather pleases me because for that entire period, I have been privileged to practice Pharmacy in this country and to do what I could to interest others in Pharmacy from a professional point of view.

I became a member of the AMERICAN PHARMACEUTICAL ASSOCIATION in 1903. The first annual meeting that it was my privilege to attend was in New York in 1907, at the then 'new' Hotel Astor, and the first paper that I ever presented before the AMERICAN PHARMACEUTICAL ASSOCIATION was before the Section on Practical Pharmacy and Dispensing at that meeting. In 1915 and 1916 I served as president of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION. I think I have attended most of the annual meetings of the AMERICAN PHARMACEUTICAL ASSOCIATION since I first joined and I served as chairman of the Section on Practical Pharmacy and Dispensing in 1913.

In the chairman's address that year, the conditions confronting Pharmacy were reviewed. Even at that time, the prophecy was being made that we should have two types of drug stores—one dealing with the purely professional aspects and the other, the more or less commercial institu-

tion. I made the plea 'Let us have more pharmacies and fewer drug stores.' I mention this in the name of consistency, as the feeling which I had then, I have now. I believe there is need for more pharmacies conducted by professionally-minded men, conscious of their professional obligation to the public, and endowed with a deep-seated determination to give Pharmacy its proper place in the professional world.

I hope you will condone these more or less personal references to myself. However, I am speaking not only to the group assembled here, but I have before me as I speak, the pharmaceutical body of this country, and I want them to know that the principles which I announce and the precepts which I seek to emphasize, are more than lip service and that I am crystallizing, in a few statements, that work which has been the heart and soul of my existence.

From the beginning of my career in Pharmacy, I have been imbued with a deep love for my profession and I have earnestly tried to make use of every opportunity for making Pharmacy mean more, not only to me, but to my fellow pharmacists, to the other public health professions, and to the public at large. I do not know how well I have succeeded, but I can say, with the deepest personal satisfaction, that I have at least done my best.

ACTIVITIES—1939.

Those of you who were at the Minneapolis convention will recall that in my acceptance address I enumerated six activities which would receive my attention during the year. Summarizing briefly, let me say that these included (1) arousing an interest in professional pharmacy among the retailers of the country; (2) increasing the membership of the ASSOCIATION; (3) coöperating with the college group in their efforts to attract better qualified persons into Pharmacy and to raise the ethics of the profession; (4) coöperating with boards of pharmacy in their desire to modernize and strengthen pharmaceutical legislation; (5) arousing pharmacists to the necessity of conforming to acceptable professional standards if they would merit professional standing; (6) coöperating in all efforts aimed at the solution of our more serious economic problems. I shall not discuss each of these six points separately, but will attempt to give you a composite view of the work done.

During my terms as president, first vice-president and president elect, I have spoken before the student bodies of the following colleges of pharmacy: Rutgers University, University of Buffalo, Rhode Island, Temple University, Connecticut, Medical College of Virginia, St. Johns University, University of Iowa, Columbia University, Philadelphia College of Pharmacy and Science and the University of Pittsburgh.

Other colleges of pharmacy sent me very cordial invitations to address their student bodies and I want to say that each of these invitations was very much appreciated. I deeply regret that circumstances were such that it was not possible for me to accept all of the invitations, much as it was my desire to do so.

At each of these institutions I sought to emphasize the true significance of the AMERICAN PHARMACEUTICAL ASSOCIATION to the needs of Pharmacy and to stimulate the interest of the students in matters of professional practice.

It was also my privilege to speak before several state pharmaceutical associations. Here too, I sought to emphasize the importance of the ASSOCIATION to Pharmacy as a whole, and to urge financial support for it on the part of pharmacists. At many of these conventions my talks included a discussion of prescription compounding, with special reference to incompatibilities and other difficulties. These talks were embraced in a series entitled 'It Can Be Done.'

It has been my feeling that we should do all we can to strengthen the economic foundation of the drug store and for this reason, whenever I had the opportunity of speaking before state pharmaceutical associations, I emphasized the importance of the fair trade acts and urged retailers to coöperate to the fullest extent in making them effective.

At every convention which I attended I was received with the very greatest cordiality. There was deep interest manifested in what I had to say, and I interpreted this not so much as a personal compliment but rather as an acceptance that I was speaking to them from the ranks of retail pharmacy, and also as president of an ASSOCIATION which has long since been recognized as the dominant influence in the field of Pharmacy.

MEMBERSHIP.

It is my hope that these contacts have stirred up deeper interest in the work of the ASSOCIATION and that this interest will crystallize in an increase in membership. There is some evidence that this has been done, as the membership in the ASSOCIATION has been increased by at least eight hundred during this year.

In going over the list of new members I have been impressed with the fact that a large proportion of them are retail pharmacists and that many of them are making a real attempt to develop along professional lines. To these I extend a hand of welcome and hope that from the ASSOCIATION they will receive that stimulation and leadership which will encourage them to persist in their professional desires.

The increase in membership can be accounted for in a number of ways. I am certain that Dr. Kelly had a great deal to do with it. I am certain, too, that we gained some from the accumulated work which the ASSOCIATION has been doing for some years. However, I should like to believe that much of it came as a result of my direct personal appeal.

I am indeed happy to report that a much smaller number of members dropped out this year. While this in itself was gratifying, I, nevertheless, looked upon each case as important and I wrote a personal letter to each person who had dropped his membership, in order to ascertain what induced him to take this action, I am pleased to state that in no instance was there any lack of sympathy with the spirit and objectives of the ASSOCIATION and no complaint with respect to its manner of operation. The reasons in every instance were of a purely personal character.

During the year I sent twelve thousand or more letters to retail pharmacists throughout the country, pointing out to them the major accomplishments of the ASSOCIATION, emphasizing the principles upon which it is built, stressing the importance of these principles to their own work, and urging them to join hands with me in making the AMERICAN PHARMACEUTICAL ASSOCIATION a better and stronger organization. While the response to this effort was not all that one might wish for, the increase in membership is, nevertheless, very gratifying to me.

In addition to the foregoing letters, I sent a message to every member of the graduating classes in the colleges of pharmacy, as other presidents have done in recent years, in which I congratulated them upon having received their degree and extended a welcome to them as they joined our ranks. I also extended an invitation to each of them to become members of the AMERICAN PHARMACEUTICAL ASSOCIATION, and thus become actively identified with our organized efforts to improve Pharmacy from a professional point of view.

In connection with this matter of attempting to interest college of pharmacy graduates in the work of the ASSOCIATION, I am happy to include a letter received on June 14, 1939, from Dr. Ernest Little:

'The latest thing we have done at the New Jersey College of Pharmacy is to secure one hundred per cent membership in the AMERICAN PHARMACEUTICAL ASSOCIATION on the part of our graduating class. We graduated forty-one members on June 7th, and we are sending Dr. Kelly forty-one applications for membership in the AMERICAN PHARMACEUTICAL ASSOCIATION. We hope to duplicate this achievement next June. Comparatively little will be accomplished, however, unless other colleges follow suit. There are in the neighborhood of fifteen hundred graduates receiving the Bachelor of Science in Pharmacy degree each year. Think what it would mean to the AMERICAN PHARMACEUTICAL ASSOCIATION if we could enroll twelve hundred of them as members when they graduate from college! I believe this could be done if the deans could be stimulated to direct their best efforts along that line.'

In extending congratulations to Dean Little for this very fine interest on his part, let me state that I sincerely hope the attitude shown by the New Jersey College of Pharmacy will be duplicated in every college of pharmacy in this country.

Without attempting any further elaboration on my work, let us proceed to a discussion of some of the conditions which confront us and which loom large in the thinking of a professional pharmacist.

RECIPE BOOK.

I am sure you will pardon me for making a reference to the Recipe Book. This is one of the important undertakings of the ASSOCIATION and one which I really believe can be made of much greater value.

I became chairman of the Recipe Book Committee in 1920, and am still serving in that capacity. The first Recipe Book was issued in 1929 and the second in 1936. About eight thousand copies of Recipe Book II have been sold and this I take to be a substantial endorsement of what the Recipe Book attempts to do. I have interpreted the function of the Recipe Book to be that of furnishing workable, dependable and practical formulas for many drug, chemical, toilet and similar preparations, for which the pharmacist has frequent calls, but which, for some reason or another, are not officially recognized either in the Pharmacopœia or the National Formulary.

Anyone with experience in the retail drug business knows that there is an actual demand for a work of this kind and it is in recognition of this demand that the Recipe Books of the ASSOCIATION have been edited and compiled.

It is my feeling that the sale of the Recipe Book can be greatly expanded. The Book should be advertised, retailers and manufacturers should be aware of its use, and if this were done, I have not the slightest doubt that it can be made of still greater value to pharmacists and the drug industry.

SOCIALIZED HEALTH SERVICES.

We hear a great deal to-day of the socialization of Medicine. I am much impressed with the belief that this term is used by many who have not gained a sound understanding of what is involved but, as a pharmacist, I know that if there is to be any further socialization of Medicine, it is bound to involve the socialization of Pharmacy.

I believe that the ASSOCIATION should continue to give close study to the conditions under which socialized Medicine is practiced in England, Germany and other countries of Continental Europe. With accurate information with respect to the status of Pharmacy under these socialized services we would be in position to more satisfactorily decide which of the developments are helpful and which are to be avoided.

I do not know, nor do I claim to know, just how socialization will proceed. I am not altogether convinced that there is need for any widespread, sweeping changes in the conditions under which medical services are furnished. I am far from being assured that the government, either federal or state, or both, is suited to administer the medical facilities of this country, and I should urge the policy of watchful waiting.

COÖPERATION WITH OTHER HEALTH GROUPS.

The surest means, in my judgment, of protecting the interests of Pharmacy under the present system, is closer coöperation with Medicine and other public health professions. Necessarily, Medicine and Pharmacy have much in common. It would seem that each of them would be in a better position to meet their problems and to discharge their obligations to the public if they worked in closer harmony. The AMERICAN PHARMACEUTICAL ASSOCIATION could serve Pharmacy in no better way than to bring about a more effective relation and a reasonable understanding between Medicine and Pharmacy, so that a constructive, socially-minded and practical program might be developed.

PHARMACISTS ON THE BOARDS OF HEALTH.

Another essential in maintaining the proper place for Pharmacy in the changed conditions which will come about is to have Pharmacy recognized by actual membership on state and municipal boards of health. While much headway has been made in this respect, there has been no real organized effort behind it. Pharmacy is now recognized on the boards of health of several states and some advance was noted this year. Legislation was passed in Oregon and in New Jersey authorizing a pharmacist on the Boards of Health, and legislation in New Hampshire, while not specifically specifying Pharmacy, was, nevertheless, passed with the understanding that a pharmacist would be given membership on the Board of Health of that State.

I emphasize this as one of our professional objectives because Pharmacy cannot occupy that place in the public health scheme to which it is entitled, unless it is given a voice and a responsibility in public health administration. I urge that the AMERICAN PHARMACEUTICAL ASSOCIATION continue its interest in this subject and that legislation providing for a pharmacist on the boards of health of every state be made one of its major objectives.

HOSPITAL PHARMACY.

I think, too, that we should show greater interest in the development of hospital pharmacy, as, necessarily, the hospital pharmacist will come into close contact with Medicine and other medical specialists and will be in position to interpret Pharmacy to them in a basic and fundamental way.

If the law of every state requires that a registered pharmacist must be in charge of a public pharmacy, then there are indeed strong reasons why the dispensing of medicines and poisons in a hospital should be equally supervised and controlled. It is because of the unusual character of the work which the hospital pharmacist is called upon to do that hospital pharmacy bids well to become a basic factor in our field.

There is much to indicate that medical practice will be centralized more and more in hospitals, particularly under voluntary sickness insurance and other insurance plans. I am glad that the ASSOCIATION has instituted a section on hospital pharmacy and I urge that the members support it to the fullest extent.

U. S. P. AND N. F. PROMOTION.

As chairman of the U. S. P. and N. F. Propaganda Committee of the New York State Pharmaceutical Association, I am indeed gratified to see the increased interest being given to ways and means of promoting greater attention to the official preparations. In my own State this interest is very real and physicians there, as a matter of actual fact, are showing increased attention to the U. S. P. and the National Formulary. In order to push this program ahead in New York, a number of joint meetings have been held between pharmacists and physicians and there has undoubtedly resulted from them much goodwill and mutual regard. In conjunction with these efforts, approximately forty thousand copies of the Revised Physicians' Pocket Manual, prepared under the auspices of our Committee, have been distributed to physicians, medical societies, et cetera.

While I have emphasized the work being done in New York, I am happy to state that similar work is being done in at least thirty-seven other states. From this concerted effort is bound to come much good to Medicine, to Pharmacy and to the general public.

As evidence that this ASSOCIATION is deeply interested in this work, I am pleased to state that a meeting of the U. S. P. and National Formulary Committees will be held at this convention as a part of its regular program.

I wish also to direct your attention to the U. S. P. and National Formulary exhibit in this hotel and hope that you will find time to pay it a visit as it is an excellent illustration of how official preparations can be made the subject of effective display. I am convinced that the work of the U. S. P. and N. F. Committees is sound and that it is bound to stimulate interest in official preparations with corresponding benefits to the medical profession and to the public as well.

PHARMACY WEEK.

Pharmacy Week has always been very close to my heart as it is dedicated to basic pharmaceutical principles. It is one week in the year set aside for the purpose of acquainting the public with the professional work which pharmacists carry on and to this extent, I think is a basic contribution to basic pharmaceutical thinking. Certainly, we cannot serve Pharmacy any better than by making the public conscious of its essential public health function. I earnestly urge pharmacists to show greater interest in Pharmacy Week so that its purpose might come closer to fulfillment.

As chairman of the National Pharmacy Week Committee this year, I selected Mr. John O'Brien, a professional pharmacist in Omaha, Nebraska. Mr. O'Brien has distinguished himself by winning the National Pharmacy Week prize and also by his interest in professional work. He is a retailer and because of this alone, should receive the support and cooperation of all retailers who are professionally minded.

CONFERENCE OF PROFESSIONAL PHARMACISTS.

I wish also to express my approval of the Conference of Professional Pharmacists which held its first meeting at Minneapolis last year and which will meet again at this convention. I am

satisfied that great good will come from these annual meetings as the programs can be so devised as to give much needed stimulus to professional thinking and professional practice.

I want to compliment Dean C. B. Jordan and many other professionally-minded pharmacists for their interest in this work and for having brought the Conference into being. It is a splendid service to American Pharmacy and as president of the AMERICAN PHARMACEUTICAL ASSOCIATION, I want to express my deep and sincere interest in this movement and hope that it will become one of the outstanding features at our annual meetings.

EDUCATION IN PHARMACY.

Pharmaceutical education is basic to the professional standing of Pharmacy. Our educational standards must compare favorably with educational standards in other public health fields if Pharmacy is to occupy a reasonably satisfactory place in the professional scheme. It is for this reason that we should give active support to the work of the American Council on Pharmaceutical Education.

The Council was set up, as you probably recall, by the AMERICAN PHARMACEUTICAL ASSOCIATION, the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy. Membership on the Council consists of three from each of these groups, together with one from the National Council on Education.

The work of the Council has progressed reasonably well and I look upon it as one of the most constructive things ever undertaken in our field. It is certain to better our teaching institutions and is bound to produce better educated and thus better qualified pharmacists. These factors are fundamental and are certain to result in elevating the standards throughout our field.

PROFESSIONAL PHARMACY.

While we all recognize that the drug store is under tremendous economic pressure, and that competition, in a commercial sense, has become extremely intense and severe, this is all the more reason why we should do our best to develop Pharmacy along professional lines. While I do not hold the hope that retail pharmacy will ever be free from commercial difficulties, I believe those difficulties will be minimized by advancing its professional standing. It is from this point of view that I have developed my own work in Pharmacy and it is to this point of view that I would attract the attention of pharmacists in general.

I know it is frequently said that there is not enough professional work in this country to support a great number of professional pharmacists, but I also know that no one can vouch for the accuracy of this statement, as no real attempt has been made on the part of Pharmacy in general to increase professional work. The advance in pharmaceutical education, the advance in the medical sciences and the advance in public health needs, are opening up new opportunities for men and women trained in the sciences upon which public health depends. I am convinced that in this new order of things, many new opportunities will be opened up for pharmacists if they themselves are willing and able to grasp them.

INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY.

The Tenth Congress and the first one to be held in the United States was convened in Washington, D. C., on May 7th and met there until May 15th, with a number of trips to places of interest. The sessions of the Congress were then transferred to New York where they were completed on May 19th with an official banquet. Surgeon General C. R. Reynolds, U. S. Army, served as president of the Congress. In addition to the general business of the Congress which meets each two years, a number of Scientific Programs were considered at separate meetings.

As president, I extended the greetings of the AMERICAN PHARMACEUTICAL ASSOCIATION. This meeting was attended by a number of pharmacists from Washington. Dr. Eberle, Dr. Kelly and I were invited to attend the various sessions, the formal reception to the delegates and other functions.

Practically all of the pharmaceutical delegates found time during their busy stay in Washington to visit the Pharmacy Building, to inspect the work being carried on by the ASSOCIATION and to secure information about pharmaceutical conditions in this country.

The profession of Pharmacy was given recognition by the Congress in the election of Colonel Jules Thomann as president, to serve during the coming two years and to preside over the Eleventh

Congress which will be held in Switzerland in 1941. Colonel Thomann is the first pharmacist to hold the highest office in the Congress and the congratulations of the pharmacists of the United States go to him, with best wishes for a successful administration.

OWNERSHIP LAW.

I have purposely refrained from any extensive recommendations. I do, however, wish to recommend that the AMERICAN PHARMACEUTICAL ASSOCIATION again give its attention to the feasibility of legislation which will restrict the ownership of drug stores to registered pharmacists. I have given this subject a great deal of attention and I think I can say that my work in Pharmacy has convinced me that many of our problems would never have arisen had the ownership of drug stores been limited to registered pharmacists.

I shall not elaborate on this point as we are all familiar with the situation which confronts us. I know that previous ownership laws have failed to stand up in the courts. Nevertheless, I believe that the problem is sufficiently urgent to again engage our attention to see if it will not be possible to bring about some means or method by which non-pharmacists may be eliminated from the pharmaceutical field.

More important still, is the public welfare and in my judgment, if this could be made the controlling factor, it should be possible to devise legislation which will, in fact, restrict the ownership and operation of drug stores to registered pharmacists.

NATIONAL ASSOCIATION OF RETAIL DRUGGISTS.

I wish to express my very sincere interest in the work of our sister organization, the National Association of Retail Druggists, and also my confidence in its aims and objectives. The National Association of Retail Druggists was brought into being to serve the same purpose in the field of economics as the AMERICAN PHARMACEUTICAL ASSOCIATION in the field of professional practice. As I view the situation, the National Association of Retail Druggists and the AMERICAN PHARMACEUTICAL ASSOCIATION are both essential, as certainly the work which each does must be done if Pharmacy is to persist.

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY.

As one who has served twenty-eight years as a member of the New York State Board of Pharmacy, I must of necessity pay my compliments to the National Association of Boards of Pharmacy and to express the view that it has been one of the most constructive influences in our field. As a Board member, I am particularly grateful for the leadership of Dr. H. C. Christensen, as I know that much of the advance which has come about in the registrational field has been due to his keen understanding of our problems and his sustained interest in all sound efforts for raising professional and educational standards.

I want, too, to express my appreciation to Dr. Robert L. Swain for the principles enunciated in his address as president of the National Association of Boards of Pharmacy. While some time may be required for us to catch up with his point of view and the program which he outlined, I am satisfied that in due course his presidential address will become looked upon as the beginning of a new era in the operation of state boards of pharmacy. Certainly, the time has come, as Dr. Swain so well said, when boards of pharmacy should re-survey their traditional position and modify it in accordance with the great advancement made in the field of pharmaceutical education.

The National Association of Boards of Pharmacy has indeed been a source of strength to our whole pharmaceutical structure and I am happy on this occasion to express my interest in it and my indebtedness to it.

AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY.

It has also been my privilege to serve as a member of the Board of Trustees of the College of Pharmacy of Columbia University for twenty-five years and through this connection to have close contact with the splendid work which the A. A. C. P. has done to extend and improve pharmaceutical education. It is a pleasure to commend the ASSOCIATION and to bespeak for its continued and loyal support.

I wish to compliment Dean Rufus A. Lyman for his splendid work in the *American Journal of Pharmaceutical Education*, one of the important activities of the A. A. C. P. The journal is serving a fine purpose and has set a standard which warrants the thanks and appreciation of all. Dean Lyman is to be encouraged in this activity and urged to maintain the high standards which he has set.

I wish also to thank Dr. Kelly, the members of the Headquarters Building staff and all officers and committee members who have worked with me during the year. I should like to refer to them by name, but this is not possible, and I hope that they will accept this expression of thanks as very personal and very sincere.

I desire again to express not only my personal thanks but also the thanks of the ASSOCIATION for the splendidly effective work which has been done by Dr. Robert C. Wilson and the members of the Local Committees. They seem to have anticipated all our needs and to have made generous provision for them. Again, our thanks to Dr. Wilson and his fellow workers.

I wish also to express my thanks to the Women's Auxiliary and to its chairwoman, Mrs. Robert P. Fischelis, and the hope that they will meet with great success in providing for a student loan fund. This is a worthy undertaking and one to which the women of the organization might well devote their attention. The work is progressing reasonably well, I am advised, and I hope that by this time next year the movement will be well along the road to success.

DECEASED MEMBERS.*

I should like to refer to those members of the ASSOCIATION who have died during the year. I wish it were possible to list the names in this address but the number would be too large. A memorial service will be held at the second general session on Thursday, when tribute will be paid to those co-workers who have passed on.

RECOMMENDATIONS.

1. That a study be made of the present possibilities of enacting constitutional legislation which will restrict the ownership of drug stores to registered pharmacists.

2. That a systematic effort be made to interest the pharmacists of the several states in securing legislation which will give Pharmacy membership on the state boards of health.

3. That special consideration be given to ways and means of bringing the medical and pharmaceutical professions closer together, to the end that they may actively coöperate in questions of mutual interest, with particular reference to the socialization of the medical professions, the greater use of official preparations and in other helpful ways, and that a committee be appointed to acquaint the American Medical Association with the purpose of the AMERICAN PHARMACEUTICAL ASSOCIATION and to seek its aid in effectuating a workable, practical program for co-operation between these two great professional organizations.

4. That a study be made of the possibilities of the Recipe Book and that sound promotional plans be adopted bringing it to the attention of pharmacists and the drug industry.

5. That the ASSOCIATION lend its efforts to the development of professional pharmacy as this is expressed in hospital pharmacy, the Conference of Professional Pharmacists and in all other pharmaceutical endeavors which are aimed at stimulating deeper interest in Pharmacy as a public health profession.

6. That determined effort be made to make the observance of Pharmacy Week of greater significance each year and that the Committee on Pharmacy Week be impressed with the necessity of so presenting Pharmacy Week to pharmacists and especially retail pharmacists, as to stir up their interest in its observance as a matter of professional pride and obligation.

7. That continued studies be made of the membership problems of the ASSOCIATION with special reference to ways and means of securing a large proportion of the graduates in Pharmacy as members, as well as ways and means of directing the attention of retail pharmacists to the work of the ASSOCIATION and in pointing out its application to the everyday work which Pharmacy carries on.

CONCLUSION.

I have confidence in the future of Pharmacy. I have faith in its integrity, and know that it serves an absolutely essential purpose. As I look back over my fifty years as a practicing pharma-

cist, I am filled with that sense of satisfaction which comes from having done the job as best I could. I am conscious of that warmth of feeling which comes from having done ones best to reach the realization of ones ideals. I can do no more than to express my own personal faith in Pharmacy and to give you every assurance within my command that if I had my years to live over, I would pursue exactly the same path and adhere to exactly the same principles. And so, in the words of the immortal Lincoln: 'Let us have faith that right makes might and in that faith let us, to the end, dare to do our duty as we understand it.'"

Vice-President Moulton thanked President Lascoff for his services throughout the year as well as for his address, which was automatically referred to the Committee on Resolutions.

President-Elect DuMez was introduced and expressed his appreciation for the honor done him in this election and his best wishes for a very successful and enjoyable meeting.

ADDRESS.—Gov. E. D. Rivers of Georgia was then introduced by Mr. C. H. Evans and delivered the following:

"We are happy to have every one of you here in Georgia, and the people of this state have looked forward with a great deal of pleasant anticipation not only to the social privilege of having you hold a convention here, returning after some sixty years since you were here last, but to the renewed interest and the better understanding on the part of the people of the state of the fine place that your profession occupies in the scheme of things as the result of your active convention being held here. So that in coming here, you do us a service, and we hope that we can reciprocate by hospitality, by newspaper recognition and publicity, and by coöperation in every possible way that a host city and a host state can coöperate to make your deliberations pleasant and to make them successful.

On behalf of the people of the State of Georgia, I want to assure you that we welcome you here and that we hope that having stayed through the convention, you will have a desire to come back and visit us more often in the future.

We have come to realize in our state that no state lives unto itself alone, that we must exchange ideas with people from other states and other sections of the country, that after all, we are one great nation of people and that in the making up of that great nation there shouldn't be the barriers between states, either in the form of prejudices or intolerances, or otherwise, that will in any way deter a full and free coöperation and working together of all parts of this great country and all creeds and all peoples and professions, from whatever state and whatever section of our great country. So in welcoming you here, we welcome you in that spirit, the spirit of knowing you can help us a lot, and with a spirit of hoping that we can help you a little.

You come to a state that is in the midst of a far-flung progressive program in government, in economics, in the social uplift of our people. You come at a time when, progressive as you are, and far-sighted as are your leaders, and ambitious as is your program, you find a public psychology among the people that you are now holding your convention among that fits admirably with the setting that you have wanted for such a convention. You have come to a state that has made wonderful progress over the period of the years in the very profession that you practice. I can remember in Georgia, and I am not yet an old man, when there were no educational requirements for practicing Pharmacy, and gradually through the activities of the pharmacists of this state, inspired I am sure by the objectives of your fine national association and of our state group, we have come along with our laws and with the thinking of the people until to-day we require a full four-year college course in Pharmacy before a person can be licensed to practice Pharmacy. Coming within the span of my lifetime from no educational requirements to the standard we have already reached I think speaks far more eloquently than I can of the fact that the people of this state are progressive, and they are responding to the ideals and the ethical conceptions of the members of your fine profession.

I can remember the time not so long ago when any sandwich shop could hang out a druggist's sign and call itself a drug store. The Legislature has come along with the thinking of the pharmacists in the state and we now prohibit the use of the sign of the drug store unless in that place of business there is employed a regular licensed pharmacist.

I can remember the time a few short years ago when the pharmacists were not recognized as an important profession in the public health work of our state. There was no provision in our

law for a pharmacist to be appointed as a member of the State Board of Health, and their value in the health program was entirely overlooked or ignored. But only a few short years ago we made provision whereby new pharmacists occupy important places on our State Board of Health and contribute to the fulfilment of the health program of the people of the state.

Even up until this spring the inspection of drugs by the state government, our drug inspectors, were under the Department of Agriculture, just why I do not know, but at the last session of our Legislature we placed all of this inspection work under our State Board of Pharmacy.

I mention these things for the purpose of emphasizing the statement I made at the outset that in Georgia we are more and more recognizing the fine place you occupy in the health program and generally in the welfare and well-being of our people. As fast as the pharmacists of the State call to the attention of our Assembly and create in the thinking of our people an interest in those things for which you strive, they are considered, for we are trying to keep abreast with the ideals and the pace set by the national association.

Indeed, Georgia has a background in Pharmacy of which we are proud. Dr. Crawford W. Long, who occupies a place in the Hall of Fame as the discoverer of anesthesia for use in the performance of surgical operations, was a pharmacist as well as a doctor. He ran a drug store at Jefferson, Georgia, and at Athens, Georgia, and it was his training as a pharmaceutical chemist that enabled him to discover and to use anesthesia, rather than his training as a doctor, and from that day of Crawford W. Long to the present day the onward march of Pharmacy in this state and its importance has been identical with the progress of the state in other lines.

And so you are meeting in a state that is alert and is thoroughly cognizant of the importance of your profession in the lives and the welfare and the happiness of our people.

The average citizen does not come to understand that importance because the pharmacist does not administer the things that you discover in your laboratories. The average citizen is slow to understand that all of the new panaceas for the ills of humanity are developed by pharmaceutical chemists, that it is your research work that makes available to the medical profession the drugs that enable more rapid cures and antidotes for disease and the prevention of disease. To my mind the pharmacist in the discovery of these things, in supplying these boons for humanity and making possible their use by the medical profession, performs a far greater service to the people of the country than the average citizen has come to realize and to know, and once the average American or the average Georgian realizes the true importance of your profession and the research work that goes with it, I think there is no limit to the heights to which Pharmacy can be elevated in the hearts of the people.

These new drugs (I have a hard time pronouncing them, being a layman) such as sulphanilamide, the average citizen sees written up in the paper, and he hears about their being administered by the medical profession, and they are seldom, if ever, except in the minds of the professional people, connected with Pharmacy and with pharmaceutical chemistry. They are connected with the practice of Medicine rather than the research of Medicine. That is simply an illustration of what I am trying to say when I say that the general public has not come to recognize and to understand the vast importance of the part that you play in the final development that ends in the administration to the physical needs in sickness and in the prevention of sickness by the medical profession.

I want to state that we are improving our fine School of Pharmacy over at the University. We have in the last year or two expanded our equipment, broadened our laboratory facilities, increased our faculty and added new quarters for the housing of that school, and in expanding and developing our School of Pharmacy at our University, we have emphasized, and expect to continue to emphasize, research work. To my mind research in Pharmacy, in possibilities for contribution to the public health of the country, offers unlimited opportunity. I am a great believer in research. I believe in it to the extent that I think if we ever solve unemployment in this country, it must be solved through research work producing more jobs for people. Business by research develops machinery that takes people out of jobs. Business by research must likewise create new things that will give people jobs.

An illustration: We had in our state up to his death a short time ago a great chemist, Dr. Charles Herty, who had the vision that he could make paper out of pine trees grown in Georgia. Over a long period of years he labored in his laboratory with his research work, and finally a few short years ago he discovered the process, and as a result of its discovery and practical use there

has been attracted into this and the adjoining southern states in the last three or four years more than \$200,000,000, that has been invested in paper mills. One paper mill located at Savannah, Georgia, as the result of that research, employs the same number of people that it formerly took to cultivate and gather and market 150,000 acres of cotton. Except for the research work of Dr. Herty and the creation of that new industry and enterprise, the people who have been taken out of the production of that 150,000 acres of cotton would be upon the relief rolls or the WPA and unemployed. As a result of his discovery, that many of them were given employment.

We have taken out of cultivation in the South, in Alabama, Mississippi and Georgia alone in the last few years, more than 3,000,000 acres of cotton. We are suffering under no delusions that we will ever be able to replant that acreage to cotton. We realize that we must turn to something else, and that something else that we turn to must be largely developed by research.

I mention that not that it is in line with any talk on public health, but to emphasize that to my mind research work in every line is the means whereby we must finally reach an equilibrium on the question of employment and unemployment, and when research work that creates conditions and machinery that throw people out of work makes faster progress than research that creates conditions and things that give people jobs, we are going to have unemployment and business cannot complain when government seeks to take up that slack while business itself is failing to take it up. So I am strong in my belief in research work in every line. I do not think a business enterprise of any consequence is fulfilling its duty to society or the people that does not maintain in its business a laboratory and research work in its line of endeavor.

So I want to commend this fine profession upon the fact that you are constantly searching for new remedies, that you are constantly searching for new drugs and new discoveries, that you maintain as a basic part of your profession and the service that it is rendering to public health programs and to humanity, pharmaceutical chemists and research work that every day is giving into the field of Medicine and into the ministrations to humanity new cures and new antidotes.

A public health program, it is easily seen, to my mind, instead of simply encompassing Pharmacy, is somewhat fundamentally based on Pharmacy in its broad scope, and I think that any public health program that does not evaluate and utilize the services of the pharmacists of the state or the community or the nation is overlooking a fundamental bulwark upon which a general health program for our people must be based. That is not only true in so far as your value in compounding drugs is concerned, and in research work, but the question of public opinion and public sentiment is something that always is the one question mark that people who are trying to make progress must eternally be on the alert to try to solve. Unless a public health program is backed by the sentiment of the people in a community or a state or a nation, officials of government, officials of communities cannot get the full benefit of a public health program and cannot expand it in keeping with the needs of the people.

I know of no better agency for the creation of public interest in public health work than the drug store, than the pharmacy, where people gather, where people talk, where they solve all their problems from their local community through the national and international affairs, in conversations around the soda fountain. I think the corner drug stores in the communities of this nation can be the center for dissemination of information and creation of goodwill and public support for public health programs, that is unequaled in any other profession or business that I know.

In this state we are trying to utilize the pharmacists of Georgia, the corner drug stores and all the drug stores, for the creation and maintenance of public support for a far-flung program of public health. To my mind public health goes hand in hand with public education. I don't know whether I would rather have a sick man educated than a well man ignorant, or not. I believe that a well man, though ignorant, is an asset to society, he has an earning power, whereas an educated man, if he is sick, is quite easily a liability to society and his community. I think health goes hand in hand with education. I think the community, state or nation that fails to realize that it does go hand in hand with education is not understanding the needs of the people of that nation.

In Georgia we have somewhat lagged in our public health program. We have not seemed to realize that health and education do go hand in hand; not that we have done more for education than we should, because we have lagged at times in that, but somehow we have not realized that a man cannot work if he is sick. We have not come to realize the economic value of a health pro-

gram. I am not simply talking about human suffering. We all want to relieve human suffering. We all want to minister to suffering humanity. But I am talking about the fundamental economic problem of our people. A person cannot work if he is sick, he cannot earn if he is sick, and a state or a community or a nation that overlooks that fundamental of the need of people to be well in order to work is overlooking a fundamental item in the income of its people.

Georgia has not the income it would have as a state if we had a more far-flung and far-reaching public health program. America does not have the national income that it should have and could have if it had a comprehensive national health program to keep the people of the country well. If you can contemplate how much disease costs the nation, how much it costs actually in curing and getting well those who become sick, you have only calculated a small item in the disease bill that is delivered to the American people every year, because added to the cost of curing them and returning them to health must be added the loss of their earning power during their periods of illness and sickness, must be added the upset of the family budget, must be added here and there the keeping of children out of school as the result of the loss of earning power of the head of the family, must be added the temptation of those children to get into crime, and all of the collateral liabilities that are attendant upon sickness and illness. Therefore, a public health program cannot be overemphasized.

In Georgia, in February of 1934, our relief rolls were at their peak. We had more people on relief in February 1934, than we ever had before or since. An actual examination and survey of those on relief in this state showed that more than 96 per cent of them had not gone above the fourth grade in school, and that more than 92 per cent of them were suffering from some sort of disease—hookworm, malaria, venereal diseases, tuberculosis. Think of the cost to the taxpayers of the state and the nation of those thousands of people, and fundamentally the reason they were on relief and couldn't meet the competition of hard times was because they were diseased and because they were uneducated.

You cut the relief load of this country several times when you give a comprehensive public health program to the people of the nation to keep the people well and to prevent disease.

We have had a hard time in this state at times getting support for our tubercular institution, and yet the measly sum that the legislature would deny for the support of our tuberculosis sanatorium at Alto, where we might take the man and treat him, was spent many times indirectly in letting that man remain as a hazard to the health of his family and his community, spreading that disease to others and the loss of the earning power of those others and their families among whom he spread the disease.

A public health program for the nation, or for any state or community in it, is less expensive than the disease cost that you fail to prevent and to cure by the lack of a public health program.

Go with me to our state penitentiary. Approximately two-thirds of the people who come there are suffering from some sort of venereal disease, and there approximately one-third of the population are chronically bed-ridden or in some way physically incapacitated to labor and to work, and are a direct charge upon the government of the state. Health work neglected meant a life of crime for many of those people, a twisted mind, a twisted outlook upon society, as a result of disease and sickness that might have been prevented or cured, with the resultant cost of courts and lawyers and jurors and chain gangs and guards and wardens, in addition to broken hearts and suffering families and little children unable to go to school.

Go with me to our insane asylums. There they will tell you the population is increasing every year as a result of not having treatment in the incipiency of certain diseases that would have cured the patient and saved him from the insane asylum. There rests on the taxpayers the cost of maintenance of them; but more than that, back home there is the loss of their earning power, the loss of their earning power meaning the breaking up of a home, the scattering of the family.

I think if there is any group of people in the state or nation that ought to be a walking, talking, constant advocate of a public health program, it is the pharmacists of the state and the nation, because of your understanding of it and your fundamental place in it. Knowing these things, understanding these things, coming in contact with these things, you are the ones who can tell the people about it. You are the ones who can create public sentiment and public support of health programs. You are the ones who constantly can keep the community alert to the needs of a public health program.

We in Georgia are striving to use our pharmacists fully in creating public sentiment and in helping administer a public health program in our state. Not only that, we are striving as best we can to expand public health somewhat commensurate with our program of public education. It is a long, hard struggle. Two years ago in Georgia twenty-five per cent of the children in our state in the primary schools failed to make their grade in school. The twenty-five per cent who failed to make their grade in school failed by reason of suffering from disease of some sort: bad eyesight, bad tonsils, bad teeth, hookworm, malaria, some sort of physical ailment that could have been corrected. That twenty-five per cent of the children of the state of Georgia had to become repeaters, spending the next year in the same grade. The teaching of them that year was a complete loss to the state and the taxpayers of the state. It cost approximately \$4,000,000 to teach them that year that was a failure, and it would cost them \$4,000,000 the next year to teach them as repeaters. We had been sitting idly by, seeing them have to repeat and lose a year of their life and cost the taxpayers of the state \$4,000,000 and yet it was just like getting blood out of a turnip to get \$600,000 for a public health program out of the Legislature. They lost \$4,000,000 on school children alone as repeaters, and yet they wouldn't spend \$600,000 for a public health program to treat them.

I could go on and on with these illustrations, but every place that you touch government, its institutions, its courts and administration of justice, the economic and social fabric of our people at every point of the compass of the relationship of human beings, it is obvious to my mind that public health is just as important to the people of this nation as public education, and that of all the people who are capable of bringing that strikingly to the minds of the people of this country, you are the ones, the pharmacists of the nation; you, the pharmacists of the nation, because of your understanding of it, have that responsibility and that opportunity.

I am tremendously interested in you. I am interested in you not alone because you are earning a living at your profession—that is a professional thing with you, that is a matter of professional pride, that is a matter of selfish interest that is due you for your own good and the good of your families. But I am interested in Pharmacy not alone from the standpoint of ethics and of helping those who engage in it, but in the broader scope of its possibilities to help humanity and the masses of the people generally of this country, and I hope that there will be emphasized in the public mind through your activity the possibilities that your organization and the members of your profession have for this broader service and this broader scope.

I want to congratulate those of our local people who induced you to come here. I don't want you to stay away sixty-one years longer. I want you to come back earlier than that next time, because if you wait sixty-one years probably I won't be here to greet you, and I won't have the opportunity of talking to you. But our people who made possible your coming here did a great service to our own folk and I am mighty happy to extend to them our congratulations.

I hope you will take occasion to come over to the Governor's office while you are here and see our State Capital. I extend an invitation to all the visitors to come by and sit in my chair as you come through. I always open the door and you can come in and sit down in it and be governor for a few minutes if you want to, and while it is a mighty hot spot for me (laughter), it may not be quite so hot for you. You won't be there long enough.

You know, I have urged the school children of the state to come by and sit in my chair, and thousands of them do ever year, because when I was a boy growing up, if I could just have gone to the Capitol and sat in the governor's chair, it would have been the high light of my life. While the people have been nice enough to let me sit in it since I am grown, I have been trying to give to these kids the opportunity I didn't have.

When they come in there I ask them if they have any questions they want to ask me, and if you want to get into trouble you just tell a school kid to ask you questions. One little freckle-faced fellow said, 'Mr. Rivers, what are you going to do for a living when you get out of being governor?' (Laughter.)

I told him I was going to put my wife back to teaching school like she used to, and that was why I was trying to raise the pay of all the school teachers in the state.

We hope you will come over to our Capitol. We have a great state here. Some of the exhibits on the outside there give you somewhat of an idea of the wide variety of things we have in Georgia. I wish you had time to go about our state from our mountains to our seashore. We have seven of the nine climatic belts represented in our state, and we have the natural resources

and the long-growing season for our crops, and a fine citizenship that I know you would love. In Atlanta you will see many things that will be delightful to you, and I hope that you take advantage of your visit here to see some of the things that we have about our city, and I hope that what we do will be correctly interpreted by you. Sometimes, you know, we interpret things to suit ourselves. A mother gave her sixteen-year-old daughter a Bible and said, 'Daughter, if you will read this Bible every night, you will get along better, and if you live by it you will be a mighty good girl.' About two years later she started down the staircase thinking the young lady's boy friend had left, to lock the door. She got to the head of the stairs, and to her amazement, she looked down and saw the boy was still there, and she saw her daughter reach up, put her arms around the boy's neck, pull his face down and kiss him.

She turned and went back upstairs, and a few minutes later the daughter came up, and she said, 'Do you remember I gave you a Bible to read?'

'Yes, ma'am. I have been reading it.'

'And I told you if you lived by it, you would be a good girl.'

'Yes, ma'am, I have been doing that.'

'Daughter, I am forced to tell you that a few minutes ago I saw you downstairs and I saw you reach up and catch that young man about the neck and pull him down and kiss him. Do you see anything in the Bible that teaches you to do that?'

She said, 'Yes, ma'am.'

'Go get it and bring it here and show it to me.'

She brought the Bible and turned to a paragraph that had evidently been much read because it had thumb-prints all over it, and the daughter read to her mother this passage: 'As ye would that men should do unto you, do ye even so unto them.'

So while you stay here, we hope that we may do unto you as we would have you do unto us. I thank you, and may God bless you."

At the conclusion of the address the audience stood in appreciation and later a Resolution was adopted expressing the thanks of the ASSOCIATION to Governor Rivers.

Secretary Kelly then presented the following amendment to Article V, of Chapter 8, of the By-Laws of the ASSOCIATION, which under the By-Laws was accepted for consideration and action at the Second General Session.

ARTICLE V. *Committee on National Formulary.* The Committee on National Formulary shall consist of a chairman elected by the Council for a term of ten years and ten members elected by the Council to serve for a term of one, two, three, four, five, six, seven, eight, nine and ten years respectively; each vacancy occurring from expiration of term shall be filled by election for a term of ten years; other vacancies shall be filled by election for the unexpired term. The Committee shall elect a Vice-Chairman and a Secretary from its own membership. This Committee shall serve as an executive committee of revision of the National Formulary; the members shall serve as chairmen of the sub-committees of the Committee and shall nominate to the Council additional participating members of each sub-committee to the number of not more than five, at least one member of each sub-committee to be a retail pharmacist. The Committee on National Formulary shall report annually, or as often as required, to the Council.

After several announcements the Session was adjourned at 10:30 P.M.

SECOND GENERAL SESSION.

The Session was convened at 10:15 o'clock and Chairman Will T. Bradley of the Section on Historical Pharmacy, conducted the Memorial Service.

"During the past year upward of twenty-six of our cherished members have left us to explore a higher destiny; nor should we mourn; rather should we carry in us a pride and gratitude that we have been privileged to mingle with these men, to associate with them intimately, to share with them a common experience, to seek a common goal, to be inspired by their presence while they were in our midst and by their memory now that they have gone on before us.

Let me name some of them. (See Historian's Report, page 922.)

These men were our friends. Many of us have grown up under their guidance; others—who may regret them more, though they should not—have ripened and aged in their company. To the extent that they have served us and have served our ASSOCIATION, we are indebted to them—and glad that we may be so; and we humbly desired that those who come after may be some—

thing in the same way indebted to us. Now, as a symbol of our sincere willingness to acknowledge that debt, let us stand for a moment in silent reverence of their memory."

The minutes of the First Session were approved as read.

Chairman Rogers read the report of the House of Delegates which was received. (See Minutes of the House.)

Dr. C. B. Jordan read the following report of the organization and work of the Indiana Interprofessional Health Council.

"The Indiana Pharmaceutical Association and the Indiana Dental Association each has inter-professional committees and through the activities of these committees a very fine coöperation has been carried on between these two professional groups. I am not a member of these committees, but when the committees met in September 1937, they invited me to be present. After listening to the discussion, I suggested that it would be a fine thing if we had some sort of an organization that would represent all the professional health groups in the state and I said I thought such an organization could be formed. The idea struck the members of these committees favorably and they told me to go ahead and see what I could do.

We first consulted the late Dr. A. R. Ross of Lafayette, formerly a member of the Executive Committee of the American Dental Association, and he was heartily in favor of such an organization. Next we took it up with one of our local physicians and asked him to present it at a meeting of the House of Delegates of the Indiana Medical Association, pointing out to him the benefits, as we saw them, of such an organization. This was presented at the next meeting of the House of Delegates of the Indiana Medical Association and this Association appointed a Fact-Finding Committee to consider the proposition. Professor H. W. Heine of my staff and I met with this fact-finding committee which, by the way, consisted of local physicians, and then I was instructed to call a meeting of the representatives of the following organizations: Indiana State Medical, Dental, Pharmaceutical, Nurses and Hospital Associations, and this meeting was held at Purdue University on December 2, 1938.

Thus far these representatives had no standing as they had not been appointed by their various organizations, so the next step was to ask the executive bodies of these organizations to appoint representatives for the purpose of considering the wisdom of organizing an inter-professional health group through which mutual problems might be handled. This was done and the first meeting of officially appointed delegates was held in February, 1938. The Secretary of the State Board of Health, the Deans of the Medical School of Indiana University, Deans of the Indianapolis College of Pharmacy and of the Purdue University School of Pharmacy were elected members of the Council.

An organization was perfected with the election of temporary officers and the appointment of temporary committees. The Executive Committee was instructed to prepare a constitution and by-laws. When the latter was completed another meeting was called in April of 1938, the constitution and by-laws accepted and the name 'Indiana Inter-Professional Health Council' adopted. This constitution and by-laws were referred back to the member organizations for their approval and endorsement at their annual meetings. This was finally accomplished in October 1938, and the first meeting of the officially sponsored Indiana Inter-Professional Health Council was held early in December of 1938.

Two important articles of this Constitution are:

ARTICLE II. Objectives. (a) To enhance and protect the quality of public health service and the general public weal of the citizens of Indiana.

(b) To provide a clearing house for the interchange of information and knowledge between the member groups, looking toward effective coöperation in the securing and maintaining of the highest professional standards of public health service.

(c) To inform the public with regard to the aims of the individual member associations and thus advance the welfare of these respective associations.

(d) To furnish a means for study of and research in the various civic, health and professional problems in which the member associations have common interest.

(e) To coöperate as a single unit in local, state and national legislative problems and/or emergencies; this to be carried out by means of education of the laity, so that they may thereby be authoritatively informed.

ARTICLE IX. *Action.* (a) Any action taken by the Council shall not be binding upon any Association-Member unless and until such action shall have been ratified by the Member-Association.

(b) No action or regulation shall be adopted which will in any way encroach upon the independence of the respective Member-Associations.

(c) No group or standing committee of the Council shall, at any time, incur an unauthorized financial obligation or legal responsibility, nor shall it make public any policy, that has not been approved by the Council and its Member-Associations.

(d) Dues, assessments and disbursements shall be governed by Council action only, through majority vote, as hereinafter provided.

We have felt the effects of this Council already. For years Indiana has been endeavoring to secure a sensible poison law but each time the pharmacists proposed one the physicians opposed it, and vice versa, with the result that we have never had a poison law of any value. This year the two groups have gotten together and compromised their differences and supported a poison bill, but unfortunately it was not passed by our Legislature.

A meeting of the committees of the Indiana Inter-Professional Health Council was held on April 25, 1939, for the following purposes:

1. To consider reports of the chairmen of standing committees.
2. To discuss future plans for the work of the Council.
3. To consider reports that should be made to the parent organization.

The Chairman of the Legislative Committee gave a very comprehensive report on the activities of his committee during the recent session of the legislature. A lively and lengthy discussion followed this report. Particular attention was given to the bill for the reorganization of the State Board of Health and the poison bills that were introduced in the last session of the legislature. It was pointed out that all the groups should be informed of legislation sponsored by any individual group, provided that legislation affected any other group represented on the Council. It was stressed that the Council cannot act as a political body but can act as a clearing house for legislation affecting group membership. The importance of all groups getting back of legislation which is for the benefit of public health was emphasized. The confusion regarding poison laws was discussed and it was pointed out that three different poison bills were introduced, some of which were at variance with the others. It seemed the sense of the meeting that an effort should be made to perfect a poison bill which will be for the benefit of public health and be agreeable to the groups involved.

Moved that the Council members carry to their respective associations the following:

1. Secure the approval of their groups for the reorganization of the State Board of Health with the idea of keeping it out of politics.
2. Secure the approval of their groups to get behind a poison bill that will be agreeable to all.
3. That each group present its legislative program to the Council. In doing this one group could support the other in what is to be considered and all could agree on the type of legislation the Council could support.
4. That the State Council should be a clearing house for information through bulletins and association journals.
5. That the Legislative Committee of the various associations meet with the Committee of the State Council to discuss desirable and undesirable legislation and plan together for the future on matters of interest to all groups.
6. That the Legislative Committee of the Indiana Inter-Professional Health Council be the unifying force behind such movements.

This program is now being carried out and reports of the activities of the Council are being submitted to the various organizations as they meet in annual session for their approval. All the member-organizations that have met thus far this year have approved the activities of the Council and we anticipate that all will give their approval to the work of the Council.

A movement is on foot to organize similar councils in the different counties of the State and Tippecanoe County has already organized an inter-professional health council. We hope and expect that the other counties will follow the example set by Tippecanoe County.

This report is made in hopes that it will be of some value to the associations of the health professions of other states because we believe that considerable good can be accomplished by such councils."

After a general discussion the report was received with thanks to Dr. Jordan and his co-workers and it was announced that reprints of the report would be available later.

ADDRESS.—The secretary stated that Mr. Herbert Skinner of the Royal Northern Hospital, London, England, was unable to be present and at the request of President Lascoff, read Mr. Skinner's address on "The Place of Pharmacy in Health Insurance in England," as follows:

"Prior to 1913 Pharmacy in England and Wales consisted mostly of the sale of goods of a medicinal character. Dispensing of medicines by pharmacists took place in certain areas of the cities where the well-to-do population resided, or in the seaside resorts but was only sporadic in the industrial centers. A system of club practice in these latter centers had grown up where the doctor was paid a flat rate per capita and had a dispensary from which medicine was dispensed nominally under the authority of the doctor but usually from stock mixtures supplied by the wholesaler and diluted or made up as the case might be by persons seldom having any statutory qualification guaranteeing adequate training in the knowledge of drugs let alone Pharmacy as it is known to pharmacists. For some years socialization of public services had been taking place by parliamentary sanction and a prominent statesman of that day, who knew something of club practice of Medicine and its drawbacks brought forward the principle for consideration of providing medical service for all those who received less than a certain annual salary limit which included all wage earners. This suggestion proved to be the nucleus of National Health Insurance, which is essentially the same to-day though widened and extended in many particulars. For quite a long time the subject was one of strong controversy in the medical and pharmaceutical professions and became a violent cleavage in political circles. One point stood out clearly for Pharmacy on the first introduction into the House of Commons of the proposal for National Health Insurance; it was stated by the introducer that it was the prerogative of the physician to prescribe and the pharmacist's prerogative to dispense that which was prescribed. Though the battle was not won by the enunciation of such a principle it was ultimately triumphant by a persistence and unity of pharmacists in Great Britain never before seen. The result in twenty-six years has been to show that at least ten times the number of prescriptions are dispensed daily by pharmacists in the industrial centers in the residential, a reversal of practice only understood by those who have experience of the pre-insurance days.

The following survey covers England and Wales, for though the act of Insurance included Scotland, a different method for Pharmacy was introduced based on the different conditions prevailing owing to it being more usual for doctors to prescribe in Scotland and pharmacists to dispense the medicines than the system which prevailed in England and especially in Wales.

Omitting all the controversial steps which led up to the establishment of the National Health Insurance the following represents the Insurance Medical Service. 'Under the provisions of the National Health Insurance Acts every insured worker is entitled to the free services of his chosen medical adviser who, on his part, is under obligation to afford all such advice and treatment as are within the competence of a general practitioner. In no essential is any restriction imposed on the ordinary relations between doctor and patient. In the event of dissatisfaction on either side it is possible by agreement at any time to arrange for the transfer of the patient to another doctor of his choice. Where either the doctor or the insured person considers he has cause for serious complaint, it is open to him to bring the matter to the notice of a special sub-committee of the Insurance Committee for the area, upon which the medical profession and insured persons are equally represented.' The same conditions apply to Pharmacy, the insured person has free choice of pharmacist for the supply or dispensing of medicine. Complaints are few and far between and show an increasing tendency to decrease.

Extent of Medical Service, 1934-1935 in England and Wales.—There were 15,500 doctors in insurance practice and 10,000 pharmacists supplying medicines and appliances as part of medical benefit. The number of insured persons was approximately 14,973,000. Medical benefit cost 41,292,900 dollars of which sum the doctors received for treating insured persons 29,948,750 dollars and the balance 11,343,250 dollars to pharmacists for the supply of drugs and appliances.

The Pharmaceutical Service.—The Minister of Health is the Chief of the National Health Insurance Services in Great Britain. He is a member of the National Government and is respon-

sible to the British Parliament. The country is divided for administrative purposes into counties and county boroughs in which an insurance committee is set up for the purpose of supervising the local health services subject to the Minister and protection of the interests of insured persons under the act within their respective areas. Membership of the Insurance Committees is made up from the County Councils, approved Societies representing the insured persons, with medical and pharmaceutical representation appointed by the Minister of Health. These are appointed for a period of five years, and are usually made on the suggestion of the medical and pharmaceutical committees. These two committees are elected by medical practitioners or pharmacists as the case may be and hold office for a period of two years. The one is called the Medical Panel Committee, and the other the Pharmaceutical Committee. The expenses of these two committees are met by a small deduction from the fees paid for health services to those in contract to supply service or materials with the respective insurance committees.

In each insurance area the medical and pharmaceutical committees in theory can make their own arrangements over remuneration terms and in Pharmacy the price of drugs and appliances with the Insurance Committee but in practice no such power exists. The organized body representing the Medical Panel Committees on the one hand and the Pharmaceutical Committees on the other, after suitable convention meetings, negotiate directly with the Minister of Health. In the case of Pharmacy, the body representing pharmaceutical committees is called the National Pharmaceutical Union and in this respect it possesses separate functions from its ordinary activities and acts as a central executive and adviser to any pharmaceutical committee desiring consultation. In all cases affecting the pharmaceutical service the Minister consults the National Pharmaceutical Union.

The Drug Tariff is drawn up by the Minister's representatives in consultation with the Union's committee and for the most part represents the current drug rates charged to the pharmacist by the wholesaler which are the prices paid by the average business. The list, as drawn up, allows for a charge for each prescription, the price being in accordance with the Drug Tariff. A dispensing fee in respect of the prescription as a whole is allowed and set out in the scale agreed upon by the Union representatives and the Ministry.

The price for any drug, preparation or appliance is calculated on the basic price set out and in the case of liquid preparations due allowance is made for specific gravity of the liquid and adjustment made where such is bought by weight. The variety of preparations supplied by the pharmacist such as ampoules, cachets and similar things are allowed for on the appropriate agreed scale. That the pharmacist can readily find the allowance for any item is possible owing to a 'Ready Reckoner' being specially prepared and the numbers attached to each item in the Drug Tariff correspond.

Special preparations which are not mentioned in the Drug Tariff and may be prescribed are dispensed and an additional allowance for out-of-pocket expenses is made. The standard for the drugs and chemicals is that of the British Pharmacopoeia or the British Pharmaceutical Codex. Any medicament may be prescribed and dispensed and the pharmacist is now paid in full. It is for the medical practitioner to defend any case of supposed extravagance and not now for the pharmacist to bear the most of the burden of cost. The Drug Tariff, since January 1939, has contained a list of formulas and prescriptions which takes the place of the National Insurance Formulary which is published separately and supplied to medical practitioners only.

Remuneration for Pharmacists.—This has always been the source of differences that have arisen. The National Health Insurance superseded the old club practice where pharmacists seldom came in and medical practitioners were badly paid. Figures quoted on one side or the other are easily misconstrued, the earliest ones were pre-war and the pharmacist had to make his profits out of the allowance for drugs and chemicals, the dispensing fee being grossly inadequate. Following an actuarial inquiry in 1915 the present basis for the drug tariff was devised. Fundamentally it is constructed on the cost price for drugs and chemicals with an appropriate fee for each preparation dispensed, compounded or supplied. The struggle since 1915 has been one over fees and the old original discounting clause which was devised in 1913 and subsequently slightly modified proved to be a bone of contention. The discounting clause depended upon the amount of money available to pay for medicines and appliances which was a fixed sum for an agreed period and was mostly subject to heated argument. The pharmacist invariably had to lose as the Ministry seldom adequately solved the difficulties.

All this is now a thing of the past since 1938 but it indicates the struggle necessary to maintain Pharmacy in its rightful position in remuneration as well as service. It should not be thought that this remuneration is now considered sufficient, it is far from that but throughout the twenty-six years this question has evoked the strongest fighting qualities of Pharmacy. The trouble has always been that the professional services of Medicine and Pharmacy are so different from any other profession which is not appreciated by administrative officials. One can refuse service in accountancy and a substitute is found but to refuse assistance where medical or pharmaceutical service is needed is a sin against humanity. It follows, throughout the whole of these twenty-six years of the National Insurance Act in Great Britain neither medical practitioners nor pharmacists have been remunerated adequately according to the service rendered. They have done the job and argued afterward. Where it is possible in Pharmacy to get plenty of prescriptions special provisions can be made which are not wholly had in remuneration but these conditions apply for the most part only in congested industrial areas.

Provision is made for the testing of medicines dispensed which differs from the ordinary food and drugs act for supplying the article required. Where faults occur the cases are adjudicated upon by representatives of the insured person and pharmacists. Each case must be endorsed by the Insurance Committee and sanctioned by the Minister of Health. The number is very small which indicates a high standard of accuracy in dispensing.

Pricing Prescriptions.—At the inception of the Act pharmacists had to price their own prescriptions or pay someone for doing so. This was an irksome business and was an additional cost. The costing had to be checked by the staff of the respective Insurance Committees. The method was changed in 1915 when the present basis of payment for drugs and appliances was agreed upon and part of the agreement was the prescriptions should be priced by the Insurance Committee at their cost. The committees were grouped into areas and a Pricing Bureau formed which undertakes the work for all Insurance Committees in that area. The Pharmaceutical Union has a checking Bureau and examines ten per cent of all the prescriptions priced by the the Pricing Bureau. The pricing is excellently done and the monetary error is generally in the third decimal place per cent.

The pharmacist sorts out his prescriptions monthly under the appropriate prescribers and sends the bundle indicating the number of forms to the Pricing Bureau by the third of each month. These are priced and the account is paid by the middle of the following month.

Pharmaceutical Statistics.—These are available to the Insurance Committee and may be had for the asking by the Pharmaceutical Committee each month. An indication is shown as follows illustrating the growth of National Health Insurance as it affects Pharmacy. The figures in two typical years in England are:

	Number of Insured Persons.	Number of Prescriptions.	Value in Dollars.
1925	12,800,000	45,003,000	7,687,250
1937	16,138,000	65,792,000	11,049,740

Proprietary Articles.—This term only includes those branded lines advertised to the medical profession. As previously mentioned there is no restriction in prescribing any drug for medical treatment but at the same time statistics are frequently required by the Minister of Health on the number and cost in prescribing such items. This was also a most important item to the pharmacist as up to 1938 he was discounted if the total drug bill exceeded the allowance made by the Minister. The figures for proprietary medicines in England for the month of May 1938 will illustrate the importance of this phase of prescribing:

Number of prescriptions	69,777
Cost	33,305 dollars
Dispensing fees	4,966 dollars
Total cost	38,271 dollars

Comparing the fees allowed on these items, it will be seen by comparison that the supply of proprietaries is not an unmixed blessing. The figures for the same month to include sera, vaccines, insulin, liver extracts and similar items were:

Number of prescriptions	12,329
Cost	15,812 dollars
Dispensing fees	1,319 dollars
Total cost	17,131 dollars

Emergency Drugs.—These are preparations usually administered by the medical practitioner and allowance is made for that purpose out of the Drug Fund. Also in rural areas where there is no pharmacist the medical practitioner may enter into contract with the Insurance Committee to supply proper and sufficient medicine subject to regulations laid down by the Minister.

Annual Reports.—The Pharmaceutical Committee is expected to issue an annual report of its work to each pharmacist on the panel, a copy of which is also forwarded to the Minister and appropriate Insurance Committee.

Institutions.—In some cases where there are a large number of insured persons resident, as in a hospital, arrangements are made to treat these residents as staff on the understanding that an equal medical and pharmaceutical service is available. The fees are usually paid to the institution.

I would like to pay a tribute to Mrs. J. K. Irvine, principal of the South Eastern Joint Pricing Bureau and a member of the British Pharmaceutical Council for the helpful assistance she has rendered me in the supply of certain material."

After comments on the address were made by several members it was received for publication with a vote of thanks to Mr. Skinner and an expression of regret that he found it impossible to attend the meeting. It was also announced that preprints of this address would be available.

President Lascoff announced that Chairman H. A. B. Dunning could not be present and requested the Secretary to read the following report.

COMMITTEE ON MAINTENANCE.—"The members of this committee, H. A. B. Dunning, *Chairman*, E. F. Kelly, R. L. Swain, S. L. Hilton and R. P. Fischelis, were re-appointed by President Lascoff last fall. No meetings have been held during the year.

The accounts of the Headquarters Building Fund and of the Maintenance Fund are kept separately. Payments on subscriptions to the former amounted to nothing for the year ending June 30, 1938. The subscriptions to the latter fund now total \$301,309.80 of which \$102,500.00 represents two bequests in wills to be paid later, leaving a difference of \$198,809.80. Of this latter amount, \$152,352.30 has been paid, and the remainder represents, almost entirely, recent large donations to be paid over a term of three years. The cash balance in the Maryland Trust Company amounted to \$47,431.56 on August 2, 1938.

As previously reported, the only obligation against the INSTITUTE is a mortgage of \$36,400.00 on Lot 7 which it was necessary to purchase in order to obtain other property required for the site and this indebtedness is fully covered by funds which will become available later. It was possible to refinance the mortgage for a period of three years from May 1, 1939, with the Maryland Trust Company of Baltimore, Md., at a reduced interest rate of 3 per cent which represents a considerable saving. Some additional reductions have been made in the operating expenses of the INSTITUTE during the year, which expenses are paid out of the current income of the ASSOCIATION. The ASSOCIATION is exempt from a general taxation. Through some changes made in classifications, the ASSOCIATION has been held by the Bureau of Internal Revenue to be subject to the taxes under Titles VII and VIII of the Social Security Act which amounts to an increase in taxes of 1.3 per cent of the salaries paid, since 90 per cent of the tax paid under the District of Columbia Unemployment Compensation Act, 3 per cent, is deductible.

Attention has been directed during the year toward perfecting, in so far as the Committee could assist, the operation of the Reference Library, the Historical Museum and the Laboratory under the subscriptions reported at the 1937 meeting. Other reports will deal with the details of their operation.

Additional equipment to accommodate books, etc., has been provided in the Library and the cataloging of these publications is now practically completed. The cataloging of the periodicals was completed last year. The Committee desired to again direct attention to the splendid assistance given in the arrangement and cataloging of the Library by the Historical Records Survey of the Works Progress Administration.

No additional equipment has been required for the Historical Museum and the collection is being developed carefully. The opening of the Stabler-Leadbeater Pharmacy in Alexandria, Va., as a Museum, is a very important step as this pharmacy, established in 1792 and conducted by one family until 1933, is a definite part of the Historical Museum.

Additional equipment has been purchased for the Laboratory during the year and the funds available seem to have been adequate for the requirements.

The Committee is studying the operation of these three units carefully and will be prepared to cooperate in securing a continuation of the subscriptions now in force for the years 1938, 1939 and 1940 and all of which have been paid as they have become due.

The Committee is prepared to also cooperate in establishing other units in the Institute as they may become necessary or desirable.

In addition, attention is being given to building up the general maintenance fund as rapidly as this becomes possible. The importance and value to pharmaceutical progress of the activities carried on by the A. P. H. A. in the AMERICAN INSTITUTE OF PHARMACY should be made known to those who have funds or objects to dispose of and they should be encouraged to give them either directly or by bequest to the ASSOCIATION. As an illustration, Mr. David Costelo of New York is making a careful selection from his valuable and unique collection of mortars, drug jars and other items of historical interest, for presentation later to the Historical Museum. Dr. H. A. B. Dunning has just purchased and donated to the Museum a special collection of mortars which was inspected and approved by Mr. Costelo. These mortars with those to be presented by Mr. Costelo will form a representative and authentic collection of the type desired for the Museum. These will be splendid additions and other gifts of this type are expected.

A number of interesting and valuable contributions have been made to the Library and Museum during the year and these have been mentioned from time to time in the JOURNAL. Special reference should be made to a valuable ship's chest presented by Mr. Harry Schrader.

It was mentioned last year that plans had been completed for the erection of the War Department Building which will eventually cover the four blocks bounded in part by New York and Virginia Avenues between Twenty-First and Twenty-Third Street, just north of our Building. The first unit of this building will soon be under construction, and recently it has been announced that later the Navy Department Building of approximately the same size will be erected just west of the War Department Building. When these buildings are completed, the temporary buildings now occupied by the War and the Navy Departments and located on the south side of Constitution Avenue between Seventeenth and Twenty-First Streets will be removed. These developments mean that the location of our Building will be greatly improved both to the front and to the rear.

The Committee desires to again emphasize the pressing importance of increasing the active membership of the ASSOCIATION which will add to its current operating income and of building up the Maintenance Fund in order that other services may be developed."

Secretary Kelly stated that the audit of the account was submitted with the report and was available to anyone who wished to examine it.

The report was received for publication with a rising vote of thanks to Chairman Dunning and his associates.

COMMITTEE ON REVISION OF U. S. P.—Chairman E. F. Cook read the following report of the Committee on Revision of the U. S. P., which was received for publication with a vote of thanks to Dr. Cook and his associates.

"The chairman of the Committee of Revision of the U. S. P. is again taking advantage of this opportunity to report to the members of the AMERICAN PHARMACEUTICAL ASSOCIATION some outstanding features of the work of revision during the past year. It should be emphasized that this report, which has now become an established feature of the annual A. P. H. A. meeting, is distinctly a personal report of the chairman, and only an informal presentation for the information of the many members of the ASSOCIATION who are interested in the Pharmacopœia.

The 'Second U. S. P. XI Supplement.'—The appearance of this Supplement is a notable event in pharmacopœial history. Those who have had the responsibility of maintaining pharmacopœias and have been endeavoring to make them representative of the most advanced thought in the therapeutic and pharmaceutical sciences, have realized the inadequacy of the out-of-date decennial revision program.

A loose-leaf plan was often suggested, but loose pages, easily torn or lost, do not seem to be sufficiently substantial for what is now a semi-legal document; furthermore, all who have had experience with loose-leaf books testify to the impossibility of getting subscribers to take books apart, and replace the outdated sections with the new pages. Also in a 'loose-leaf' book indexes are quickly made useless and this alone creates a vital defect in any such book.

The 'Interim Revision Announcements' for U. S. P. emergency changes, but replaced within a reasonable time by printed 'Supplements,' in which all new and revised texts are printed in full, with revisions plainly marked, apparently meet the urgent necessities of to-day. The Pharmacopœia could not long remain an authority under Federal or State Food, Drug and Cosmetic Acts if it failed to meet these conditions.

The 'Second U. S. P. XI Supplement' carries a cumulative index which lists all official titles and indicates where the monographs now in force may be found. This index also emphasizes the fact that the 'U. S. P. XI' is no longer a single volume and that to have in one's possession 'the latest Pharmacopœia' it is necessary to have three volumes, that is, the original U. S. P. XI, which became official on June 1, 1936, the 'First U. S. P. XI Supplement,' which has been official since December 1, 1937, and the new 'Second U. S. P. XI Supplement' which has just been issued.

The addition of a number of new, therapeutically important substances is of special significance since this feature answers the persistent medical criticism that 'Pharmacopœial therapeutics are frozen for 10 years and therefore fail to meet the needs of progressive physicians.' However, the Revision Committee has retained its sound and conservative judgment with respect to new medicines and indicates no radical tendencies.

The standards for surgical sutures and the new specifications for Absorbent Cotton are the first of a number of new items which are in the course of preparation for the U. S. P. XII. These are being added in response to specific requests from surgeons and also from the officials of the Food and Drug Administration, and have been made possible by the remarkable coöperation of all who were interested and through the leadership of the new U. S. P. Sterile Products Advisory Board. Hereafter, all U. S. P. 'Absorbent Cotton' must be sterile when the package is opened and the fiber length of the cotton must conform to at least a minimum standard, very exactly described.

The new specifications for a definite volume in the regular size bottle of Solution of Magnesium Citrate may seem, at first thought, to be of little importance. In recent years, due to intense price competition, it has become the practice in some quarters to reduce, deceptively, the volume of the bottle which years of custom had fixed at approximately 12 ounces. This reduction in size was not only contrary to the regulations of the Food and Drugs Act, under the 'deceptive package' provisions, but was interfering with correct dosage, since the doctor frequently directed the use of 'a bottle' or perhaps 'a half bottle,' anticipating, of course, the usual volume. When this was notably reduced the patient failed to receive the expected medication. The new provision of the Federal Act which makes enforceable the packaging specification of the U. S. P. makes possible this revised feature.

The revision of the assays for the U. S. P. drugs and preparations containing mydriatic alkaloids, namely, Belladonna, Hyoscyamus and Stramonium, is of great importance to the manufacturers of these products, to enforcement officials, and also to importers.

The revised standards for medicinal gases is another very valuable addition to the Pharmacopœia. The changes represent several years of intensive investigation by the Revision Committee in coöperation with the members of the 'Medicinal Gas Association,' who have been most helpful. The changes apply to Ethylene, Carbon Dioxide, Nitrogen Monoxide and Oxygen. The very important new text for the anesthetic, Cyclopropane, is another medicinal gas which has required much work for the establishment of adequate standards.

Another very significant change is the advance of the minimum Vitamin A potency for the Cod Liver Oils from 600 units per Gm. to 850 Units of Vitamin A per Gm. Because this change makes necessary the revision of the labels of many unofficial Vitamin A-containing products, in their activity-relationship to a teaspoonful of U. S. P. Cod Liver Oil, six months additional time has been given before the new Cod Liver Oil standards become official.

The new Supplement restricts the use of the title 'Liquid Petrolatum' to the 'heavy oil.' It was found that an oil conforming to the specifications given in the U. S. P. for 'Light Liquid Petrolatum' was being sold for internal use under the main official title, 'Liquid Petrolatum.'

The light oil is, of course, the cheaper product and was primarily intended for use in sprays and not for internal administration.

Besides giving official recognition to Crystalline Vitamin B₁ under the new official title, 'Thiamine Hydrochloride,' the Supplement also provides an official bio-assay method for use when Vitamin B₁ is in combination with other substances or when it is desirable to determine the Vitamin B₁ activity of products in which it exists naturally. This assay represents more than three years of costly and extensive bio-assay studies in which many laboratories have participated under the supervision of the U. S. P. Vitamin Advisory Board. The U. S. P. Board has also provided a subsidiary Reference Standard for Crystalline Vitamin B₁ for use in the United States. This is identical in potency and physical and chemical character with the International Standard.

The Vitamin Advisory Board has also supplied a U. S. P. Reference Standard for Vitamin C which becomes official under the name 'Ascorbic Acid.'

Needed tests for new substances admitted to the Second Supplement, and for some of the revised standards, have also called for a surprisingly large number of new reagents and test solutions and also for new General Tests. These alone cover more than thirty pages of the Supplement.

The U. S. P. Publicity and Public Hearings, Prior to Publication.—A part of the plan developed for insuring publicity for proposed U. S. P. revision changes and new standards has been the distribution of proofs to members of the Revision Committee, auxiliary members of the Revision Committee, Government officials and others who were believed to be especially qualified because of technical knowledge.

Arrangements were then made for public hearing to be conducted by members of the Executive Committee of Revision, in Washington, D. C. This was widely announced by circulars and notices sent to the medical and pharmaceutical press. Following this general conference the members of the Executive Committee conferred over the proposed new standards with representatives of the U. S. Public Health service and of the Food and Drug Administration. All discussions at the public hearings were stenographically reported for the records of the Revision Committee.

Similar conferences were held prior to the publication of the 'First U. S. P. XI Supplement' and again just before the completion of the text for the 'Second U. S. P. XI Supplement.' These hearings have been well attended and have provided an opportunity for those interested individuals not on the Committee of Revision, to offer suggestions.

The members of the Contact Committees of the A. D. M. A. and of the A. P. M. A. have been particularly helpful in bringing valuable aid to the revision committee at these hearings and also at every stage of the revision work throughout the decade.

The U. S. P. Sub-Committees.—The new demands upon the Pharmacopœia have brought to the various sub-committee members, and especially to the chairmen, a tremendous added responsibility during these last years of the decade. Heretofore the sub-committees had practically completed their work at the end of the first five years of the revision decade.

The three chemical sub-committees have carried the major load but this has been shared, to a large degree, in the Second Supplement by the Sub-Committee on Proximate Assays. The Sub-Committees on Botany, Nomenclature, Bio-assays, Biological Products, Posology, Volatile Oils, Extracts, Syrups and especially the Sub-Committee on Scope have had many questions to consider. All sub-committee chairmen are now actively undertaking the review of all official texts under their supervision and will report upon these to the 1940 Convention.

A special meeting of the Executive Committee of Revision has been authorized by the Board of Trustees to summarize these reports and to prepare the suggested General Principles for the consideration of the Convention.

The Special U. S. P. Advisory Boards.—The four Advisory Boards, the membership of which consists of nationally and, in many instances, internationally known experts in the specific field of advice have been of great value to the Committee of Revision in handling the many new problems of the past few years.

The U. S. P. Vitamin Advisory Board's assistance has made possible the establishment of standards and bio-assay methods for Vitamin A, Vitamin D and Vitamin B₁. From an unbelievable chaos of units, one unit for each has been established within the United States. Furthermore this Board has served as a center of investigation for assay methods, and twice within the year as many as 125 representatives from the Government laboratories, college, university and private laboratories and from the scientific departments of chemical and pharmaceutical firms

have met with them voluntarily. These public conferences, when all discussions have been stenographically reported, have resulted in the adoption of effective methods. The extensive collaborative assays on materials, and by trial methods issued by the Board, have also familiarized most of the vitamin laboratories of the country with the adopted methods before they became official, a result which is an important factor in their successful use.

A new U. S. P. Reference Cod Liver Oil to be employed as the United States Standard has been in course of preparation for about one year and it will be probably another year before it can be released. Through the assistance of the officials controlling the Cod Liver Oil supplies of Norway, England and Nova Scotia and through responsible organizations in this country, relatively large amounts of authentic liver oil from the cod (*Gadus Morrhua*) have been secured and have been blended, destearinated and packaged under conditions which insure a maximum of protection. Already the oil has been assayed by the U. S. P. methods for its Vitamin A and also Vitamin D potency against the International standards and it is expected that at least 25 other laboratories will assay it biologically and report the results to the Board. Other studies dealing especially with its value as determined spectrophotographically, and all its other physical characteristics, are under way. Over 5000 individual packages of the original U. S. P. Reference Cod Liver Oil have been distributed through the chairman's office since it was made available, and it is being used throughout the world as a basis for spectrophotographic determinations of Vitamin A, as the standard for bio-assays for the Vitamin A and Vitamin D activity of Cod Liver Oil, and also for all other kinds of fish liver oils. It has also become especially important in recent years as the standard for estimating the value of the Vitamin D potency of poultry and other animal foods and is required by the Department of Agriculture for that purpose.

The U. S. P. Anti-Anemia Preparations Advisory Board has rendered a unique service to the medical profession and to those suffering from anemia. Practically all anti-anemia preparations made from liver and sold in this country have been submitted to this Board for evaluation and their potency in 'Anti-Anemia Units' has been assigned. The Board has also recommended that no liver preparation for parenteral administration should be marketed with a greater potency than 15 units per cc. and this has now been accepted almost universally by manufacturers. This action was taken by the Board because in so far as their present knowledge extended, there was no therapeutic or economic advantage in a greater concentration and, on the other hand, there was grave danger of removing other important liver factors if the solution was given a higher red-blood-cell-producing activity.

The Board also recommended that liver preparations should not be combined with other substances such as iron or Vitamin B₁, since added substances might cause deterioration and also because only special cases needed these added substances. Whenever, in the opinion of the attending physician, a patient needed other medication, this could always be administered separately. It will be interesting to know that the Food and Drug Administration has ruled that no liver preparations may be imported unless they have received the approval and have been evaluated by this U. S. P. Advisory Board.

The U. S. P. Sterile Products Advisory Board.—They have been fortunate in securing practically unanimous agreements from the Surgeons General of the Army, the Navy and the Public Health Service, the officials of the Food and Drug Administration and of the U. S. Bureau of Standards, the American College of Surgeons, the American Hospital Association, the American Medical Association, a special committee of surgical supply manufacturers of the A. D. M. A. and a committee of the American Surgical Suture Manufacturers on the new standards for Absorbent Cotton and for Surgical Gut (or 'Catgut') and the methods for determining their sterility and on the new standards for surgical gauze, for bandages and for first-aid dressings all of which have been admitted to the U. S. P. but could not be included in the Second Supplement because of the need for much additional testing and checking before being given official status.

This Board will also undertake some of the new problems arising from the need for more exacting standards for solutions and other substances prepared for parenteral administration.

The U. S. P. Endocrine and Hormone Advisory Board has undertaken the preparation of subsidiary standards, for use in the United States, for several sex hormones, Estrone, Estradiol Monobenzoate, Progesterone and Androsterone, the first of which will be available within a short time and has also acted in an advisory capacity for the Sub-Committee on Scope in its consideration of the recognition of these substances by the Pharmacopœia.

It should be stated that these Advisory Boards are always organized with a member of the Committee of Revision as the chairman and have always included among the members persons who are actively connected with the Council on Pharmacy and Chemistry of the A. M. A., thus providing an important liaison relationship between these two bodies. All recommendations of these Advisory Boards must, of course, be submitted to the Committee of Revision for consideration and approval before they become official. All service on these Boards is entirely voluntary, only the expenses for meeting being paid by the Pharmacopœia.

The Pharmacopœia and the Food and Drug Administration.—The Committee of Revision and the general chairman throughout the past two decades, and for years before that, have cooperated actively with the officials responsible for the enforcement of the Federal Food and Drugs Act. The former chief, Dr. Harvey W. Wiley, his successor, Dr. Carl L. Alsberg and the present chief, Mr. Walter G. Campbell, together with their associates have always maintained a friendly understanding and an extremely helpful relationship with the Pharmacopœial Revision program and its problems. The chairman of the Committee of Revision has always received at the hands of these Government officials the most helpful coöperation and the fullest recognition of the authority and responsibility of the Pharmacopœia. At no time has there ever been any intimation or suggestion that its place or duties be usurped by the Government. The only injury which is likely to come to the authority or standing of the Pharmacopœia in the future is through failure to perform a creditable service. That this should happen is unthinkable. For more than a hundred years there have been those in the professions of Medicine and Pharmacy who have willingly given of their time and abilities to maintain pharmacopœial ideals and there was never a time in its history when so many or such splendidly qualified professional and scientific workers were actively engaged in the pharmacopœial program as is true to-day.

This personal statement is made as an appreciation for the splendid services rendered the Pharmacopœia by all actively affiliated groups, including the representatives of Medicine and Pharmacy and the many affiliated sciences, and also the officials of the numerous affiliated Governmental departments, the Army, the Navy, the Public Health Service, the Food and Drug Administration, the Bureau of Standards, the Narcotic and Internal Revenue divisions and others.

It is especially gratifying to see at this time a published statement by Mr. Campbell concerning the relationship of the Pharmacopœia and the Food and Drug Administration. This was reported on July 22, 1939, by Mr. Wallace Werble in 'Food-Drug-Cosmetic Reports' as follows: 'Mr. Campbell said that he had formulated his definite policy toward participation in U. S. P. revision work three years ago, even before the new law was passed. He added that while the new law gave some added responsibilities in this regard to the Administration, it did not change his general attitude toward the Revision Committee. In explaining the general principles on which his attitude toward the Revision Committee is based, Mr. Campbell said:

'The work of the Revision Committee is quasi-legislative. They are formulating standards that have the full force and effect of law. It is necessary for them to jealously guard their prerogatives. The Food and Drug Administration is an executive agency charged with enforcing these standards. We are anxious to emphasize our understanding of the different functions of the two groups.

Our attitude toward the Revision Committee, in that respect, is consistent with our attitude toward Congress. During the entire pendency of food and drug revision legislation, after submission of a proposal at the request of the President, we expressed our views to Congress and its committees only when they were asked for.'

In other words, Mr. Campbell explained that he viewed the relationship between the Administration and the compendium organization as embracing the same underlying philosophy that marks the separate functions of the legislative and executive branches of a democratic government. For that reason, he said, the Administration cannot take an active part in the formulation of standards (a legislative function) which it later will have to enforce (an administrative function). He said that the Administration's participation in official compendium revision work will be based on the theory of making available to revision committees, whenever, wherever and however they might want it, the vast fund and store of scientific information that the Administration is bound to collect in the routine course of its work. Thus, Mr. Campbell said, he told the Revision Committee that all the experts on his staff would be ready to meet with the Committee at any time they wanted to do so, which meant that the meeting with Food and Drug officials

could have been either before or after the public hearing, so far as the Administration was concerned. Mr. Campbell said that the Administration always will handle this scientific information in a detached, objective manner, explaining:

'We don't want, in connection with the formulation of standards for official drugs, to put ourselves in the position of advocates, other than in connection with matters necessary to achieve the purpose of the committee or the public interest. We have a definite obligation to go into court to enforce those standards. We must support the standards, their soundness and factual consistency. I want to undertake that effort with a detached, objective attitude and not as an advocate.'

Mr. Campbell said that he had not issued any definite ban against his staff members appearing at a public revision meeting. He explained, however, that it would be difficult for an official of the Administration to attend an open hearing without being put in the false position of advocating this or that side of an issue. He pointed out that if an official of the Administration had any scientific information that he wished to give to the committee, for whatever use it might wish to make of it, and did so at a public meeting, it might be interpreted as putting the Administration in a position of advocating a point of view, embarrassing everyone concerned, including the revision body. He also pointed out that if members of industry had information differing from that which the administration had, a debate naturally would develop at an open meeting, again putting the Administration in the false position of an advocate. Mr. Campbell continued:

'We have concern about the precision of every requirement. If in the course of our work, there is indicated an error, from whatever reason, we are going to make that information available to the committee in a public-spirited manner for whatever disposition they may wish to make of that information. We have no desire to engage in any star chamber proceedings.'

Mr. Campbell disclosed the fact that he had purposely absented himself from the joint meeting of the Revision Committee and the Food and Drug officials for the sole purpose of removing whatever trace of coercion there might have been attached to his appearance at the meeting. The Food and Drug chief said that the establishment of the proposed Food and Drug laboratory devoted exclusively to official drugs was in line with this general philosophy, and that the same attitude toward the official bodies would be maintained in the work of this laboratory.

He said the laboratory would serve as a clearing house for all field laboratory scientific problems in connection with official drugs, and that it would devote itself, primarily, toward examining drugs to see if they are up to standard. In doing this, he explained, it will be natural that the laboratory scientists will uncover a mass of valuable scientific data in regard to official standards, and that these data would be made available to the proper bodies for whatever use they can make of the information. He said that this information would be handled in a detached, disinterested fashion, and should be of value to the official bodies, the drug industry and the public.

The Digitalis Research.—Progress is being made with the clinical side of this study. The first year's supply of tablets has been sent to physicians throughout the country, about 800 bottles of 100 tablets each having been distributed.

The bio-assay side of the study has been given intensive preliminary study by experienced bio-assayists, but the large group of bio-assayists throughout the country, who have volunteered to take part in this research, have not yet been given their supplies or instructions due to unexpected complications. We are not yet ready to announce these preliminary studies but they will be made a part of the final report. It is sufficient to say that many interesting and new phases of Digitalis bio-assay methods are being reported from many workers and it is hoped that the special conference on the subject, to be held this week, during the ASSOCIATION meeting, may help to straighten out some of the difficulties being reported.

U. S. P. Packaging Requirements.—Prior to the passage of the 1938 Food, Drug and Cosmetic Act the packaging specifications of the U. S. P. were primarily advisory. It is true that when these were recognized as important factors in maintaining the quality of important drugs, such as Ergot and Digitalis, the Food and Drug Administration had enforced the U. S. P. recommendations. Under the new Act, however, all packaging specifications are enforceable, unless specifically rescinded by the action of the Secretary of Agriculture.

A special U. S. P. Committee on Storage and Packaging has been giving this problem renewed study and has enlisted the assistance of the manufacturers and Government Bureaus. It

is believed that special tests will have to be devised to establish the different degrees of protection which various drugs, preparations and chemicals require. For instance, 'storage in an air-tight and moisture-proof container' would seem to require the hermetic sealing of the package. For glass this would have to be fused as in an ampul. If of metal the container would have to be soldered. 'A tightly-closed container,' a term largely used in the U. S. P., will have to be defined and a test devised to indicate the degree of protection from air and moisture intended. An important point is whether it will be a part of the U. S. P. requirement that the closure shall be of such a character that it may again be closed by the pharmacist or layman and then provide the same degree of protection. This seems an important provision if medicines are to be satisfactorily stored in a pharmacy or in the home.

It seems well established that the expression, 'a well-closed container,' implies simply adequate protection from dust or other physical contaminations but no protection against moisture or air.

These are only a few of the questions to be thoroughly investigated and, after definitions and types of packages are decided upon, it will be necessary to restudy the degree of protection required by each substance. Much work along this line has already been done by the U. S. P. Committee under the direction of Professor H. V. Army, and special committees of the chemical manufacturers are making intensive collaborative studies with their products and are also reporting the result of years of experience in packaging chemical substances. Members of the International Pharmacopœial Commission in Europe are also studying this question and the benefit of their investigations will be made available for our Pharmacopœia. It might be interesting to note that a special research is under way to determine the best type of collapsible tube and the best storage conditions for Ointment of Rose Water. The U. S. P. now requires a 'pure tin collapsible tube.' It is likely that aluminum tubes, having the surface suitably protected with a special lacquer, will be equally satisfactory. These can now be obtained of such a size that even two pounds may be packaged in a single tube. It has been demonstrated that this Ointment is largely protected against oxidation or rancidity and also against moisture evaporation when packaged in tubes, while jars or cans permit rapid deterioration.

U. S. P. Reference Standards.—During the 1920–1930 decade the Food and Drug Administration voluntarily undertook the distribution of several standard U. S. P. preparations for use as a basis for comparison in official bio-assays. This service was greatly appreciated, but because of the cost and the need for increased activity in enforcement work, the Department was compelled to discontinue this service.

In 1930 the general chairman undertook to supply this need and with the aid of members of the Committee of Revision, the assistance of the U. S. P. Vitamin Advisory Board, the Hormone Advisory Board, and with the active coöperation of the technical staffs of chemical and pharmaceutical firms, a number of U. S. P. Reference Standards have been provided. At the present time these are required in the assays of Cod Liver Oil, Activated Ergosterol in Oil, Thiamine Hydrochloride (Vitamin B₁) in preparations, Ascorbic Acid (Vitamin C) in preparations, Ergot, Digitalis, Aconite, Posterior Pituitary, Strophanthin, Pepsin and Solution of Epinephrine Hydrochloride. Reference Standards for Estrone and also for the Anterior Pituitary-Like Hormone are also available, and the preparation of Reference Standards for Estradiol Benzoate, Progesterone and Androsterone are under way.

Orders for these standards are all received in the general chairman's office and are shipped from there. That the sale of these Reference Standards has amounted to more than \$12,000 during this decade is an indication of the extent and importance of this new Pharmacopœial service.

The A. M. A. Articles on 'The Pharmacopœia and the Physician.'—The importance of these articles, as those of the Second Series appear, is being increasingly recognized, especially by the members of the medical profession and by medical schools. The announcement distributed to-day concerning both the First and Second Series gives special information and it is expected that the printed articles of the First Series, in book form, in both English and Spanish, will establish them as standard textbooks in both pharmacy and medical colleges in this country and throughout the Pan-American Republics.

These series of articles are providing parallel publications for physicians, concerning the therapeutic use of official medicines. This has been a long-felt need in the extension of information concerning the Pharmacopœia to physicians.

U. S. P. Exhibits.—The Pharmacopœia has continued its program of actually sponsoring and placing exhibits before medical and pharmaceutical organizations wherever possible and also assisting pharmacists, doctors and associations in the preparations of exhibits in their local territory. The annual exhibit at the A. M. A. Scientific Exhibit Section has frequently been sponsored by the near-by pharmacy college or pharmaceutical association. The A. M. A. articles on 'The Pharmacopœia and the Physician' have been especially helpful in supplying an effective background to interested physicians. The possibilities of these articles in helping pharmacists cooperate with the physicians of their neighborhood are not only limited by the willingness of the pharmacist to take the time to see the doctors but first to have enough interest in the project to prepare to talk intelligently and informatively with the doctors. Many who have been willing to take enough interest in their profession to make these initial efforts have found the results surprisingly gratifying. The response of physicians to really efficient pharmaceutical help, especially in relation to the most effective and also the most economical forms available for important medicines, is a surprise to every one who honestly tries to give it. This applies to general practice as well as to the hospital.

Pan-American Interest in the U. S. P. XI.—Wide publicity given the U. S. P. XI (Spanish Edition) at Pan-American medical conferences and by the Pan-American Sanitary Union at Washington, through their Bulletin, has greatly intensified the interest of Central and South American countries in the U. S. P. We have been notified that the following countries have officially adopted our Pharmacopœia as their own standard: Costa Rica, Cuba, the Dominican Republic, Nicaragua and Panama. We are also told that its adoption is under consideration by the governments of: Argentina, Bolivia, Chile, Columbia, Ecuador, Honduras, Peru and Uruguay.

The International Pharmacopœial Commission.—The chairman had the privilege of participating in this year's conference of the 'Technical Commission of Pharmacopœial Experts' appointed several years ago by the League of Nations. His colleagues in this country, invited to participate by Dr. Hampshire, the chairman of the International Commission, are: Dr. George D. Beal, Dr. Edwin L. Newcomb, Dr. Joseph Rosin, Dr. John C. Krantz, Jr., Prof. Wilbur L. Scoville, Dr. Henry A. Christian, Dr. C. W. Edmunds, Prof. C. B. Jordan and Prof. Heber W. Youngken.

Splendid progress has been made with the standards to be suggested for International adoption. It is likely that these, as tentatively prepared by the Commission, will be circulated among all pharmacopœial commissions of the world for criticism and suggestions, before receiving final approval. Already many helpful suggestions have been made and these will be given consideration in the preparation of the manuscript for the U. S. P. XII.

A Public U. S. P. Conference Proposed to Be Held on the Day Following the U. S. P. 1940 Convention.—Tentative provision has been made in the program for a conference on pharmacopœial problems, to be held immediately after the close of the Pharmacopœial Convention. It is already known that there will be many special investigations made during the coming year, concerning U. S. P. questions which are known to be in need of study and it is proposed that all who are working on these subjects, many of which are now being assigned or arranged for by the subcommittee chairmen, will be invited to present them at that time before the newly organized subcommittees. A detailed program and a list of questions needing investigation will be announced and research workers throughout the country are urged to help solve these questions and participate in this conference.

The 1940 Pharmacopœial Convention offers Pharmacy its greatest professional opportunity. Here it has already attained a creditable position of which it may be justly proud. Those who stand for high ideals for Pharmacy, professionally and scientifically, must unite to see that Pharmacy is properly and creditably represented.

The U. S. Pharmacopœia, Twelfth Revision.—The Eleventh Revision of the Pharmacopœia started energetically immediately after the close of the U. S. P. 1930 Convention and has been practically continuous throughout the decade. This must now be accepted as the necessary pharmacopœial program if it is to maintain a responsible position under the enforcement features of the Food, Durg and Cosmetic Acts.

While two 'Supplements' have been issued embodying the revision of monographs already official, and some new texts, many additional substances are now under review and special problems are being investigated. Under the authority of the Board of Trustees and with the ap-

proval of the Executive Committee of Revision the general chairman is undertaking the advancement, so far as possible, of the manuscript for the U. S. P. XII. This copy will be presented to the Pharmacopœial Convention of 1940 for such use as the new Revision Committee can make of it. The advantages of the new methods of procedure are increasingly evident. In former decades the members of the Revision Committee practically completed their task with the publication of the new book. It was then a serious handicap for the new Revision Committee, elected at the beginning of a new decade and with many members entirely inexperienced in revision work, to initiate every step of the new revision from scratch.

An even greater defect in the old revision plan was the necessity of going to press with every item on a given date, irrespective of the degree of completion reached. The new program largely corrects both of these unsatisfactory conditions. It first maintains an active interest and revision throughout the ten-year period, enabling the committee to solve many problems which heretofore were simply dropped until a new decade and the need for a new revision again revived the problem. But that which is of greatest importance is the fact that the next revision, prepared by the experienced members of the old committee, is largely ready when the new committee takes charge and can be published at an early date. If handled as anticipated this situation should permit the publication of the U. S. P. XII soon after 1941. This will then give the Twelfth Revision Committee a free hand to handle new problems as they arise and to prepare the manuscript for another edition of the U. S. P. to meet the suggested plan of a 'Five-Year Revision Period.' The 1940 Convention will be asked to pass upon the merits of such a program."

Under the head of unfinished business the proposed amendment to Article V of Chapter 8 of the By-Laws, which was submitted at the First General Session, was read, and on motion duly seconded and carried, was adopted.

Dr. Edward Kremers was recognized by President Lascoff and read a most interesting paper on "The History of Pharmacy," which was prepared by Dr. George Urdang, an honorary member of the ASSOCIATION. After the paper was commented upon by several members it was received for publication with a vote of thanks to Dr. Urdang for contributing the paper and to Dr. Kremers for presenting it.

Secretary L. E. Warren of the U. S. P. Convention requested those present to execute and return as promptly as possible the Credential Blanks for Delegates to the meeting of the Convention in May 1940.

After several announcements the Session was adjourned at 12:30 P.M.

THIRD GENERAL SESSION.

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

The final report of the House of Delegates was read by the secretary, including the Resolutions adopted by the House. The report was received and the Resolutions were approved.

Mrs. R. P. Fischelis read the following report for the Women's Auxiliary, which was received.

"The third annual meeting of the Women's Auxiliary of the AMERICAN PHARMACEUTICAL ASSOCIATION was held Wednesday morning, August 23, 1939, at 10:30 o'clock in the Hotel Atlanta-Biltmore, with about 200 ladies in attendance.

The annual reports of all officers and committee chairmen were read and approved.

The Committee on By-Laws recommended several changes in the by-laws which were approved by the ASSOCIATION. A copy of the new By-Laws will be sent to Secretary Kelly in the near future.

The Auxiliary wishes to report progress in its efforts to raise a student loan fund. We are most grateful and appreciative of the wonderful cooperation we have received from the members of the AMERICAN PHARMACEUTICAL ASSOCIATION in raising this fund. Had it not been for their generous help we would not be as far along in this endeavor, as we are. Our officers and members worked very hard to reach the goal of \$1000.00 set last year, and even though we did not reach our full quota, we have seen this fund grow from original contributions totaling \$9.00 at the Dallas meeting, to a present total of \$875.00, so we are able to report to you, Mr. President, that

we are just \$125.00 short of our goal. As you know, this money is to be used to help needy young women studying Pharmacy to complete their pharmaceutical education.

We also have \$196.00 in our regular fund for current expenses.

The Deans of all recognized schools of pharmacy will receive a letter from the Auxiliary notifying them of our plans, and they will also be furnished with blank application forms giving the rules and regulations under which loans will be made available. If possible, we would like to have a copy of this form printed in the AMERICAN PHARMACEUTICAL ASSOCIATION JOURNAL.

We have found some of the Student Branches most coöperative in assisting this project, and we are passing this information on to you so that you may ask your Student Branches, if it has not already been done, to help us in collecting additional funds in the coming year. We believe this will stimulate interest among the young people who are studying Pharmacy, because it gives them a direct opportunity of helping fellow students and possibly one of their classmates. As the fund has progressed so nicely during the past year and we have had such excellent coöperation from the officers and members of the AMERICAN PHARMACEUTICAL ASSOCIATION, we are giving thought to the enlargement of the fund in the future so as to be able to serve a greater number of students. With the continued efforts of our own members and continued encouragement from you, we are sure this can be accomplished.

The officers elected for the coming year are: *President*, Mrs. Robert P. Fischelis; *Vice-President*, Mrs. Henry M. Whelpley; *Secretary-Treasurer*, Mrs. Hugo H. Schaefer; *District Vice-Presidents*: Southwest, Mrs. Walter Adams; South, Mrs. Robert C. Wilson. The Vice-Presidents for other districts are to be named later."

Dr. C. F. Lanwermeyer, Chairman of the Scientific Section, presented the Ebert Prize to Dr. B. V. Christensen for his group of papers on "The Bio-assay of Gelsemium," "Veratrum Viride" and "Any Changes of Ergot in Storage." Dr. Christensen accepted the prize with a brief expression of thanks for the honor done him and of appreciation to the donor who by his gift had stimulated interest in research.

Dr. H. W. Youngken, Chairman of the Committee on Kilmer Prize, presented the first award of this prize to Mr. Guilford C. Gross for his paper on "A Study of Red Squill." Chairman Youngken explained that the award included a gold key, bearing suitable inscriptions, and a cash award representing the difference between the income of the Kilmer Prize Fund and the cost of the key plus necessary expense, and that the cash award was intended to assist the recipient in attending the meeting where the award was made.

Mr. Gross said that he was happy to have the honor of being the first recipient of the Kilmer Prize and expressed his sincere appreciation to the ASSOCIATION for the privilege of being able to come to Atlanta to accept the award.

Speaking for the ASSOCIATION, President Lascoff congratulated Dr. Christensen and Mr. Gross.

President Lascoff again expressed his appreciation of the opportunity to serve the ASSOCIATION as its President and his thanks to all who had coöperated toward the success of his administration.

Dr. C. H. Rogers was requested to present the officers-elect for installation and first introduced H. C. Christensen, R. P. Fischelis and Ernest Little who were installed as *Members of the Council*. *First Vice-President*, F. O. Taylor and *Second Vice-President*, F. J. Cermak were next installed and both responded with brief addresses. *President*, A. G. DuMez was installed and read the following:

ADDRESS.—"Before proceeding with the formal part of my address, I shall take the opportunity which this occasion offers to make a few remarks, more or less personal in nature.

In taking over the reins of office just handed me by my illustrious predecessor, I do so with full knowledge of the responsibilities which this entails, with deep appreciation of the honor which has been done me in entrusting me with these responsibilities, and with sincere thanks to you for this demonstration of faith in me and in the principles for which I stand.

It has been said that 'it is not what he has, nor even what he does, which directly expresses the worth of a man, but what he is.' I choose to assume that you have elected me to be your president for what I am, and I assure you that I shall not step out of this rôle. If I make mistakes, as I probably will, please attribute them to errors of judgment and not of the heart.

I will also say that nothing could have pleased me more than to have been inducted into

office in this beautiful modern city which stands at the gateway to the Southland where many of my closest friends reside. I thank all of you who have helped to make this possible and, particularly, Dean Robert C. Wilson, his committees and the hotel staff for the many courtesies shown me, all of which have made my stay here a most pleasant one.

For the past several years, it has been the custom to require a short address of the incoming president at the time he takes office, presumably to provide an opportunity for him to outline his program of action for the year, but I have a faint suspicion that the real purpose is to give the members of the ASSOCIATION something tangible with which to measure his accomplishments at the end of his term of office. Regardless of its purpose, I shall adhere to precedent and in so doing respectfully submit herewith for your information and consideration the following program which I hope to carry through during the comparatively short time allotted me to serve you as your president.

The second Tuesday in next May, as many of you will recall, is the time fixed for holding the next decennial meeting of the United States Pharmacopoeial Convention and, as it has been the custom of the ASSOCIATION to hold its annual meeting during the preceding week in these years, my term of office will be shortened to one of a little more than eight months instead of the usual twelve months. Those of you who may be inclined to criticize the program which I am about to present on the grounds that it does not include your favorite project or that it is too restricted in scope, please bear this in mind.

It has been said by some that I am an iconoclast, that I am a radical at heart and there are those who have even gone so far as to add the qualifying adjective, dangerous. On one or two occasions, I have been sarcastically referred to as the self-appointed 'Guardian Angel' of the ASSOCIATION's good name. I must confess that I suffer no qualms of conscience in breaking with tradition, if tradition be bad or stands in the way of progress, and that I will oppose any action which if taken might jeopardize the ASSOCIATION's good standing. If breaking with tradition in order that progress may be made or fighting for what you believe in and idealize are attributes to be frowned upon, then you may frown.

My program does break with tradition in that I propose to create a special committee to exercise a function which has not been exercised by the ASSOCIATION heretofore except as an expedient when the occasion demanded it, but I doubt if the most critical will find anything very radical about it. My reason for thus departing from tradition is that my observations over a period of more than twenty years, during which time I have served the ASSOCIATION continuously in one official capacity or another, has led me to the conclusion that the time has arrived for it to formulate a long-time program of policy, a program by which the ASSOCIATION may work steadily from year to year in an orderly fashion toward the attainment of the objectives as set forth in Article I of the Constitution. I do not mean by this statement to imply that the ASSOCIATION has functioned entirely without guidance in the past or that it has no noteworthy accomplishments to its credit because such implication would be false as you well know, but I do contend that there is a real need for a well-thought-out program of policy for future guidance now that the ASSOCIATION has assumed the obligations of maintaining a headquarters building, a library, a museum and a laboratory for research; now that it publishes, in addition to the National Formulary and JOURNAL, a Recipe Book, Pharmaceutical Abstracts, a series of scientific monographs, and is about to begin the publication of another journal; and now that its other activities are manifold and its influence is rapidly becoming a factor to be reckoned with in all matters pertaining to Pharmacy.

As a foundation upon which to build this long-time program of policy, I would use the objectives previously referred to and which I now quote in order that you may understand clearly what I have in mind in this regard and because most of the remainder of my program is also formulated about them.

EXCERPT FROM CONSTITUTION.

ARTICLE I. *Objects.* 1. To improve and regulate the drug market by preventing the importation of inferior, adulterated or deteriorated drugs and by detecting and opposing home adulterations.

2. To encourage such proper relations among pharmacists, druggists, physicians and the people at large, as may promote the public welfare, and tend to mutual strength and advantage.

3. To improve the science and art of Pharmacy by diffusing scientific knowledge among pharmacists and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention, encouraging home production and manufacture in the several departments of the drug business.

4. To regulate the system of apprenticeship and employment, so as to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing and selling medicines.

5. To suppress empiricism, and to restrict the dispensing and sale of medicines to regularly educated pharmacists and druggists.

6. To uphold standards of authority in the education, theory and practice of Pharmacy.

7. To create and maintain a standard of professional honesty equal to the amount of our professional knowledge with a view to the highest good and greatest protection to the public.

The first item on my program to receive attention will be the appointment of a special committee of say nine members to translate these objectives into definite action for a long-range program of policy. It is my intention that this committee shall have on it representatives of each of the different elements included in the make-up of our membership and that it shall be given ample time to complete the initial task. A program of this character should not be made up on the spur of the moment but only after all of the various trends and other factors have been considered. If this committee proves its worth in a reasonable length of time, as I believe it will, it is my desire that it be given the status of a standing committee and that the scope of its activities be broadened to include the duty of passing upon all matters involving policy before they are brought before the ASSOCIATION for final action.

With the object in view of speeding up progress in the attainment of one of the objectives enumerated in Section 2, I propose to launch a movement to bring about a better understanding and closer relationship between Medicine and Pharmacy. The practitioners of these two great professions should work hand in hand in safeguarding and improving the health of the public. As the initial effort along this line, I shall make it my personal business to approach our sister organization, the American Medical Association, to determine if there is not a common ground on which the two associations can meet and plan what should be done to bring about greater cooperation in making more effective the work of the two professions. If the effort is successful, I believe it should be extended to include Dentistry and the other health professions where some progress has already been made.

Among the objectives set forth in Section 3 is that of fostering pharmaceutical literature. For the past several years the ASSOCIATION has been contemplating the publication of a new journal which will have a greater appeal among the rank and file of pharmacists than our present JOURNAL, which is devoted mainly to the publication of scientific articles and abstracts of scientific literature. The project has been underwritten to the extent of \$45,000 by two of our members who have taken a great interest in the ASSOCIATION and who are philanthropically inclined. I believe that this project has been unduly delayed and I shall put forth my best efforts to see that it is launched immediately, and that the JOURNAL published at present is placed upon a proper basis where it will continue to serve those who are interested primarily in the scientific development of our calling.

Another of the objectives listed in Section 3 is 'the improvement of the science and art of Pharmacy by diffusing scientific knowledge among pharmacists and druggists.' In my opinion, it would have been better had this objective been made to include the diffusion of information about Pharmacy among the members of the other public health professions and even among the laity. Be that as it may, one of the modern ways of diffusing both knowledge and information, is by means of exhibits. Within the past several years I have had the opportunity of viewing a number of exhibits intended to serve the second purpose mentioned, some of which were sponsored by our ASSOCIATION and I must confess that I was far from pleased with the appearance in the majority of cases. As a matter of fact I am not sure that the effect produced was not actually bad in some instances. It seems to me that there is need for a central bureau to plan and prepare exhibits of this character for use at the various conventions of scientific and professional organizations. Whether or not it is feasible for the ASSOCIATION to undertake to establish such a bureau I am unable to state although I would say off-hand that lack of the funds necessary for its opera-

tion would prevent it. However, it may be possible to start something of the kind in a small way. At least, the matter seems to me to be worth looking into and I shall give it my attention.

Section 6 of the objectives asserts that the ASSOCIATION will uphold standards in pharmaceutical education. At the meeting held in Toronto, Canada, in 1932, there was created the American Council on Pharmaceutical Education, of which this ASSOCIATION is one of the sponsors, and which I have had the privilege of serving as secretary. The Council during the first five years of its existence gave its attention primarily to fact finding and the completing of studies incident to the preparation of standards which could be used as a measuring stick for accrediting colleges of pharmacy. During the last two years the Council has been actively engaged in applying this measuring stick to the colleges which have made application for accreditation, and it is expected that the work will be completed before the end of the year, so that the list of accredited colleges may be published early in 1940. I shall make it my duty to see that the ASSOCIATION continues to give its active support to this work so that the benefits to Pharmacy which will accrue therefrom will become effective in the near future. I shall also do my utmost to speed up the elaboration of the new edition of the Pharmaceutical Syllabus, which should be made a part of the standards for accreditation of the colleges of pharmacy if and when it receives the approval of the American Council on Pharmaceutical Education.

In the past two years there have been started nine new Student and Local Branches of the ASSOCIATION. The number of new members brought into the ASSOCIATION by this and other means is most gratifying, but I believe that there is a great possibility of increasing our membership still further. I promise you that I shall give close attention to the appointment of the committees handling this phase of the work, because I believe that Pharmacy needs a unified voice, which can only be made audible through organizations of this kind, and because a larger membership means that necessary funds will become available for more effective work.

In addition to the foregoing, which comprise that part of my program to which I promise to give special attention, I intend to give whatever service may be necessary to expedite the routine business of the ASSOCIATION and to the promotion of its established activities. More than this, I cannot promise to do, and, even much of that which is contemplated will fall short of fulfillment if I do not have your cooperation. I ask you, therefore, to join with me in the endeavor to make this year, even though a short one, another of noteworthy accomplishment."

As there was no further business the 87th annual meeting of the ASSOCIATION was adjourned sine die at 11:10 A.M.
