

HOUSE OF DELEGATES, AMERICAN PHARMACEUTICAL ASSOCIATION

ABSTRACT OF THE PROCEEDINGS.

The First, Second and Third Sessions were held in the Biltmore Hotel, Atlanta, Ga., on Wednesday forenoon, August 23rd, Thursday evening, August 24th, and Friday evening, August 25th.

The First Session was called to order by Chairman C. H. Rogers who extended a cordial welcome to the delegates and announced that as a quorum was present the roll call would be dispensed with. As there was no objection Chairman Rogers declared the House of Delegates organized for business. It was explained that all delegates could vote unless a record vote was called for, when only the voting delegate could vote, and that delegations could change or add other delegates by notifying the secretary. It was requested that in addressing the Chair delegates announce their names and the state represented. The list of accredited delegates follows. The name of the organization or state is in italics, names of delegates in capitals and small capitals and the names of the voting delegates in bold face.

A. PH. A. SECTIONS.

Scientific—**B. V. Christensen**, Gainesville, Fla.
Education and Legislation—**George A. Moulton**, Peterborough, N. H.; **J. F. McCloskey**, New Orleans, La.; **A. O. Mickelson**, Portland, Ore.; **Leslie M. Ohmart**, Boston, Mass.
Practical Pharmacy and Dispensing—**W. J. Husa**, Gainesville, Fla.; **R. E. Terry**, Chicago, Ill.; **E. L. Hammond**, University, Miss.; **T. D. Rowe**, Richmond, Va.
Pharmaceutical Economics—**H. F. Hein**, San Antonio, Tex.; **SAMUEL SHKOLNIK**, Chicago, Ill.
Historical Pharmacy—**E. J. Ireland**, Gainesville, Fla.; **R. S. Kelley**, Boston, Mass.
Conference Pharmaceutical Association Secretaries—**Joe Shine**, Chicago, Ill.; **Otis F. Cook**, Lansing, Mich.; **P. R. Lovblaud**, Trenton, N. J.
Conference of Pharmaceutical Law Enforcement Officials—**F. C. A. Schaefer**, Brooklyn, N. Y.
National Conference on Pharmaceutical Research—**William Husa**, Iowa City, Iowa.
Plant Science Seminar—**Lloyd E. Harris**, Norman, Okla.; **L. K. Darbaker**, Wilkinsburg, Pa.; **KATHERINE GRAHAM**, Oak Park, Ill.; **H. W. Youngken**, Boston, Mass.

A. PH. A. BRANCHES.

Baltimore—**R. S. Fuqua**, **M. J. Andrews**, **A. N. Hewing**.
Chicago—**William Gray**, **E. E. Vicher**, **Charles Lanwermeier**, **George L. Webster**, **L. E. Martin**, **R. E. Terry**.
Greater St. Louis—**M. A. Thorpe**, **J. N. Ross**, **H. A. Vogler**, **E. E. Craig**, **A. F. Schlichting**.
Michigan—**H. A. K. Whitney**, **R. T. Lakey**, **C. H. Stocking**, **E. P. Stout**, **L. W. Rowe**, **W. M. Chase**.
New York—**H. H. Schaefer**, **C. W. Ballard**.
Northern New Jersey—**G. C. Schicks**, **Ernest Little**, **O. P. M. Canis**, **C. L. Cox**.
Northern Ohio—**F. J. Cermak**, **L. D. Edwards**.
Northwestern—**G. L. Jenkins**, **C. H. Rogers**.
Philadelphia—**Ambrose Hunsberger**, **F. P. Stroup**, **Adley B. Nichols**.
Pittsburgh—**C. Leonard O'Connell**, **F. S. McGinnis**, **E. C. Reif**.

NATIONAL ASSOCIATIONS.

American Drug Manufacturers Association—**F. E. Bibbins**, **F. O. Taylor**, **H. A. Langenhan**, **R. A. Cain**.
American Pharmaceutical Manufacturers' Association—**G. C. Taylor**, **Ivor Griffith**, **Henry Melton**, **C. F. Lanwermeier**, **H. A. Langenhan**, **F. S. Bukey**.
National Association Boards of Pharmacy—**J. K. Attwood**, **Lew Wallace**, **F. H. King**.
National Association of Retail Druggists—**H. P. Beirne**, **J. P. Jelinek**, **S. J. Watkins**, **A. C. Fritz**, **J. O. Kohl**, **J. W. Dargavel**.

National Wholesale Druggists' Association—**E. L. Newcomb**, **F. J. Lewis**, **J. B. Daniel**, **R. J. Taylor, Jr.**.
Proprietary Association—**S. T. Helms**, **F. J. Cullen**, **Irving Grots**.

STATE ASSOCIATIONS.

Alabama—**E. W. Gibbs**.
Arizona—**N. W. Stewart**, **N. S. McCallum**.
Arkansas—**Vince Harrington**, **L. K. Snodgrass**.
Connecticut—**H. P. Beirne**.
District of Columbia—**W. Paul Briggs**, **C. J. Fuhrmann**.
Florida—**J. H. Beal**, **B. V. Christensen**, **P. A. Foote**.
Georgia—**R. C. Wilson**, **C. H. Evans**.
Illinois—**R. E. Terry**, **E. H. Wirth**, **G. L. Webster**, **Vaso Chelovich**.
Indiana—**J. B. Wade**, **J. L. Weinland**.
Iowa—**G. L. Brown**, **J. W. Slocum**.
Kansas—**W. P. Sprague**, **O. H. Kuetter**, **P. J. Engborg**, **Eugene Cook**, **K. H. Petro**.
Kentucky—**G. L. Curry**, **E. M. Josev**, **Charles Tye**, **John Hutchinson**, **Will Dunn**, **Tom Hoskins**.
Louisiana—**J. F. McCloskey**.
Maine—**C. C. Anderson**, **P. S. Demers**.
Maryland—**A. N. Hewing**, **A. A. M. Dewing**.
Massachusetts—**J. F. Finneran**, **L. M. Ohmart**, **W. H. Glover**, **H. W. Youngren**, **J. H. Goodness**, **W. T. Bradley**.
Michigan—**O. F. Cook**.
Minnesota—**G. L. Jenkins**, **Gustav Bachman**.
Nebraska—**M. E. Rasdal**.
New Hampshire—**G. A. Moulton**, **P. J. Callaghan**, **H. C. Newton**, **L. M. Ohmart**, **H. W. Youngken**.
New Jersey—**R. P. Fischelis**, **Ernest Little**, **C. W. Holton**.
New Mexico—**H. E. Henry**, **M. M. Thompson**.
New York—**R. S. Lehman**, **F. C. A. Schaefer**, **H. H. Schaefer**, **L. J. Piccoli**.
North Carolina—**C. C. Fordham, Jr.**, **A. C. Cecil**, **Joseph Hollingsworth**, **I. W. Rose**, **C. R. Whitehead**.
North Dakota—**C. B. Hay**, **P. H. Costello**, **J. P. Cutting**.
Ohio—**Frank Freericks**, **M. N. Ford**, **Fred Cermak**.
South Carolina—**W. H. Zeigler**, **J. M. Plaxco**.
South Dakota—**E. C. Severin**, **S. A. Amunson**.
Vermont—**G. A. Moulton**, **P. J. Callaghan**.
Virginia—**A. L. I. Winne**, **J. C. Kearfoot**, **W. F. Rudd**, **C. L. Guthrie**, **J. A. Reese**.
West Virginia—**J. L. Hayman**, **R. B. Cook**, **C. V. Selby**, **G. A. Bergy**, **F. C. Allen**.
Wisconsin—**Max N. Lemberger**, **Arthur Uhl**, **S. H. Dretzka**, **Jennings Murphy**.
Wyoming—**R. D. Dame**, **H. H. Cordiner**.

THE COUNCIL.

Chairman, **S. L. Hilton**; *Vice-Chairman*, **Glenn L. Jenkins**; *Secretary*, **E. F. Kelly**; **R. P. Fischelis**, **Ernest Little**, **R. L. Swain**, **H. C. Christensen**, **H. A. B. Dunning**, **P. H. Costello**, **Roy B. Cook**, **J. Leon Lascoff**, **E. N. Gathercoal**, **A. O. Mickelsen**, **Geo. A. Moulton**, **C. W. Holton**, **A. G. DuMez**, **C. H. Rogers**.

Chairman Rogers extended a special welcome to any fraternal delegates and especially to those representing Student Branches.

CHAIRMAN'S ADDRESS.—Vice-Chairman Kuever took the chair while Chairman Rogers read the following:

"Ladies and Gentlemen:

It is my privilege as chairman of this House to extend a cordial welcome to the delegations representing all phases of the pharmaceutical profession at this 'The Greatest of all Pharmaceutical Forums.' I assume that you are fully aware of your responsibilities as the spokesmen of those who appointed you to be their representatives and that you have come prepared to voice the opinions and give your colleagues the benefit of the ideas of your constituents. Electors have established your right to assist in concentrating the thought of thousands of pharmacists from all over the country and crystallizing therefrom those policies and plans that will accrue not only to the benefit of our profession but also to the public health. If the actions of this body are progressively sound, the members will receive the approbation of and support from our own practitioners and also those of the other health sciences; if, as a result of your deliberations, there emanates little of a constructive nature or consequence, the eyes of those who care for the sick will turn elsewhere for assistance in solving the many perplexing health problems of to-day. Therefore, may I charge you to think deeply and act wisely and well and by so doing justify the confidence that has been placed in you by naming you as delegates to this Assembly.

Nowhere in the By-Laws of the House of Delegates of the AMERICAN PHARMACEUTICAL ASSOCIATION have I been able to find a statement to the effect that it is one of the duties of the chairman to present an address; and, secondly, that delegates are required to listen to one. However, though sorely tempted to proceed immediately with an agenda filled with items of greatest importance, I do not feel that I should depart from a custom of many years standing. Even though it may fall short in the inspirational and informational qualities of other years, my talk will give you an opportunity to become officially, and I hope comfortably, seated in your delegate chairs.

MEMBERSHIP.

Truly, the Constitution of the AMERICAN PHARMACEUTICAL ASSOCIATION is a noble heritage of which we all can be proud. It sets forth in simple language that the object of this ASSOCIATION is to unite the educated and reputable pharmacists and druggists of America in doing certain things that will accrue to the highest good and greatest protection to the public. It is, therefore, the constitutional right of all members of the AMERICAN PHARMACEUTICAL ASSOCIATION to individually exemplify the true spirit of service for which the ASSOCIATION stands. One of my distinguished predecessors had remarked that the AMERICAN PHARMACEUTICAL ASSOCIATION is the focal point of professional pharmacy, the exponent of the ethics of the profession and the tangible unit that symbolizes Pharmacy at its best. How true and well expressed, and yet my contacts with our practitioners who are actively engaged in the retail drug business lead me to the conclusion that most of them regard the AMERICAN PHARMACEUTICAL ASSOCIATION as a 'high-brow' organization composed principally of professional pharmacists, board members and college professors. The AMERICAN PHARMACEUTICAL ASSOCIATION belongs to the pharmacists of these United States and yet only about 70 per cent of its members are retail pharmacists and this number represents approximately 2.5 per cent of all registered pharmacists in the country. Since nearly all retail pharmacists subscribe to its principles, I am sure all of us have wondered why so few actively support it. Is this disinterest occasioned by the ASSOCIATION not actively reaching out and demonstrating its value at the professional level found in so many pharmacies, or is it because the diversified interests in the average drug store preclude anything more than a mild interest in the professional and scientific progress of Pharmacy? No one realizes better than I how difficult it is for one Association to satisfy both the professional and commercial appetites of all its members. That such has not been done is evidenced by the large number of organizations or associations, each one of which is trying to dish up some particular kind of service to satisfy one especial appetite of the members of the body pharmaceutic. As evidence, the National Association of Retail Druggists, the Association for the Advancement of Professional Pharmacy, etc., etc. As long as American pharmacists remain as organization-minded as they have been and still are, the greatest

ultimate good may result by distributing the pharmaceutical dietary in course or progressive-dinner style. It is indeed a moot question, however, whether any one of the present pharmaceutical organizations could or would undertake to serve a full-course intellectual repast unless their organizations were radically modified. On the other hand, when one realizes the magnitude of the entire drug industry, appreciates that some of its special groups need guidance and protection, that the general public is entitled to a continuously improving pharmaceutical service, and knows that only by more perfect coördination of individual activities can our many objectives be attained; then, indeed, is it difficult to understand why recommendations in the past for an all-pharmaceutical organization have not received more enthusiastic support. To-day, more than ever before, Pharmacy needs the direction of a Grand Council composed of representatives from all branches of the drug industry, a council composed of clear thinking men whose views of the forest will not be obscured by a single tree. Every pharmaceutical organization, without fear of its detracting from its own importance, should be glad and willing to coöperate in organizing such a body because individually they cannot attain security for their members by isolating themselves and refusing to face problems closely but not intimately related to their own particular spheres of activity by hiding their heads in the sand as the ostrich is purported to do but does not, and leave by far the largest parts of their anatomies exposed and vulnerable to attack. In short, professional and economic security can best be obtained by coördinated effort which directionally must be governed and controlled by minds representing a cross-section of our entire pharmaceutical service enterprise.

For eighty-six years the AMERICAN PHARMACEUTICAL ASSOCIATION has been serving the pharmacists of this country in a professional way, and still the average pharmacist feels that he can afford *not* to be identified as a member and actively participate in its affairs. On the other hand, physicians and dentists cannot afford not to belong to *their* state and national organizations. Is something 'wrong' with our practitioners or perchance is it with our association? Intangible assets, unlike tangible ones, are difficult to evaluate by most people and to the average pharmacist, the benefits that he enjoys and which are directly attributable to the activities of the AMERICAN PHARMACEUTICAL ASSOCIATION have just 'come from the blue.' From time to time everyone of us has tried to interest retail pharmacists in memberships in the AMERICAN PHARMACEUTICAL ASSOCIATION. Other than prestige, whose value is exceedingly doubtful in many localities, and the JOURNAL, most of the articles in which they can't or won't take the trouble to understand, what have we had to sell? As a result, the AMERICAN PHARMACEUTICAL ASSOCIATION belongs to the pharmacists but the pharmacists do not belong to the AMERICAN PHARMACEUTICAL ASSOCIATION. I would not be understood as caviling at the activities of an ASSOCIATION of which I am very proud. You and I know and appreciate its fine work but the majority of retail pharmacists do not. Every health profession is evaluated by two things: (1) the service that is rendered to the public by its general practitioners, and (2) by the contributions of its researchers to health science progress. The AMERICAN PHARMACEUTICAL ASSOCIATION has indeed been a bulwark of strength to both, fostering and encouraging investigations which in importance are second only to those of Medicine; its stand on legislative and educational matters has made possible a continuously improving pharmaceutical service; the National Formulary alone had made for better pharmaceutical practice and those who have labored so assiduously and faithfully, deserve the thanks of every pharmacist in the country. These and many other works of the AMERICAN PHARMACEUTICAL ASSOCIATION have been in the interest of retail pharmacists but how to awaken our practitioners from their lethargy and inspire in them a keener appreciation and respect for the AMERICAN PHARMACEUTICAL ASSOCIATION is a problem that is not hopeless of solution. In concluding my remarks on this subject, let me contrast the membership of our ASSOCIATION with that of the largest and structurally the most efficient medical organization in the world, the American Medical Association. According to the best advices, there are 169,628 plus licensed physicians in the United States, of whom 109,435 plus (64.5%) belong to the American Medical Association. At the American Medical Association Convention, these are represented by 175 voting delegates, each one of whom is either elected or appointed for a two-year term and represents 625 out of a possible constituency of 969 licensed physicians. There are approximately 100,000 plus licensed pharmacists in the United States, of whom 3516 (July 13, 1939) (3.5%) belong to the AMERICAN PHARMACEUTICAL ASSOCIATION. At the AMERICAN PHARMACEUTICAL ASSOCIATION Convention, these are represented by 92 voting delegates, each one being appointed for a one-year period and

represent 38 out of a possible constituency of 1087 licensed pharmacists. I believe the memberships of the medical and pharmaceutical associations of Minnesota are fairly representative of other states and, therefore, I present the data as an example. There are 3426 licensed physicians in Minnesota, of whom 2519 (73.53%) are members of the State Medical Society and, therefore members of the American Medical Association. 2377 pharmacists are registered in Minnesota. 913 (38.41%) are members of the Minnesota State Pharmaceutical Association, and 72 (3.02%) belong to the AMERICAN PHARMACEUTICAL ASSOCIATION. From these data must we conclude that nationally 18.4 times and in Minnesota 24.3 times as many physicians as pharmacists are interested in their profession. Can we conclude that professional progress will be made and recognition accorded in direct ratio to the evidenced interest in professional societies? If such be the case, the AMERICAN PHARMACEUTICAL ASSOCIATION must immediately take active steps to hasten that renaissance of interest in professional pharmacy which has been so clearly evidenced especially during the past two or three years. If this is not done, the professional parity of Pharmacy with the other health sciences may be abrogated and lost forever to our practitioners.

SOCIALIZED AND STATE MEDICINE.

When we retrospect upon the happenings of the past five years in connection with socialized and state medicine, many questions come to our minds which, if they could be answered satisfactorily, would permit of some rational predictions as to what may ultimately be the outcome. It may be stated without fear of contradiction that in the United States the health service that is and has been available to people of all economic and social levels, is far better than in any other country in the world. But, despite this fact, the wave of popular sentiment in favor of *some* change in our health service set-up, gained momentum with alarming rapidity. Whatever the cause, *i. e.*, the high cost of medical care to the earning groups; the unavailability of medical service to too sizable¹ a number of the indigent, etc., oil had to be poured on these troubled waters in order to gain time in which to study this tremendous problem. Unjustly, were the health science professions accused of deliberately and selfishly thwarting a progressive social movement, by those unthinking or misguided laymen who believed that if their voices were raised loud enough against the old order, a new costless one might evolve. Their shouting *did* awaken the members of the health professions to the fact that their security, earned by hard study and experience, was threatened and they ardently supported individually and organizationally all efforts being made for a solution of the problem. To disprove by their actions all of the untrue or grossly exaggerated accusations against them, seemed to be the dominant and controlling passion of all who cared for the sick. Time and, may I say, a more sympathetic health service have had their effects. The problem is still an imminent one but most of the hysteria accompanying any new mass social change has been replaced by rational approaches to the problem. I believe that most people want to pay in proportion to their incomes for an efficient health service; that they are of the opinion the existing agencies now providing medical services are or could be made to function in such a way as to make them available and adequate to meet even the most exacting demands made upon them; and that they do not want to be denied their autonomous right to choose their physician, dentist, pharmacist and nurse. Further, when those other misinformed and misguided individuals are shown that they cannot get one of, if not the most important, services for nothing, then the first great obstacle to the solution of our problem of medical care will have been overcome. This has already been accomplished in a large measure. In the reports of the various studies both in this country and abroad, there have not emanated any concrete and specific recommendations as to how Pharmacy can now lend its hand in increasing the efficiency and scope of medical care or what its set-up should be in any new order of things. I will be glad to stand corrected when I say that I do not know of any pharmacist or group of pharmacists who have served or even been asked to serve on any committee for investigating this problem. In fact, at the National Health Conference called in July 1938, at the suggestion of President Roosevelt, by the Inter-Departmental Committee to Promote and Coördinate Health Activities, only one pharmacist, the Chairman of the AMERICAN PHARMACEUTICAL ASSOCIATION Committee on Social and Economic Relations, was present,

¹ Government surveys indicate forty million Americans lacking medical care. Report of Dr. W. F. Braasch of Mayo Clinic for his A. M. A. Committee on Medical Care shows that this number is nearer forty thousand. (*Science*, May 26, 1939.)

whereas Medicine, Dentistry, Nursing, Public Health, Labor, Industry, Agriculture, Social Workers, Women's Organizations and others were represented by approximately 180 keenly interested persons. Pharmacy, and by that I mean all phases of the drug industry, unquestionably will be intimately involved in whatever plan or plans that may be forthcoming and if it isn't invited as a major party to assist with its best minds in the solution of this problem, we should provide the means of sending uninvited guests who I am sure will demonstrate that Pharmacy has much to contribute. Who of all medical science practitioners is in a more strategic position than the retail pharmacist not only to extend the sphere of usefulness of all medical groups and by so doing improve the service to those who are sick, but also to influence public thinking and mold it into a rational pattern? The studies of Socialized and State Medicine are fundamentally coöperative researches and Pharmacy is qualified and, therefore, entitled to participate in them. That surely is not a moot question.

FOOD, DRUG AND COSMETIC ACT.

At the 1938 meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION, a resolution was adopted pledging the ASSOCIATION'S support toward the effective enforcement of the Federal Food, Drug and Cosmetic Act and the Federal Trade Commission Act. Further, it urged the state pharmaceutical associations to give prompt study to these Acts in order that the state laws could be revised or amended to give intra-state effect to those provisions of the Acts which would be considered feasible and applicable to the needs of the states. I do not know how strong the representations on this matter by the AMERICAN PHARMACEUTICAL ASSOCIATION were to the state associations, but the aggressive activities of most of the latter were indeed few in number. This may have been occasioned by the fact that most retail pharmacists were unfamiliar with the provisions of these Acts and, because the biennial sessions of a great many legislatures convened and in some instances even adjourned before the state associations had had their 1939 conventions, time did permit of the introduction and sponsoring of Food, Drug and Cosmetic Bills patterned after the Congressional Acts. The AMERICAN PHARMACEUTICAL ASSOCIATION should continue to actively urge this action by the state organizations, sending representatives, if necessary, to the various Assemblies to back up the State Legislative Committees. During the last fiscal year, the government spent only 1.1 cents per citizen to protect the public against the threat of poisonous foods and dangerous drugs. That, I believe, is the cheapest premium for prevention and protective health insurance in existence. The thanks of this ASSOCIATION should go to the Food and Drug Administration for its effective work during the past year and it should be congratulated upon the rational way in which it undertook the tasks of educating producers and consumers on the provisions of these Acts and also of enforcing them.

LEGISLATION.

With your permission, I would like to say a few words about pharmaceutical legislation. A review of legislation sponsored by pharmaceutical organizations during the past decade or two, shows that a rather large number of the proposals were definitely intended to improve conditions for the pharmaceutical practitioner and thus indirectly improve the pharmaceutical service to the general public. As a rule, bills conceived solely in the interests of the public health have been introduced and furthered by the medical profession and many times pharmaceutical organizations have not even been solicited for their support of these measures. During every legislative session, committees are busy from morning 'til night interposing objections to bills that, if enacted into laws, would interfere with the pharmacists' 'business.' The enactment of stronger and better laws to adequately protect the professional rights of a pharmacist should be, of course, of major consideration, but legislation that protects the 'business' of a druggist and which utterly disregards the interests of public health should have no place on a legislative program. Laymen evaluate a profession by the service rendered to them by its practitioners and if such service is indispensable to their welfare, they will be the ones to demand the necessary protection for it. I firmly believe that in the future, more than ever in the past, will pharmacists be compelled to formulate their legislative programs with the interests of the public health as the primary objective—this regardless of whether the shoe pinches or not. Pharmacy can no longer afford to be a follower of the medical profession in these proposals. Mild acquiescence to progressive measures

will no longer suffice to retain professional standing. Pharmacy must take the initiative in public health legislation. If we procrastinate, others, even laymen who feel they have a great mission in life but who know little or nothing about Pharmacy, will sponsor inadequate legislation to curb evils which we as pharmacists know exist and for which rational legislative remedies are apparent. I cite one case as instance. As long as fifteen years ago, pharmacists recognized that sooner or later legislation controlling the indiscriminate sale of barbiturates would be enacted and yet they did nothing about it. Sound, operable legislation that would have entailed the minimum inconvenience to pharmacists, physicians and the public, could have been initiated by the pharmacists long ago but was not. The reasons for this delay are as apparent to you as to me. Some pharmacists will go so far as to say they were penny-wise and pound-foolish. Be that as it may, barbiturate legislation was enacted and for the last five or six years the pharmacists have been put in a distressingly disadvantageous position because of their efforts to modify proposed legislation so as to make it operable. Unfortunately, their activities are accused of being prompted by ulterior motives and that, of course, in most instances is unfair and is just cause for righteous indignation. The fact still remains that the pharmacists *could* have circumvented all of the criticism and improved their professional status by taking the initiative in barbiturate and other similar legislation. Pharmacists are important members of the health professions and as such are charged with a responsibility to contribute to public health improvement, not to undermine it. We have made our mistakes and have been disciplined for them. Let us be wise and not make them again.

REGISTERED PHARMACISTS' UNIONS.

A reading of Article I of the Constitution of the AMERICAN PHARMACEUTICAL ASSOCIATION shows clearly that the aims of this organization are directly or indirectly in the interest of public health. No member or group of members can use the ASSOCIATION for private gain or personal aggrandizement without violating its constitution. It is an organization of altruistic, educated and reputable pharmacists and druggists of America who have dedicated themselves to efficiently serve those who are sick. Membership is purely voluntary and, even though the ASSOCIATION will fight for its precepts and ideals, no weapons other than reason and intellectual force are used to attain its objectives. During the past few years, organizations of supposedly professional individuals have sprung up and frankly profess the protection and personal gain of their members to be the only excuse for existence. Perhaps under certain oppressive economic and social conditions, organizations of this kind are indicated and justifiable but at a professional level the demand for and the compensation paid to a practitioner is usually in proportion to his abilities for rendering a professional service to the people in his community. If I am correctly informed, these professional unions were conceived either by nonprofessional paid organizers or by discontents who could not or were unwilling to engage in open competition with those who were giving a better pharmaceutical service than they and who, therefore, received more for their services. These groups have to frequently resort to coercive methods to force employers to compensate their employees according to a so-called 'minimum wage scale.' Would any of us be willing to say that the minimum salary for all registered pharmacists should be, let us say, \$38.50 a week? By so doing, would we not be jeopardizing the higher salaries of those registered pharmacists who are receiving in proportion to what they give? Do you believe that any reputable physician, dentist, lawyer or engineer would endanger his professional reputation by affiliating with a doctors' union, a dentists' union, a lawyers' union, etc.? I, for one, do not. Why have those who ostensibly are taking the economic welfare of their fellowmen so deeply to heart sought ingress to the health science profession *via* Pharmacy? Is it because they found a slit in the professional armor of Pharmacy and not in that of Medicine and Dentistry? The fact that the overtures made by unprofessional groups to registered pharmacists have met with any success whatsoever, may be sufficient reason for proprietors re-valuating the services they are receiving from their employees. Pharmacy is a profession and as such its internal economic affairs cannot be administered upon by using methods that have become identified with organizations of industry, trade and labor, without sadly affecting its professional status among the health sciences. Could the AMERICAN PHARMACEUTICAL ASSOCIATION, coöperating closely with the state associations, interest itself in the economic problems of registered employers and employees to such an extent that it would prove to be of real assistance in solving their problems? If feasible and practical to do so, attention would be diverted from those unethical and unprofessional organizations to which some assumedly or actually oppressed practi-

tioners have gone for that succor and assistance which is not now offered them by most existing professional organizations, and the AMERICAN PHARMACEUTICAL ASSOCIATION would be brought into sharper focus as that professional society whose structure is built upon the solid foundation of service to its practitioners and to all mankind.

PUBLICITY.

It has been said that every man's work, whether it be literature or music or pictures or architecture or anything else, is always a portrait of himself, and the more he tries to conceal himself, the more clearly will his character appear in spite of him. The work of the AMERICAN PHARMACEUTICAL ASSOCIATION for Pharmacy has been good and its character is clear to those who know of its accomplishments. Unfortunately, these are too few in number. For nearly fifteen years the observance of Pharmacy Week has assisted in bringing the message of Pharmacy to the public and the activities of many other agencies have done much to establish it among laymen as an essential health profession. Notwithstanding, Pharmacy's contributions to medical science are relatively unknown and its potentialities unappreciated by entirely too many practitioners of the Art and by those interested in the more technical phases of the Science. Pharmaceutical and chemical manufacturers, analytical chemists, manufacturers of cosmetics, etc., offer positions to graduates of schools of chemistry and, in the majority of instances, ignore the graduates of colleges of pharmacy because they still believe that pharmacy students are instructed only in the art of making pills, emulsions, suppositories, etc. They have not taken the trouble to inform themselves (and apparently no one else has told them) about the broad scientific and practical training now offered in most of our colleges. When informed about the various pharmaceutical curricula, they are noticeably and agreeably surprised and are glad to give our graduates opportunities in their laboratories. In fact, within the last six months, two nationally known drug concerns have become so enthusiastic that they have made overtures to several universities to accept scholarships and loan funds with which to subsidize undergraduate pharmaceutical study. It is equally true that those who are financially able to subsidize graduate study and research in the pharmaceutical sciences, have not been accurately informed about facilities in our colleges for doing this advanced kind of work and as a result have evidenced little or no interest in doing so. We would not presume to break down the innate modesty of the august American Association of Colleges of Pharmacy and have it begin 'blowing its own horn,' but the dignified dissemination of information about Pharmacy's educational system might well be a function of the AMERICAN PHARMACEUTICAL ASSOCIATION. Furthermore, among the practicing pharmacists in some localities the lack of information about not only the Recipe Book II, but also the United States Pharmacopœia (especially its supplements) and National Formulary, is astounding. These volumes are the most outstanding achievements of American Pharmacy and it is recommended that more active steps be taken immediately to give them such publicity as will inspire in retail pharmacists a greater appreciation of their value and indispensability to an efficient pharmaceutical service. In short, the AMERICAN PHARMACEUTICAL ASSOCIATION should increase its activities in bringing the message of Pharmacy not only to the public but also to the pharmacists themselves.

In conclusion, permit me to say that if my observations have been correct, it is not infrequently the favorite pastime of assemblies such as ours, to pass resolutions and create committees without making financial provision for carrying on the work necessarily involved. This has not always been the case in our ASSOCIATION but if it is your wish that the AMERICAN PHARMACEUTICAL ASSOCIATION engage in any new activities or that the work of existing committees be further prosecuted, then, in my humble opinion, financial provision should be made for them at the time such action is taken. There is nothing so dead as a dead committee and most of them die for want of financial sustenance with which to live.

Gentlemen! It has been an honor and a privilege to serve as Chairman of the House of Delegates of the AMERICAN PHARMACEUTICAL ASSOCIATION during the past year. I have appreciated very much your proffered advice and council and you have my sincere best wishes for a fruitful session. Thank you."

The address was received with applause and automatically referred to the Committee on Resolutions.

Chairman Rogers announced the appointment of the following:

COMMITTEE ON RESOLUTIONS: *Chairman*, R. P. Fischelis, New Jersey; Hugo Schaefer, New York; H. Evert Kendig, Pennsylvania; Loyd E. Harris, Oklahoma; H. C. Newton, Massachusetts; J. L. Hayman, West Virginia; S. H. Dretzka, Wisconsin; P. H. Costello, North Dakota; C. J. Klemme, Indiana.

COMMITTEE ON NOMINATIONS: *Chairman*, M. J. Andrews, Maryland; R. W. Rodman, New York; M. L. Jacobs, North Carolina; J. M. Lea, Virginia; T. C. Marshall, Georgia; Glenn L. Jenkins, Minnesota; J. L. Powers, Michigan.

ANNUAL REPORT OF THE COUNCIL.—The secretary read the report which was received for publication.

“The Council membership consisted of nine elected members: H. C. Christensen, R. P. Fischelis, Ernest Little, H. A. B. Dunning, S. L. Hilton, P. H. Costello, Roy B. Cook, Glenn L. Jenkins, R. L. Swain; and of nine *ex-officio* members: President Lascoff, Vice-Presidents A. O. Mickelsen and Geo. A. Moulton, Former President E. N. Gathercoal, Secretary E. F. Kelly, Treasurer C. W. Holton, Editor A. G. DuMez and Chairman of the House of Delegates Charles H. Rogers. S. L. Hilton served as chairman, Glenn L. Jenkins as vice-chairman and E. F. Kelly as secretary.

The Council has supervision over the property, funds and publications of the ASSOCIATION and acts for the ASSOCIATION and the House of Delegates in the interim between meetings.

The business presented to the Council was transacted at two meetings held in Minneapolis, Minn., on August 27, 1938, and in Atlanta, Ga., on August 20, 1939, and by mail.

Eleven Council Letters, covering 45 pages and submitting 81 items of business and 33 motions, were sent to the members of the Council. These letters have been or will be printed in full in the JOURNAL, and this report is a summary of some important actions taken; others will be referred to in separate reports.

At the first meeting, E. F. Kelly was continued as Acting Editor of the JOURNAL, and A. G. DuMez was reelected Editor of the YEAR BOOK. The Council Committees on Finance, on Property and Funds and on Publications were either appointed or elected. Special Committees on Standard Program, on N. F. and R. B. Policies, to Confer with the U. S. P. Board of Trustees on Pharmacy Week Policies, to Develop Advertising for N. F. and R. B., and to Nominate the Members of the N. F. Committee, were appointed. The president was authorized to make such appointments as are now authorized, to fill vacancies as they may occur and to make such additional appointments as may be necessary or advisable. Later, the usual appointments were submitted and appeared in the October issue of the JOURNAL.

Arrangements were made to issue the Bulletin of the Committee on National Formulary as a monthly publication and on a subscription basis.

The following business was transacted by mail. The report of the Special Committee on State Food and Drugs Laws in the form of a proposed Act covering the drug, device and cosmetic clauses and a proposed statement to be sent to the state associations with this draft, were approved. W. Albert Johnson, who has served since 1922, audited the accounts of the ASSOCIATION for 1938 and his report with a summary of the treasurer's report were published in the April issue of the JOURNAL, page 248. The ASSOCIATION has been operating for the year on an estimate of receipts of \$67,918 and an estimate of expenses of \$67,495 and for the first six months has kept within these estimates. At different intervals, the Council approved the selection of R. C. Wilson as Local Secretary for the Atlanta meeting, the Biltmore Hotel as headquarters, the week of August 20th as the time, and approved the General Program of the meeting. A research grant of \$1800 to Dr. Bernard Fantus to be expended on the general subject of Dermatologic Medication was approved. Arrangements for the design and preparation of the Kilmer Prize in the form of a gold key were approved and arrangements made for its presentation at the annual meetings. Arrangements were approved for the refunding of the loan on Lot No. 7 amounting to \$36,400 with the Maryland Trust Company for three years from May 1, 1939, at an interest rate of 3 per cent per annum.

The contract for printing and distributing the JOURNAL was continued with the Mack Printing Company of Easton, Pa., on the same basis as for 1938.

At the second meeting of the Council the following business was transacted during a forenoon and afternoon session. Lengthy consideration was given to the selection of the ten members and the chairman of the new Committee on National Formulary who are to be elected by the

Council during this meeting. No announcement can be made at this time as to the election since amendment to the By-Laws of the ASSOCIATION is necessary before the election of the new committee.

The present Committee on National Formulary presented a report covering the work of the committee during the year and during the meeting held here on last Friday and Saturday. It will be recalled that at the last annual meeting the N. F. Committee was requested to prepare the manuscript of N. F. VII for submission to the new committee and the present committee reported that this assignment had been carried out as completely as is possible. Only about 52 items remain uncompleted and it is expected that the new committee can give these attention during the coming year and also review the remainder of the manuscript, with the object of issuing N. F. VII early in the coming decade, and at the same time with the twelfth revision of the U. S. P.

The Committee on Recipe Book reported progress in its preparations for issuing the Third Edition of this book following the appearance of the U. S. P. XII and the N. F. VII.

The Committee on Publications reported that during 1938, 668 pages of Pharmaceutical Abstracts, including the Index, were published in the JOURNAL at a cost of \$4685.70, that 43,219 copies of the National Formulary VI have been printed of which 40,473 copies have been sold and that 10,040 copies of the Recipe Book II have been printed of which 5039 copies have been bound and 4221 copies have been sold. The Bulletin of the N. F. Committee was issued in October 1938 and monthly thereafter on a subscription basis of \$5.00 per year.

The committee also submitted a plan for issuing the present JOURNAL, on a subscription basis, and for issuing the proposed popular publication as a part of the annual dues effective on January 1, 1940. The plan was considered at length and the committee was requested to submit a supplementary report at the next meeting of the Council, giving further details. This program will also be given attention in a later report of the Council.

The Committee on Finance reported that the receipts and disbursements of the ASSOCIATION for the first six months of the current year compare favorably with the estimates for the year.

The Committee on Property and Funds recommended that the Baltimore Trust Company, the Baltimore National Bank, the Maryland Trust Company and the Merchants and Newark Trust Company of Newark, N. J., be continued as depositories of the funds and securities of the ASSOCIATION."

REPORT OF THE TREASURER.—Treasurer Holton read the following report covering the period January 1 to June 30, 1939, which was received for publication.

Current Funds:

	Jan. 1, 1939.	June 30, 1939.
Treasurer's Account.....	\$ 980.37	\$ 288.17
Secretary's Account.....	1,375.48	1,243.96
Total Current Funds.....	\$ 2,355.85	\$ 1,532.13

Permanent Funds:

Endowment.....	\$ 18,818.82	\$ 19,092.89
Centennial.....	6,570.37	6,656.31
Ebert Legacy.....	9,908.08	10,084.33
Ebert Prize.....	1,062.09	1,076.47
Life Membership.....	34,944.01	35,737.26
Endowed Membership.....	261.69	261.69
Research.....	92,944.36	92,585.94
Franklin M. Apple.....	1,452.90	1,462.87
Maintenance Fund.....	40,776.87	49,115.90
Headquarters Building, Property and Equip.....	553,407.53	553,839.25
Total Permanent Funds.....	\$760,146.72	\$769,912.91

Trust Funds:

Procter Monument.....	\$ 20,090.89	\$ 20,438.03
Remington Honor Medal.....	1,366.42	1,390.30
Frederick B. Kilmer.....	3,123.75	3,165.00
Geo. and Lillian Judisch Memorial Fund.....	2,000.00	2,028.76
Total Trust Funds.....	\$ 26,581.06	\$ 27,022.09

Summary of Funds:

Current Funds.....	\$ 2,355.85	\$ 1,532.13
Permanent Funds.....	760,146.72	769,912.91
Assets.....	762,502.57	771,445.04
Trust Funds.....	26,581.06	27,022.09
Total Assets and Trust Funds.....	<u>\$789,083.63</u>	<u>\$798,467.13</u>

SCHEDULE OF DEPOSITS, SECURITIES AND PROPERTY
AS OF JUNE 30, 1939.

Deposits:

Merchants and Newark Trust Co.....	\$ 288.17
Baltimore National Bank.....	13,580.24
Baltimore Trust Co.....	4,743.57
Maryland Trust Co.....	48,915.90
Total Cash on Deposit—Forward.....	\$ 67,527.88

Securities:

Treasury Bonds, 2 ³ / ₄ %.....	\$ 57,400.00
Treasury Bonds, 2 ⁷ / ₈ %.....	20,500.00
Federal Farm Mortgage Corporation Bonds, 3%.....	1,000.00
State of Illinois Bonds, 4%.....	4,000.00
State of Massachusetts Bonds, 3%.....	14,000.00
State of North Carolina Bonds, 4 ¹ / ₂ %.....	7,000.00
State of Tennessee Bonds, 4 ¹ / ₂ %.....	2,000.00
City of Baltimore Bonds, 4%.....	40,000.00
City of Chattanooga Bonds, 4 ¹ / ₂ %.....	8,000.00
City of Dallas Bonds, 4 ¹ / ₂ %.....	11,000.00
City of Detroit Bonds, 4%.....	1,000.00
City of Newark, N. J. Bonds, 4%.....	6,000.00
City of Paterson, N. J. Bonds, 4 ¹ / ₄ %.....	1,000.00
Town of Montclair, N. J. Bonds, 4 ¹ / ₄ %.....	4,000.00
Chicago, Milwaukee, St. Paul & Pacific R. R. Co. Bond, 5%.....	200.00
Total Bonds.....	\$177,100.00

Property:

Lots 3, 4, 5, 16, 17, 801, 802, 806, 807, in Square 62, Washington, D. C., Building and Equipment.....	\$553,839.25
Total Deposits, Securities and Property.....	<u>\$798,467.13</u>

The Life Membership Fund includes \$2000 derived from redemption of two State of Illinois Bonds, May 1, 1939. The Research Fund includes \$1000 from the State of Tennessee Bond redeemed July 19, 1938.

The Geo. and Lillian Judisch Memorial Fund is a new acquisition since the last report: the securities acquired are U. S. A. Bonds, 2⁷/₈%, due March 15, 1960.

On November 9, 1938 the Franklin M. Apple Fund was established, and as yet, no decision has been reached as to the use of the income from this fund.

The only interest due is \$35 on a \$200 Bond of the Chicago, Milwaukee, St. Paul & Pacific R. R. Co.

The property entry represents the actual cost of the site, the landscaping, the Building, the approach and the equipment, less the mortgage of \$36,400 on Lot 7 which it was necessary to purchase in order to acquire the other property required (in 1937 the lots were renumbered). The mortgage is held by the Maryland Trust Company at a reduced rate of 3%. The Chairman of the Committee on Maintenance, American Institute of Pharmacy will give further details in his report.

The secretary's report will show receipts from Dues, the JOURNAL, Abstracts, National Formulary, National Formulary Bulletin, Recipe Book, YEAR BOOK, U. S. P.—N. F. Prescription Ingredients Survey, Aconite Monograph, Leaflet #14, Pharmacy Week, Materials and Preparations for Diagnostic Use, and Buttons, which are collected by him and deposited in the Secretary's account in the Baltimore National Bank.

These receipts are transferred by check, accompanied by itemized deposit slips, to the ASSOCIATION's checking account in the Merchants and Newark Trust Company from which all budget expenses are paid by voucher check.

The report of the treasurer for the calendar year 1938 was audited by W. Albert Johnson, the auditor approved by the Council, and his report, with a comparison of funds for 1937-1938, was published in the April 1939 JOURNAL, pages 248 and 249; the report in full will be published later.

Respectfully submitted,

C. W. HOLTON, *Treasurer.*"

REPORT OF THE SECRETARY.—Secretary Kelly presented the following report which was received:

"In his presidential address delivered last evening, President Lascoff requested that the secretary discuss the major activities of the ASSOCIATION which make up, to a great extent, its continuous program. It is a pleasure to attempt to do so in this report and I hope that the second request can also be discharged which was 'to interpret them to the membership,' because it is very important that the pharmacists of our country should understand more clearly the scope and purpose of the activities carried on by the ASSOCIATION. The organizations represented in this House represent in turn these pharmacists. Necessarily, most of the activities of the ASSOCIATION are referred to separately in other reports and addresses made at this meeting, and to avoid repetition, they will be dealt with generally and to such an extent only as is required to provide a summary of the work being carried on and to show the interrelation of these activities.

In considering its complicated program, it should be remembered that the ASSOCIATION functions through three major divisions: (1) the Council which controls property, funds and finances; (2) the House of Delegates which is the legislative group; and (3) the Sections which constitute the professional and scientific division. Each of these divisions operates largely through standing and special committees and each division reports to the membership of the ASSOCIATION through the General Sessions and the publications. There is some duplication, of course, but the organization is working more smoothly and more effectively each year.

The work of the ASSOCIATION for that year culminates in each annual meeting. The activities of the ASSOCIATION are so numerous and so varied that the program of the annual meeting is necessarily complicated. It is further complicated by the programs of the affiliated organizations which meet at the same time and place, but their coöperation and assistance are so necessary and the results so valuable that the inconvenience can be overlooked. Continuous study is being given by the Committee on Standard Program to the improvement of the procedure of the meetings. Several important steps were taken this year. The meeting of the National Con-

ference on Pharmaceutical Research was transferred from the Saturday preceding, to Tuesday afternoon of the week of the meeting. For the first time and with the purpose of making it available to all members beforehand, the complete program of the annual meeting was published in advance of the date. It appeared in the July issue and has been reprinted, with some changes, for distribution here. It is hoped that this plan can be continued and improved, and sincere thanks are extended to all who have coöperated in this difficult undertaking. This plan has made the abstract of papers available earlier and this, in turn, has assisted in securing publicity. Much more could be said about the program, but it is hoped that the results will speak favorably for themselves.

Property, Funds and Finances.—The treasurer's report shows that the net worth of the ASSOCIATION, represented in property and funds, has increased year by year and now amounts to \$798,467.13. The auditor's report shows that the ASSOCIATION operates within its estimates of receipts and expenditures. The current operating budget is also increasing year by year, as to receipts and expenditures, in proportion to the increased activities and services of the ASSOCIATION. The operating budget amounts to about \$70,000 for this year.

As frequently stated, the ASSOCIATION now has the facilities and can secure the personnel to still further increase and extend its activities as additional funds are made available through gifts, subscriptions and a greater active membership. The response in recent years has been very helpful and encouraging but the opportunities are still numerous and pressing. A larger active membership is urged not only because of the revenue but particularly for the increased personal interest and participation in the work of the ASSOCIATION which it would represent.

Publications.—Real progress has been made during the year in the publication program. The JOURNAL has been issued on time and within its budget. Including the August 1939 issue, every accepted paper, address and report submitted at the Minneapolis meeting and in the interim will have been published, to the number of approximately 200.

The Pharmaceutical Abstracts have been continued and occupy an average of 48 pages in each issue of the JOURNAL in addition to very complete subject and author indices. These abstracts provide a very complete survey of the pharmaceutical literature in this and other countries and every effort is being made to increase their value particularly to the practicing pharmacist.

The sales of the National Formulary VI and of the Recipe Book II and their acceptance will compare very favorably with any preceding period. The revision of these books is kept practically up to date, which means that they are more useful and that the next editions of them can be issued without delay.

The Bulletin of the National Formulary was issued as a monthly publication in October 1938, and has served a very useful purpose in keeping those who are interested fully and regularly informed about National Formulary revision and in giving them an opportunity to criticise or suggest.

It is planned to continue the program of Monographs and to issue these more frequently.

The bulletin service from the ASSOCIATION's office has also been increased. During the year, 32 separate bulletins were sent out principally to the schools and boards of pharmacy and to the pharmaceutical publications. The use and publication of the material furnished in these bulletins has been very encouraging and is deeply appreciated. A set of the bulletins has been included in the exhibits on the mezzanine floor.

The Committee on Publications and the Board of Review of Papers have been most helpful in carrying forward the publication program. Now that the publication program is in such good shape, it is expected that the new and more popular type of journal can be started and it is hoped that it will round out the program by providing a medium for keeping the pharmacists of the country advised about the activities of their national professional association and informed about pharmaceutical progress generally.

The present JOURNAL will, of course, continue as the medium for publishing the more scientific and technical papers, etc., received by the ASSOCIATION and will continue to fill the very useful place it has made for itself in American pharmacy.

The Committees.—It is a pleasure to pay tribute to the high character and to the scope of the work carried on by the many committees of the ASSOCIATION. A large group of men and women give generously of their time and thought and energy to the many basic projects carried

forward each year by these committees. Time does not permit the comprehensive review of this phase of our work which its importance richly deserves and this reference is made principally to bring it more pointedly to notice. So many committee reports are submitted during a meeting of this type that the members are apt to overlook the work on which they are based. An examination of the roster will show that the ASSOCIATION and its division has almost fifty standing and special committees, the large proportion of which are active.

Another encouraging feature is that when new activities or emergencies arise, capable and willing people are available to take care of them.

Governmental Relations.—The Headquarters Building was located in Washington by vote of the members and the decision was based, no doubt, upon the realization that direct and frequent contacts with various departments of the Federal Government were of increasing importance. Developments have shown the wisdom of the decision.

The ASSOCIATION is able to render more service because of these contacts and, in turn, is looked to more and more for information about Pharmacy and for coöperation and advice on many important matters, many of which cannot be referred to for manifest reasons.

New problems are arising right along which require prompt and personal attention and the great need now is for increased personnel. The developments in public health, in food and drug administration, in narcotic control, in education, are notable illustrations of movements which can affect our profession very seriously and very rapidly. It is imperative that Pharmacy organize more completely to meet these emergencies.

Our relations with state governments are principally through the state associations and it is correct to say that these relations are closer and more effective each year. The Conference of Secretaries is very helpful in this connection.

Professional Relations.—The ASSOCIATION plans to coöperate in three ways. *First*, through exhibits at the annual meetings of the American Medical Association, the American Dental Association and the American Hospital Association, and at other national meetings. In this effort, the ASSOCIATION continues to have fine assistance from the local and state associations, which coöperation also makes a good impression. The Greater St. Louis Local Branch assisted at the A. M. A. meeting in St. Louis and the Milwaukee County Druggists Association and the Wisconsin Pharmaceutical Association at the A. D. A. meeting. *Second*, by coöperating with the state associations in their professional relations work. We now have a list of about forty state committees engaged in this activity and trust that during the coming year every state will have such a committee. As the program progresses, it will be possible to correlate the national and state activities more effectively. *Third*, by arranging an exhibit of the work being done nationally and in the states and a conference of these state committees at each A. P. H. A. meeting. This interchange of information, and materials, is bound to stimulate and improve this movement which is one of the most important for Pharmacy to actively support.

The Sections and Conferences.—An effort has been made to bring about a better balance in the programs of these groups and their officers have coöperated splendidly. To arrange and carry through the program of one of these groups requires attention and a lot of work as will be recalled through even a brief review of the official program. The papers and articles should be even more carefully selected and presented with the object of making these divisions of greater interest and service to every division of Pharmacy. Their work is attracting greater attention each year from other professional and scientific groups and this is good evidence of progress. Pharmacists are urged to contribute papers for these programs and to suggest topics of interest.

Scientific Relations.—The ASSOCIATION maintains very helpful contacts with a number of scientific groups, and it is noticeable that the work being done in Pharmacy is being more generally accepted by them. Our principal contact is with the American Association for the Advancement of Science, which has in its membership about 18,000 of the outstanding scientists in the country. The Subsection on Pharmacy of the Section in Medical Sciences held two meetings this year, one during the annual meeting in Richmond in December under the Chairmanship of Dean Rudd and the other during the semi-annual meeting in Milwaukee under the Chairmanship of Dr. Jenkins. The first was devoted to a Symposium on Glycols and the second to a Symposium on the Vitamins. Through this contact, the scientific work done in Pharmacy is brought to the direct notice of this important group.

The American Institute of Pharmacy.—A few words may well be said about the work carried on in the Headquarters building. In addition to the routine work of the ASSOCIATION, which is constantly increasing in volume and importance, three major activities are now in operation.

The cataloging and arrangement of the Reference Library will be completed in about one month and then attention will be directed toward completing the collection of books, periodicals, etc., required and to keeping it up to date. The library is serving a real purpose and will become more valuable through experience. The purpose is to have a source to which pharmacists, particularly retail pharmacists, organizations, governmental agencies, publications and others interested may turn for information about Pharmacy. It would be helpful if time permitted a review of the wide range of information we are now asked to furnish. Even the 'ask me' agencies are using our library and we are constantly requested to furnish information to Government departments. This library will not only help pharmacists but will bring favorable attention to the profession.

The Historical Museum is intended principally to inform the public who visit the building in increasing numbers about Pharmacy, its progress and its services through suitable exhibits. This division is also serving its purpose and can be improved through the coöperation of those who have or who can direct attention to articles of interest. For instance, visitors are interested in and impressed by the U. S. P. and N. F. exhibits when it is explained that these books of standards are recognized in the Federal and State Food and Drug Acts and thereby protect the user of these important substances. Much can be done in the museum to give the public a better impression of Pharmacy and the museum can also be of service in connection with displays and exhibits.

The Laboratory has been in full operation in the building for more than a year and has proven its usefulness. It is intended to aid in the establishment and improvement of standards for drugs and medicines. It has given attention almost entirely to problems of the National Formulary so far to the number of about one hundred. The additional and more exacting standards now required make laboratory assistance almost a necessity and improvement of N. F. processes also requires constant attention. Four men are now employed in the laboratory and this unit under the new Committee on National Formulary means that revision can be continuous and that the National Formulary should become a much more useful book to the pharmacist and to the public. Later, it is expected to give attention in the laboratory to the problems of the Recipe Book.

It is hoped that whenever possible, members and others interested in Pharmacy will visit the building and see the scope and character of the work carried on and which it is hoped can be further improved and extended.

Membership.—As President Lascoff mentioned in his address, the increase in membership is the largest for a number of years and the loss by resignation, deaths, etc., is the smallest, and while the net increase in membership is not as large as it should be, it is very encouraging. This result indicates that the membership can be increased materially if an aggressive effort is maintained and if the present membership will coöperate fully. As he stated, President Lascoff made the increase in membership an important feature in his administration and the work of the Committee on Local and Student Branches, through Chairman Little, has also contributed materially to the total increase. Many others have coöperated and the secretary wishes to thank each person and organization that has assisted.

During the year, 778 active members were elected, 629 during the present calendar year; 375 members were removed from the roll; the death of 28 members was reported; and 53 members resigned. The membership at present is approximately 3600 of whom 210 are Life Members; 21 Honorary Members; and 90 are in foreign countries (this does not include Canada, Cuba, Mexico, Panama or the Canal Zone).

Receipts of the Secretary's Office.—Attached are financial statements of the receipts from January 1 to June 30, 1939, from Dues, JOURNAL, Abstracts, National Formulary, Recipe Book, YEAR BOOK, U. S. P.—N. F. Prescription Ingredient Survey, Leaflet No. 14, Aconite Monograph, Pharmacy Week, Buttons and Materials and Preparations for Diagnostic Use. The remittances to the treasurer and the balance on hand are also set out.

Attached are reports also giving detailed information in reference to the printing, binding and sale of the National Formulary and Recipe Book.

The secretary's annual financial report for the calendar year 1938 was submitted with that of the treasurer, and audited as provided in the By-Laws.

May I extend my thanks to the officers and members for the interest they have taken in our work during the year just closing and the support they have so generously given us.

SUMMARY OF RECEIPTS AND REMITTANCES, SECRETARY'S OFFICE, JANUARY 1 TO JUNE 30, 1939.

Receipts.

Balance on Deposit January 1, 1939.....		\$ 1,375.48
Dues:		
Membership Only.....	\$ 204.00	
Membership and JOURNAL, 1938.....	50.00	
Membership and JOURNAL, 1939.....	6,762.16	
Membership and JOURNAL, 1940.....	465.00	\$7,481.16
JOURNAL.....		3,862.54
Abstracts.....		89.40
National Formulary.....		2,980.10
Recipe Book II.....		5,855.12
Year Book.....		125.80
U. S. P.—N. F. Prescription Ingredient Survey.....		2.00
Leaflet No. 14.....		65.25
Aconite Monograph.....		4.00
Pharmacy Week.....		8.50
Buttons.....		5.00
Materials and Preparations for Diagnostic Use.....		314.08
Total Receipts.....		<u>20,792.95</u>
Total Balance and Receipts.....		<u>\$22,168.43</u>

Remittances to Treasurer.

Jan. 25, 1939, Check No. 243.....	\$2,765.56	
Jan. 31, 1939, Check No. 244.....	1,247.95	
Feb. 15, 1939, Check No. 245.....	1,451.82	
Feb. 25, 1939, Check No. 246.....	857.60	
Feb. 28, 1939, Check No. 247.....	1,140.75	
Mar. 14, 1939, Check No. 248.....	906.11	
Mar. 31, 1939, Check No. 249.....	1,569.82	
Apr. 12, 1939, Check No. 250.....	3,603.92	
Apr. 26, 1939, Check No. 251.....	906.39	
Apr. 29, 1939, Check No. 252.....	1,074.71	
May 9, 1939, Check No. 253.....	2,046.00	
May 26, 1939, Check No. 254.....	1,201.03	
May 31, 1939, Check No. 255.....	592.97	
June 23, 1939, Check No. 256.....	875.17	
June 30, 1939, Check No. 257.....	684.67	
Total Remittances.....		\$20,924.47
Balance on Deposit.....		1,243.96
Total Remittances and Balance.....		<u>\$22,168.43</u>

RECEIPTS AND DISBURSEMENTS ON ACCOUNT NATIONAL FORMULARY, JANUARY 1 TO
DECEMBER 31, 1938.

Receipts.

Sales of N. F. VI.....	\$13,041.56	
Sales of N. F. V.....	10.50	
Subscriptions N. F. Bulletins.....	231.25	
Use of Text.....	10.00	
Notes.....	10.00	
Samples Reference Rennin.....	2.00	
Color Charts.....	45.00	
		<hr/>
Total Receipts.....		\$13,350.31

Disbursements.

E. N. Gathercoal, General and Traveling Expenses.....	\$ 488.33	
Gladys Spurr, Clerical Expenses.....	1,020.00	
Samuelson Duplicating Co., Printing.....	825.87	
American Society for Testing Materials, Dues.....	30.00	
JOURNAL A. PH. A., Reprints.....	24.26	
N. F. Committee Traveling Expenses.....	500.00	
Biological Stain Commission, Materials.....	3.17	
Chicago Medical Book Company, Report Paper.....	12.07	
Harris & Ewing, Photography.....	7.50	
Mack Printing Company, Printing & Binding.....	2,293.93	
Munsell Color Company, Charts.....	36.60	
Library of Congress, Copyrights.....	5.51	
Millar Publishing Company, Printing.....	37.90	
Ruddick Press, Printing.....	259.10	
Kenneth L. Kelly, Traveling Expenses.....	75.00	
R. K. Snyder, Traveling Expenses.....	75.00	
Al Lund Printing, Printing.....	7.00	
National Conference on Pharmaceutical Research, Dues.....	25.00	
Honoraria to N. F. Committee Members.....	5,100.00	
		<hr/>
Total Disbursements.....		\$10,826.24

RECEIPTS AND DISBURSEMENTS ON ACCOUNT NATIONAL FORMULARY, JANUARY 1 TO
JUNE 30, 1939.

Receipts.

N. F. III, IV and V Sales.....	\$ 9.34	
Sales of N. F. VI.....	2,676.01	
Sales of N. F. Bulletins.....	245.00	
Notes, N. F. VI.....	13.75	
Use of Text, N. F. VI.....	5.00	
Samples Reference Rennin.....	1.00	
Color Charts.....	30.00	
		<hr/>
Total Receipts.....		\$ 2,980.10

Disbursements.

E. N. Gathercoal, General and Traveling Expenses.....	\$ 402.97
Gladys Spurr, Clerical Expenses.....	504.90

Samuelson Duplicating Co., Printing.....	154.12
Library of Congress, Copyrights.....	19.22
R. K. Snyder, Traveling Expense.....	57.35
Addressograph-Multigraph Corporation, Plates.....	5.61
Munsell Color Company, Charts.....	37.32
American Society for Testing Materials, Dues.....	30.00
Henry McKeen & Son, Insurance.....	22.50
Mack Printing Company, Printing & Binding.....	1,556.71
L. A. Engel Press, Printing Coupons.....	10.50
Ruddick Press, Printing Bulletins.....	767.05
Collector of Taxes, Social Security Tax.....	2.55
JOURNAL A. PH. A., Reprints.....	9.36
Dr. Louis Gershenfeld, Supplies.....	100.00
John N. McDonnell, Lettering.....	3.00
Total Disbursements.....	\$ 3,683.16

SUMMARY OF SALES OF N. F. VI—JUNE 30, 1938, TO JUNE 30, 1939.

Quarter Ending.	Binding.	Copies.	Price.	Amount.	Recd. by Secretary.
Sept. 30, 1938	Buckram.....	1353	\$3.59	\$4,857.27	
	Leather.....	1	4.32	4.32	\$ 4,861.59
Dec. 31, 1938	Buckram.....	470	3.59	1,687.30	
	Leather.....	1	4.32	4.32	\$ 1,691.62
Mar. 31, 1939	Buckram.....	507	3.59	1,820.13	1,820.13
June 30, 1939	Buckram.....	607	3.59	2,179.13	
	Leather.....	3	4.32	12.96	
	Leather.....	25	3.59	89.75	
				\$2,281.84	
Less charges.....				.30	2,281.54
Total.....					\$10,654.88

SUMMARY OF RECEIPTS AND DISBURSEMENTS ON ACCOUNT OF N. F., JANUARY 1, 1937, TO JUNE 30, 1939.

	Receipts.	Disbursements.
1937.....	\$23,581.68	\$6,360.82
1938.....	13,350.31	10,826.24
1939 (to June 30).....	2,980.10	3,683.16
	\$39,912.09	\$20,870.22

SUMMARY OF COPIES OF N. F. VI PRINTED AND BOUND TO JUNE 30, 1939.

	Printing.	Total.	Buckram.	Leather.	Leather Interleaved.
First.....		25,087	24,641	406	40
Second.....		10,074	10,074
Third.....		5,058	5,058
Fourth.....		3,000	3,000
Total.....		43,219	42,773	406	40

SUMMARY OF COPIES OF N. F. VI—DISTRIBUTED WITHOUT CHARGE, SOLD AND HELD IN STOCK BY MACK PRINTING CO. TO JUNE 30, 1939.

	Total.	Buckram.	Leather.	Leather Interleaved.
Complimentary.....	267	225	42	..
For Copyright.....	2	2
Sold.....	40,473	40,113	340	20
In Stock.....	2,477	2,433	24	20
Total.....	43,219	42,773	406	40

SUMMARY OF RECEIPTS AND DISBURSEMENTS, PHARMACEUTICAL RECIPE BOOK.

	Receipts.	Disbursements.
1937.....	\$2862.65	\$5861.92
1938.....	1240.20	37.08
1939 (to June 30).....	5855.12	1942.19
	\$9957.97	\$7841.19

SUMMARY OF SALES OF RECIPE BOOK II—JUNE 30, 1938, TO JUNE 30, 1939.

Quarter Ending.	Binding.	Copies.	Price.	Amount.	Recd. by Secretary.
Sept. 30, 1938	Buckram.....	116	\$3.59	\$ 416.44	
	Less charges.....			.22	\$ 416.22
Dec. 31, 1938	Buckram.....	84	3.59	301.56	
	Less charges.....			.32	301.24
Mar. 31, 1939	Buckram.....	2019	2.25	4542.75	
	Buckram.....	71	3.59	254.89	
	Buckram.....	2	2.50	5.00	4802.64
June 30, 1939	Buckram.....	60	3.59	215.40	
	Buckram.....	349	2.25	785.25	1000.65
Total.....					\$6520.75

SUMMARY OF COPIES OF RECIPE BOOK II, DISTRIBUTED COMPLIMENTARY, SOLD AND HELD IN STOCK BY MACK PRINTING CO., JUNE 30, 1939.

	Total.	Buckram.	Leather.
Complimentary.....	148	148	..
Sold.....	4221	4196	25
In Stock.....	670	645	25
Total.....	5039	4989	50

SUMMARY OF COPIES OF RECIPE BOOK II, PRINTED AND BOUND TO JUNE 30, 1939.

	Printing.	Total.	Buckram.	Leather.
First (5039 bound).....		10,039	4989	50"

FOOD DRUG AND COSMETIC LEGISLATION.—Chairman Rogers announced that the House would continue in open session to discuss this and any other important topic, unless there was objection or unless it became necessary to go into executive session later.

Chairman Fischelis of the Special Committee on Uniform State Drug and Cosmetic Laws read the following report and suggested that since its work was completed the committee be discharged. On motion the report was received, the recommendations were approved and the committee was discharged with thanks.

"At the meeting of the House of Delegates held in Minneapolis the following motion was passed:

'That a committee be appointed by the Chair and announced at the last session of the House of Delegates, to prepare, as speedily as possible, a form of law relating to Drug products and Cosmetics and the advertising of the same suitable for enactment in the several states, in order to bring the laws of such states into harmony with the new Federal Food, Drug and Cosmetic Act, and that said committee be authorized to cooperate with the National Drug Trade Conference, the National Association of Retail Druggists and other national organizations in the preparation of said form of state law. And that said committee report to the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION for such action as the latter may deem appropriate.'

Pursuant to this motion Chairman Winne appointed Robert L. Swain, C. Leonard O'Connell and Robert P. Fischelis, and Mr. Winne was added to the committee on motion from the floor. Dr. Fischelis was designated as chairman.

On September 30th a bulletin was sent to State Pharmaceutical Association secretaries and legislative chairmen, advising them of the effort to be made by this committee to prepare a model State Drug and Cosmetic Act following the pattern of the new Food, Drug and Cosmetic Act.

The chairman of the committee contacted key men connected with various national organizations for the purpose of enlisting their cooperation in the preparation of a model state law, and the members of the committee contributed various suggestions which were incorporated into a tentative draft of a State Act for discussion by the committee at a meeting held in the Headquarters Building of the AMERICAN PHARMACEUTICAL ASSOCIATION in Washington on November 5, 1938.

At this meeting certain definite policies with respect to this legislation were agreed upon, and the chairman was authorized to complete the preparation of a tentative draft of a model State Act for submission to the National Drug Trade Conference at its annual meeting in Washington on November 15th.

The National Drug Trade Conference had appointed a Committee on State Drug and Cosmetic Acts in the latter part of September. This committee consisted of nine members, one representative from each of the nine organizations holding membership in the Conference. This committee met in Washington on October 17th and discussed the general phases of the subject. The committee's report was submitted to the Executive Committee of the Drug Trade Conference, which met on October 18th, and set November 15th as the date on which the Conference was to meet and consider State Drug and Cosmetic legislation as its principal order of business.

The chairman of the Special Committee of the House of Delegates was designated as the A. Ph. A. representative on the Drug Trade Conference Committee on State Drug and Cosmetic Legislation. He was also designated as chairman of the Drug Trade Conference Committee which was to present a tentative draft of State Legislation for consideration by the Drug Trade Conference.

While efforts to harmonize the views of the various member organizations of the National Drug Trade Conference on Food and Drug legislation had not been very successful in the past, it was hoped that the experience of the past six years might result in coordination of effort in the matter of state legislation.

When the Special Committee of the House of Delegates met in Washington on November 5th it was decided to make a determined effort to obtain approval of a Uniform State Act by the Drug Trade Conference.

The draft which the committee prepared was submitted to the Conference on November 15th and was favorably received. Copies had been mailed to the delegates to the Conference shortly before the meeting, and when the Uniform Act was considered section by section by the Conference, there was constructive debate on various sections of the proposed bill, and as a result the committee made a number of revisions which resulted in the complete approval by the National Drug Trade Conference of the Uniform Act.

It was now possible to send this Uniform State Law to all state pharmaceutical organizations and officials having to do with the enactment of such legislation, with the endorsement of the AMERICAN PHARMACEUTICAL ASSOCIATION and the individual members of the National Drug Trade Conference, as well as the Conference as a whole.

Of course, the tentative draft was submitted to the Council of the A. PH. A. for approval before it was sent out, and this approval was given.

On December 7th, a bulletin was sent out to state pharmaceutical associations urging enactment of a State Drug and Cosmetic Act uniform with the Federal Food, Drug and Cosmetic Act at the first session of the legislature to be held in each state.

The states were urged to work with all interests in achieving uniformity in this legislation, and a copy of the uniform draft was supplied.

One difficulty arose which for a time threatened the movement toward uniformity to some extent. The Association of Food and Drug Officials of the United States appointed a committee to draft a Uniform State Food, Drug and Cosmetic Act. This committee prepared a first draft which went considerably farther than the Federal Act in many of its provisions.

Your chairman felt that strong effort should be made to endeavor to influence the Association of Food and Drug Officials to adopt the Drug and Cosmetic provisions of our Uniform draft and, accordingly, he met with members of that association and contacted various influential individuals in an endeavor to achieve uniformity. These efforts were successful to a considerable extent. As a result the Model Food, Drug and Cosmetic Act submitted by the Association of Food and Drug Officials in its final form and approved by the Executive Committee of that association, parallels to a very large degree the provisions of the A. PH. A. and Drug Trade Conference draft as far as drug and cosmetic provisions are concerned, of course. We limited ourselves to drugs, devices and cosmetics whereas the Association of Food and Drug Officials prepared a complete Food, Drug and Cosmetic Bill.

In states where new Food, Drug and Cosmetic laws have been enacted thus far (I believe there are close to ten or eleven of them that have new type of Food and Drug Acts, some of them uniform with the Federal Act and some not as uniform), our draft has been substantially and in some cases literally followed.

Throughout the effort to achieve our ends, we have had the wholehearted coöperation of many individuals but that of James F. Hoge, Walton Wheeler, W. F. Frisbie and E. F. Kelly has been particularly noteworthy.

To those delegates who represent states which have not yet enacted Drug and Cosmetic Laws, we suggest early and continuous activity to bring about the desirable uniformity which is so essential for the proper regulation of the manufacture and distribution of foods, drugs and cosmetics, under the new Federal law."

Chairman Rogers invited a full and frank discussion of this important subject. An extended discussion followed in which a number of delegates submitted inquiries and in which there was an evident difference of opinion as to whether the state pharmaceutical associations should coöperate in having state food, drug and cosmetic legislation enacted or whether it was preferable to await further experience with and possible court decisions under the Federal Act. It was emphasized that whether the state associations proceeded at this time or not they should give close attention to the situation since state legislation on the subject will no doubt be supported by other groups.

At the close of the discussion the previous motion was reconsidered and the special committee was continued as a committee on information to coöperate with the Secretary's office in supplying information and advice to those who requested it. It was understood that such requests would be addressed to the Secretary's office, and that the committee would coöperate in the response.

THE HEALTH SERVICE OF THE FARM SECURITY ADMINISTRATION.—The Secretary requested the privilege of presenting Dr. R. C. Williams, an Assistant Surgeon General of the Public Health Service, who had been delegated to the Farm Security Administration to develop and supervise its health service. He said that the ASSOCIATION had been in contact with Dr. Williams and his associates who had given careful consideration to the pharmaceutical problems involved in the health service. Dr. Williams was then introduced and spoke as follows:

"Gentlemen, may I say that I deem it a privilege to have this opportunity to talk to you briefly and present to you our problem. I am not coming here asking you to pass any resolutions. I am coming here to lay before you a problem which we have in many states and to ask your sympathetic coöperation in approaching it.

The rehabilitation of over 500,000 farm families throughout the United States is the particular problem with which we are dealing. These farm families were on relief or were receiving public funds to get their subsistence, and the idea is to loan them funds in order that they may become again self-supporting. There are five things that these families must measure up to before we accept them. The first is, they must be unable to obtain satisfactory local credit. They must have farm background, that is, they must be on farms, have had experience on farms. They must be able to obtain land. They must be accepted by a local committee. They must be able to do farm work.

Now this, of course, doesn't apply to you gentlemen who are in the cities; this is entirely a rural problem, but for a good many of the rural drug stores and rural pharmacists it is an acute problem, because, after all, these people are going to get sick and many times you are going to have to let them have their drugs without perhaps any compensation.

We have been working with this problem for some time. We have worked out with a number of state medical associations plans which permit us to approach local medical societies to work out mutually acceptable plans, but we have found through experience that frequently the question of supplying drugs to these families is a very acute one, and I take this opportunity to come to you to say that I would like the privilege of approaching your respective state bodies from time to time for advice and guidance. In other words, if you have an executive council or other interim body, I would like to approach that body in the various states for counsel and guidance on this very difficult question of drugs.

The average amount that we loan these families throughout the country is about \$300.00 per year per family, and with that they buy seed, feed, maybe some stock, agricultural implements, etc. In other words, that money is used to rehabilitate them and help them get a crop. They average 50 or 60 per cent repayments. When you consider the type of people we are dealing with, that we think is quite unusual.

Our heaviest load, of course, is in the southern states. We have these medical programs in about twenty-four or twenty-five states. In some of the southern states we find that the cost of drugs will run up as high as 30 per cent of the total cost of medical care. That we feel is entirely too much, and we are going to ask some of you to help us approach that problem and solve it in the proper way.

In California we have a particular program going on for migratory workers, people who went out from Oklahoma, Texas and Arkansas in response to lurid advertisements. Our experience there is, without any restriction on the drugs, without any restrictions on the medical care, without any restriction on hospitalization or dental care, the amount we spend for drugs is about 6.9 per cent, in other words, practically 7 per cent of the total cost. That is for prescribed drugs, which means for prescriptions. That is the nearest we have come in our recent experience to what probably should be the proper amount, but it varies a good deal in the different states.

I don't want to take up your time, you are just on the eve of adjournment, but I would like to say again that I would like the privilege of approaching your state bodies from time to time to receive your cooperation and assistance in solving this rather difficult problem, one with which we may be faced for some time to come. The problem of medical care for low-income farm families has not been solved. We are taking steps in that direction. The question of drugs for these families is of course an integral and important part of that medical care program. I thank you for this opportunity." (Applause.)

Chairman Rogers thanked Dr. Williams for his informative remarks and assured him that the executive bodies of the state pharmaceutical associations would be glad to cooperate in every possible way in solving the problems to which he referred.

The Session adjourned at 12:45 P.M.

The Second Session of the House of Delegates was called to order by Chairman Rogers at 8:45 P.M., on Thursday, August 25th. The roll call of delegates was dispensed with and the minutes of the First Session were approved as read. The chairman announced that the House would proceed in open session unless there was a request for an executive session. As there were no communications the chairman stated that Committee Reports would be received.

COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS.—Chairman Fischelis read the following report, which was received with thanks and referred to the Committee on Resolutions.

“In an address delivered at the Founders’ Day exercises of the Medical College of Virginia in 1938, Virginius Dabney, editor of the *Richmond Times Dispatch*, concluded his reference to the newer economic and social problems confronting the profession of Medicine with the following statement:

‘Let us approach this problem in the same spirit of inquiry and open mindedness which has characterized the great medical discoveries of the past. In this spirit I am confident that the 20th century will not only advance the frontiers of medical discovery, but will achieve a better synthesis between medical care and medical needs.’

We believe that it is fair to state that the profession of Pharmacy has approached these problems in a spirit of inquiry and open mindedness. Our chief difficulty has been to locate the place in the general scheme of medical care under present social conditions where Pharmacy could give its aid most effectively in solving the problem which we all know to exist, but which has been the subject of a raging controversy between various groups through misunderstandings and misconceptions of the true function of the medical professions.

The present situation with reference to adequate distribution of medical services to all the people at a cost which they can afford, requires the best thought of the best minds in all of the professions concerned with providing medical care.

It is unnecessary for this Committee to give detailed descriptions of the many efforts that have been made to survey existing conditions and to analyze in detail the various plans which have been offered to remedy the alleged defects in the system of distribution of medical services. In merely reports we have alluded to some of these. Merely as a background for further thought and possible action, it seems advisable to summarize the present situation.

Governmental surveys carried on by the United States Public Health Service and by the Interdepartmental Committee to Coördinate Health and Welfare Activities have resulted in the formulation of a national health program by the Federal Government which has been translated into a legislative proposal known as the Wagner National Health Bill (S. 1620). This Bill is before the present Congress and during the past year reached the stage of public hearings before the Committee on Education and Labor of the U. S. Senate. Stenographic reports of these hearings have been printed in the *Journal of the American Medical Association* and they make rather interesting reading to anyone desiring to study the present situation. The Committee of the Senate made a preliminary report (Report No. 1139) which outlines the background of the Bill and gives information on the need for a national health program, opportunities for improvement of health in the United States, in the field of venereal diseases, infant and maternal mortality, medical care for children, industrial hygiene, rural health needs, public health service, general hospitals, mental disease hospitals and institutions and tuberculosis hospitals and institutions.

The report further supplies information on the causes of inadequate health services, disability insurance and the need for Federal action. It also discusses the principles underlying the Bill, stressing the fact that the Federal Government does not become the operating agency for health services under the proposed plan but that the states will do their own planning under such standards and provisions as are necessary to assure that Federal funds will be used by the states for the intended purposes with reasonable economy and efficiency.

It is pointed out that one of the fundamental objectives of the Bill is the maintenance of high standards of quality of medical care. The Bill requires that state plans, to be approved for Federal aid, must make various substantial provisions to safeguard quality of care. The Bill provides for administration of such state plans by personnel selected on a merit basis and the Federal and State administrative authorities are authorized to create advisory councils to advise them in administration of their programs.

The following paragraph in the report is of particular significance to us in this connection:

‘We do not lose sight of the basic fact that quality of medical care is primarily a professional problem. We are confident that the provisions of the Bill can be carried out so as to furnish a new stimulus to advance the quality of medical care. The Bill offers new opportunities for all those agencies, especially the professional agencies, which have already made notable contributions to advance further the quality of services.’

One valuable phase of the Committee's preliminary report is the reference to the various special problems raised in the hearings which have been held thus far. One does not obtain a true picture of the magnitude of this general problem until one has read the various points of view and suggestions which emanate from large groups of interested individuals all of whom believe they are making a substantial contribution to the solution of this perplexing problem.

The conclusions of the Committee following the preliminary hearings read as follows:

S. 1620 has received wide support from large and representative organizations. Its objectives are non-controversial. Our Government is dedicated to promoting the welfare of the people and the protection and improvement of health and well-being. Making available to all of the people the great life-saving services which modern medicine has to offer is an objective which every right-thinking citizen supports.

The committee is convinced that Federal legislation along the general lines followed by S. 1620, based upon Federal-State coöperative programs, is necessary to strengthen the health services of the Nation and to make provision for the progressive and effective improvement of health conditions in all parts of the country and among all groups of people. The needs are large and an adequate program to put knowledge and skill more effectively to work will involve considerable expenditures of funds. The program must therefore be worked out with great care. We are confident that such a program can be worked out and that the expenditures will be sound national investments which will bring large returns. The rôle of the Federal Government should be primarily to give technical and financial aid to the states.

A critical analysis of the present provisions of S. 1620 shows a number of points at which its specific purposes can be more clearly stated and its provisions improved. The committee has not yet reached any conclusions concerning the precise rate at which Federal appropriations should be increased, but the committee is agreed on the general principle that the proportion of Federal assistance should be greater to those States in which there is the greatest need for the services contemplated under the Bill. The committee is prepared to augment the provisions of the Bill—if additional provisions are needed—to assure that the amount of Federal assistance would in no instance be in excess of clearly demonstrated need.

Some misunderstandings seem to have arisen and criticisms have been expressed concerning parts of the Bill. Some witnesses have assumed that it would bring about revolutionary or dangerous changes in medical care. We think these fears are unwarranted, but we will welcome further suggestions as to specific amendments which may safeguard the objectives of the Bill. Medical science has reached a commendable status in this country. The Bill should encourage the further evolutionary development of medical science, teaching and practice.

The committee has received the assurances of many lay and professional groups that they will be prepared to furnish further information and suggestions. We expect to consult further with representatives of these groups.

We have not yet had adequate time to make exhaustive study of all of the problems involved in the legislation proposed by S. 1620. The committee will continue its study of S. 1620 so that a definitive report on the proposed legislation can be submitted soon after the beginning of the next session of the Congress.

There has been some criticism of the fact that no group of pharmacists and no individual pharmacists have appeared before the committee considering this legislation to present the viewpoint of Pharmacy. Such criticism is thoughtless because there has been no discussion of the system of distributing drugs and medicines by the Committee of the Senate, nor is there any specific reference to the distribution of drugs and medicines in any of the various provisions of the Wagner National Health Bill. Both the National Association of Retail Druggists and the AMERICAN PHARMACEUTICAL ASSOCIATION have committees who are giving study to this subject, and when the appropriate time comes for these committees to be heard, they will be heard.

We might as well point out now that any agitation for the presentation of a pharmaceutical program in connection with what may come out of the Wagner National Health Bill or any similar measure is premature and may prove to be embarrassing because there is at least an even chance, and in the judgment of the committee, more than an even chance, that the present method of distributing pharmaceutical services through the private agency of the retail pharmacy will not be seriously disturbed under any system of Federal or State health service. The experience of foreign nations under various systems of health insurance and health care indicates rather clearly that the retail pharmacy will remain the principal distributing point for drugs and medicines required in the treatment of disease under such systems.

We are all familiar with the position taken by medical groups with reference to the Wagner Bill. The American Medical Association has declared its opposition to the measure. A group of influential physicians acting independently has expressed its approval of the measure with minor modifications. It is quite certain that this division in the ranks of Medicine is not due so much to disagreement about the fundamental principles involved, as it is to a consideration of the possible consequences of an entering wedge into the orthodox methods of approaching the medical care problem.

The American Medical Association has been very active in fostering a survey of its own as to the adequacy and availability of medical services in the United States. It will be recalled that our ASSOCIATION and the various state pharmaceutical associations have coöperated with the American Medical Association in its study of need and supply of medical care. The results of the study of the American Medical Association have been published in its Journal and there are available some special publications such as the one entitled 'Factual Data on Medical Economics' compiled by the Bureau of Medical Economics of the American Medical Association. From these studies the A. M. A. deduces that the Federal survey of sickness in the United States is based to a very large extent on chronic illnesses and therefore is not a true picture of the service that is rendered by the medical profession in the treatment of disease as it is encountered day by day. In other words, it is contended that the medical profession is taking care of the needs of the sick and that reports of the incidence of illness throughout the United States supplied by governmental agencies are based too largely on the chronic illnesses which are not subject to immediate relief or cure. You will recall that the information obtained from pharmacists covered several important points. The following questions were asked:

- (1) Do persons who come to your pharmacy ask to be directed to some source of medical care? Yes
..... No
- Are these requests for: Physicians..... Dentists Hospitals Clinics and Dispensaries Others
- What percentage of the requests are for: Physicians in general practice % Physicians who limit their practice to some special branch of Medicine % Dentists % Hospitals % Clinics and Dispensaries % Others %
- (2) What procedure do you follow in referring persons to physicians, dentists, hospitals, clinics or to some other source of medical care?
- (3) How many persons did you refer during 1937 to some source of medical care such as: Physicians Dentists Hospitals Clinics and Dispensaries Others
- (4) How many prescriptions did you compound at cost or reduced fees for poor patients during 1937? How many prescriptions did you compound free during 1937?
- (5) For the year 1937, as compared with the year 1936, did the number of sales of medicine on physicians' prescriptions show an increase or a decrease in relation to the number of sales of home remedies and patent or proprietary remedies? Increase Decrease
- (6) What arrangements, if any, exist in your community for the provision of medicine to the indigent and low income groups of the population?
- (7) What understanding, if any, exists between the pharmacists and the county medical society of your community to arrange for medical care for those persons who appeal to pharmacists with the statement that they are in need of medical care but are unable to pay regular fees?
- (8) Please comment on your experience and observations concerning the need for medical services and the methods you believe should be considered to supply these needs.

The results of this questionnaire are rather interesting from many standpoints. In the first place, they show that the coöperation of pharmacists throughout the United States in supplying information was not all that it might have been. A total of 3690 questionnaires were turned in. This showed that 355,378 prescriptions had been compounded without charge by pharmacists over a period of one year. This is an average of 96 per pharmacy reporting. The summary further indicated that 600,799 prescriptions had been compounded at reduced fees, which is an average of 163 per store reporting. Using the returns on this questionnaire as a basis, it may be calculated that over 5,000,000 prescriptions were filled by pharmacists throughout the United States over a period of a year without any remuneration and that over 9,000,000 prescriptions were filled throughout the United States by pharmacists at reduced fees. It was reported that 64% of those replying to the questionnaire believed that the number of sales of medicines on prescription as compared with the sales of patent medicines was increasing. On the other hand, 30% reported that it was decreasing, and 6% could discern no change.

While the returns from the various states do not seem large to us, we are informed that compared with the returns from the medical profession itself, and other professions, they were very satisfactory.

In a number of states plans have been proposed and are in operation for supplying medical care to the indigent. It is in this type of state service that we have much more to fear than in the possibility of expansion of medical services under governmental auspices. The tendency in such plans is to make inadequate provisions for the cost of drugs used in the preparation of medicines, for the overhead expense of the pharmacy, and for the professional fee of the pharmacist. We

cannot stress too strongly the importance of representation on all state, county and local boards, commissions or administrative bodies which have to do with providing medical care for the indigent. Pharmacy must be represented on these agencies if we are to secure fair consideration for the labors of the pharmacist in providing medicines. It has been demonstrated that wherever such representation has been obtained, the administrative process has not only been fair but the pharmacist has usually made a contribution to the general program.

It seems advisable for the AMERICAN PHARMACEUTICAL ASSOCIATION, in the light of the general agitation on the subject of socialization of medical services, to state its present position on this entire subject for the guidance of those who look to the ASSOCIATION for leadership. To accomplish this purpose, your Committee presents the following for your consideration:

Various governmental and private surveys have indicated clearly that the distribution of drugs and medicines through present pharmaceutical agencies is adequately provided for. In the United States as a whole, and in the several states, we have a sufficient number of adequately-trained registered pharmacists and a sufficient number of well-distributed pharmacies, so that no citizen of the United States is very far removed from an adequate supply of drugs and medicines. Furthermore, the pharmaceutical service supplied to the people of our nation is given under careful supervision by our state boards of pharmacy and other health law enforcement agencies. As a matter of fact, the number of licensed and supervised pharmacies which now exist in the United States can readily absorb considerable additional professional work. If the public convenience is to be served to the same extent as is the case at present, there should be no reduction in the amount of service to be supplied by the pharmacies of the nation. Obviously, therefore, any effort in the direction of concentrating pharmaceutical service in governmental departments or health centers would reduce the possibility of supplying adequate service on a private scale.

In providing drugs and medicines for medical care, it is necessary to distinguish between the everyday needs of the people for drugs in the prevention, mitigation and treatment of ailments requiring ordinary remedies, and serious illnesses which require considerable use of expensive drugs. For example, a number of states are supplying pneumonia serum for diagnosis and treatment, and it is estimated that the private cost of serum for a single case might reach the total of \$150.00 or more, whereas only half that amount would be spent by the state if purchasing serum directly from a manufacturer for use under the auspices of the Department of Health. It is clear that the cost of drugs, such as pneumonia serum, is prohibitive to a large sector of our population and there is, therefore, justification for assumption of the burden in whole or in part for such people by the state.

In the case of treatment of venereal diseases, particularly syphilis, the question of providing drugs by the state is on a somewhat different basis. While some of the drugs used, in the quantities required, become costly, the question of cost in these cases is perhaps secondary to the question of assuring treatment so as to avoid the unhappy effects of contagion upon the people generally. Supplying arsphenamine, neo-arsphenamine and bismuth in oil for injection to members of the medical profession by the state without charge, so as to assure the treatment of all cases which may come to the physician, regardless of the ability of the patient to pay, may be justified in behalf of the general welfare, although it is hardly consistent economically to provide drugs at the expense of the state for private patients of physicians.

From the standpoint of the taxpayer, the distribution of drugs at state expense seems unnecessary and inconsistent except in cases of the character cited which fall into the two general categories: (1) unusually expensive drugs required to save lives of those unable to meet the cost because of income limitation; (2) drugs used in combating epidemics or diseases with serious social consequences.

In general, the cost of drugs in the treatment of routine or even serious ailments, unless continued over unusually long periods, is not catastrophic. Consequently the need for withdrawing any considerable portion of the activity now exercised in the distribution of drugs and medicines from the recognized and legally regulated sources, namely, the pharmacies of the United States, is unnecessary and may even be prejudicial to public convenience and welfare.

In the interest of the best type of health service the principle of free choice of drugs by the physician within the limits of the official and otherwise approved *materia medica*, and free choice of pharmacist by the patient should prevail in any state or local system of supplying medical care at the complete or partial expense of the state."

COMMITTEE TO STUDY BY-LAWS OF THE HOUSE OF DELEGATES.—The following report was read by Chairman Swain and was received and adopted.

"In his address last year as chairman of the House of Delegates, Mr. A. L. I. Winne paid critical attention to the distribution of voting power in the House. As he himself seemed to be of voting power in the House. As he himself seemed to be of the opinion that the voting power in the House was not equitably distributed, he made the following recommendation:

That a committee be appointed to study the By-Laws, covering membership in the House of Delegates, to determine whether they should be amended so as to accord more equitable voting power as between large and small groups now given voting power in this body.

Upon adoption of this recommendation, the following committee was appointed by President Lascoff: H. C. Christensen, F. W. Schaefer, and Robert L. Swain, *Chairman*.

After giving much thought and study to the matter, the committee begs leave to submit the following report:

At the present time, the membership provisions of the House of Delegates are to be found in Article I of Chapter V of the By-Laws of the AMERICAN PHARMACEUTICAL ASSOCIATION. (See page 719.)

Proceeding on the theory that the effectiveness of the make-up of a thing is to be determined by the results of its operation, the committee does not feel that there is any imperative need for disturbing the voting strength in the House of Delegates at this time. A careful study of the House for the past several years fails to show that any group has sought to exercise undue authority or control, and that, if there were any undue concentration of power in the minority groups, these minority groups have either been unconscious of their power, or else circumstances have not arisen which would justify their exercise of it.

A study of the men who have served as chairmen of the House of Delegates since 1927 to 1939, inclusive, shows that the following seven have been retail pharmacists:

L. A. Seltzer, 1927-1928; Ambrose Hunsberger, 1928-1929; Thomas Roach, 1931-1932; J. W. Slocum, 1932-1933; P. H. Costello, 1933-1934; Rowland Jones, Jr., 1934-1935; and Roy B. Cook, 1935-1936.

Three have been college deans: C. B. Jordan, 1930-1931; Robert C. Wilson, 1936-1937; and C. H. Rogers, 1938-1939.

Two have been board of pharmacy secretaries, but not engaged in the retail drug business: Robert L. Swain, 1929-1930; and A. L. I. Winne, 1937-1938.

Certainly, if there has been any misuse of power in the House of Delegates, it would probably have shown up in the men selected to the chairmanship, a fact which the committee believes is not supported by the evidence.

However, it is sometimes wise to anticipate a difficulty in advance and to devise machinery which will prevent the difficulty from coming to pass. This is the old homespun philosophy that "An ounce of prevention is worth a pound of cure," and from this point of view it might be well to give consideration to a change in voting strength which will place the preponderance of power with the State Pharmaceutical Associations in accordance with the original intentions.

This could be accomplished in several ways: Each Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION could be given one-half vote, and this could apply to the members of the Council. Then, too, the Branches might be considered in their entirety, and a certain number of votes given to them collectively. With the State Pharmaceutical Associations given a full vote, this would assure them a preponderance of voting strength. The Sections of the AMERICAN PHARMACEUTICAL ASSOCIATION stand in a somewhat different position. Each of these deals with some special phase of Pharmacy, and one of sufficient importance to justify a full vote in the House of Delegates. In connection with this matter, it might be well to point out that the Student Branches of the A. P. H. A. are not entitled to representation in the House, and thus do not vote under the present rules and by-laws.

However, the committee feels that more thought should be given to the matter, and recommends that there be set up a standing committee in the AMERICAN PHARMACEUTICAL ASSOCIATION, to be appointed by the Council to be known as the Committee on Constitution and By-Laws. Such a committee might be asked to study the entire organizational set-up of the ASSOCIATION and to study the Constitution and By-Laws in the light of the purposes the ASSOCIATION is de-

signed to serve. Mr. Winne's address and this report should be referred to the committee for further consideration.

This committee is of the opinion that much good would come from a closer coöperation of the House of Delegates with the State Pharmaceutical Associations. The delegates from the State Pharmaceutical Associations should be urged to make reports to their respective organizations, and this report should appear on the printed program of the State conventions. The secretary of the AMERICAN PHARMACEUTICAL ASSOCIATION should be instructed to continue sending an official report to the State groups, but this should be in addition to the reports of the official delegates. The chairman of the House of Delegates might well give consideration to a message or two during the year to the president and secretary of the State Pharmaceutical Associations. This would serve to establish and maintain contacts, and could be made the medium of active and helpful coöperation.

It is believed, too, that a Special Advisory Committee on State Pharmaceutical Association Programs would be a help, and it is recommended that such an A. P. H. A. committee be set up. This committee might suggest the type of professional program to be inaugurated at State conventions, and serve in other equally important connections. This committee should be made up of the membership of the AMERICAN PHARMACEUTICAL ASSOCIATION, the House of Delegates and the Conference of Pharmaceutical Association Secretaries.

The organization of the House of Delegates is important, however, as the House constitutes the legislative branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, and could be made the most potent influence in the field of Pharmacy. Recognizing the legislative branch as a place of discussion, deliberation and debate, with the hope that the decision reached may be the proper one, then the present make-up of the House of Delegates might be highly satisfactory, because it insures a membership of experienced and seasoned delegates and men usually well-informed in pharmaceutical matters.

Quite aside, however, from the distribution of voting power in the House of Delegates, the committee feels that, if, as a result of Mr. Winne's chairmanship address, there can be developed a deeper interest on the part of the State Pharmaceutical Associations and thus a more active participation on their part, Mr. Winne and this committee would be amply justified for the time and attention given to the By-Laws under which the House of Delegates operates."

COMMITTEE ON PHARMACY WEEK.—Chairman O'Brien made the following verbal report which was received with thanks.

"Since the work of the National Pharmacy Week Committee will not be completed until about the first of January, it is our intention to-night to report progress and to give you an idea of the program that we have set up for this year's observance.

Shortly after the appointment of this committee by President Lascoff, we started to study some ways and means of providing a more general observance of National Pharmacy Week this year than we have had in the past, and we felt that if we were able to prepare and have available for the pharmacists of the country some simple yet informative Pharmacy Week windows, we might encourage them to more uniformly display them in their stores during National Pharmacy Week.

It has been my observation during the past several years in radio programs coming out on the national chains, as well as several local chains, that people were requested to visit the displays of professional pharmacy in their drug stores during that week, and that most of the windows of the pharmacies failed to carry such displays.

Our thought has been that this failure was due to two conditions. The pharmacist thought that he was unable to pay the heavy expense of having a suitable window installed; and that he was unable to prepare a window of that type himself. So this committee spent considerable time in preparing three simple windows which would be easy to install, and yet which would be informative to the public. These windows have been very widely publicized in practically all of the national pharmaceutical journals, and there will be further publication of them each month from now until October.

The Committee has contacted the national secretaries of the Kiwanis Club, the Lions Club, the Coöperative Club, the Cosmopolitan Club and the Rotary Club, and has suggested that these secretaries publish a notice of National Pharmacy Week in their official organs and request that the

local chapters have a retail pharmacist make a talk before their clubs during National Pharmacy Week. These six national organizations have very willingly and readily responded to our request and one of them, the Lions Club, made the statement that they would celebrate National Pharmacy Week with us. So we see that the people are really willing to learn something about our profession if we are willing to tell them about it.

In order to encourage the retail pharmacists to readily accept the invitation when it is given them to appear before these clubs, the national committee has prepared several suitable fifteen-minute talks which we will be glad to distribute to local organizations upon request. We are further going to request that pharmacists remind these organizations about National Pharmacy Week in case they fail to see these notices in their various official organs and to accept the invitation to make these talks when it has been given. They can write either to the National Secretary at Washington, D. C., or to myself at Omaha, Nebraska, and we will furnish one of these talks free of charge. If you request several of them, there will be a nominal fee for the extra copies.

In addition, we expect to have three talks on professional pharmacy over the three national radio chains. We are going to request that every local organization contact their local radio station and request the privilege of allowing one of their members to make a talk over the local station during National Pharmacy Week. The national committee have available suitable talks which may be obtained upon request.

We are going to contact the 500 radio stations in the United States and try to induce them to interview a local pharmacist on the so-called 'Man-on-the-Street' program. Personally, I think that the 'Man-on-the-Street' program is one of the most informative programs on the local stations and if we can induce these 500 radio stations to allow pharmacists to be interviewed, we will accomplish something. For these programs, the national committee will have prepared a set of suitable questions and answers. The local committees will have to contact these local stations in order to complete the arrangements and select the pharmacist who will be interviewed.

We are going to encourage the hospital pharmacist to make a professional display in the lobby of the hospitals. There are hundreds of people entering and leaving a hospital every day. Most of them will stop and read the material which you have in a display of that nature. So we believe if the hospital pharmacists will arrange to set up a professional display in their hospitals, they will be doing considerable to further the purpose for which National Pharmacy Week was created.

We are also going to have available for you the cards that can be used in one of these so-called model Pharmacy Week windows. We have set up one of these model Pharmacy Week windows in the Ball Room of this Hotel and we invite you to examine it. We believe that the window is informative, that it tells the people something interesting about our profession, that it raises the profession in the minds of the public who will examine it and read those cards.

The National Wholesale Druggists Association will supply the card material for these windows to any druggist free of charge. All that is necessary for him to do is to request those cards from his wholesale druggist, and with the cards there will be directions for setting up the windows. You will notice we have in the window a few pieces of simple pharmaceutical apparatus, placed there in order to attract the eye of the passer-by. Light red colored water, a lighter shade than that which we have used, will attract the people's attention, and if they will examine the window and read the cards, then we have accomplished something.

I want to tell you one little experience in connection with the first of these windows that I prepared, and which you have seen in the various drug journals, in which there is a large card saying, 'A pharmacist must have passed an examination in Botany, Pharmacology, Materia Medica, Physiology, Bacteriology, Therapeutics and several other subjects.' We had many people including high school students say to us, 'Why does a druggist have to study Physiology?' and we always took the time and the patience to explain why a druggist had to know Physiology, Bacteriology and other subjects. Three high school boys came back from time to time to ask other questions in regard to Pharmacy and to watch the druggist fill prescriptions, and I am sure that those three boys will eventually become pharmacy students and later pharmacists of tomorrow.

Now Pharmacy Week was created for more than one purpose, one of which was to attract to our profession the better class of young people, that we may have as good or even better pharma-

cists in the future. So we are doing something to better the profession that we are so proud of, in future years to come, and we are adding our mite to a good cause.

One pharmacist to-day told me that he had made provisions with a club that he belongs to, a Sunday morning breakfast club, for a half-hour on the radio to be taken up with a discussion of Pharmacy and what it means in public health.

Now if the pharmacists throughout the entire country would coöperate in that same spirit, it would not be long before our profession would occupy that place in which you and I think it rightfully belongs; but you and I alone will not be able to bring it to that level. We must have the coöperation of every pharmacist in the United States in order that we may fulfil the purpose for which the Pharmacy Week was created. So I trust that every man and every woman here tonight will go home with a firm determination to enter heartily into this year's Pharmacy Week observance; that they will encourage the formation of a Pharmacy Week Committee in their state; that their state will be divided into districts and that these districts will have a captain who will contact either through personal solicitation or by letter or by meeting every pharmacist in his district, and that they will explain to pharmacists the purpose for which Pharmacy Week was created; and that they will get them wholly and heartily to coöperate in this movement. It is only in that way that we are ever going to accomplish anything. We can talk all we wish about the position that our profession holds at the present time, but we will never raise it to a higher level unless we put our shoulders to the wheel.

If every pharmacist will enter this year's observance with the same spirit of those men who created this week, we will be able to have a better, a fuller and more comprehensive observance of National Pharmacy Week this year than ever before."

COMMITTEE ON LOCAL AND STUDENT BRANCHES.—Chairman Little read the report of this Committee which was received with thanks.

"Your Committee on Local and Student Branches reports a busy, fruitful association year during the past twelve months.

The Committee communicated several times with each of the Local and Student Branches during this period. We have made recommendations as to programs and solicited suggestions. We have attempted to increase the interest of our members in the work of the various branches. We have urged prompt and more complete transmittal of the minutes of the monthly meetings for publication in the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION. We have kept before the branches the urgency of increasing the membership of the parent ASSOCIATION. We have stressed the necessity of having every member appreciate and adequately meet his personal responsibility in advancing the welfare of our profession through the activities of the various branches.

We are pleased to report to you the formation of six new branches during the past year. Last year's report showed three new branches, started during the association year 1937-1938. Hope was expressed that such progress might be maintained during the coming year. It has been improved upon 100 per cent.

The Western New York Branch has been revived, and new student branches have been established at Alabama Polytechnic Institute, the Connecticut College of Pharmacy, the Rhode Island College of Pharmacy and Allied Sciences, Temple University and Purdue University. From reports received it would seem that all five of these new branches enjoyed a successful first year. The most recently organized student branch is at Purdue University, where 33 charter members were responsible for its formation. These men are ably supported by the entire faculty who are acting as faculty advisors. With so much talent available in an advisory capacity, we can see nothing but success ahead for the Purdue Branch.

When you consider that the number of local and student branches has been increased in number by about forty per cent during the past two years we believe you will agree that we have reason to look forward to the coming year with considerable confidence.

More regular meetings have been reported in the JOURNAL than during previous years. Attendance has been good, and in general satisfactory programs have been provided. The programs seem to have been more of a professional nature than heretofore, a fact which has been appreciated by retail pharmacists as well as by other scientific and research workers.

It has been a source of satisfaction to the Committee to receive concrete evidence that Local and Student Branches have not only avoided conflict with the operation of local and state pharmaceutical associations, but have actually supplemented and strengthened them. Student Branches, particularly, have felt the responsibility of acquainting their members with the various local, state and national associations and of urging the future support of these organizations.

Our Local and Student Branches have played an active part in the promotion of Pharmacy Week. They have assisted in arranging exhibits in behalf of Pharmacy at meetings of the American Medical and American Dental Associations. They have promoted the work of our Professional Relations Committees in the states in which they are located. They have sponsored Open House Programs in many colleges of pharmacy and in some instances have facilitated the offering of refresher courses to retail pharmacists. These are but some of the ways in which our Local and Student Branches have not only justified their existence, but have contributed richly to the welfare of Pharmacy.

The Louisville College of Pharmacy has tried an experiment which other colleges may care to consider. The Student Branch is given a period in the regular college program each month for the monthly meeting of the Student Branch. In this way the entire undergraduate body is made familiar with the operation of a Student Branch and benefits from the programs offered. This appears to be a sound method of making effective association workers of our future pharmacists.

At the Rutgers University College of Pharmacy every graduate, 41 in number, presented his application for membership in the AMERICAN PHARMACEUTICAL ASSOCIATION, together with a check for five dollars, to Secretary Kelly, on the day following graduation. If this event remains an isolated incident, little importance can be attached to it. If other colleges accept it as a challenge and do likewise, as I know they can, it will become an event of deep significance. I believe I can assure you of a repetition of this event at Rutgers in June 1940.

Imagine the effect on our ASSOCIATION and on American Pharmacy if our colleges would contribute one thousand new members to the AMERICAN PHARMACEUTICAL ASSOCIATION each June. New tools could be put into the hands of our national officers. Their numbers could be increased and Pharmacy promoted as never before. There are still so many things which you and I could do in behalf of our profession, if we but had the insight to see such opportunities, and the will to do after they have been revealed to us.

Secretary Kelly reports that the local and student sections are coöperating with his office more effectively than ever before in securing new members and, what is equally important, in the collection of dues. The rebates offered to both local and student branches have assisted greatly in this work.

Mr. Leo C. Babin, who did most effective work as the first Chairman of the Loyola University Student Branch, has suggested a meeting of the Student Branch representatives at our annual meetings. Mr. Babin's plan is being tried out in a limited manner at this Convention. It should prove successful and become a helpful auxiliary at future meetings. Next year's progress can be exactly what the membership wishes it to be.

There is room for many more local branches in various parts of the country. Inquiries have been received from three places which are now more than possibilities. We are hoping that the New England Branch in Boston may be revived and local branches established in Madison and Milwaukee and at Los Angeles during the coming year. It would seem that there are possibilities of Student Branches in all of our larger colleges of pharmacy, especially where Local Branches do not exist.

We thank you for your coöperation during the past year and hope that you will give next year's Committee even greater support."

COMMITTEE ON LEGISLATION.—The following report was read by Chairman Kelly and was received with thanks.

"The members of this Committee, S. L. Hilton, R. L. Swain, R. P. Fischelis, Rowland Jones, Jr. and E. F. Kelly, *Chairman*, were reappointed by President Lascoff. No meetings of the Committee have been found necessary during the year. Information with respect to legislation in addition to that submitted herein is furnished in the reports of other committees, notably the Committee on the Modernization of Pharmacy Laws, the Committee on State Food and Drug Laws and the Committee on Social and Economic Conditions. Therefore, in drawing up this report an effort has been made to prevent duplication.

Federal Food, Drug and Cosmetic Act.—Prior to the last meeting, regulations covering those sections of this Act which became effective on June 25, 1938, were issued by the Department of Agriculture. Regulations covering other sections of the Act which were to become effective on June 25, 1939, were published in the Federal Register of December 28, 1938, after a public hearing held on November 17, 1938, in Washington. Afterward, H. R. 5762 was introduced in the House of Representatives and was later enacted, and approved. This measure was the result of a general demand for more time to prepare to meet the requirements of the Act. It postponed the effective date of certain provisions of the Act until January 1, 1940, and authorized the Secretary of Agriculture to further postpone but not beyond July 1, 1940, the effective date of certain provisions relating to labeling, if the public interest is protected and if owners of labels, containers, etc., might suffer serious loss.

The changes in regulations made necessary by the enactment of H. R. 5762 were published in the Federal Register of June 30, 1939. Regulation (c) under section 502 (d) of the Act was changed to require the declaration of the names, and quantities *or* proportions, instead of the names, quantities and proportions, of the habit-forming drugs mentioned in that section. Regulation (c) (2) under 502 (e) of the Act was revised by changing the temperature at which the percentage of alcohol is to be calculated from 68° F. (20° C.) to 60° F. (15.56° C.) so as to conform to the standard temperature for the determination of the percentage of alcohol recognized in the internal revenue law.

On September 8, 1938, the Food and Drug Administration of the Department of Agriculture issued notices to distributors of Sulfanilamide and drug preparations containing it or related compounds, Aminopyrine and drug preparations containing it, Cinchophen and Neocinchophen, and drug preparations, containing them, are actionable when found in Interstate Commerce under labeling which may result in their use by the general public, under Section 502(j) of the Act. The notices point out the dangerous potentialities of these drugs and preparations when distributed without proper control and advice. In a release dealing with these notices, it was stated that although the Administration's ruling limits the distribution of the drugs under labeling addressed to the general public, it does not restrict their use under physician's prescriptions. Later, the Administration emphasized the necessity of so labeling these drugs and preparations as to require that they be dispensed only on prescription.

Taxes on Distilled Spirits.—It will be recalled that at the Minneapolis meeting, a resolution was adopted 'urging the Federal and State governments to remove any excise tax from ethyl alcohol used in bona fide medicinal substances with such safeguards and penalties against abuse as may be necessary in order that the cost of these to the sick may be more reasonable.' Resolutions similar to that quoted above were adopted by the N. A. R. D. and other organizations.

On December 10, 1938, a hearing on the proposal was held before the Under-Secretary of the Treasury John N. Hanes, in Washington, at which several organizations were represented—the A. Ph. A. by S. L. Hilton as a member of this Committee and as Chairman of the Council. Strong support was given the proposal to eliminate the excise tax and although no commitments were made, the authorities were evidently impressed with the statements submitted.

On May 1, 1939, Representative Knutson of Minnesota, introduced H. R. 6068 which was referred to the House Committee on Ways and Means of which he is a member. Although this bill does not propose to eliminate the tax, it amends section 710 of the Revenue Act of 1938 (relating to the tax on distilled spirits) by adding at the end thereof the following new subsection: '(f) Provided, That upon all ethyl alcohol withdrawn for other than beverage purposes, the tax shall be \$1.10 per proof gallon,' which means a reduction in the tax of approximately fifty per cent.

Objection was raised against the language, but not the purpose of the bill, by several organizations on the ground particularly that it would interfere with the present provisions for tax exemption on denatured alcohol. No action was taken on the bill and it is expected that a new bill will be introduced during the next session of Congress in which the objections will be covered. It is hoped that favorable action will then be taken.

Legislation affecting the tax and methods of distribution of distilled spirits, etc., has been considered and in a number of cases acted upon in state legislatures. These measures are too numerous to be reviewed in this report but in many instances their provisions affect Pharmacy. The Committee wishes to again urge the state pharmaceutical associations to carefully study any

proposed legislation on this subject and to see that the model exemption clause is included, of which a copy will be supplied upon request.

Narcotic Legislation.—The District of Columbia and 39 states have now passed the Uniform Narcotic Act. Although California and Pennsylvania have not enacted the Uniform Act, they have similar legislation in effect and these bring the total to 41 states and the District of Columbia.

The complete revision of the regulations governing the importers, manufacturers, wholesalers and retailers licensed under the Harrison Narcotic Act and other Federal narcotic laws, referred to in the report of this Committee last year, has been issued. As previously stated, a codification of these regulations became necessary under an Act of Congress requiring a codification of all regulations under Federal Acts. The revised regulations embody no changes of particular importance to pharmacists.

Later, Article 82 of the regulations was amended to extend to 60 days the time within which order forms for narcotics may be filled.

No steps have been taken, so far as this Committee is aware, by the Bureau of Narcotics in response to the resolution adopted by this ASSOCIATION at the Minneapolis meeting expressing deep concern over the provisions of the Federal and state narcotic acts which permit the unregulated and promiscuous retail distribution of exempt narcotics and requesting that a study of this situation be made with the object of bringing about more adequate control. However, the matter is before the Bureau for consideration. It is encouraging to note that several state laws do exercise greater control over exempt narcotics than does the Federal Act and it is urged that similar action be taken in other states.

The Committee desires to suggest that the annual report of the Commissioner of Narcotics be read by officials and others interested in Narcotic Control. It is very encouraging to note that pharmacists continue their splendid record in the difficult undertaking of distributing these necessary and dangerous substances.

Two bills intended to strengthen the enforcement of the Harrison Act and the Marihuana Act were enacted during the closing days of the recent session of the Congress. H. R. 6555 provides for the advancement of funds to enforcement agencies to obtain evidence of violations of Marihuana Act. H. R. 6556 provides for the seizure and forfeiture of vessels, vehicles and aircraft used to transport narcotic drugs, firearms, counterfeit coins and paraphernalias used in counterfeiting.

The National Health Act of 1939, S. 1620.—As a matter of record in this report, it is stated that this bill was introduced into the U. S. Senate by Senator Wagner on February 28, 1939, and that after extensive hearings on the bill, the Committee on Education and Labor filed a comprehensive report No. 1139, dated August 4th. The report concludes with the statement that the Committee has 'not had adequate time to make an exhaustive study of all the problems involved in the legislation proposed by S. 1620 and that the Committee will continue its study of the bill so that a definite report on the proposed legislation can be submitted soon after the beginning of the next session of the Congress. It is also stated that the Committee has received assurances of many lay and professional groups that they will be prepared to furnish further information and suggestions and that the Committee expects to consult further with representatives of these groups.

As this proposed legislation will be dealt with exhaustively in the report of the Committee on Social and Economic Relations, it will not be dealt with further in this report nor will the legislation enacted in California, Michigan, Pennsylvania and other states, and with legislation proposed but not acted upon as yet.

Fair Trade Acts.—The A. PH. A. has assisted the National Association of Retail Druggists and the state pharmaceutical associations in every way that it could be helpful in connection with these acts and their administration. As extensive publicity has been given the developments in this field, it does not seem necessary to attempt a comprehensive review of them in this report.

In conclusion, attention should be drawn to the increased number of bulletins on legislative matters being sent out from the office of the ASSOCIATION, a service which it is hoped is helpful and can be further increased.

The Committee wishes to express appreciation again for the consideration and support which it has had in its work."

COMMITTEE ON DENTAL PHARMACY.—Chairman Schicks read the following report which was received with thanks.

“The Committee on Dental Pharmacy has given consideration to three things during the year: *First*, the number of hours and the nature of the courses devoted to the study of drugs by dental colleges; *Second*, the opinion of the dentist on the practicality of his college course in dental medication and his present interest and needs for office and patient’s use; *Third*, the opportunities for Pharmacy to assist the dentist with his problems of medication. To obtain this information questionnaires were sent to all colleges of dentistry in this country and to practicing dentists in six states.

In 1935 the Curriculum Survey Committee of the American Association of Dental Schools published a report known as ‘A Course of Study in Dentistry.’ In this report 37 colleges devoted 32 to 203 hours to the study of Pharmacology and Materia Medica. The Curriculum Survey Committee of the American Association of Dental Schools recommends in this report the following two courses for the study of drugs and their action:

	Class Hrs.	Lab. Hrs.	Total.
Materia Medica	30	12	42
Pharmacodynamics	15	40	55
			97 hrs.
	Total for both courses		97 hrs.

The following report from twenty-one colleges, presented by your committee, shows a range of 64 to 192 hours allotted to Pharmacology and Materia Medica. The difference between the twenty-one colleges reporting to this committee and the thirty-seven reporting to the Survey Committee of the American Association of Dental Schools may account for the difference in the following classification:

Survey Curriculum Comm. Amer. Assoc. Dental Schools, 1935. 37 Colleges.	Survey A. PH. A. Committee on Dental Pharmacy. 1939. 21 Colleges.
8 colleges less than 60 hrs.	None less than 60 hrs.
13 colleges 60–79 hrs.	1 college 64 hrs.
2 colleges 70–79 hrs.	3 colleges 80– 89 hrs.
3 colleges 80–89 hrs.	5 colleges 90– 99 hrs.
4 colleges 90–99 hrs.	2 colleges 100–109 hrs.
7 colleges 100 hrs. or more	2 colleges 110–119 hrs.
	1 college 120–129 hrs.
	4 colleges 130–149 hrs.
	3 colleges 150–190 hrs.

All colleges teach Pharmacology. Nineteen of the twenty-one colleges reporting devote 16 to 96 hours to laboratory in Pharmacology: sixteen give Materia Medica in addition to Pharmacology: five of the sixteen give laboratory in Materia Medica: six of the twenty-one give ten hours each in Pharmacy: four give three to forty-eight hours in Toxicology and fourteen given ten to eighty-five hours in Therapeutics.

Five colleges whose courses dealing with drugs range from 80 to 184 hours report that the time devoted to these courses is not sufficient. In comparison, the college requiring the least hours (64) in these subjects states the time given is adequate. This college is apparently incorrect in its assumption since the other colleges give much more time to these subjects. The Curriculum Committee of the American Association of Dental Schools recommends a minimum of 97 hours.

Texts used in Materia Medica and Pharmacology are by the following authors: Blayney, McGehee, Buckley, Mead, and Prinz and Rickert. All of these are dental books. A few colleges use medical texts by Cushny, Bastedo and Sollmann. Eighteen of the twenty-one colleges require their students to own a copy of Accepted Dental Remedies published by the American Dental Association. None require a United States Pharmacopœia or National Formulary. Dentists know little or nothing about these official publications. While the A. D. R. is largely made up of official drugs and preparations, it would seem advisable that the dental student should be required to own a U. S. P. and N. F. or at least be given a working knowledge of these books.

A few years ago much of the medication used by the dental student was proprietary. Today eight colleges report that they use nothing but official medication with the exception of amalgams and cements. One college uses only proprietary medication. Five use proprietary and official drugs. Five use official drugs but make no statement about proprietary medication. Two make no report.

Prescription compounding is poorly covered. In twelve colleges no time is given to it, while in nine colleges 2 to 52 hours given. Nine colleges devote 2 to 16 hours for prescription writing.

The increase in self-medication is strongly complained of by both dentists and physicians. One contributing factor is that patients frequently read their prescription thus becoming familiar with the drugs used for certain diseased conditions and thereafter treat themselves without dental or medical advice. The mental condition of the patient is often improved if he does not know the identity of the medication prescribed. When the patient is not aware of the identity of the medication prescribed, it can be controlled best by the medical practitioner who alone knows what is expected from the medication and assumes responsibility for its results. Prescriptions written in Latin might help reduce self-medication. Fourteen colleges state prescription Latin should not be stressed. Six state it should and one makes no report.

The best way to teach dentists to write prescriptions is to give more time to prescription writing in dental colleges. The report shows that eleven colleges are not interested in giving any time to prescription writing. Nine colleges state that more time should be given to it and one does not report. If for no other reason than the safety of the dental patient, adequate time should be given to prescription writing. Prescription writing is an important privilege of the dentist. He is more and more realizing it. He should be well prepared to render such a service to the patient.

In order to obtain the suggestions and needs of the practicing dentist in reference to medication, a questionnaire was sent to a carefully chosen list of dentists in six states. An effort was made to contact those actively interested in the advancement of Dentistry.

The states represented are New York, Massachusetts, Connecticut, West Virginia, Pennsylvania and New Jersey. Two hundred and ninety-seven questionnaires were mailed. Approximately seventeen per cent replied. Seventy-seven per cent of the dentists who replied stated that they would welcome a pharmacist at their offices as a consultant to explain official medication. Ninety-three per cent would welcome a printed prescription service from the pharmacist. This service to be composed of information and formulas the dentist could use in his practice. Eighty-two per cent write prescriptions averaging about three a day. Seventy-four per cent stated that if information were as available for official medication as for proprietary, they would prefer to write for official drugs and preparations. Sixty-seven per cent stated that more time should be given to *Materia Medica* and *Pharmacology* in Dental Colleges. Ninety-six per cent stated they would attend a series of lectures on official medication if they were made available. Ninety-six per cent stated there should be a State or National Allied Inter-Professional Relations Committee or both composed of physicians, dentists, pharmacists, veterinarians and nurses to which matters of mutual interest such as drug medication could be presented, discussed and disposed of.

The information before this committee would indicate that the profession of Dentistry would welcome the helpful assistance of Pharmacy and pharmacists. Certainly the opportunities are before the pharmacist who is interested in rendering a service he is qualified to give. It is interesting to note that more and more pharmacists are offering their services to dentists. It is worth the effort of the pharmacist to provide the dentist with drugs for his office whether or not he writes prescriptions. The pharmacist furnishes drugs. He should make them available to all professions that use them. Since drugs are his specialty he should be a consultant to those who prescribe drugs or use them in their offices. The pharmacist should visit the dentist at his office. If this is not convenient he could at least supply him with a list of drugs he may be interested in as well as formulas for his office or patients' use.

It would be well for pharmacists themselves or Colleges of Pharmacy to fill the request of dentists for lectures on official medication. Dentists must have this information if they are to prescribe. Recent dental graduates are no doubt better qualified to write prescriptions. The experience of this committee, however, shows that even the recent graduates are not very confident in their ability to formulate prescriptions for official medication. Prescription writing should be

stressed to a greater extent in Dental Colleges. More time should be given to the mathematics of the prescription.

Drugs will, no doubt, play a more important part in Dentistry. In the future dental restorations will have a place in the training of the dental student but not so important a place as they have had in the past. The dentist is being taught to recognize the symptoms of systemic disease in the oral cavity and to more thoroughly appreciate the seriousness of local pathological conditions to the general health of the patient.

Dentistry is advancing. This is clearly emphasized by a proposed change in dental requirements at Harvard Dental School. In 1940 Harvard will offer a combined medical and dental course, consisting of three and one-half years of Medicine and two years of Dentistry leading to the degrees of M.D. and D.M.D. This change will place Dentistry as the equal of Medicine in academic standing and prestige. This advance in dental education will no doubt have its effect on the use of drugs to treat the dental patient. The dentist shall be better qualified to treat more conditions where the use of drugs is indicated.

State Pharmaceutical Associations and Professional Relations Committees should give serious consideration to the organization of a State or National Allied Inter-Professional Relations Committee. The drug needs of the allied medical professions can be learned best through such friendly group meetings. When each profession shares in the expenses and operation of such a committee there is the proper interest to assure success in its operation. In the few states where these committees function now their constructive influence is a source of encouragement and satisfaction. Place the organization of such a committee before the proper officials in your State Pharmaceutical Association this fall and see that some action is taken.

The dentist is just as much interested in the comfort and in the restoration of his patient to good health as is the physician. If you are interested in the needs of the physician why not be in those of the dentist? Such coöperation is of direct benefit to public health as well as to the professions concerned."

COMMITTEE ON PRESCRIPTION TOLERANCES.—The secretary stated that no report would be submitted by the Committee for this year.

COMMITTEE ON MODERNIZATION OF PHARMACY LAWS, COMMITTEE ON STATUS OF PHARMACISTS IN THE GOVERNMENT SERVICE AND COMMITTEE ON WEIGHTS AND MEASURES.—The chairman announced that the report of the Committee first mentioned was presented to the Joint Session and the report of the latter Committee to the Section on Practical Pharmacy and Dispensing.

Election of Honorary President, Secretary and Treasurer of the ASSOCIATION and the following communication from the Council was read.

"In accordance with Article V of Chapter III of the ASSOCIATION, the Council hereby nominates for election by the House: J. W. Gayle, *Honorary President*; E. F. Kelly, *Secretary*; and C. W. Holton, *Treasurer*, for 1939-1940."

On motion duly seconded and carried the report was received, the chairman cast the unanimous ballot of the House of Delegates for the officers nominated, and declared these officers elected.

COMMITTEE ON NOMINATIONS.—Chairman Andrews read the following report, which was received.

PRESIDENT.

F. E. BIBBINS, *Manufacturing Pharmacist*, Indianapolis, Indiana.

CHARLES H. EVANS, *Retail Pharmacist*, Warrenton, Georgia.

A. L. I. WINNE, *Secretary*, Virginia Pharmaceutical Association and Board of Pharmacy, Richmond, Va.

FIRST VICE-PRESIDENT.

JOSEPH B. BURT, *Professor*, University of Nebraska, and *Editor*, *Pharmaceutical Archives*, Lincoln, Nebraska.

I. W. ROSE, *Retired Retail Pharmacist, Professor, Dispensing, University of North Carolina, Chapel Hill, N. C.*

H. A. K. WHITNEY, *Hospital Pharmacist, Ann Arbor, Mich.*

SECOND VICE-PRESIDENT.

HENRY GREGG, JR., *Retail Pharmacist, Minneapolis, Minn.*

AQUILLA JACKSON, *Deputy Drug Commissioner of Maryland, Baltimore, Md.*

EMERSON D. STANLEY, *Retail Pharmacist, Madison, Wis.*

MEMBERS OF THE COUNCIL.

F. J. CERMAK, *Retail Pharmacist, Cleveland, O.*; P. H. COSTELLO, *Retail Pharmacist, Cooperstown, N. Dak.*; H. A. B. DUNNING, *Retail Pharmacist and Pharmaceutical Manufacturer, Baltimore, Md.*; C. B. JORDAN, *Dean, Purdue School of Pharmacy, La Fayette, Ind.*; R. A. KUEVER, *Dean, University of Iowa, Iowa City, Ia.*; H. A. LANGENHAN, *Former Professor, College of Pharmacy, Seattle, Wash.*; R. A. LYMAN, *Dean, School of Pharmacy, Lincoln, Nebr.*; E. J. PROCHASKA, *Retail Pharmacist, Pine City, Minn.*; R. C. WILSON, *Dean, School of Pharmacy Athens, Ga.*

HOUSE OF DELEGATES.

Chairman, M. N. Ford, Columbus, Ohio; Vice-Chairman, E. C. Severin, Philip, S. Dak.

Chairman Rogers announced that nominations from the floor were in order and C. L. O'Connell was nominated for President and the nomination was seconded. On motion duly seconded and carried the nominations for all other officers were closed. The chairman stated that it would be necessary for the House to select three nominees for President through the action of voting delegates. The voting delegates were requested to take states together and the Chair appointed as canvassers to assist the Secretary L. W. Richards, M. E. Rasdell and S. H. Dretzka. For the information of the delegates Chairman Rogers read Article I of Chapter 5 of the By-Laws of the ASSOCIATION. After the vote was taken by secret written ballot it was announced by M. E. Rasdell that F. E. Bibbins, Charles H. Evans and A. I. L. Winne received the highest number of votes cast and Chairman Rogers ruled that these three names should appear upon the mail ballot as nominees for President. On motion duly made and seconded the report of the Nominating Committee was adopted as a whole.

COMMITTEE ON RESOLUTIONS.—Chairman Fischelis presented a preliminary report dealing with the recommendations contained in the addresses of the President of the ASSOCIATION and of the Chairman of the House of Delegates and Resolutions numbered 1 to 6, inclusive, were approved. See final report of the Committee, page 875.

COMMITTEE ON PLACE OF MEETING.—In the absence of Chairman Rudd the following report was read by R. A. Lyman, acting Chairman of the Committee, and was received.

"Dean W. F. Rudd, who is Chairman of the Committee on Time and Place of Meeting, is necessarily absent because of serious illness in his family. He has asked me to present this report concerning the time and place of the 1940 convention of this ASSOCIATION.

This Committee has for many years functioned along traditional lines. In recommending time and place, one basic fact has always been kept in mind, namely, that the time and place decided upon should be such as to render the greatest possible service to the AMERICAN PHARMACEUTICAL ASSOCIATION and its affiliated bodies and to American Pharmacy as a whole.

In making its decisions the Committee has considered what contribution the annual meeting of this ASSOCIATION can make to the local pharmaceutical needs of a community in the way of education and inspiration and what a community can make to this ASSOCIATION in the way of education, in membership and in other types of support.

Another important fact is the economic one in which travel, hotel and incidental expenses are involved. Still another is the matter of entertainment and attractions in nearby cities.

In some cases this factor may increase the attendance but at the same time may actually interfere and render less effective the work for which this ASSOCIATION exists.

An attempt is made to cover the whole country at such time intervals as are both effective and fair. To do this the place is fixed definitely only one year in advance. Nevertheless the Committee has a tentative program (place) in mind for two, three or more years ahead. Only by so doing can the best interests of the ASSOCIATION be served.

The major work of this Committee in selecting the annual meeting is done before the time of the current meeting. Since the material is placed in the hands of each committee member long before the meeting.

At the time of the current meeting opportunity is given for representatives of the inviting cities to appear in person and give the Committee further information.

During the U. S. P. Convention year it has been customary for obvious reasons to hold the meeting of the A. PH. A. in Washington or some nearby city. Three cities, Washington, Atlantic City and Richmond have asked for the 1940 convention. Washington had the convention in 1920, also in 1934, at the time of the dedication of the Headquarters Building, nineteen and five years ago. Atlantic City had it in 1917, twenty-two years ago. Richmond had it in 1910, twenty-nine years ago.

On Wednesday afternoon, August 23rd, the representatives from these cities met the Committee in person and presented arguments for their respective cities. However, no basic material was presented which was not already in the hands of the committee and had been given full consideration. Unfortunately, only two members of the Committee are present at this meeting. One member of this Committee of six is convalescing in a Chicago hospital and has not been heard from. The three absent members of the Committee have voted by mail and their votes are in the hands of the acting Chairman.

The city being recommended as the next meeting place of this ASSOCIATION, in the opinion of this Committee, best meets the traditional requirements for the selection of a convention city as outlined in this report. The vote of this Committee for the following recommendation is unanimous with the presentation and the reception of this report. Mr. Chairman, the Committee leaves the matter in the hands of the House of Delegates.

We recommend that the city of Richmond, Va., be the convention city for the 1940 meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION and that the exact time of the meeting be left to the judgment of the incoming President, and to the general Secretary of this ASSOCIATION and to the proper local officials of the convention city in order that the best integration of time may be obtained with the affiliated societies and with the dates of the 1940 United States Pharmacopoeial Convention."

It was moved and seconded that the recommendations of the Committee be adopted. This motion was amended through acceptance by the mover and seconder, and was adopted, to include Washington, D. C. and Atlantic City, N. J., in addition to Richmond, Va., and to provide for a secret written ballot of the voting delegates in deciding the meeting place for 1940.

After the vote was taken Mr. Rasdell reported that 58 votes were cast and that Richmond received the highest number. Upon motion, seconded and carried, the vote in favor of Richmond was made unanimous and representatives of Washington, and Atlantic City pledged their support toward the success of the meeting.

The Session adjourned at 12:00 P.M.

The Third Session was convened at 8:40 P.M. by Chairman Rogers. The roll call of delegates was dispensed with and the minutes of the Second Session were approved as read.

COMMITTEE ON PROFESSIONAL RELATIONS.—In the absence of Chairman Seltzer the following report was read by the secretary, and was received.

"The work of your committee on Professional Relations has proceeded during the last year along the lines given in previous reports, that is, we have proceeded on the hypothesis that relationship could be established only on the basis of common ideals, traditions and objectives.

These ideals are not the heritage of Medicine solely, but of Pharmacy as well; they are the concepts of right relationship crystallized out of ages of medical experience, the Golden Rule

as applied in the practice of the Art of Healing. They were formulated into a code long before the broadened horizon of medical knowledge and the increased demands of practitioners of the Art made it impossible for one effectively to prescribe and, at the same time, efficiently to dispense Medicine. This made specialization of service as pharmacist and practitioner of medicine necessary. This differentiation of function did not alter the mutual relationship or responsibility of each to the patient. Pharmacy and Medicine each remained subject to the provisions of the pre-existing code as relating to their special work.

It so happened, however, that after the cleavage, the group practicing Medicine developed a greater degree of homogeneity so far as the attitude toward maintaining its ideals and traditions was concerned than did the group practicing Pharmacy. This group became associated in its business relationship with all sorts of interests irrelevant to and, even in some cases, out of sympathy with their ideals.

The attitude of Medicine toward the medico-pharmaceutic relationship is classically illustrated in the division of function in the revision committee of the United States Pharmacopœia: on that committee the physicians insist on unrestrained authority in the matter of admission of any substance in the Pharmacopœia, if they are to use it; on the other hand, they give the pharmacy members a like privilege of admitting substances which are of pharmaceutic necessity in making the preparations admitted by them.

It is difficult to see how an organization representing the drug business, with such diversity of interests, can come together on a proposition acceptable to Medicine. There is, however, a large group of pharmacists in each organization who, individually, adhere to their traditions and who seek first, a relationship with Medicine, based on principle, not on profit; on ethical service, not 'more business.' Such a group has formed in Detroit and formulated a Medical Code with special reference to the function of Pharmacy.

This group is open to all who desire and who have a record behind them of ethical practice. We have met the various committees of our local Medical Society; our plans have been enthusiastically approved, not only by the committees but by the Council as well and their applications as pharmaceutic associates of the Society have been accepted.

It is evident that this contact brings this group into close and sympathetic relationship. The plan is the culmination of the work as recommended in the report of a year ago; it is looked upon, by physicians and pharmacists alike, as the most expedient plan available. It is offered as a laboratory experiment submitted for your consideration."

COMMITTEE ON WM. PROCTER, JR., MEMORIAL FUND.—In the absence of Chairman Hancock the following report was read by E. G. Eberle and received with applause.

"Following your approval of the recommendations that were made in our report at last year's meeting, your committee has directed the enlargement of the proposed sketch for the Wm. Procter, Jr., Monument to its half size model.

Frequent criticism by members of your committee, the architect, and also by certain officers of this ASSOCIATION, has permitted a better development of important details during the enlargement, and both the figure and the pedestal have been considerably improved. A photograph of this half-size model, similar to the one attached, was also submitted to the architect for his study for the proper size of the finished monument in its relation to the foyer of the A. PH. A. Headquarters Building in Washington and Mr. Eggers, the architect, has suggested that the sculptor 'proceed to a larger scale and I am confident that, as far as I can judge, the result will be satisfactory.'

More recently, Mr. Eggers recommended that the total height of the finished monument be about 8'6" from the floor and further commented, 'This, I feel, will bring the figure slightly over life size, which is desirable and make the pedestal, including your bronze plinth, upon which the figure rest, about three feet high, or just the height of the low marble wainscot behind.'

For its better protection, we have had the half-size model cast in plaster and the sculptor, Mr. Simpson, is now engaged on the full-size model, which when approved, will be cast in bronze.

Your committee will soon be called upon to sign the contracts to erect the monument and Mr. Simpson has promised to devote his attention to forwarding this work so that the monument may be in position for its dedication in May 1940."

COMMITTEE ON HORTICULTURAL NOMENCLATURE.—Chairman Youngken read the following report, which was received.

"Your committee is keeping in close contact with the editorial committee of the American Joint Committee of Horticultural Nomenclature which is now working on the revision of 'standardized Plant Names,' and desires to report the following items of interest in connection with the revision of that book.

The second edition of 'Standardized Plant Names' is to be published by the Macmillan Company, in two volumes. Dr. W. A. Dayton of the Forest Service of the U. S. Dept. of Agriculture has undertaken the work of putting the lists into proper shape for the galley proof while the Editorial Committee, now consisting of Professor Kelsey and Doctors Wyman and Dayton, is working on a great many thousand common names and determining what the single common name for each species is to be.

The International Code has been adopted for the Latin names of plants to be included. Our committee is to be supplied with the final proof sheets as soon as they are available so that any desirable changes in or additions to our ASSOCIATION List of names of drug, spice and dye plants can be made by this committee upon agreement with the editorial committee before the book is published.

The work entailed in this revision has assumed colossal proportions owing to the desire of those entrusted with the revision of this work to have a job done which will be fairly lasting and as authoritative as it is possible to be up to date."

COMMITTEE ON PHYSIOLOGICAL TESTING.—Chairman Munch presented a verbal report of which the following is a summary, which was received with thanks.

"The Committee had already submitted its detailed report to the Scientific Section, with the understanding that a brief summary of that work would be presented to the House of Delegates. Ten years ago a tincture of digitalis was prepared which has been reassayed at regular and frequent intervals. The assays which were conducted by the members of the committee this year terminate this ten-year study and include a variety of other methods which have been proposed or which have been developed by this committee during the course of the investigation. During the next six months, the chairman will compile and codify the collection of data, drawing curves and plots and preparing the manuscript for publication.

The interesting thing is to know how rapidly tincture of digitalis changes in its activity. A careful and detailed study of the results obtained in fourteen laboratories over a period of ten years, using the number of assay methods, permits the conclusion that tincture of digitalis, when stored in previously unopened bottles of 1 oz. or 4 oz. or 5 gal. size, during this ten-year period, either increases in strength, doesn't change or decreases in strength.

This scientific contribution deserves very serious thought because it means that the investigators need to be investigated; that the assay methods which have been used have not been measuring the same constituent throughout this study; that the Federal Government and the state governments cannot be in any position at this time to define the conditions under which tincture of digitalis may be packaged and may be stored to prevent deterioration; and that nobody can state just how rapidly any tincture of digitalis is going to change in strength.

The collaboration of a number of clinicians was obtained who have given to human beings requiring digitalis treatment, two types of material in identical bottles differing only in the labeling. One set contained this A. Ph. A. tincture which is now ten years old. The other bottle contained a freshly prepared tincture of digitalis, standardized by the U. S. P. XI one-hour frog method to be exactly 100 per cent of the U. S. P. XI potency requirement.

It appears that there are certain advantages in an old tincture and certain advantages in a fresh tincture, and it may well be after ten years' more study that we will recognize the type of conditions for which each tincture is best suited and will want to consider an old tincture and a new tincture as official products. This is most astounding because most investigators believed ten years ago that any tincture of digitalis more than a year old should be discarded.

The literature upon the deterioration of digitalis was summarized by a member of this committee, Dr. Haag, and has been published in the *American Journal of Pharmacy* for October,

1938. This literature survey does not include the work done by your committee, which will be the basis of an additional report. In an article published in the *Journal of the American Medical Association* for July 22, 1939, statements have been made regarding the value of U. S. P. XI material in terms of U. S. P. X. It is generally conceded that the U. S. P. XI requirement for digitalis is higher than the U. S. P. X requirement, but there has been a definite disagreement regarding the degree to which this potency has been increased. The U. S. P. XI has been in effect for several years and now the clinicians are learning that the new tincture is stronger than the old.

Dr. Edmunds in the publication to which I referred states that the U. S. P. XI standard is about 25 per cent stronger than the U. S. P. X. On the other hand, our Committee reported that the U. S. P. XI standard is 150 per cent of the U. S. P. X. Obviously, this requires further study.

A number of independent researches have been under way and at least one paper reported before the Scientific Section that the U. S. P. XI standard is in fact 150 to 160 per cent of the U. S. P. X standard.

A new application of well-established statistical methods has been presented before the Scientific Section and a research program drafted in which the members of our Committee on Physiological Testing will collaborate with the drug manufacturers, scientists of the United States and Canadian governments, and other bioassayists in attempting to settle a number of additional questions with regard to the assay of digitalis products, so that the method proposed to the U. S. P. XII will have the weight of definite, planned, controlled scientific study."

COUNCIL ON PHARMACEUTICAL PRACTICE.—Chairman E. F. Cook presented a verbal report of progress stating that this Committee had not been active during the year because other Committees and Conferences of the ASSOCIATION were carrying forward the work in which the Committee is interested. He indicated that if the result of these efforts was satisfactory the Committee would probably later ask to be discharged. The report was received with thanks.

COMMITTEE ON U. S. P.—The following report was presented by title and received.

"During 1938 your Committee on U. S. P. prepared and circulated a questionnaire (see *JOUR. A. PH. A.*, 27 (1938), page 5) covering certain suggested changes in the procedure of the Pharmacopœial Convention. The result of this poll was embodied in the Committee's report at the Minneapolis meeting. (*JOUR. A. PH. A.* 27 (1938), page 996).

The Committee has recommended to the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION that it convey to the Board of Trustees of the U. S. Pharmacopœia recommendations as embodied in Items 1, 2, 4, 5 and 6 of the questionnaire. This has been done and the Board of Trustees is giving each item serious consideration. There is no doubt that some of the suggestions will go into effect, as recommended.

In addition, the Committee has studied other items pertinent to the Pharmacopœia. These items include questions of replacing members elected to the Committee of Revision who subsequently find it impossible to carry out their duties and questions of adequate publicity for proposed revisions so that sufficient time will be given for the proposed changes before they are actually adopted. The study of these and other items is still incomplete, and the Committee is not prepared at this time to offer definite recommendations concerning them.

The membership of the ASSOCIATION is invited to communicate freely with the Committee and offer suggestions for its work."

REPORTS OF SECTIONS.—Reports were received from the Sections on Practical Pharmacy and Dispensing, Hospital Pharmacy, Historical Pharmacy, Pharmaceutical Economics, Education and Legislation and Scientific Section, and these were received. The list of officers of the Sections as reported will be found in the Roster of the ASSOCIATION.

Reports were also received from the Plant Science Seminar.

COMMITTEE ON RESOLUTIONS.—Chairman Fischelis presented the final report of the Committee on Resolutions. The following Resolutions were adopted *serie atim*. Later the report was adopted as a whole and a vote of thanks was extended to Chairman Fischelis and his associates on the Committee.

THE PRESIDENT'S ADDRESS.

The AMERICAN PHARMACEUTICAL ASSOCIATION desires to commend President Lascoff for the thorough study he has evidently given to the problems of our profession as evidenced by his comprehensive and thought-provoking address. We likewise wish to commend the earnestness of purpose with which he has discharged the duties of the presidential office. He has labored diligently and well to bring the professional activities of the practicing pharmacist to the attention of other professions and to the public and he has done much to encourage the members of our own profession to give greater thought and attention to the promotion of prescription practice.

No. 1. (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."

We approve Recommendation No. 1 and recommend that the House of Delegates be empowered to appoint a committee of five to make the study.

(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."

We approve Recommendation No. 2 and recommend that the duties of the Committee on Pharmacists in the Government Service be expanded to include this function.

(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 cooperate 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 cooperation between these two great professional organizations."

We approve the objectives set forth in Recommendation No. 3 and recommend that steps be taken by the AMERICAN PHARMACEUTICAL ASSOCIATION either through its Committee on Professional Relations or through a special committee of five members to contact other national associations in the public health field for the purpose of creating a National Inter-Professional Council.

(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."

We approve Recommendation No. 4 and recommend that it be referred to the Council Committee to Develop Advertising for the Pharmaceutical Recipe Book and the National Formulary.

(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."

As one of the objects of the AMERICAN PHARMACEUTICAL ASSOCIATION stated in the Constitution, Art. 1, Sec. 3, covers the general purpose of Recommendation No. 5, the Committee considers it unnecessary to act upon this recommendation.

(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."

We approve Recommendation No. 6 and recommend that it be referred to the Committee on National Pharmacy Week.

(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."

We approve Recommendation No. 7 and recommend the publication of the names of District and State membership chairmen and committees appointed in accordance with the by-laws in the roster of the ASSOCIATION. We further recommend that the Committee on Membership study the question of membership qualifications with the view of setting up suitable standards for membership.

ADDRESS OF THE CHAIRMAN OF THE HOUSE OF DELEGATES.

We believe that the address of Chairman Charles H. Rogers, of the House of Delegates, ranks with the best annual messages that have been delivered to this House. We particularly commend his analysis of the organizational defects of American Pharmacy and his presentation of the problems confronting us with respect to membership, legislation, socialization of medical services, pharmacists' unions and publicity for the activities of the AMERICAN PHARMACEUTICAL ASSOCIATION. While he did not list a series of specific recommendations, the address pointed to the necessity for action along various lines. The following resolutions are the result of such suggestions and also of experience gained in transacting the business of the House of Delegates at this convention.

We recommend that copies of the Chairman's address and the resolutions passed at this meeting be furnished promptly to each delegate.

No. 2. Resolved, that our delegates to the National Drug Trade Conference be instructed to propose to the Conference at its next annual meeting, a thorough study of the possibility of creating a National Council encompassing all pharmaceutical interests, for the purpose of representing American Pharmacy on occasions and in endeavors requiring a united front for the benefit of the pharmaceutical profession and the drug industry as a whole.

No. 3. Resolved, that the editor of the appropriate JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION be requested to set aside adequate space in each issue of the JOURNAL for educational publicity of the National Formulary, Recipe Book and other publications, and that such educational publicity be directed to the practicing pharmacists of the nation in an endeavor to increase the usefulness and application of these publications to the profession in general.

No. 4. Resolved, that efforts be made to facilitate the business of the House of Delegates by requiring officers and Committees to present their reports and recommendations sufficiently in advance of the annual convention to permit of their printing in the appropriate JOURNAL OF THE ASSOCIATION so that the reports and recommendations may be studied by the delegates in advance of action thereon and also to permit the delegates to sound the opinions of their constituent bodies on the proposals to be voted on.

No. 5. Resolved, that the incoming officers of the House of Delegates be urged to instruct the members of the House who may not have had previous experience in the business of the ASSOCIATION as to their duties and the method outlined in the Constitution and By-Laws of the AMERICAN PHARMACEUTICAL ASSOCIATION and of the House of Delegates for transacting the business of the House.

No. 6. Resolved, that the incoming officers of the House of Delegates be charged with the duty of providing facilities for expediting the business of the House along the following lines:

(a) Providing for more satisfactory identification of delegates by supplying a badge or other insignia bearing the word "delegate" to accredited voting delegates.

(b) By setting aside a section of seats in the front of the meeting room exclusively for the use of delegates.

(c) By arranging for a roll call of delegates and an attendance record at each session of the House, the same to be printed in the proceedings of the House, which are furnished to the members for the record of the Association they represent.

(d) By furnishing lists of accredited delegates to the members of the House in advance of the meeting, if possible, but not later than the first general session of the House.

(e) By providing for more satisfactory facilities for taking secret ballots, and roll call votes.

No. 7. Resolved, that the Committee on By-Laws be requested to give consideration to the possibility and advantages of providing for the election of delegates for terms of two years.

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No. 8. Resolved, that the statement proposed by the Committee on Social and Economic Problems to indicate the present position of the AMERICAN PHARMACEUTICAL ASSOCIATION on the subject of Socialization of Medical Services be approved and made public, as follows:

No. 9. WHEREAS, the distribution of drugs at state expense seems unnecessary and inconsistent except in cases which fall into the two following general categories: (1) unusually expensive drugs required to save lives of those unable to meet the cost because of income limitations; (2) drugs used in combating epidemics or diseases with serious social consequences, and

WHEREAS, the cost of drugs in the treatment of routine or even serious ailments, unless continued over unusually long periods, is not catastrophic, and

WHEREAS, the need for withdrawing any considerable portion of the activity now exercised in the distribution of drugs and medicines from the recognized and legally regulated sources, namely, the pharmacies of the United States, is unnecessary and may even be prejudicial to public convenience and welfare, be it

Resolved, that in the interest of the best type of health service the principle of free choice of drugs by the physician within the limits of the official and otherwise approved materia medica, and free choice of pharmacist by the patient should prevail in any State or local System of supplying medical care at the complete or partial expense of the State.

No. 10. Resolved, that the Postoffice Department of the United States be requested to design and issue a stamp commemorating the 120th anniversary of the origin of the United States Pharmacopoeia, which occurs in 1940.

No. 11. Resolved, that the Federal Communications Commission be requested to provide for stricter regulation of the dissemination of medical advice over the radio. It is the sense of the ASSOCIATION that radio broadcasts dealing with health matters should be under the auspices of recognized associations of the health professions or Federal, State or local health departments. The ASSOCIATION further suggests to the Federal authorities and to the National Broadcasting organizations, that the sponsorship of all programs touching upon health matters be made public and that the qualifications of announcers and spokesmen for firms giving medical advice be made known in connection with such programs.

No. 12. Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION offer its encouragement and approval of the efforts of colleges of pharmacy to provide refresher courses, seminars and conferences on the professional and economic phases of pharmaceutical practice to graduate pharmacists. The ASSOCIATION looks with favor upon the continuation and expansion of activities in this direction and recommends to the state pharmaceutical associations the importance of urging their members to keep themselves abreast of the progress of Pharmacy through active participation in such courses, seminars and conferences.

No. 13. Resolved, that the Boards of Pharmacy and State Pharmaceutical Associations be advised of the pioneering efforts of the Board of Pharmacy of the state of Wisconsin, under the George-Dean Act, to the end that the educational facilities thus afforded to practicing pharmacists be made available to greater numbers of members of our profession.

No. 14. Resolved, that the State Pharmaceutical Associations be urged to give prompt attention to the enactment of state laws bringing the regulation of intra-state commerce in drugs, devices and cosmetics into conformity with the Federal Food, Drug and Cosmetic Act, and that the uniform state Food, Drug and Cosmetic Act prepared by the Committee of the House of Delegates of the AMERICAN PHARMACEUTICAL ASSOCIATION and endorsed by the National Drug Trade Conference, be commended to the various states as a working model for such intra-state regulations.

No. 15. Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION reiterate its profound conviction that a complete public health service requires the distribution of all types of drugs and medicines, regardless of classification, under the supervision of registered pharmacists; and

That it is the sense of this ASSOCIATION that regulations covering the labeling of prescriptions and other drugs under State drug law, should be extended to include prescriptions and drugs dispensed by physicians, dentists and veterinarians.

No. 16. Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION record its sincere appreciation of the valuable assistance given by the Historical Records Survey of the Works Progress Administration in the cataloguing and arrangement of the reference library and in the

study of the historical records of the AMERICAN PHARMACEUTICAL ASSOCIATION. It is the sense of the ASSOCIATION that the coöperation of the Historical Records Survey in these important activities has resulted in making the Library of the AMERICAN PHARMACEUTICAL ASSOCIATION more valuable to the members of the ASSOCIATION and in bringing the Library and the Historical records of the ASSOCIATION to the favorable attention of research workers in other fields, thus extending the usefulness of the ASSOCIATION'S facilities into other fields of endeavor.

No. 17. Resolved, that the National Bureau of Standards be commended for undertaking the establishment and development of acidity or p_H standards, test and control methods and calibrations, which data is of basic importance in the preparation, standardization and preservation of drugs, medicines and medical supplies, and that the Bureau of the Budget and the Congress be urged to provide adequate funds for this purpose.

No. 18. Resolved, that the ASSOCIATION hereby expresses to the Civil Service Commission of the Federal Government its appreciation of the provisions recently made for the examination of pharmacists who desire to enter the service of the government through the Civil Service.

No. 19. Resolved, that we express to Chancellor S. V. Sanford of the University System of Georgia, our appreciation of his splendid address entitled "Pharmacy of Tomorrow." His approach to the problems of our profession and the encouragement offered for the future, in his estimate of the place of Pharmacy in the general scheme of medical care, give evidence of the interest of the University System of Georgia in the promotion of pharmaceutical education.

No. 20. Resolved, that we express to Honorable E. D. Rivers, Governor of Georgia, our profound appreciation for his participation in the program of the First General Session of this ASSOCIATION, and that we express to him our admiration of the evident study which he has given to the problem of providing public health services to all the people, and of his grasp of the significance of Pharmacy in the general public health program of the state and nation. The thanks of the AMERICAN PHARMACEUTICAL ASSOCIATION are hereby expressed to Governor Rivers, not only for his helpful participation in the program of our convention, but for the outstanding contribution made by him in his address in focusing public attention upon the important part which is played by the pharmacies and pharmacists of the nation in the health care of our people.

No. 21. Resolved, that the thanks and appreciation of the AMERICAN PHARMACEUTICAL ASSOCIATION be extended to the *Atlanta Constitution*, the *Atlanta Journal* and the *Atlanta Georgian* for the intelligent and extensive publicity given to the meetings of our ASSOCIATION throughout the convention week.

No. 22. Resolved, that the thanks and appreciation of the AMERICAN PHARMACEUTICAL ASSOCIATION be extended to the Atlanta Biltmore Hotel, its officers and personnel, for the unflinching courtesy and complete service extended to the officers and members of our ASSOCIATION, in connection with the convention arrangements and the housing and entertainment of our members throughout the convention week.

No. 23. Resolved, that the thanks of the AMERICAN PHARMACEUTICAL ASSOCIATION be extended to Mr. DeSales Harrison, and his associates, for their generous and delightful hospitality extended throughout the convention week.

No. 24. Resolved, that the thanks and appreciation of the AMERICAN PHARMACEUTICAL ASSOCIATION be extended to Dean R. C. Wilson, the local Convention Secretary and all of his associates, and to the various convention committees and auxiliary committees which have labored so diligently in providing for the comfort and entertainment of the members of our ASSOCIATION throughout the convention. We desire particularly to compliment the local Convention Secretary and his associates upon the high plane on which the entertainment features were carried out and upon the delightful hospitality which has been extended so generously by all concerned.

Chairman Fischelis mentioned two Resolutions received for the Section on Practical Pharmacy and Dispensing and on Hospital Pharmacy and these Resolutions were by vote referred to the Council.

INSTALLATION OF OFFICERS.—Chairman Rogers expressed his thanks to the delegates for their kindness and consideration to him during the year and particularly during the sessions and requested Mr. Costello and Mr. Arneson to conduct the Chairman-Elect and Vice-Chairman-Elect to the Chair. Mr. M. N. Ford was installed as *Chairman* and E. C. Severin of South Dakota as *Vice-Chairman*, respectively, for 1939 and 1940.

Chairman Ford, speaking for Mr. Severin and himself, expressed appreciation for the honor done them, requested the same earnest support that had been given to Chairman Rogers and Vice-Chairman Kuever and pledged their best efforts to the continued success of the work of the House of Delegates.

After a rising vote of thanks was extended to the immediate past-chairman the meeting of the House of Delegates adjourned sine die at 10:00 P.M.
