

## THE SECTIONS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION

The papers of the Sections were numbered at the request of the Local Committee to assist in an effort to flash titles of papers being read in different sections at the same time. See the official program. Designations were as follows: Scientific Section, Sc.; Education and Legislation, E.; Practical Pharmacy, Ph.; Hospital Pharmacy, Hosp.; Pharmaceutical Economics, PEc.; Historical Pharmacy, Hi.

An abstract of the proceedings of the Sessions held in Hotel Biltmore, Atlanta, Ga., follows and the papers presented will be published in the JOURNAL throughout the year.

### THE SCIENTIFIC SECTION.

The First Session of the Section was called to order at 2:40 P.M. on August 23rd, by Chairman C. F. Lanwermyer.

CHAIRMAN'S ADDRESS.—Vice-Chairman Burt presided while the chairman read the following address, which was received for publication:

"Welcome, members and guests of the Scientific Section. In 1887 a Committee was formed in the AMERICAN PHARMACEUTICAL ASSOCIATION, known as the Committee on Scientific Papers. This committee functioned until 1911. At that time a separate unit, known as the Scientific Section, was formed to replace the former committee. In 1922, the Constitution and By-Laws defined one of the duties of the Chairman of the Scientific Section as follows: 'The chairman may present an annual address on any subject of interest to the section that he may deem of sufficient interest.' Since that time, each chairman has presented an address. Therefore, your present chairman carries on this practice.

For the honor of being elected as chairman for the past year, to follow in the footsteps of so many outstanding men in the scientific fields of Pharmacy, is indeed a high honor for which I am deeply grateful. For the coöperation of the members in sending in such an excellent and diversified list of scientific papers for discussion at this meeting, we are thankful. For the coöperation given by the various committee members and fellow officers of the section, particularly that of our hard-working secretary, F. E. Bibbins, in arranging the program for this year and the abstracts of 93 papers to be presented, I am both grateful and give my sincerest thanks.

There are four regular committees to make reports. The Committee on the Ebert prize, the Committee on Monographs, the Committee on Review of Papers and one new committee appointed this year for the first time—the Kilmer Prize Committee. This committee consists of three outstanding pharmacognosists who will award the Kilmer Prize, a gold key, for the most meritorious paper on the subject of Pharmacognosy. The paper to be presented by a senior student in Pharmacy.

On account of the great number of papers to be presented, there will be four sessions. It was again found necessary to have one Sub-Section meeting. The First Session will meet in this room on general subjects, and the Sub-Section will be held in another room, presided over by Vice-Chairman, Dr. J. B. Burt. This Sub-Section will consider the papers on Chemistry. The Second Session will begin with a joint meeting of the Scientific Section and the Section on Practical Pharmacy and Dispensing. After this Joint Session, we will again continue the Scientific Section. The time for presentation of papers will be ten minutes, and five minutes will be allowed for discussions. Any member may enter into the discussion of the paper just presented, so that all may derive benefits from the discussions. During the presentation of papers the flash system will be used as in the past, which will show which papers are being presented at that time in other sections of the ASSOCIATION. This is for the benefit of those wanting to hear papers in other sections meeting at the same time as this one.

Your chairman has no recommendations to make this year.

We welcome you to the Scientific Section and hope you will derive benefits from our sessions here in the Southland; when you leave Atlanta may you carry home with you (in addition to the memories of southern hospitality), a broader scientific knowledge, a new idea or two or at least a stimulus to carry on in your particular field of scientific endeavors in Pharmacy."

SECRETARY'S REPORT.—Secretary Bibbins read the following report which was received for publication:

"The secretary acknowledges the coöperation received from the officers of the Section, as well as from the officers of the A. PH. A.

The usual call for papers was sent out to about 250 members of the A. PH. A. who have participated in the programs of the Scientific Section. The date for closing the program was purposely set for the 10th of July in order that the completed program could be published in full in the July issue of the JOURNAL. But the early closing has caused some embarrassment to the officers of the Section; disappointment to some of the contributors of our program, as a number of titles were submitted after this dead line. It would greatly help the work in the secretary's office if the members expecting to participate in the program would advise us early the titles of their papers. As it happened this year probably 80 per cent of the titles came in between the 5th and 15th of July. Your coöperation along this line next year will be greatly appreciated.

This year we have a new Committee to report; a Committee on Kilmer Prize. The earnings from a fund left by the late Dr. Kilmer are to be used in providing a prize for the best paper of original work on Pharmacognosy submitted by a student in one of our colleges to our committee. No doubt Chairman Youngken will give us more information when he makes his report.

You will note this year that on account of the length of our program that we have a Sub-Section devoted principally to papers on Chemistry. The Sub-Section on Pharmacognosy worked out very satisfactorily last year, and as it was necessary to have a Sub-Section this year, it seemed advisable to shift the subject each year. The Sub-Section program consists principally of papers on Chemistry; and the following years it will consist of other subjects.

As usual there has been considerable correspondence during the year with authors of papers, and the officers of the ASSOCIATION; all of which has been properly taken care of."

BOARD OF REVIEW OF PAPERS.—The following report was read by Chairman Bibbins and was received for publication:

"Following the Minneapolis meeting there were a large number of papers available for publication. These were promptly assigned to various members of our committee and the papers were carefully reviewed by this committee. A great many papers were passed for publication, but others had been referred to the authors for correction, and in many cases for complete rewriting. The authors have in all cases cheerfully complied with the request of this committee. I wish to personally acknowledge the assistance which has been cheerfully given by the members of the committee and I feel that this Section should recognize the fact that we are asking these men to take from their full schedules sufficient time to do this work for us, and to recognize the fact that it is all being done in an effort to uphold the high standards of the articles appearing in our JOURNAL. Also wish to acknowledge the splendid coöperation received from Secretary Kelly, as Acting Editor of the JOURNAL, in this work."

COMMITTEE ON MONOGRAPHS.—Chairman Swanson read the following report which was received for publication:

"During the year we have reviewed and considered many subjects for our next Monograph. We have also reviewed certain manuscripts, in the hope that it will lead us to a suitable subject. We feel that it requires another year of consideration."

COMMITTEE ON PHYSIOLOGICAL TESTING.—Chairman Munch presented the following verbal report which was received for publication. (See page 872.)

COMMITTEE ON NOMINATIONS.—F. O. Taylor, *Chairman*, E. E. Swanson and E. V. Lynn were appointed as members of the committee to report at a later session.

Chairman Lanwermyer announced that the Section would now proceed with the program and that at 3:30 P.M. the Sub-Section on Chemistry would convene in Room D, to hear the papers listed in that section of the Program.

Papers were read as follows:

"The Approximate Phytochemical Analysis of *Athyrium Felix-Foemina*," Malcolm S. Trupp and Forest J. Goodrich.

"Rapid Staining Methods in Plant Histology," Robert S. McLean.

"The Pharmacognosy of the Parathyroid," Heber W. Youngken. (Lantern.)

"Phyto-Chemical Study of *Copernicia Cerifera Martius*," R. A. Bowers and A. H. Uhl.

"Toxicity of Selenium-Cystine," Alvin L. Moxon.

"*Potentilla Anserina*," A. Richard Bliss, Jr., and Collaborators.

"The Histology of *Salvia Officinalis*," Elbert Voss and Frank Fortunata. (Lantern.)

"*Mirabilis Jalapa*, a Substitute for Jalap," Heber W. Youngken. (Lantern.)

"A Comparative Study of the Menthols," A. Richard Bliss, Jr., and H. Bryson Glass.

"A Pharmacological Study of the Active Principle of *Passiflora Incarnata*," George H. Ruggy and Clayton S. Smith. (Presented by title.)

"Chemical Studies on a Physiologically Active Substance in *Passiflora Incarnata*," George H. Ruggy and C. S. Smith. (Presented by title.)

"The Sterol and Resin Alcohols of *Gelastrus Scandens*," Ole Gisvold. (Presented by title.)

"The Constitution of Gelastrol Part II," Ole Gisvold. (Presented by title.)

"Crystalline Xanthophyll from Wheat Germ Oil," Ole Gisvold. (Presented by title.)

"The Volatile Oil of *Poliomintha Incana*," A. F. Sievers and C. G. Marshall. (Presented by title.)

"A Pharmacognostical Study of *Serenoa Serrulata* (Saw Palmetto)," B. V. Christensen and R. C. Stokes.

"A Crystalline Tannin from the Bark of *Acer Spicatum*," J. L. Powers and E. L. Cataline.

"The Isolation and Identification of Alpha- and Beta-Amyrin from the Bark of *Viburnum Opulus*," J. L. Powers and W. E. Powers.

The First Session was then adjourned.

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The Sub-Section on Chemistry was called to order at 3:30 P.M. on August 23rd, Dr. J. B. Burt acting as Chairman.

The order of business was the presentation of papers.

"Method of Assay for Sulfanilamide," R. M. Hitchens and R. W. Towne. (Lantern.)

"The Separation and Determination of Aminopyrine in Mixtures," L. E. Warren. (Lantern.)

"Studies on Cantharidin I. The Titration of Cantharidin," Benjamin P. Hecht and Lloyd M. Parks.

"The Determination of Acetone," Melvin W. Green.

"A Study of the Assay of Ginger," Robert Tzucker and C. B. Jordan.

"Studies on Cantharides II. The Assay of Cantharides," Benjamin P. Hecht and Lloyd M. Parks.

"A Study of the Relative Merits of Permanganate and Cerate Methods in Pharmaceutical Assays," Arthur E. James. (Lantern.)

"A Study of the Assay of Strychnine in Tincture of *Nux Vomica*," Gertrude M. Horn, K. L. Kaufman and S. G. Mittelstaedt. (Lantern.)

"Determination of Free Phenols in Methyl Salicylate," R. W. Towne, R. M. Hitchens and M. S. McCauley. (Lantern.)

"Fluorescence Analysis as Applied to Some Alkaloids and Crude Drugs," A. Slessor and C. B. Jordan.

"A Comparative Study of the Three Recognized Assays for *Chenopodium Oil*," William F. Reindollar.

"An Interferometric Method for the Assay of Nitrous Oxide," Frederick K. Bell and John C. Krantz, Jr.

"The Detection of Carbon Monoxide in Medicinal Oxygen," Frederick K. Bell and John C. Krantz, Jr.

"A Method for the Determination of Calomel in Tablets," R. A. Bosee and L. A. Perlenfein.

"Determination of Nitroglycerin in Concentrated Triturations," George F. Hutchison. (Presented by title.)

"Assay of Mild Mercurous Chloride, U. S. P. XI," Ray S. Kelley.

"Assay of Potassium Citrate, U. S. P. XI," Ray S. Kelley.

"The Heavy Metal Test of the Pharmacopœia," M. W. Carey and R. E. Schoetzw.

"Sulfanilamide, Assay of in Tablets," W. E. Honsinger and R. E. Schoetzw.

The Session was then adjourned.

#### JOINT SESSION WITH SECTION ON PRACTICAL PHARMACY AND DISPENSING.

The Joint Session was called to order at 9:45 A.M. on Friday forenoon, August 25th, by Chairman Lanwermyer. The following reports were called for:

"Progress on the Revision of U. S. P.," by E. Fullerton Cook.

"Progress in the Development of N. F.," by E. N. Gathercoal.

"Progress of the Revision of Recipe Book," by J. Leon Lascoff.

Chairmen Cook and Gathercoal could not be located and their reports were accepted by title. (See Chairman Cook's report under Second General Session; and Chairman Gathercoal's report to the Council.)

Chairman Lascoff read his report. (See Council minutes.)

COMMITTEE ON PRESCRIPTION TOLERANCES.—Dr. Husa stated that he had asked to be relieved of this chairmanship and therefore no report would be presented.

COMMITTEE ON WEIGHTS AND MEASURES.—Chairman M. N. Ford read the following report which was received for publication:

"Three years ago when we attempted to secure information from state departments on weights and measures, we found very few states applying their law to pharmacies. We did find that practically all states had sufficient laws to include inspection of weights and measures in pharmacies, but no attention was given to that work in most states, because of lack of man power and finance.

Having received a good report from the District of Columbia and the states of Idaho, Massachusetts, New Jersey, North Dakota, Pennsylvania and Wisconsin, we are submitting herewith the following for comparison with the report of the same states of three years ago.

	Scales.	Weights.	Graduates.	Accurate.	Adjusted.	Condemned.
<b>District of Columbia</b>						
1936	414			350	48	16
		7032		6940	0	92
			0	0	0	0
1939	217			72	144	1
		3591		3390	0	201
			0	0	0	0
<b>Idaho</b>						
1936	98			92	5	1
		686		679	0	7
			0	0	0	0
1939	105			75	25	5
		900		800	60	40
			90	80	0	10
<b>Massachusetts</b>						
1936	2206			1983	174	49
		30967		30012	467	488
			0	0	0	0

	Scales.	Weights.	Graduates.	Accurate.	Adjusted.	Condemned.
<b>Massachusetts</b>						
1939	2134			1858	218	37
		33239		32639	569	555
			108	61	0	47
<b>New Jersey</b>						
1936	915			861	28	26
		20504		18970	465	1068
			4765	4633	0	132
1939	1594			1553	11	30
		27374		26665	166	543
			4568	4511	0	57
<b>North Dakota</b>						
1936	254			146	30	78
		257		137	0	120
			0	0	0	0
1939	254			237	0	17
		254		146	108	0
			0	0	0	0
<b>Pennsylvania</b>						
1936	114			110	2	2
		25848		25737	0	111
			0	0	0	0
1939	1667			1634	23	10
		10077		8943	931	203
			7925	7373	0	552
<b>Wisconsin</b>						
1936	1936			1707	130	99
		15582		15054	16	512
			5834	5606	0	228
1939	1545			1506	30	9
		20000		19600	0	400
			9036	8810	0	226

The percentage of accuracy for scales, runs as low as 33.1 per cent in one state and as high as 98 per cent in another state. The percentage of accuracy for weights in one state is as low as 53 per cent and in other states as high as 98 per cent. The percentage of accuracy of graduates from two states reporting is 97.4 per cent and 98.7 per cent.

Comparing the result of the above-named states for the past year with the report of three years ago for the same states we find the percentage of accuracy is better in the states of New Jersey, North Dakota and Wisconsin. In Pennsylvania the percentage of accuracy for scales was just a little higher while for weights the percentage of accuracy was lower.

In reading over the reports of the National Conference on Weights and Measures, we do not find any reference made to work done in pharmacies; it would seem the departments are more interested in the correct weights for live stock and the proper measurements for gas consumers. We do believe, however, there is a need for inspection of scales, weights and measures as used in pharmacies and we believe a requirement from State Boards of Pharmacy could be demanded of all pharmacies, that correct scales, weights and measurements be maintained."

The Joint Session then adjourned at 10:15 A.M.

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The Second Session of the Scientific Section was held on Friday forenoon, August 26th at 10:20 o'clock, Chairman Lanwermeier presiding.

Presentation of papers followed:

"The Determination of Some Chemical and Physical Constants of Certain Detergents," B. L. Holiday, E. A. Kelly and L. W. Rising.

"Preparation of Experimental Salmon Packs for Scientific Investigation," Louis Fischer.

"Comparative Study of Vitamins and Constants of Free and Extracted Oil from Canned Sockeye Salmon," Arthur W. Steers and Louis Fischer.

By request. "Non-Interfering Adsorbents in Alkaloidal Analysis," Estelle Koozin Johnson and L. W. Rising,

"A Study of Athlete's Foot and Its Control," J. B. Vaughan and H. George DeKay.

"A Chemical Investigation of Some Florida Volatile Oils," P. A. Foote and A. W. Matthews.

"A Study of the Oxidation of Salicylates in Alkaline Solutions," E. A. Brecht and C. H. Rogers.

"A Toxic Glycoside of *Asclepias Cornuti* or the Common Milkweed," A. E. Rihn and H. G. DeKay.

"Ointment of Mercuric Nitrate," Rudolph A. Kuever and Carl B. Burnside.

"Iodocholeate—Its Efficiency as a Germicide and Its Clinical Performance," Herman R. Scherzer. (Lantern.)

"A Study of Ephedrine with Silver Preparations," Donald J. McLeod and H. George DeKay.

"Drug Extraction XXII. The Extraction of Podophyllum," William J. Husa and D. W. Lee.

"A Study of the Extraction of Astringent Drugs," H. F. Lefevre and C. O. Lee.

"The Preparation of Alkaline Bismuth Saccharates," George O. Doak. (Presented by title.)

"Colorimetric Determination of Thiamin Chloride in Certain Pharmaceutical Preparations," M. E. Auerbach. (Presented by title.)

"Salts of Isopropanolamine I. Triisopropanolamine," George W. Fiero.

"Salts of Isopropanolamines II. Mixed Isopropanolamines," George W. Fiero. (Presented by title.)

"A Chemical Investigation of the Seeds of *Glottidium Vesicarium* (Jacq.) Harper," P. A. Foote and L. G. Gramling.

"A Comparison of a Rapid Method for the Micro-Determination of Iodine in Thyroid with the U. S. P. XI Method," Charles E. Nicklaus and Nelson Tippet.

"A Monograph for Ringer's Solution as a Solvent," Norman Pinschmidt and J. C. Krantz, Jr.

"Microadaptation of the U. S. P. Method of Analysis to the Official Silver Salts," C. Merrill Brown and Coy W. Waller.

"A Study of the Assay of Potassium and Sodium Tartrate," Malcolm J. MacLeod.

"The Determination of Iron in Iron Salts of Organic Acids Containing Phosphorus," C. F. Bickford, A. E. Jurist and W. G. Christiansen.

"Water in Oil Emulsifying Agents I. (Some Constituents of Lanolin and Similar Compounds)," J. L. Powers, H. B. Leask and R. S. Warner. (Presented by title.)

"Chemotherapeutic Studies in the Azobenzene Sulfonchloramide Series. II. Meta and Para Derivatives," Seymour Stern and Abraham Taub. (Lantern.)

The Session was then adjourned.

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The Third Session of the Scientific Section was convened on Friday afternoon, August 25th, at 2:10 P.M., by Chairman Lanwermyer.

COMMITTEE ON EBERT PRIZE.—Chairman Jenkins read the following report which was received:

"The Committee on Ebert Prize has operated this year under the conditions approved by the Council last year. All papers presented and eligible for consideration have been carefully

examined. A number of good papers made the final decision difficult. The committee recommends that the Ebert Prize be awarded to Dr. Bernard V. Christensen for the series of papers on the bio-assay and standardization of drugs which he and his co-workers presented last year."

COMMITTEE ON KILMER PRIZE.—Chairman Youngken read the following report which was accepted and the recommendation adopted:

"During the course of the year there were forwarded by the chairman to the Colleges and Schools of Pharmacy two circular notices announcing that the Kilmer Prize was to be offered and giving the rules of eligibility for the prize as well as other pertinent information. An announcement was also forwarded to the pharmaceutical journals.

The prize, consisting of a suitable gold key was designed early in the year. One face of the body of the key bears a side view of Dr. Kilmer's head with the Greek words for Pharmacognosy, the opposite face bears Dr. Kilmer's name around the margin, the year of his birth and death, and in the center above 'Kilmer Prize.' The lower half of the key is left blank for the engraving of the name of the recipient and the year of the award. The length of this key from top of ring to tip of key is not to be over one and five-eighths inches.

There were received by this committee seven papers. They were submitted by four colleges of pharmacy and written by seniors in these schools. After a careful study of these papers by each member of the committee, it was unanimously voted to award the first Kilmer Prize to Mr. Guilford C. Gross, a graduate of the Class of 1939 of the South Dakota State College, for his paper on 'A Study of Red Squill.' Almost equally meritorious, and a close second in standing, was the paper on 'Rhubarb' by Mr. Horace L. Johnson, a graduate of this year from the Massachusetts College of Pharmacy to whom the committee has voted honorable mention.

Owing to the excellence of the winning paper, it is recommended that it be referred for publication in the JOURNAL."

COMMITTEE ON NOMINATIONS.—Chairman Taylor submitted the following nominations: For *Chairman*, J. B. Burt; *First Vice-Chairman*, J. M. Dille; *Second Vice-Chairman*, I. W. Grote and *Delegate*, C. F. Lanwermeyer; and explained that no nomination for Secretary was submitted for the reason that this officer is elected for a three-year period. The report was received.

The secretary received a unanimous ballot for the election of the nominees and the chairman declared them elected to the respective offices.

Presentation of papers.

"The Assay of Digitalis. I. Criteria for Evaluating the Various Frog Method," Lloyd C. Miller, Herbert A. Braun and Chester I. Bliss. (Lantern.)

"A Pharmacologic Study of Devil's Club Root (*Fatsia Horrida*)," Leonard J. Piccoli, Michael E. Spinapolicce and Morris Hecht.

"Bio-assay of Aconite," B. V. Christensen and John W. Nelson.

"The Pharmacology of Soaps II. The Irritant Action on Human Skin," by Byron E. Emery and Leroy D. Edwards. (Lantern.)

"The Pharmacology of Soaps III. The Irritant Action of Sodium Alkyl Sulfates on Human Skin," Byron E. Emery and Leroy D. Edwards. (Lantern.)

"The Use of Some Medicinal Agents in Reducing Fox Pup Losses at Whelping," F. A. Fuhrman and E. T. Stuhr. (Presented by title.)

"The Response of Foxes and Mink to Sex Hormone Administration," F. A. Fuhrman and E. T. Stuhr. (Presented by title.)

"Pentobarbital Sodium as an Anesthetic for Mink," F. A. Fuhrman and E. T. Stuhr. (Presented by title.)

"The Absorption and Toxicity of Sodium or Potassium Sulfocyanate," Robert C. Anderson and K. K. Chen. (Lantern.)

"The Action of Ephedrine on Halogenated Organic Compounds," Frank A. Steldt and K. K. Chen. (Lantern.)

"Effect of Introduction of the Halogens into the Phenol Molecule on Toxicity to Goldfish. I. Monochlorophenols," L. E. Smith and W. A. Gersdorff. (Lantern.)

- "The Local Anesthetic Action of Some Naphthocaines," L. W. Rowe.
- "Pharmacology of the Thiourethanes," J. M. Dille and P. A. Squires.
- "Digitalis," Philip Blickensdorfer and H. A. McGuigan.
- "Synergism between Marihuana and Barbiturates," S. Loewe. (Presented by title.)
- "A Modification of the Agar Cup Method Suitable for the Estimation of the Fungistatic Action of Powders and Ointments," Arthur E. Meyer. (Presented by title.)
- "The Pharmacological Action of Tutin," Edward E. Swanson. (Lantern.)
- "The Pharmacological Relationship of Isomeric Barbituric Acid Derivatives," Edward E. Swanson and W. E. Fry. (Lantern.)
- "Quantitative Studies on Pain Threshold After Administration of Various Drugs," David I. Macht and Moses B. Macht. (Lantern.)
- "A Comparative Study of the Method of Action of Quinine Plasmochin and Atabrin in Malarial Treatment," George H. Boyd. (Lantern.)
- "The U. S. P. XI Digitalis Standard," Orlo F. Swoap and Marvin L. Pabst.
- "A Study of *p*-Nitrosothymol and *p*-Aminothymol," W. T. Sumerford and Walter H. Hartung. (Lantern.)
- "Properties, Actions and Possible Medicinal Uses of Elkonite, a Colloidal Clay," M. L. Tainter, G. Kulchar and A. B. Stockton. (Presented by title.)
- "Volatile Oil of *Comptonia Asplenifolium*," Romulus DeNicola and E. V. Lynn.
- "Phenolated Solution of Iodine," Anthony Pulverenti and E. V. Lynn.
- "Salicyl Mandelic Acid," John Hill and E. V. Lynn.
- "The Determination of Camphor in Camphor Liniment. An Accurate and Simplified Volatilization Method," Solomon M. Berman.
- "A Comparative Study of Tannic Acid, U. S. P. XI," Clifton E. Miller and L. W. Rising.
- "Assays for Iodine and Iodide in Iodine Solutions," Berl S. Alstodt.
- "Fungus Growths on Alkaloidal Drugs," Fanchon Hart.
- "Tentative Changes in the N. F. VI Ampoule Monograph," R. K. Snyder and E. N. Gathercoal.
- "Limonene Nitroschloride and Amino Acetic Acid," Charles F. Krewson.
- "Pinane," A. A. Dodge.
- "A Preliminary Study of the Anthelmintic Activity of Fresh Pineapple Juice," Conrado F. Asenjo.
- "The Derivation of Cholesterol in Wool Grease," C. P. Wimmer.
- "*Viburnum* Studies. V. Uterine Sedative Action," James C. Munch. Dr. Munch was recognized and made the following comments:

"We have found, in conclusion, that *Viburnum Prunifolium*, identified by Youngken as authentic, when prepared in fluidextract, the material dealcoholized and administered by mouth, has caused definite relaxation of the uterus. When the uterus was removed surgically (not for use but for other reasons) and a strip of this human uterus placed in Locke-Ringer solution, the same dealcoholized fluidextract of *Viburnum*, the same sample we had used before and the same tissue we had studied the day before, the concentration just twice that we had given by mouth, assuming complete absorption and complete equal distribution of blood, twice that concentration *in vitro* caused definite relaxation of the uterus. When we washed the material from the tissue, the tissue regained its original tonus and amplitude. When we gave increasing dose up to sixteen times in quantity, we got progressively increasing definite relaxation of tonus and amplitude. But after washing out the last time, the tissue regained its original tonus and amplitude. Therefore, authentic *Viburnum* is a uterine sedative.

We have extended these investigations to cover *Acer spicatum* which is a common adulterant, and even in 1939 is a common adulterant for *Viburnum*, and find that it is inert. We therefore believe that the reports in the literature, more particularly of the era of hysteria, that is 1912 to 1916 when much of the work on *Viburnum* was published, while done in good scientific faith was done on material improperly identified, and which we have reason to believe was *Acer spicatum* and not *Viburnum*.

The work is being continued. We are endeavoring to determine the structural formula of the *Viburnum* principal which is a uterine sedative. That is an ambition which will probably take ten years. Furthermore, Youngken captured a new adulterant of *Viburnum* last week,



which makes the fifteenth adulterant for *Viburnum*, so we are jointly continuing and extending this study.

I want to thank you again for your courtesy in permitting me to tell you that authentic *Viburnum* is a uterine sedative."

There being no further business, Messrs. J. B. Burt, J. M. Dille and I. W. Grote (in absentia), were installed by Chairman Lanwermyer who expressed his thanks to all who had contributed toward the success of the sessions of the Section, and these officers expressed thanks for the honor done them, pledging their best efforts toward the continued success of the Section.

After a rising vote of thanks was extended to retiring Chairman Lanwermyer the Session adjourned.

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#### SECTION ON PRACTICAL PHARMACY AND DISPENSING.

The First Session of the Section was convened at 2:30 P.M., Wednesday, August 23rd. CHAIRMAN'S ADDRESS.—Vice-Chairman Clark presided while Chairman Richards read his address which was received for publication:

"The future welfare of dispensing pharmacy in this country is in danger. The danger is from the members within the ranks of the profession itself. This situation has been brought about largely through thoughtlessness or short-sightedness on the part of the American pharmacists. One continually hears from the majority of his fellow-druggists that the art of compounding is a thing of the past. This type of propaganda which is consistently offered to the medical profession and to the public has already had a decidedly detrimental effect. Many persons have accepted this false conception of dispensing without question for they feel that the pharmacist should know whereof he speaks.

This same complaining individual that belittles his own profession is quite unmindful of the fact that carelessness or ignorance on his part has undoubtedly been an important factor in determining the type of prescription business that he does in his store. Doctors who desire their prescriptions filled by skilled men and women see that the patient goes to a store where the physician's orders are carried out intelligently. Consequently as the flow of the prescription business finds its way into the various channels the type of work coming into the store of the above-mentioned individual is relatively simple in nature and hence necessarily restricted in amount. Instead of the pharmacist analyzing the problem and attacking it, he gives up the fight which incidentally he never seriously has made and berates both Pharmacy and Medicine as pseudo professions. When the American pharmacists as a whole accept this defeatist attitude our profession is doomed.

What the future holds for prescription pharmacy only a prophet can foretell. However, groups such as this one of which we are members must make it our duty to see that every progressive pharmacist takes an active part in shaping the future courses of our profession. The properly trained persons must assume an active part in national, state and local public health activities. They must see that proper laws are passed and enforced, that interprofessional relations are improved, and further, they must see that all fellow-pharmacists accept the responsibility of putting their scientific training to the maximum usefulness. As a group we have been woefully negligent in keeping high-grade youngsters in our ranks. Instead of permitting them to enrich Pharmacy with their talents they are usually advised to get out of Pharmacy.

If we want professional pharmacy to progress we must *first* set our own house in order. *Second*, we must keep pace with public health advancement, and *third*, we must encourage high type students to join our profession. It is up to us to see that dispensing pharmacy takes its rightful place with the other public health professions."

SECRETARY'S REPORT.—Secretary Zopf read the following report:

"The interest manifested in last year's Professional Pharmacy Symposium indicated a repeat performance to be in order. New subjects and new names are presented this year with the hope that the increasing interest of professional pharmacists in our Section, may continue.

Response to our calls for papers was slow but a glance at the program will convince you we were successful. One problem which your secretary has confronted is assuring the retail professional men that they are capable of preparing and presenting papers.

The officers of this Section will appreciate comments from the members of the Section following this meeting as to the desirability of dividing our program into professional and practical sessions.

Your secretary wishes to acknowledge the cooperation which he has received from the chairman and other officers of the Section as well as from Secretary Kelly of the AMERICAN PHARMACEUTICAL ASSOCIATION."

Secretary Zopf reported that the Resolution approved by the Section at the Minneapolis meeting that the name of the Section be changed to Section on Professional Pharmacy was referred to the Council of the A. Ph. A.; that he spoke to Secretary Kelly about the matter and was informed that the Council had as yet taken no action because another proposal of a similar character had been submitted and it was desired to deal with all of them at one time. This report led to a discussion participated in by a number of the members of the Section in which it was pointed out that several groups meeting independently at this meeting of the A. Ph. A. were interested in professional practice and that some step should be taken to properly relate these bodies to the Section on Practical Pharmacy and Dispensing in order to prevent duplication in the annual program. It was pointed out that the Hospital group is a Sub-Section of the Section on Practical Pharmacy and Dispensing and that other independent groups interested in professional practice might be similarly related to the Section. Later the chairman appointed a Committee to confer with the other three divisions on professional pharmacy about a closer relationship.

Presentation of papers.

"As Ye Sow—So Shall Ye Reap," R. L. Ives.

"Back to Pharmacy," Emerson D. Stanley.

"The Profession and the Country Drug Stores," Charles E. Wilson.

"A Prescription Survey," Joe Shine.

"The Spring Clean-up," Paul Tarrant.

"Trend in Prescribing and What Can Be Done About It," C. L. Guthrie.

"Practical Pharmacy," H. E. Henry.

"A Suggestion Concerning the Writing of Prescriptions," Joseph P. Miale.

"On Building Prescription Business," J. W. Snowden.

"Qualifications of the Personnel for a "Professional Pharmacy," J. K. Attwood.

"Milwaukee Prescription Pricing Survey," Emil C. Horn.

"Prescription Survey in Florida," E. J. Ireland.

The chairman appointed the following committees:

*Committee on Nominations:* Mr. Perdum and Mr. Plein.

*Recommendation or Resolutions Committee:* E. Prout.

Committee to Confer with Other Three Divisions on Professional Pharmacy: *Chairman,* Mr. O'Brien; Mr. Brand and Professor Zopf.

The Session was then adjourned.

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For Joint Session with the Scientific Section see page 882.

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The Second Session of the Section was called to order at 2:30 P.M., Friday, August 25th, by Chairman Richards, with the reading of the papers as the first order of business.

"A Rapid Procedure for the Manufacture of Saponated Solution of Cresol," Lawell F. Martin and William A. Prout.

"The Status of Phenol in Ointment of Phenol U. S. P.," William A. Prout and A. Clifton Smith, Jr.

"Sulfanated Oils," Paul Soderdahl.

"Incompatibilities in Prescriptions III—The Use of Inert Powders in Capsules to Prevent Liquefaction Due to Formation of a Eutectic Mixture," William J. Husa and Charles H. Becker.

"Incompatibilities in Prescriptions IV—The Use of Inert Powders in Capsules to Prevent Liquefaction Due to Deliquescence," William J. Husa and Charles H. Becker.

"Pastes for Dermatologic Use," Bernard Fantus, M.D., and H. A. Dyniewicz.

"A Study of Hydrophile Ointment Bases and Their Application in Preparing Official Ointments," G. W. Johnston and C. O. Lee.

"Hydrogenated Oil as an Ointment Base II," George W. Fiero.

"Hydrogenated Oil as an Ointment Base III—Potassium Iodide Ointment," George W. Fiero.

"Hydrogenated Castor Oil as an Ointment Base IV—Hydroxystearic Acid," George W. Fiero.

"Relief Medicine and Pharmacy in Pennsylvania," Earl P. Guth.

"Publisher's Side of Pharmaceutical Literature," William E. Kirsch.

"Paradoxical Posology," Wilbur L. Scoville.

"Syrup of Wild Cherry in Prescriptions," C. C. Reed, P. L. Burrin and F. E. Bibbins.

"Preliminary Report of the Manufacture of Magma Magnesiae by Hydrolysis," F. Stein, G. Bornstein and L. D. Fonda.

"An Unusual Feature of the University of Washington Method for Teaching Dispensing Pharmacy," E. M. Plein and L. W. Rising.

"What Is Professional Pharmacy? Tentative Definitions and Plan to Establish Its Status," L. F. Kebler.

"A guide to the Pricing of Prescriptions," W. Paul Briggs.

"A Study of Proposed Fruit Juice Monographs," K. B. Rosen, R. K. Snyder and E. N. Gathercoal.

COMMITTEE ON RESOLUTIONS.—As a result of the discussion in connection with the paper on "Paradoxical Posology" the following resolution was submitted and adopted to be referred to the Committee on Resolutions of the A. PH. A.

*Resolved* "that it is the sense and judgment of this Section that the present inaccurate dosage of potent and other medicines in effect through a continuation of the designation of four cubic centimetres of liquid as a dosage unit by the U. S. Pharmacopoeia and the National Formulary should be corrected by a change in the official dosage unit to five cubic centimetres, in order to conform to the actual volume of such medication as prescribed by the average practicing physician. This Section commends this matter to the Council as one requiring serious consideration prior to 12th revision of the U. S. P."

COMMITTEE TO CONFER WITH OTHER THREE DIVISIONS ON PROFESSIONAL PHARMACY.—In the absence of Chairman O'Brien, Secretary Zopf reported that after the committee heard the discussion in the Conference of Professional Pharmacists it was believed to be unnecessary to go any further with the suggestion that the Sub-Section on Hospital Pharmacy become a part of the Conference, etc., the Sub-Section is functioning very satisfactorily. The committee will continue its study of the situation and may submit a report. The preliminary report was received.

COMMITTEE ON NOMINATIONS.—In the absence of Messrs. Purdum and Plein, Dr. Rising presented the following candidates: *Chairman*, R. W. Clark; *First Vice-Chairman*, W. A. Prout; *Second Vice-Chairman*, E. Guth; *Secretary*, L. C. Zopf; *Delegate to the House of Delegates*, L. W. Richards.

Since there were no nominees from the floor, the nominees as submitted were elected to the offices named.

The officers were installed and Chairman Clark commented upon the splendid program of the Section which was largely due to the efforts of Secretary Zopf who will continue in office, and upon the very satisfactory attendance and attention. He requested similar support for the coming year and pledged the best efforts of the new officers.

As there was no further business the Session adjourned.

## SUB-SECTION ON HOSPITAL PHARMACY.

The First Session of the Sub-Section on Hospital Pharmacy was called to order by Chairman Reamer at 2:30 P.M. on Thursday, August 24th.

CHAIRMAN'S ADDRESS.—The following address was read by Chairman Reamer and received for publication:

"Only three short years ago, in the summer of 1936, at Dallas, Texas, the Sub-Section on Hospital Pharmacy was born. Its debut in New York City the following year, with Louis C. Zopf as father and the AMERICAN PHARMACEUTICAL ASSOCIATION mothering the growing baby, was very successful. J. Solon Mordell continued its proper guidance during 1938, with S. W. Morrison as a very valuable assistant. With the realization that a problem child might result from such a rapid growth in interest and popularity, the personnel was increased. Miss Hazel Landeen as Vice-Chairman and S. W. Morrison again as Secretary and myself have tried our humble best to maintain proper nourishment and care for the Sub-Section on Hospital Pharmacy.

During the past year, we mailed a letter to each of the hospital pharmacists whose name was in our file. Included with this letter, which gave a short report of last year's meeting, also an indication of what to expect during the sessions which are now in progress, was a questionnaire which was compiled by our Survey Committee. Mr. Zopf, as chairman of this committee, has already informed me of some very interesting facts which he has evaluated from the answers to this questionnaire. We shall hear from him later on this morning. Two other important committee reports will be heard to-day. Mr. J. S. Mordell will report on the work of the Committee on Drug Scope or Formulary. The other important message will reveal the activities of the local hospital associations in this country at this time, as compiled by Miss Blossom L. Lehrke.

An editorial in the June 1939 edition of the JOURNAL OF THE A. PH. A. informed us that the American Medical Association was continuing its efforts to improve pharmacy standards in hospitals. Their council on Medical Education and Hospitals submitted a revised list of the essentials of a registered hospital. In referring to Pharmacy, their words were as follows: 'The handling of drugs should be properly supervised and should comply with all legal regulations. Accurate records should be maintained. A qualified person should be placed in charge, preferably a registered pharmacist; whatever arrangements are made, all prescriptions should be filled by a graduate pharmacist.'

The following interesting communication and report was received from Canada during the year:

\*Dear Sir:

Hospital Pharmacy is a very live issue in this province at the present time. You will note from the attached copy of a write-up on "Hospital Pharmacy" that we have progressed to a joint committee of the pharmaceutical and hospital associations. At the first meeting of this committee, held recently, it was decided that it would be necessary, first of all, to gather as much information as possible. Therefore, the hospital representatives were to prepare a questionnaire to be sent to the hospitals, the pharmacy representatives one to be sent to the druggists and I, as secretary, was to gather information on what was being done elsewhere. Noticing in the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION that you are chairman of the Section on Hospital Pharmacy of the A. PH. A., I am hopeful that you will be able to help us greatly.

Introducing myself, may I say that I am the Chief Pharmacist of the Royal Alexandra Hospital, Edmonton, Alberta. This hospital has a capacity of five hundred and fifty-five beds and is the largest general hospital in the province. Since my appointment in 1922, when I was the sole pharmacist, the institution has grown so that to-day there are three graduates and two apprentices in the pharmacy.

Three-quarters of our hospitals are under fifty beds and fifteen per cent have from fifty to two hundred beds, those over two hundred beds are already employing graduate pharmacists. We, therefore, have two grave problems confronting us. *Firstly*, to induce the hospitals over fifty beds to employ a graduate pharmacist; this we hope to accomplish by combining the duties of the pathological laboratory or the X-ray with those of the pharmacist. *Secondly*, to evolve a plan whereby the hospitals of under fifty beds can be economically served by the local druggist.

The problems confronting us are so many that I am at a loss to know what particular information to ask for. I shall, therefore, just mention minimum standards, formularies, curricula and hope that you will send us much more than these.

## HOSPITAL PHARMACY IN THE PROVINCE OF ALBERTA.

Alberta has ninety-five public hospitals. Twelve graduate pharmacists are employed in eight of the larger hospitals, the rest of the hospitals make use of their local druggist in varying degree.

The problems of hospital pharmacy have cropped up at every convention held by the Alberta Pharmaceutical Association during the past four or five years, and at the convention held last August a Section on Hospital

Pharmacy was formed. This section met in October and submitted a report to the Pharmaceutical Council, summarized as follows:

It is now recognized that with the growing importance of hospitalization, Hospital Pharmacy is rapidly becoming an important factor. It is therefore necessary, in order that the hospital pharmacists may render a service of greater benefit to the hospitals and their patients, that they be especially trained in this branch of Pharmacy. Also, in order that Pharmacy may take its proper and rightful place among the professions serving the hospitals, some regulations need be instituted. It is therefore recommended,

That a course for hospital pharmacists be established. This should include, in addition to the regular pharmacy course, a short course in Pathological Laboratory Technic, and a short course in X-ray Picture Technic.

That only those hospitals which have the necessary facilities and equipment, be approved for the training of apprentices, and, that only one apprentice be permitted for each graduate pharmacist employed in the pharmacy.

That hospitals should employ an adequate number of graduate pharmacists in relation to their bed capacity, outdoor clinics, relief dispensing and other services which may be required of the pharmacy.

That all hospitals over fifty beds shall employ a graduate registered hospital pharmacist, and hospitals under fifty beds shall do the same or have pharmaceutical service from an approved nearby pharmacy.

That a minimum standard for a hospital pharmacy be worked out. This should include at least the following principles: (Taken from "Minimum Standards for a Hospital Pharmacy" by Dean Edward Spease, B.S., Western Reserve University.)

1. The hospital shall have the full-time service of a graduate pharmacist, or pharmaceutical service from an approved nearby pharmacy.
2. The hospital shall appoint a pharmacy committee to determine the policy of operation and supervision of the pharmacy.
3. The hospital shall maintain an adequate pharmaceutical reference library of books and journals.
4. The hospital shall use drugs, chemicals and pharmaceutical preparations of at least British Pharmacopœia, Canadian Formulary and New and Non-Official Remedies quality in the treatment of patients.
5. The duties over which the pharmacist shall have immediate supervision must be clearly defined.
6. The ethical and commercial aspect of the pharmacy other than that mentioned in the above five principles should be especially drafted.

That a minimum salary schedule for hospital pharmacists be set up.

That refresher courses for graduate hospital pharmacists be instituted.

That the hospital pharmacists have representation on the Council of the Provincial Association.

It cannot be urged too strongly that this matter of hospital pharmacy be discussed with the Alberta Hospital Association for the purpose of working out a coöperative plan that will be acceptable and beneficial to the hospitals as well as to the pharmacists. No doubt the two organizations will hold different views on the various features of the whole program. At the same time, so that a great deal of overlapping, competition and confusion may be eliminated, it is of great importance that a thoughtful appraisal be made of the whole problem, and that both organizations be prepared at least to consider ways and means of evolving a definite program to meet more effectively the responsibilities which are likely to be placed upon them in the future.

The council having studied this report, decided to send a representative to the Hospital Convention being held in November with an invitation to form a joint committee. The Alberta Hospital Association in convention agreed to a committee of five members, two to be appointed by the Alberta Hospital Association and two by the Alberta Pharmaceutical Association and these four to select a fifth member. (The head of the School of Pharmacy at the Alberta University was selected.)

The section on Hospital pharmacy of the Alberta Pharmaceutical Association would like to learn what the other provincial associations are doing or contemplating doing about the problems of hospital pharmacy, as well as criticism and suggestions from individual pharmacists.'

This communication and report reveals to us that our problems are essentially the same as theirs. The suggestion of refresher courses being instituted was very interesting to me. During the past month such a course for hospital administrators was offered at our own university. Conducted by the American College of Hospital Administrators, it was called the first southern institute for hospital administrators. Dean J. G. Beard of the University of North Carolina Pharmacy School was invited to give a talk on 'Pharmacy and its Place in the Hospital.' I was invited to give two one-hour demonstrations of the work which we are doing in our own pharmacy to this large group of administrators. Dean Beard suggested that I be placed on the lecture program and I shared the time for his talk. I took advantage of this opportunity to tell the administrators of the wonderful progress we are making in our organization work. Also, various features of hospital dispensing, economy, formularies and interns were discussed. Later on in the evening of the same day, an hour was devoted to Round Table and Panel Discussions of Pharmacy. Many of the administrators asked these questions: 'Where could I find an experienced hospital pharmacist qualified to inaugurate a pharmacy in my hospital? How large must a hospital be before it can support a pharmacist? What would you suggest as additional duties for the pharmacist in the smaller hospital?'

*First*, we told them of the latest approach to the problem of obtaining experienced workers in the field: the intern in hospital pharmacy was the immediate answer. Internships are now available at Western Reserve in Cleveland, University Hospitals at Ann Arbor, Temple in Philadelphia, Johns Hopkins in Baltimore and Duke Hospital in Durham. No doubt there will be others to offer this special training in the near future. They were told that a fifty-bed hospital could profitably employ a pharmacist if he were trained in addition as an X-ray or laboratory technician. I warned them that a man with this extensive training would have to be encouraged with a suitable financial return for his efforts.

The idea of an institute for hospital pharmacists each year appeals to me. I feel that three to five days could be very profitably spent each year with this type of refresher course. I would be one of the first to enroll. Only by improving the quality of our work and learning how the other fellow does things will we continue to increase our prestige in the minds of the men in the medical profession whom we serve.

Recently I read the report of the activities of the Cleveland Hospital Pharmacists Association. The last paragraph of the report mentioned the fact that they expected to form a national association of hospital pharmacists in the near future. Why should this be necessary? We have our Section formed under the very able guidance of the A. PH. A. This is the logical place for our central organization. To inaugurate a closer bond of the activity of the local group with our Section, I am going to recommend that the incoming Chairman appoint a Committee on State and City Hospital Pharmacy Associations. The Vice-Chairman of our Section might well serve as chairman of this important committee. The activities of all such associations should be reported in full to the editor of the JOURNAL and printed so that all of us may know of the various activities of these groups.

I would like to express my sincere thanks to those who have coöperated to make this program possible. It has been a genuine pleasure and a rich experience to work with our officers during the past year. I feel that we have made definite progress in the cause of hospital pharmacy. Rarely, if ever, does one read through any of our pharmaceutical journals without seeing some important reference to hospital pharmacy. We have the keen interest and sympathy of the educators in the Schools of Pharmacy, the administrators are rapidly recognizing the important part Pharmacy plays in the hospital organization and, I believe, that we are doing our best to improve our status. Only with the splendid coöperation of these three groups will hospital pharmacy continue to emerge from its former unrecognized place in the scheme of things. Using the words of our esteemed Vice-Chairman, Miss Landeen, let us work together and promote safety, education and economy in the hospital."

SECRETARY'S REPORT.—In the absence of Secretary Mordell no report was submitted and Miss Hazel Landeen was elected Secretary protem.

COMMITTEE ON HOSPITAL PHARMACY.—Chairman Zopf read the following report which was received for publication:

"Your committee was charged with the duty of making a survey of conditions existing in hospital pharmacies in the United States, the viewpoint of the hospital pharmacist only to be considered. In an effort to contact as many hospital pharmacists as possible your committee composed a three-page questionnaire which was mailed to all hospital pharmacists whose names and addresses were available through Dr. Kelly's office. Of the approximately 1400 questionnaires mailed, only 127 returns have been received to date.

In so far as it was possible a statistical report of the 127 returns was prepared, copies of which are available for your inspection. Your committee feels that the percentage of returns is hardly sufficient data from which to draw accurate conclusions. Some very interesting and new information has been made available and we present this statistical report with the hope that through it a clearer insight of conditions existing in the hospitals may be obtained.

As is true with most questionnaires, some of the questions were misinterpreted, making it impossible for your committee to properly interpret the answers. In the interests of improved pharmaceutical service for all hospitals, we should like to direct your attention to a few of the questions which reveal some interesting figures. Only 26% of the hospitals replying have an active pharmacy committee of staff physicians and pharmacists; 48.8% of the pharmacists replying

are members of the hospital staff. In both instances, your committee feels this percentage could be very advantageously increased for both the hospital and the pharmacist. Formularies have been developed by approximately 33% of the hospitals, which again is a point which should receive the attention of all hospital pharmacists for through the compilation of formularies tremendous saving and rational drug therapy can be instituted for each institution.

Of interest were the replies to the Section, comments and suggestions. Those most frequently noted were the following:

1. Employment of pharmacists in all hospitals.
2. Proper recognition through staff membership for all pharmacists.
3. Compilation of a standard hospital formulary.
4. Establishment of a committee of staff physicians and pharmacists to have voice in the operation of the pharmacy.
5. Limit the use of proprietaries and specialties.

Your committee approves the above comments and suggestions and recommends that this group take such action as it deems necessary and advisable for the encouragement of the above recommendation. We are definitely optimistic with regard to the advancement of hospital pharmacy and though the percentage of returns seems low, we are confident that the hospital pharmacies of the country are definitely advancing."

AMERICAN PHARMACEUTICAL ASSOCIATION, HOSPITAL PHARMACY SURVEY—COMMITTEE REPORT.

Number of Returns.	Bed Capacity of Hospital.	1. Does your hospital have an out-patient department?		3. Does your hospital have a pharmacist? F—full time; P—part time; R—registered; G—graduate.					5. How many assistants who are registered pharmacists?		6. How many unlicensed assistants are employed?		7. Does your hospital have an active pharmacy committee of staff physicians and pharmacists?		8. Is the pharmacist in charge a member of the hospital staff?		9. Does the pharmacy have adequate space and location?	
		Yes.	No.	F.	P.	R.	G.	F.	P.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	
(6)	15- 100	3	2	6	1	6	2	0	1	1	2	3	6	0	6	0		
(37)	100- 200	18	14	33	6	35	24	2	1	24	9	26	13	18	27	10		
(32)	200- 300	22	10	36	5	27	18	10	10	23	7	26	12	20	29	3		
(19)	300- 400	13	5	23	2	21	18	13	4	18	4	15	10	8	15	3		
(11)	400- 500	0	0	14	2	14	11	17	2	12	6	5	6	5	9	2		
(2)	600- 700	1	1	1	1	2	1	1	0	3	1	1	2	0	2	0		
(1)	700- 800	1	0	1	0	0	0	1	0	1	0	1	0	1	1	0		
(1)	800- 900	1	0	1	0	1	1	3	0	5	1	0	1	0	0	1		
(1)	900-1000	1	0	1	0	1	1	0	0	4	0	1	1	0	1	0		
(8)	1000-2000	5	3	7	0	7	6	2	1	2	1	7	5	3	8	0		
(5)	2000-3000	2	3	5	0	5	5	1	0	2	0	5	3	2	3	2		
(4)	3500-3700	2	2	4	2	3	4	10	2	7	2	2	3	1	2	2		

## AMERICAN PHARMACEUTICAL ASSOCIATION, HOSPITAL PHARMACY SURVEY—COMMITTEE REPORT.

(Continued.)

Number of Returns.	Bed Capacity of Hospital.	11. Are nurses or internes allowed to assist in compounding or dispensing drugs?		12. Do nurses and staff physicians have access to pharmacy stock at any time?		13. Do nurses and staff physicians have an emergency drug supply?		14. What are the total hours per week for your Hospital Pharmacist? (average).	15. During what hours is the pharmacy open daily? (average).	Saturday? (average).	Sunday? (average).	Holidays? (average).	16. Does the pharmacist purchase the drugs?	
		Yes.	No.	Yes.	No.	Yes.	No.						Yes.	No.
(6)	15-100	1	5	3	3	6	0	46	8.8	3	2	2	5	1
(37)	100-200	14	22	17	19	34	2	46	9.2	7.7	7	6.4	34	3
(32)	200-300	8	23	20	13	28	4	51.5	8.5	7.3	6.0	5.5	29	4
(19)	300-400	4	15	13	6	19	0	49	9.0	5.0	4.0	2.8	16	3
(11)	400-500	0	10	3	8	11	0	46.1	10.1	8.5	6.6	6.4	11	0
(2)	600-700	1	1	1	1	1	1	33	8.5	4.5	2.5	2.5	0	2
(1)	700-800	0	1	1	0	1	0	55	12.0	8.5	2.0	2.0	1	0
(1)	800-900	0	1	1	0	1	0	44	7.5	4.0	1.0	1.0	1	0
(1)	900-1000	0	1	0	1	0	0	41.5	8.5	4.0	4.0	4.0	1	0
(8)	1000-2000	1	7	6	2	7	1	43.3	8.3	5.7	4.0	5.6	4	4
(5)	2000-3000	1	4	5	0	4	1	43.0	7.8	4.7	3.0	3.0	1	4
(4)	3500-3700	1	3	3	1	4	0	47.5	6.3	5.0	3.5	3.5	1	3

## AMERICAN PHARMACEUTICAL ASSOCIATION, HOSPITAL PHARMACY SURVEY—COMMITTEE REPORT.

(Continued.)

Number of Returns.	Bed Capacity of Hospital.	17. Does the pharmacist specify standards of quality for the purchase of all drugs and chemicals?		18. Does the pharmacist give instruction to student nurses or others?		20. Does the hospital have a definite policy for the scope of drugs used?		21. Has your hospital developed a formulary of its own?		22. Is your formulary maintained?		23. Are prescribed medicines limited to formulary specifications?		25. Approximately what per cent of all generics do you prepare?
		Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	
(6)	15-100	5	1	1	5	3	3	2	3	3	0	1	3	55%
(37)	100-200	33	1	15	20	10	22	8	25	7	7	1	19	43%
(32)	200-300	31	1	15	13	9	19	9	22	8	7	2	17	35%
(19)	300-400	18	0	8	11	6	11	8	11	7	1	0	11	51.4
(11)	400-500	10	1	4	6	4	7	5	6	5	2	1	9	58.1
(2)	600-700	2	0	1	1	1	1	2	0	2	0	1	1	50%
(1)	700-800	1	0	0	1	0	1	0	0	0	0	0	1	50%
(1)	800-900	1	0	1	0	1	0	1	0	1	0	0	1	90%
(1)	900-1000	1	0	0	1	1	0	0	1	0	0	0	1	0
(8)	1000-2000	7	1	2	5	5	2	4	3	2	0	0	5	59%
(5)	2000-3000	3	2	1	4	4	0	1	4	1	1	1	3	59%
(4)	3500-3700	4	0	1	3	2	1	2	2	1	1	1	2	60%



AMERICAN PHARMACEUTICAL ASSOCIATION, HOSPITAL PHARMACY SURVEY—COMMITTEE REPORT.

(Continued.)

Number of Returns.	Bed Capacity of Hospital.	27. Do you prepare laboratory stains and reagents?		31. Is official nomenclature employed in labeling drugs?		If not, would you be willing to institute this procedure and thus help to make it standard?		32. Is the physician's original prescription required to be brought to the pharmacy?		33. Would you be interested in establishing the requirement of having the physician's original prescription instead of trusting a transcription made by a nurse or other individual?		34. Is a separate charge made to patients for drugs?		35. Is a separate charge made to hospital out-patients?	
		Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.	Yes.	No.
(6)	15- 100	4	2	4	1	3	1	3	2	3	0	4	2	3	2
(37)	100- 200	5	28	23	12	19	2	18	14	25	5	29	7	21	4
(32)	200- 300	10	21	27	5	13	0	27	6	20	4	27	0	12	7
(19)	300- 400	2	17	15	4	6	1	14	5	12	3	17	1	9	2
(11)	400- 500	1	9	10	1	3	0	9	1	6	2	5	2	5	2
(2)	600- 700	0	2	1	1	1	0	1	1	1	0	0	1	0	1
(1)	700- 800	0	1	0	1	1	0	0	1	0	1	1	0	0	1
(1)	800- 900	1	0	1	0	0	0	1	0	1	0	0	1	1	0
(1)	900-1000	0	1	1	0	0	0	1	0	0	0	0	1	0	1
(8)	1000-2000	3	5	5	3	4	1	7	1	5	1	1	7	1	4
(5)	2000-3000	0	5	4	1	3	0	4	1	3	0	0	5	1	3
(4)	3500-3700	1	1	2	0	2	0	2	0	1	0	0	4	0	4

REPORT OF THE COMMITTEE ON HOSPITAL FORMULARY.—In the absence of Chairman Mordell the following report was read by the Secretary and received for publication:

"The Committee on Hospital Formulary was established at the sessions of the Sub-Section on Hospital Pharmacy during the annual meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION at Minneapolis in August 1938. Your chairman appointed the following as members of the committee: E. Fullerton Cook, Morris Dauer, M. S. Dooley, Bernard Fantus, E. F. Kelly I. T. Reamer, W. J. Stainsby, H. A. K. Whitney, and *ex-officio*, the other officers of the Sub-Section on Hospital Pharmacy.

The purpose of the committee was to determine the practicability of publishing a standard formulary for use as a guide to hospitals, and to execute the project if an agreement were reached as to its desirability.

In an attempt to ascertain the sentiment and views of the committee members, your chairman mailed a circular letter, the response to which was most helpful. Inasmuch as this first circular broached questions of detail and procedure, on the assumption that the need for the formulary was agreed upon, let us turn our attention to the second circular, in which your chairman communicated his thoughts with regard to the desirability of publishing the proposed standard hospital formulary. This second circular is presented herewith, with one or two alterations:

'Your chairman wishes to present, for the consideration of the committee, certain thoughts which have come to mind with regard to the feasibility of a standard hospital formulary.

In the practice of drug therapy the physician is presumably acquainted with the drug scope as exhibited in the official texts—the United States Pharmacopœia and the National Formulary; and for non-official drugs—New and Non-Official Remedies. These authoritative sources should enable the physician to meet any need for which known drug therapy is indicated. If this aim is not accomplished because of numerous superfluous and perhaps irrational drugs and combinations of drugs in one or another of these texts, then revision should be made accordingly.

Let us consider some of the possible reasons which might be advanced in favor of a separate hospital formulary. *First*, the alleged need for a special formulary in order "to keep the physician in line" in any one institution. Is a special formulary really the answer? If so, then some stipulation would have to be made, restricting prescribing to that formulary. Why cannot the same stipulation be made restricting prescribing to the three authoritative texts? In this way we

would avoid any further addition to the multiplicity of texts with which Medicine is now besieged. We are also faced with the objections which have been raised to the establishment of fixed formulas whereby the patient is fitted to the formula instead of the other way around.

The plea for a formulary presumes that drugs cannot be prescribed unless several of them are thrown together. If we are in agreement with the principle that it is rarely necessary to administer more than one drug at a time in any one prescription, then we have a most important building stone in the consideration of this whole problem. With the latter principle in mind, drug prescribing resolves itself into the use of the proper drug (usually a single drug) placed, if so indicated, in a vehicle—water or otherwise. How do the U. S. P. and N. F. fit in? If they exercise their true function then we must assume they make available in addition to rational drugs, a representative selection of vehicles. One might ask, "How about a prescription for sodium bromide with which there may be a possibility of using five or six different vehicles? How can we control that situation?" The answer to that question is probably another key to our problem. Granted that there may be those five or six possible vehicles, it seems unwise to regiment the situation to the extent that all physicians prescribing in hospitals will use one single vehicle, and no other, for sodium bromide—that is, if any vehicle other than water is desired. The same would apply to most prescriptions. How to control it? With the basic drug scope defined—a scope which in no case should extend as a permanent matter beyond the U. S. P., N. F. and N. N. R., it seems like a relatively simple matter, in instances where other than a water vehicle must be supplied, for each hospital to limit the vehicles for each drug to whatever seems to meet their individual requirement. At the same time they are free to establish concentrations of the drug as individually indicated in each hospital.

One might ask, "How can this principle be applied to ointments, lotions and related preparations used in dermatological practice?" The same answer applies, as given above. Your chairman wonders whether any group can successfully prepare a set of ointment formulas which will be unanimously accepted by all institutions, or individuals—to say nothing of the questionable desirability of such a plan.

If ointment, lotion, cough remedy and other formulas are unnecessarily complex and numerous, there is nothing to prevent reorganization according to the requirements of the individual hospital. The important fact remains that it is not necessary to depart from the basic drug scope as represented in the U. S. P., N. F. and N. N. R., nor from the time-tested practice of using single drugs wherever possible.

In an effort to rationalize hospital drug stocks on the aforementioned basis, would it not be more profitable and efficacious to concentrate effort on revision of the existing official texts, with a view to correcting any shortcomings which may be patent. These texts should be stripped of whatever non-essentials may be present and the available material reorganized so that it may be easily utilized for hospital practice as suggested above. The subsequent beneficial effect on drug-prescribing in general should not be underestimated. With the hospital as the source of and the proving ground for the various forms of drug therapy, whatever affects it must perform affect general medical practice.

How can the official texts be adapted to this end? Your chairman wishes to offer several recommendations as a reply to this question:

1. On the assumption that the ends of rational drug therapy may best be served by the avoidance of needlessly complex, polypharmaceutical and superannuated preparations, then would it not be logical to restrict admissions to the U. S. P. to basic drugs only? Should a physician wish to prescribe a drug in any particular form, and if he wishes to have some authentic preparation to which he may refer, an acceptable preparation would be made available in the National Formulary.

2. As has been contemplated by one or more members of the National Formulary Revision Committee, that text might be subjected to a radical renovation which would once and for all discard the antedated concoctions which may now be found therein. It would contain little more in its main section than simple formulas wherever such a need may arise for any particular drug—and only as a pharmaceutical guide for the physician. Rather than a refuge for discarded U. S. P. preparations, the N. F. might very well be reorganized to act as a paralleling companion to the U. S. P. and assume the prestige which would accrue thereby. If any therapeutic agent is fit for discard, it should once and for all be a permanent deletion from the field of Medicine.

3. With such an arrangement completed, hospital authorities will have an unencumbered, authoritative reference. It would become a comparatively easy matter for them to formulate whatever modification of the official texts their individual requirements may dictate.'

It should be understood that the above circular was not composed with the idea of definitely antagonizing a formulary project. The circular was simply a presentation of impressions held by your chairman and was intended to evoke discussion and deliberation.

Three of the four members of the committee who have to date replied to the second circular letter are essentially in accord with the views expressed therein.

The fourth wrote, in part, as follows: 'I certainly think that this committee could do a great service for hospitals, and particularly the smaller ones and private physicians, if it would prepare a Formulary that contained what the committee believed would be the best drugs for the various therapeutic purposes; and except for a very few purposes, accept only one simple preparation for each particular purpose. For instance, there are hundreds of analgesics that are acceptable. In this Formulary, only two or three would be accepted. To me the need of such a Formulary is great.'

Your chairman replied to the above communication as follows, in part: 'I am fundamentally in accord with most of the sentiments expressed by you, as I attempted to delineate in the circular. It was back in 1927 that a program of rationalization was initiated at the hospital with which I am associated, in an attempt to clean house and do away with the unscientific duplication of therapeutic agents in the hospital pharmacy. The plan was finally put into action in 1932 and has been operating successfully ever since. From all this I hope you will conclude that I would be the last one to countenance any other plan of approach to the problem of drug therapy in hospitals. The question, of course, seems to resolve itself into the proper means of executing ideals and ideas about which we are already in accord. It is not that I am actually opposed to the publication of a Standard Hospital Formulary. That certainly can be done, if that is the feeling of the Committee. I was simply wondering whether it wouldn't be possible to attain the same goal through the U. S. P. and through a complete reorganization of the National Formulary along the lines suggested in Circular No. 2. Would it not then be simple for each hospital to compose its own drug scope by choosing from these texts those drugs and drug forms which seem to meet their individual needs? Supposing we do make available a ready-made formulary for hospital use. Would that necessarily mean that each hospital would use it verbatim? If any one hospital refers to use pentobarbital instead of amytal, and pentobarbital is not represented in the Standard Formulary, then that hospital will have to alter the formulary accordingly—assuming that they wanted to use the formulary. In effect, what would they be doing? They would be adjusting the Standard Formulary to meet their own requirements. All of which brings us back to my original question as to whether they are not just as well off making their selections from the U. S. P. and N. F., assuming that those texts have been cleared of their extraneous drugs. Regardless of whether we give hospitals a standard formulary or not, that by no means condones the chaotic and irrational situation which exists in so many hospital pharmacies. Such a situation is an ailment of the individual institution, an ailment which does not have to necessarily wait for a formulary. If any hospital buys one hundred preparations of similar therapeutic value, their job is to throw out the rubbish—that is, if they want to. That hospital is buying those preparations simply because the responsible parties haven't sat down and defined the drug scope for their hospital. If the thought is that publishing a hospital formulary will make it easier for institutions to prepare a definite drug scope then I am glad to accede to the opinion of the majority.'

With the above agenda placed before the Sub-Section on Hospital Pharmacy, it is urged that the question be presented for active and thorough discussion by those assembled, and any action taken which may seem indicated.

Your chairman wishes to take this opportunity to extend sincere thanks to the members of the committee who contributed so generously of their time and knowledge in the effort to advance the work assigned to them."

The chairman appointed the following:

*Committee on Nominations:* Chairman, Robert Fuqua, Johns Hopkins Hospital, Baltimore, Md.; Evelyn Gray Scott, St. Luke's Hospital, Cleveland, O.; J. F. Lyon, Watts Hospital, Durham, N. Car.

*Committee on Resolutions: Chairman, Blossom Lehrke, Medical Arts Pharmacy, Duluth, Minn.; Eldon Roberts, Jr., Medical College, Hospital Division, Richmond, Va.; Donald A. Clark, New York Hospital, New York City; Evelyn Gray Scott, St. Luke's Hospital, Cleveland, O.*

Presentation of papers followed:

"Pricing Hospital Medication," Hazel E. Landeen.

"Endocrines, a Practical Knowledge for the Hospital Pharmacist," A. R. Bliss.

"Pharmacy in a Children's Hospital," Margaret Pearson.

"Our Hospital Pharmacists Association," R. H. Stimson.

"Stock Control," F. F. Hansman.

The Session was then adjourned.

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#### SECOND SESSION.

The Second Session was held on Friday, August 26th, at 10:30 A.M.

Presentation of papers was continued.

"Effect of Changes in the Formula of Liq. Antisepticus N. F. VI," L. W. Busse.

"The Hospital Pharmacist and the Intern," Lowell Ruff.

"Divided We Fall," B. Lehrke.

"Some Values in the Use of Formularies," H. C. Hillhouse.

"A Hospital Formulary and Its Effect on Costs," Mabel M. Newquist.

"Manufacturing Intravenous Solutions," J. F. Lyon.

"Ampul Manufacture," D. A. Clarke.

"The Hospital Pharmacy and the Diabetic," Mitchell Stocklosa.

"Narcotic Control," Mary E. Bowen.

COMMITTEE ON RESOLUTIONS.—The Committee submitted the following recommendations which were approved.

"1. Resolved that the chairman appoint a committee to contact local, city and state Hospital Pharmacy Associations for purpose of effecting better contacts between these organizations and the Sub-Section on Hospital Pharmacy of the AMERICAN PHARMACEUTICAL ASSOCIATION.

That reports of local proceedings be published in the A. PH. A. JOURNAL.

2. That the chairman appoint a committee to consider practicability and applicability of inaugurating Hospital Pharmacy Institutes in districts sponsoring local hospital pharmacy associations or alternative of conducting a Hospital Pharmacy Institute just prior to the meeting of the Sub-Section during the A. PH. A. convention.

3. That reprints of the paper 'Divided We Fall,' by B. Lehrke be sent out by the A. PH. A. to all hospital pharmacists with an invitation to participate in the proceedings at the National Convention of the Sub-Section on Hospital Pharmacy of the A. PH. A.

4. Rejection of recommendation to send out reprints at this time of the excellent paper on 'A Hospital Formulary and Its Effect on Costs,' because of its length, since it can be better studied in future publications of the JOURNAL.

5. Resolution that Mr. Lyon's paper be included for publication provided manufacturer's name is deleted from apparatus mentioned.

6. Resolved that at subsequent sessions papers prepared be accepted by title if the author is absent at presentation, that the chairman encourage that papers be more specific in nature, and time limitation on papers be enforced unless open forum is called."

COMMITTEE ON NOMINATIONS.—The Committee submitted the following nominations:

*Chairman, H. A. K. Whitney; Vice-Chairman, Eldon Roberts; Secretary, Hazel E. Landeen.*

There were no nominations from the floor and the nominees submitted were elected to the respective offices. These officers were installed and Chairman Whitney, speaking for himself and his fellow officers, said that every effort would be exerted to continue the splendid work carried on by the Sub-Section.

There being no further business, the Session was adjourned.

## SECTION ON EDUCATION AND LEGISLATION.

The First Session was called to order by Chairman McCloskey at 2:30 P.M., Wednesday, August 23rd.

Chairman McCloskey stated that through an oversight the program of this Session included contributions by a number of members of the Conference of Pharmaceutical Association Secretaries, a session of which Conference was called for the same period. He explained that through the kindly cooperation of the Conference this session had been arranged as a joint session and the Conference has consented to arrange its business session for some other time. Chairman McCloskey expressed the appreciation of the Section for this courtesy on the part of the Conference and his conviction that the joint session which has resulted is a happy outcome of the conflict in time.

President Irl Brite of the Conference of Pharmaceutical Association Secretaries stated that the Conference was pleased to cooperate, especially since the program of this Session of the Section was of such importance to pharmaceutical secretaries.

CHAIRMAN'S ADDRESS.—President Brite kindly presided while Chairman McCloskey read his address which was received for publication.

"I am a firm believer in the fact that nothing can be more solid than its foundations; that detrimental results cannot be eliminated without adjusting the fundamental causes; and that sound progress cannot be accomplished until all factors involved are working together intelligently and harmoniously. It is upon this basis that I view our profession and personally feel that of the numerous causes for ill effects there are four major ones.

The first one is the excessive taxes on and the difficulty in obtaining alcohol for numerous pharmaceutical operations; the second is the working hours required in the profession; the third is the status of the qualified assistant; the fourth is the topic of my address to you to-day, 'Insufficient Materia Medica and Pharmacy Being Taught in the Medical Colleges.'

Education and Legislation are among the most powerful weapons at man's disposal. If they are used with care, and tempered with justice, they can promote good and create conditions that are beneficial and wholesome. However, if either of these are directed by unscrupulous persons, or used with selfish motives predominating, we will soon find conditions chaotic and evils arising that tend to lower every kind of standard and, ultimately to ruin the foundation of our great American Democracy.

The progress that is made by any group, regardless of what their profession, trade or calling may be, is the result of sound education and good legislation. Sometimes several groups may be included under the same program if it is to the interest of the public welfare. Whenever a program is prepared that affects different groups, it becomes the duty of the leaders of the individual groups to know the extent and limitations of the program as it affects them individually, and at the same time they should be cognizant of the benefits or other features to be derived therefrom.

In my opinion there are problems affecting Pharmacy that require a broad educational program for their solution. There are problems that neither education nor legislation alone can solve. Consequently, the leaders in Pharmacy have a serious responsibility to the profession in deciding which problems shall be solved by legislation and which shall be solved by educational programs. Their position becomes more difficult when problems that defy legislation or education arise. As an example of this type of problem we have the unethical, dishonest or shady practices that are followed by some pharmacists, and I might extend my example to include others, who in various ways render services akin to that of the pharmacist.

The specific purpose of this address is to call your attention to the almost complete failure of the builders of the medical college curriculum to properly recognize the foundational studies in materia medica and certain pharmaceutical pre-requisites. This, to me, is the crux of a situation that has hindered and hurt Pharmacy. If we continue with the same placid attitude toward this situation, we will permit its effects to become far-reaching, and if they keep developing as they now are, we will find that in the very near future they are beyond our efforts to remedy, circumvent or ignore.

There are other features to this situation, though not strictly pharmaceutical, such as its effects upon the public from the higher prices charged them for controlled products; the education of the public to the ease of obtaining and to the use of medicinal agents for self-medication, and

also the failure to surround the manufacture of medicinal agents with safeguards for the protection of the public health.

In a discussion on this subject outside of the 'sanctum sanctorium' of Medicine, there will immediately arise many questions, but the essential ones will probably be: (1) Who are we as pharmacists to question what is taught in the medical colleges? (2) Why are pharmacists so deeply interested in urging that *Materia Medica* and certain pharmacy subjects be taught in the medical colleges? (3) What recommendations can Pharmacy offer to the medical colleges to solve the situation?

At the outset it must be understood that pharmacists are not questioning what is taught in the medical curriculum, but are interested in the allied or supporting courses as far as they are directly involved in the chain of doctor, patient, prescription. The layman has a limited, unscientific knowledge of healing or relieving agents and he is becoming more informed as the free sampling, unrestricted advertising, recommendations of various kinds and notes written in English by physicians for medicines, continue.

Pharmacists are the ones who see the misuse of this knowledge; they are constantly seeing all kinds of combinations and preparations for every known ailment being advertised to the physician for his use. We want to know how and where was the preparation prepared and under what conditions? Does the product do what it is intended to do? Did pharmaceutically-trained persons control the production? Is the product a new one or just a rearranged formula of a well-known standard one? Why the excessive cost? Could not the physician trained in *materia medica* and Pharmacy write his individual prescription for a more efficacious remedy?

There have been many cases where the public has suffered because there were no answers to some of the questions mentioned above, and where the cause of the trouble would not have occurred under correct pharmaceutical procedures. The pharmacist has a very definite responsibility to the public health and he is entitled to question how drugs and chemicals may be promoted to the laymen.

As pharmacists, trained in the fundamental biological, chemical and physical sciences and with broad training in drugs of animal, vegetable and mineral origin particularly in respect to their production, preservation, compounding and dispensing as well as their combination with other substances, we believe that the pharmacist is the only qualified person to question what drugs should be recommended to the medical profession for their use after diagnosis. Further, the pharmacist so trained is the only one to combine ingredients correctly, safely, pleasantly and neatly for each individual case. Each patient should be an individual case to the physician and the physician should prescribe the medicines for that case.

Where I asked for assistance in this situation by the medical colleges, I would present them with statements and criticisms of the younger medical graduates who, after struggling in the wilderness for years, finally learn a little *Materia Medica* and Pharmacy from the pharmacist, and who invariably claim that they were deprived of very essential courses including a knowledge of drugs, prescription writing and pharmacy. My next suggestion would be that sufficient hours, and not less than 90 hours, be devoted to Pharmacy of a prescribed nature, and to *Materia Medica* in the restricted term, the study of drugs. These courses should be taught by one trained in the Art of Pharmacy, and the graduate of the present four-year course is admirably trained and qualified to do such teaching from every angle, culturally, scientifically and practically.

Pharmacology, in the sense in which I use the term, the action of drugs, would be another course in addition to those mentioned. I do not believe there is as much criticism of this course as taught except that the number of drugs should be extended.

There may be reason to suspect that selfish motives on the part of Pharmacy, prompt us in criticizing the lack of or the indifferent and minor attention that is accorded to these fundamental subjects in the medical colleges.

We may justify ourselves by showing some of the benefits that accrue to the medical graduate, if he were properly trained in the courses suggested. He would be immediately prepared to prescribe proper, safe and useful medicaments in correct combinations after he has diagnosed the case. His individual prescriptions can be so regulated that the active ingredients, correctives and vehicles can be prepared for each particular patient and he would not be limited to a narrow field. Likewise he is less liable to prescribe almost impossible combinations and with fewer incompatibilities. He would not be dependent upon the stock or standard prescriptions of the par-

ticular hospital in which he serves nor is his knowledge limited to the stock prescriptions of the other doctors. He would be able to intelligently read the official standards and follow advances of new agents with sound knowledge, and not be dependent upon detail men—who in many cases are not pharmaceutically trained and give their sales talk parrot-like from manufacturers' literature.

I need not tell you how the older doctors value their early training in materia medica and Pharmacy, and how it has helped them in their practice. It is true they received more training in these subjects in the early days because there were not so many new advances in medicine, but it does seem odd to hear the present-day medical dean say they have no time or room for these courses because the advances demand more attention. I cannot subscribe to this theory; to me fundamentals are necessary, and the new advances are based upon some previous thoughts or ideas.

There have been attempts in the past to solve this problem, but as far as I know they have been unsuccessful. We are trying to solve the problem by means of education to the medical profession, and we are not successful, because those who have products to sell redouble their efforts and practically nullify ours. They are better organized and more determined and do a better job than we do, hence they are more successful.

I do not want to lengthen this paper with numerous quotations from recent articles on this topic. There has been presented to us, off and on, for a number of years, papers on this problem, but as usual we listen or read, comment and then forget.

Therefore, this address does not cover the situation as many may think it should. I have made my message brief with the object of reviving this issue and trying to stimulate some activity regarding it.

I should call your attention to the fact, that before this Section in 1927 at Philadelphia, Dean Roland Lakey presented a paper dealing with this subject as a result of a survey of some 40 class 'A' medical colleges. This paper was printed in the JOURNAL, January 1928. I wonder how much difference there is to-day from the condition of the period of his survey? My guess is, we have lost much ground, and we will lose more until action is taken to remedy the situation.

Can the Inter-Professional Relations Committees of the various bodies solve the problem? I do not think they can, for they can only scratch the surface, missing those who need it most. Working from the top down, rather than from the bottom up, they meet too much resistance to bring about changes.

We should not be misled in thinking that this is our problem; it belongs to the physician as well. Particularly concerned is the public welfare for which we are all responsible. Neither group alone will solve the problem to the satisfaction of all concerned, but very definite progress can be made if both parties are willing to confer on some definite program and then put that program into effect by 1940."

Before turning the chair back to Dean McCloskey, President Brite read a telegram from Secretary Cook of the Michigan Pharmaceutical Association explaining that he could not be present on account of illness.

**SECRETARY'S REPORT.**—In calling for this report Chairman McCloskey thanked Secretary Ohmart for the splendid work he had done during the year and for his coöperation.

Secretary Ohmart read his report which was received; and he added verbally that the Secretary's expenses included \$20.00 for clerical assistance and \$1.70 for postage.

Dean Schicks spoke in compliment of the address of the chairman that it presented so many important matters for consideration. He referred particularly to the suggestion that Materia Medica should be more thoroughly taught in the schools of Medicine, which will also be of real value to the pharmacists in their coöperative efforts in practice and suggested that the coöperation of interested physicians be secured in impressing the importance of this matter upon medical schools. Mr. Moulton spoke in support of Dean Schicks' remarks and said it was very fortunate that this was a joint session of the Section with that great organization of the Secretaries who held such an important position in the State Associations.

Mr. Moulton submitted the following and moved its adoption.

*Resolution.*—That this joint session request the Section of Secretaries to study this problem through their individual State Associations for presentation to the State Medical Societies of their respective states.

The resolution was seconded by Mr. Finneran and carried unanimously.

The President appointed the following:

*Committee on Nominations:* George C. Schicks, John O'Brien and J. Lester Hayman.

*Committee on Resolutions:* Chairman, C. Leonard O'Connell.

SYMPOSIUM ON NATIONAL AND STATE LEGISLATION.—Chairman McCloskey stated that in arranging this program it was thought advisable to provide for a discussion of national and state legislation in the form of a symposium rather than in the form of papers. He stated that in order to carry through the program it would be necessary to hear all of the speakers before discussion, that as Secretary Kelly of the A. P. H. A. was unavoidably detained by the meeting of the Council the discussion of national legislation would be deferred; and that the speakers listed would be called upon by states, omitting those not present.

*New Hampshire.*—President Moulton of the New Hampshire Pharmaceutical Association spoke as follows:

“At the beginning of the legislative year in New Hampshire the Governor was requested to order the Board of Pharmacy to make a survey of the laws of the 48 states dealing with Pharmacy and the laws of the state of New Hampshire to ascertain the possible *improvement* in the laws of the State. Such a report was made, consisting of 600 pages, which had two effects: *one*, to impress the Governor that it was a considerable study; and, *second*, we needed some changes. We brought to our state Dr. Robert L. Swain, who was chairman of the Study of Pharmacy Laws of the AMERICAN PHARMACEUTICAL ASSOCIATION, had an audience with the Governor for Dr. Swain, and laid down a program for a ten-year legislative effort to improve the laws of the State.

It was decided that the most imperative objective was to bring the state's statutes into such shape as would allow Pharmacy to be represented in whatever national health program was brought forward by the National Congress. Accordingly, a bill was introduced in the legislature to add a pharmacist to the Board of Health. That bill had rather rough treatment and the specific designation that a pharmacist be named was deleted, but not until after the Governor had assured us that regardless of what addition was made to the Board he would appoint a pharmacist.

The second bill was one covering minimum equipment. It is our feeling that the ability of the law-enforcement officers or the Board is materially restricted in respect to who may enter into Pharmacy, who may purchase a drug store, and that if we were able to establish a situation that regardless of who owns a new pharmacy in the state, if that pharmacy is to be a pharmacy in fact it would go a long way toward solving our problem. Therefore, a law giving the Board the power to establish a minimum equipment, to refuse to issue a permit to a store, either new or old, that did not contain such equipment, and to control the re-location of the store if it did not contain such equipment, was secured.

I have here the forms and inspection record sheets that pertain to the new legislation.

The third accomplishment of this year is that New Hampshire will start on January 1 with the College pre-requisite. It was established by a Board of Pharmacy Regulation, substantiated by the Attorney General's office, that the Board had ample right under the law to make such a regulation. Accordingly, on January 1, 1940, a pre-requisite regulation will come into effect.

Those are the three focal points of the legislative program of the State of New Hampshire this year.”

*Tennessee.*—The following are the remarks of Secretary Sharp of the Tennessee Pharmaceutical Association:

“I take a great deal of pride in stating that Tennessee has had a registered pharmacist as a member of the State Board of Health for six or eight years. I think we were probably one of the pioneers in placing a man on the State Board of Health, more particularly in the South.

At the last session of the State Legislature this year our pharmacy law was amended to require all applicants before the Board to be a graduate of a recognized College of Pharmacy. In the interim, a number of young men were allowed to make the second attempt. We have not attempted the passage of any law regulating minimum equipment. With the permission of the Chairman, I would like to make a few remarks solely from my own head and heart in regard to this type of legislation and this type of law enforcement by our State Board of Pharmacy. I think a majority of the states in the Union have a four-year pre-requisite requirement. Therefore, we have raised our requirement up to a uniform standard.



We have proudly called ourselves a profession, but we do not always, as pharmacists, maintain the dignity of a professional man. I will qualify that statement and say that the medical profession, for instance, never makes a survey of the individual practitioner's practice, his methods of practicing, the types of instruments he uses in performing an operation, whether he has an X-ray or not, after he has been licensed by the State Board to practice. He is left on his own hook largely, with the courts and the public as the judges of his qualifications. The same thing applies to the legal profession, the engineering profession, the dental profession and the man who has passed the qualification tests of the State Board of Examiners is not continually, perpetually harassed by someone telling him how to practice his profession. It is not ethical for us to condemn a man, that is for the state to do. In the State of Tennessee there is more discord to-day among the pharmacists due to the activity of the State Board in enforcing the pharmaceutical laws than any other cause. Last year they passed a law, it slipped in, nobody particularly wanted it; they had us on the spot and we couldn't come out and say anything. The State Board of Pharmacy sent an inspector into one town the second day after that law was passed and he arrested 12 druggists and it cost each \$25.00 for selling amytal. Those druggists were branded in the newspapers of that city as law violators. I think it would have been a much wiser course if the Board of Pharmacy had instructed those men, advised them the dangerous nature of that drug and told them to sell it only on prescription. And so I think in future legislation we druggists, if we want to maintain the dignity of a profession, should walk in the light of a professional man. I just can't imagine a doctor going to another doctor and saying, 'Dr. Jones operated on me and charged me \$250.00,' and the other doctor saying 'The darned robber, I would have done it for \$150.00!' We have men who will cut the price of prescriptions because the enforcement of our laws is left so largely in our own hands that we have broken down that professional courtesy we once knew, and eye each other in envy.

I offer those remarks wholly in my own name; they are not official and are the result of a number of years' study as to the whys and wherefores in the pharmacy world of the State of Tennessee."

*Massachusetts.*—Secretary Finneran of the Massachusetts Pharmaceutical Association read the following statement:

"During the long session of the Massachusetts legislature which ordinarily closes about the middle of June but which continued this year until August many proposals were advanced for additional taxes in order to relieve the heavy burden that Real Estate is forced to bear at the present time.

A 2 cent tax on cigarettes and an additional tax of 55 cents per proof gallon on distilled spirits used for beverage purposes were approved. We previously had a tax of 40 cents per gallon on this type of spirits, which for the next two years will be 95 cents per gallon.

At the suggestion of our Pharmacy Board the law was changed giving discretionary powers to the Board in the granting of permits to operate drug stores by changing the word 'shall' grant to 'may' grant. Our state association helped in the enactment of this amendment because they had observed the Board was handicapped by that word 'shall' in many instances.

Our Unfair Sales Act was amended by defining the rights of a wholesaler who also sells at retail by requiring the wholesaler if his business is principally selling at retail, to mark up the cost of the merchandise in accordance with the retail provisions of the act. In other words when he sells at retail he must mark up his merchandise 2% as a wholesaler and 6% additional as a retailer.

Our Fair Trade Act was amended in two particulars, *first* by making the act applicable to Fair Trade items sold through vending machines, and *secondly* by providing a \$50.00 forfeiture to be paid to the Commonwealth for every violation of the Fair Trade Law. This latter amendment became effective on August 8 and it has already caused a marked falling off in price violations.

Our greatest disappointment this year was our inability to pass a pre-requisite law. The bill was introduced by our Pharmacy Board and had the unanimous endorsement of a well-attended mid-winter meeting of our State Association, called for the sole purpose of considering Legislative proposals. Over 200 members were in attendance on the coldest and stormiest days of last winter, and when later on we received a unanimous favorable report from the appropriate

Legislative committee we felt reasonably certain it would be enacted without any difficulty. However through the influence of several Association members and many non-members the proposal was defeated on its second reading in The House.

The proposal to enact a State Food, Drug and Cosmetic law similar to the Federal act was put over for two years as there seemed to be many changes in the proposal that needed further study and clarification.

A Wages and Hour proposal having the backing of organized labor was introduced and after several largely attended hearings was referred to a recess committee for study and report at the 1941 session of the Legislature. The proposal as presented would have, if adopted, forced many small and some large industries out of business. The smaller stores employing 2 or 3 in help would be forced to go out of business because of the fact that none of them could work their employees over 48 hours under any circumstances.

As long as we can remember proposals have been introduced to either deprive druggists of the privilege of selling alcoholic beverages altogether or on prescription. This year was no exception as seven of such proposals made their appearance on the calendar but were all defeated without much trouble.

You may be interested in knowing that all proposals for amendments to our laws, and new proposals must be referred to some appropriate committee for a public hearing after which the committee makes its report to the Senate or House for acceptance or rejection as the case may be.

One other point in which our basic law differs from some other states is that cities or towns cannot pass special tax laws except with the consent of the Legislature. They realize that the Legislature will endeavor to explore every possible source of revenue that might be acceptable to the majority hence do not apply for such special privileges.

Without doubt many of my listeners have been annoyed to say the least by over officious board of health employees who attempt to tell them just how to run their soda fountains and how they must clean their utensils. Well we don't have that to contend with in our state as long as we keep our premises and our utensils properly cleaned. Efforts have been made by some of these boards to have laws enacted calling for the use of sterilizers in cleaning plates and glasses, as well as health examinations every six months of all persons handling food or drink. So far these proposals have fallen on deaf ears as far as the Legislature is concerned.

*Pennsylvania.*—Secretary Rickard of the Pennsylvania Pharmaceutical Association read the following statement:

“It is my privilege at this time to present a résumé of the three bills which were introduced at the 1939 Pennsylvania legislative session. These bills were sponsored by the Pennsylvania Pharmaceutical Association and had the endorsement of the State Board of Pharmacy and the State Associations of the Healing Arts group.

Bill number 709 was a model Drug and Cosmetic Act as recommended by the AMERICAN PHARMACEUTICAL ASSOCIATION and other groups, with the elimination of food provisions, due to the fact that Pennsylvania has at the present time a very forceful food act handled by the Department of Agriculture. The elimination of food from the model act would have placed the enforcement of this act under the supervision of the State Board of Pharmacy.

This Bill unanimously passed the House of Representatives and the first reading in the Senate, but was referred back to the Committee on Public Health near the close of the Session and was lost in Committee. However, we had the assurance that this Bill would be on the Governor's call at the Special Session which is being planned for the first part of the year 1940.

House Bill number 727 was an act to protect the public health and safety by requiring registration with, and the securing of permits from the State Board of Pharmacy, by persons, co-partnerships, associations and corporations engaged in the manufacture, production and dealing in drugs, cosmetics and medical supplies, regulating the manufacture of drugs, cosmetics and medical supplies, prescribing permit fees, providing for inspections and the suspension and revocation of permits, conferring powers on the State Board of Pharmacy and courts and providing penalties.

Briefly, this would have permitted the State Board of Pharmacy to license all manufacturers, vendors, persons, brokers, hospitals, who were manufacturing or selling drugs as recog-

nized in the U. S. P or N. F., or articles intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in man or other animals or articles other than food intended to affect the structure of any function of the body of man or other animals. The fees, as set up under the provisions of this Act, would have been as follows: for a place of manufacture, or wholesale vendor's place of business, \$5.00; for a person or broker, \$3.00; for a hospital, \$2.00.

House Bill number 728 was an act to amend our present Pharmacy Act to regulate the practice of Pharmacy and sale of poisons and drugs, and providing penalties for the violation thereof; defining the words 'drug' and 'poison' and providing for the appointment of the State Board of Pharmacy to have complete charge of the enforcement of said Law, and the power to make rules and regulations for the enforcement of said Law, and providing for the proofs of samples of drugs for determining their quality, strength and purity, and further defining certain words and terms, further regulating the conducting and operation of pharmacies and the compounding and dispensing of drugs, cosmetics, medical supplies, household and proprietary medicines and providing penalties.

This Act, as you can readily see from the title, gave practically unlimited authority to the State Board of Pharmacy and compelled all manufacturers within the State to employ scientifically or technically trained men to be in charge of the production and manufacture of their products.

The two latter bills were very strenuously opposed by the Dill Company, manufacturers of Epsotabs and other products, and the Pennsylvania Retail Grocers' Association, besides numerous small manufacturers producing a variety of so-called cure-alls.

Public hearings were held on these bills and it was the consensus of opinion that they should have been brought out of committee for a vote on the floor, but the chairman, who is considered a very good friend of the opposition, refused to call a meeting of his committee after the hearing and, therefore, no action could be taken on these two bills.

A Sulfanilimide Bill was introduced and became a law whereby Sulfanilimide cannot be sold over the counter and must be sold only on a doctor's written prescription.

That concludes our proposed legislation as submitted at the last Session. But I would like to report on a legislative matter which was set up at the Special Session in 1938 whereby money was appropriated by legislation from the funds of the Board of Public Assistance to be used for the medical needs of those on relief in Pennsylvania.

Pharmacy in Pennsylvania plays a very important rôle in this program. It is my belief that Pennsylvania is the pioneer in this adventure. Therefore, I would like to take a few minutes to explain what has happened in this program.

During the early part of August 1938 the Pennsylvania Department of Public Assistance appointed an advisory committee composed of a member from each of the Healing Arts groups which has a state association, namely, the Association of Osteopaths, Homeopaths, Allopaths, Dentists, Nurses, Hospitals and Pharmacists. They gave this committee the title of State Healing Arts Advisory Committee, the duties of which are to properly advise the Department of Public Assistance with respect to the needs, and method of handling the needs, of the indigents, those on old age pension, the blind and those receiving mother's assistance.

The initial meeting was held with the Board of Public Assistance on August 24, 1938, at which time an experimental skeleton program was outlined at a minimum of expense for all services.

The representative of each professional group was asked to form in each county a healing arts assistance committee composed of a chairman, appointed by his respective state association, and two or more assistants to be appointed by the local county drug organization. The chairman of each group could be the official representative for his own particular group in each county.

At this meeting it was decided that the doctors were to receive one dollar for office calls, two dollars for home visits and five cents a mile expenses allowed for over five miles in rural sections, in addition to the regular fee; twenty-five dollars for obstetrical cases; and five dollars for home and office X-ray to determine the presence or absence of a fracture or suspected fracture.

The dentists' fees were to be two dollars for the extraction of the first tooth, one dollar for each additional tooth extracted, total fees not to exceed five dollars.

The pharmacists' fees were: Insulin syringe and two needles, two dollars; Insulin needles, twenty cents; one-half dozen, one dollar. Insulin at full retail price. All other prescriptions to be compounded with U. S. P. and N. F. preparations or ingredients at a dispensing price of cost, plus five cents for container, plus twenty cents professional fee, total cost not to exceed fifty cents maximum.

Our State Healing Arts Assistance Committee was informed at this meeting that due to the fact that a limited amount of money had been appropriated for medical care and that each month each county would be allocated according to the judgment of the Department the amount of money necessary to operate for that particular month. Therefore, all bills would be pro-rated, with the exception of the pharmaceutical bills, in proportion to the allocated amount of money for each county.

At the September meeting of the State Healing Arts Advisory Committee it was approved to allow the nurses to participate in the program at ninety-five cents per visit, plus five cents a mile expense allowed for over five miles in a rural section, in addition to the fee. Such bills receive pro-ration as do the medical and dental bills.

The hospital clinics at this meeting were allowed to participate in the program which would allow them to give medical service at fifty cents per visit, and likewise to be pro-rated. The hospital clinics at this time also asked that their pharmacies be allowed to fill prescriptions and be paid at prevailing prices that were allowed outside pharmacies. This part of their program was strongly objected to and they were refused the right to fill assistance prescriptions written in the hospital, or prescriptions written outside the hospital, unless they are filled on a gratis basis.

The Committee met again on December 7 and 8 by which time they had learned by experience that it was necessary, in order to give more adequate medical attention to the recipients, that a broader field of medical care would have to be inaugurated.

Each group presented a program which enlarged their scope of practice and was rejected by the State Board of Public Assistance with the exception of the one submitted by the pharmacists, as follows: Insulin syringe, \$1.35; Insulin needles, 15¢, two for 25¢. Insulin, minimum Fair Trade prices. All prescriptions compounded of U. S. P. or N. F. ingredients to be charged for at the rate of cost, plus five cents for container, plus fifty cents professional fee. Other than U. S. P. or N. F. prescriptions to be charged at the rate of cost, plus 30% markup, and with the understanding that the pharmacists' bills would not be pro-rated.

This, you will see, left no limit for physicians' prescription writing and after several months' trial, it proved to be more or less of a boomerang at the other groups who were being pro-rated, in several counties so low that they were only receiving thirty-five cents on the dollar. Consequently, it was necessary to retrench and we did so by submitting our present plan which was approved and became effective on June 1, 1939, as follows:

1. (a) Prescriptions for a single U. S. P. or N. F. ingredient or compound to be charged at cost, plus five cents for container, plus twenty-five cents professional fee.

(b) Prescriptions calling for two or more U. S. P. or N. F. ingredients or compounds to be charged at cost, plus five cents for container, plus fifty cents professional fee.

(c) Exceptions to the above are cod liver oil, mineral oil and rubbing alcohol, pints; and milk of magnesia, quarts, which price shall not exceed fifty cents.

2. Surgical supplies and dressings, cost plus 30% markup.

3. Insulin syringe not to exceed \$1.25. Insulin needles 15¢, two for 25¢. Insulin, all units, established Fair Trade prices.

4. The only other exceptions to U. S. P. or N. F. ingredients or compounds shall be the following: Cofron Elixir, Ipral Tablets, Lextron Capsules, Lirimin Capsules, Nembutal Capsules, Ortol Sodium Capsules, Sulfanilamide Tablets and Ventriculin, at cost price, plus 30% markup, which shall not be less than 25¢.

The reason for the exceptions to the U. S. P. and N. F. where made in the last paragraph was due to the necessity of large amounts of hypnotics and liver compounds necessarily being furnished for maternity and anemic cases.

It will be worthy to note that the state, in all price schedules, has recognized Pharmacy as a profession and in all instances has referred to the fees as professional fees.

At the National Drug Trade Conference in Washington, D. C. on November 15, the following reference was made to our program:

'Pennsylvania's plan of relief to indigents reports the first detailed comprehensive program to be undertaken and should be looked upon as an intelligent approach to the problem of providing adequate medical care for the needy.'

All pharmacists' bills bear a guarantee of payment by the State without pro-ration, providing each bill is made out properly and is submitted to the County board of public assistance not later than the fifth of the month following the date that the prescription was written.

The indigent has free choice of the practitioner whose service he desires.

The physician, when writing a prescription, fills out a form with an original and three copies which is submitted to the druggist who in turn keeps the last copy for his files and submits, with his statement each month, the original and first two copies. These are validated in regard to the date of acceptance at the county board office and then referred to the pharmaceutical members of the county healing arts advisory committees to approve or disapprove the payment of such orders as submitted. The approved bills are then forwarded to the Auditor General's office for payment. All county boards have complete control of the program in their respective counties and it is entirely within their province to regulate the members' activities.

In spite of the Pennsylvania Pharmaceutical Association's efforts we were criticized by many groups of county associations, and even a few state associations, for accepting the initial program which fees were especially low in rate, but it is my belief that by coöperating with the State Board of Public Assistance as we did, the pharmacists have gained its confidence and trust and are now in a program worthy of consideration for any State Pharmaceutical Association.

In conclusion, I would like to give a few figures about the program so far. During the first fifteen days from September 15, 1938, the bills paid pharmacists totaled \$89.00; in February 1939, the payments increased to \$33,550.00, the number receiving medical attention was 1.9% or 4545 persons; in January 1939, this number had increased to 19.7% or 42,747 persons. The number of prescriptions were 7%; in January 1939, this number had increased to 40.1%. The total number of diagnoses made by the medical society was 4159; in January 1939 this number had increased to 44,549."

*Ohio.*—Mr. M. N. Ford read the following:

"The Legislature convened on January 2, 1939 and after introducing 1008 bills and enacting into law 227, adjourned on June 14, 1939. During this period the following bills, affecting Pharmacy were given attention by our Legislative Committee:

TAXATION.—H. B. 2 (Mees) to extend cigarette tax to March 31, 1941, *enacted*.<sup>1</sup>

H. B. 11 (Hudlett) to exempt medicine etc. from State Retail Sales Tax, *no action*.<sup>2</sup>

S. B. 3 (Whittemore) to provide for payment of delinquent taxes and assessments prior to 1938 on personal and classified property by installments, *enacted*.

H. B. 30 (Eirick) provide for listing and assessing of tangible personal property (equipment, fixtures, inventories, etc.,) at its true value instead of the present 70% valuation, *no action*.

H. B. 36 (Huml) authorizing the levy of excise taxes by municipalities in the form of a gross receipts tax on business, professions, occupations, etc. for poor relief purposes, *no action*.

H. B. 267 (Huml) graduated state income tax, *no action*.

H. B. 144 (Reading) revision of sales tax brackets and extend exemption to lower brackets, *no action*.

H. B. 231 (Wilkinson) to abolish discount now allowed retailer on purchase of sales tax stamps, *no action*.

S. B. 58 (Ward) redemption of sales tax stamps at 3% of their face value by organizations, etc., *enacted*.

S. B. 102 (Ward) levying an excise tax on use, storage or other consumption of cigarettes. Bill designed to stop 'bootlegging' of cigarettes and evasion of tax payment and collection, *enacted*.

H. B. 280 (Hudlett) graduated chain store tax, *no action*.

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<sup>1</sup> *Enacted* means that the bill was passed by both Branches of the Legislature and approved by the Governor.

<sup>2</sup> *No Action* means that neither Branch of the Legislature voted on the bill, which was either killed by a Committee or died a natural death.

LABOR.—H. B. 16 (Matthias) restrict courts in granting labor injunctions, *defeated by house*.

H. B. 41 (Monahan) to prohibit private payment of deputy sheriffs, guards and policemen, in case of strikes and labor disturbances, *no action*.

H. B. 64 (Whetro) to create a State Labor Relations Board patterned after Federal Labor (Wagner) Act, *no action*.

H. B. 65 (Whetro) to establish minimum wages and maximum hours of labor for intra-state employment. This bill, the so-called 'Model State Enabling Act' to conform with Federal Wage and Hour Act, *no action*.

S. B. 177 (Hoffman) to amend existing Hours of Labor Law for Females and Minors *passed Senate*. *House Labor Committee killed the bill* because too many businesses were seeking exemptions. No change in the status of retail establishments under present law.

H. B. 237 (Stokes) to change name of Industrial Relations Department to Department of Labor. *Passed House Senate Commerce Committee and Labor Committee killed the bill*.

UNEMPLOYMENT COMPENSATION.—S. B. 190 (Merryman) to abolish State Unemployment Compensation Tax on salaries and wages over \$3000.00 per year contingent on anticipated action by Congress to conform to Federal Social Security Act in this respect, *enacted*.

H. B. 177 (Ford) to increase from three to eight the number of employees necessary to subject employer to Ohio Unemployment Compensation Act, *no action*.

WORKMEN'S COMPENSATION.—S. B. 14 (Price) to require employers to pay employee his regular weekly salary for first week after injury is received, *no action*.

S. B. 298 (Kiefer) defines additional occupational diseases under Workmen's Compensation and corrects damaging effects of a recent State Supreme Court decision which created open liability for employers in connection with potential damage suits, *enacted*.

H. B. 400 (Addison) strengthens enforcement of Workmen's Compensation Act against non-complying employers, limits accrued compensation (if allowed) to two years immediately preceding the filing of an application for modification of award instead of *ten years accrual* as heretofore, etc., *enacted*.

S. B. 118 (Kiefer) restores to Industrial Commission proper authority over District Claims Board and permits the Commission to review the findings and decisions of such Boards upon application of either the employer or claimant and permits the Commission to recall any claims previously assigned to any of the Boards, *enacted*.

LIQUOR CONTROL.—H. B. 46 (Blum) to provide for a new class of liquor license to permit sale of liquor in drug stores, etc., *no action*.

S. B. 29 (Lipscher) to require all establishments selling beer, wine or liquor except hotels, dining cars and holders of G permits (druggists) to be closed on Sunday between hours of 2:30 A.M. and midnight, *no action*.

H. B. 110 (O'Neil) to regulate sale of liquor to minors, prohibit sales on Sunday, *no action*.

H. B. 156 (Wood) requiring applicant for liquor permit to show that taxes have been paid on equipment used in business, *no action*.

S. B. 74 (Baumhart) amendments to Ohio Liquor Control Act, *enacted*.

H. B. 363 (Eirick) abolishes flat 10% retailers tax on wine and substitutes the following graduated tax to be paid by manufacturer or distributor—12¢ a gallon on wine of 7 to 14% alcoholic content; 30¢ a gallon on wine of 14 to 21%; 60¢ a gallon on vermouth; \$1.00 a gallon on champagne and sparkling wines and 40¢ a gallon on bottled highballs, cocktails and cordials, *enacted*.

REGULATORY.—H. B. 44 (Blum) only lawyers may serve as Notaries Public, *no action*.

H. B. 176 (Blum) to license and regulate places where food is prepared for human consumption on the premises, *no action*.

S. B. 90 (Kane) establishing a penalty for possession or control of obscene literature or drugs for criminal purposes, Druggists exempted, *enacted*.

S. B. 215 (Baumhart) exempting retailers of drugs, etc., from responsibility for adulteration when sold in unbroken packages, *no action*.

S. B. 104 (Kane) to authorize establishments of group medical service plans, *no action*.

S. B. 224 and S. B. 248 prohibit unfair trade practices and sales below cost. Bills sponsored by grocery trade and retail gasoline dealers, *no action*.

S. B. 226 (Pollock) to amend Ohio Fair Trade Act, *no action*.

H. B. 354 (Bangham) provides for licensing and regulation of going-out-of business sales, *no action*.

H. B. 435 (Simpson requiring registration, labeling, distribution and sale of livestock remedies, *no action*.

H. B. 569 (Myers) to repeal Ohio Fair Trade Act, *no action*.

S. B. 178 (Hoffman) to license and regulate itinerate merchants, *no action*.

S. B. 253 (Day) providing that regulation of manufacture of ice cream, etc., to be placed under control of State Department of Health, *no action*.

H. B. 301 (LeFever) to reorganize and increase membership of State Public Health Council. Amendment to make pharmacists a member of said council rejected—we have already filed a request with the Governor to consider Pharmacy in making the necessary appointments, *enacted*.

H. B. 489 and H. B. 490—revocation of vendors license (sales tax) for failure to file report and pay personal property tax, *no action*.

H. B. 575 (LeFever) provides for establishing of coöperative corporations or associations. This bill sponsored by Ohio Farm Bureau to further extend the coöperative movement, *no action*.

S. B. 265 (Siebert) document certified by State Director of Industrial Relations shall be competent evidence. *Passed Senate, House failed to act*.

H. B. 444 (Easton) regulating sale of nursery stock, *enacted*.

DRUGS AND NARCOTICS.—H. B. 250 (Kasch) include manufacture, growth and sale of marijuana under Narcotic Control Act, *no action*.

H. B. 373 (Monahan) establish a Uniform Narcotic Act and define Cannabis and narcotic drugs, *no action*.

S. B. 298 (Ward) to amend section 12707 of General Code relating to sale of drugs and drug preparations. Amendments permit any retailer to sell red squill or any preparation thereof to be used for extermination of rats or mice, when properly labeled with directions for its use. Taking advantage of an opportunity the bill was amended to delete the words 'and other similar preparations' from the pharmacy law. Bill passed Senate with said amendment, however, due to vigorous opposition from the Farm Block House Agricultural Committee voted to restore this language to the bill, *enacted*.

H. B. 675 (Myers) provides for administration of relief, as under former relief laws all indigents and persons on direct relief may be furnished medicine, etc., under the direction of local relief authorities, *enacted*.

No legislation was proposed by the Pharmacy profession and there was no opposition against S. B. 298 to permit red squill preparations to be sold by general dealers for exterminating rats and mice.

The proposal to repeal the Fair Trade Act required considerable attention and it was defeated."

*Illinois*.—Secretary Shine of the Illinois Pharmaceutical Association spoke as follows:

"I did not prepare a report; I thought it was to be just a round-table discussion for a few of us who would stick out our heads and let our hair down. When you are among friends you can talk; when you are among legislators, you stand and think and let them do the talking.

In developing a legislative program we were behind the 8-Ball the last year. We were advised by those in the knowing that it would be a smart year to stay home and mind your knitting and that we might just straighten up the drug store and forget there is such a thing as a legislature, but a golden opportunity was slipped in with the passage of the new U. S. Pure Food and Drugs Act, and, being of a restless nature, myself and my short friend you see playing around the convention with me did not have sense enough to stay home.

We found, in searching the records of decisions, that the Supreme Court of the United States and the courts of all the states involved would probably rule that a druggist should not be the only one to sell medicines because if the formulas were of secret variety and were not known to pharmacists and were only known to those who put the product in the bottle, there was no reason to say the pharmacist could recommend to the consumer what was in the package any more than a garage man or grocery-store keeper. Consequently, they decided that retail pharmacists, when

it came to the Holy of Holies, the patent medicines, should let them be sold anywhere. Because of the fact that the Food and Drugs Act requires that the formulas of these products should be disclosed, we thought that for the first time we could argue for the proposal that patent medicines should be sold exclusively in the drug stores because now the pharmacist will know what is in them. Previously, Lydia E. Pinkham's formula could be changed six times a year, as long as you did not notice any change on the exterior of the package. But now the law has taken care of that. When the formula is changed it is classified as a new medicine and the formula has to be stated. So, we two ambitious fellows started working on a new Pharmacy Act.

I am a horse-trader. We don't have barbituric acid laws and minimum equipment acts in Illinois; we do not give anything unless we get something! So—we described something that did not exist—a patent medicine is a preparation whereof the formula is secret, and now there will be no secret formulas! I do not like asking for things through a joker. I would like to seem to be big enough to fight my way through. A magazine article on monopoly was reprinted in the June issue of our publication, which reads: 'If your mother-in-law for economy's sake decided she would cut your hair, she would be violating the State Barbers' Act because only licensed barbers can cut hair; only ordained preachers can preach; only horse-shoers can shoe a horse; only lawyers admitted to the bar can practice law; only licensed plumbers can install your plumbing; only licensed beauticians have the right to curl your wife's hair; only licensed chiropodists have the right to work on your feet; only licensed optometrists can fix your glasses; and only licensed manicurists can fix your nails—all this is in accord with the law and for the protection, if you will, of public health and safety.'

We agreed that the guarantee of efficient service should exist to insure the public receiving proper treatment from licensed professions, but I wonder if you remember anyone meeting a sudden death because he got a bum hair cut or manicure. But in Pharmacy, life is always in danger.

The state demands four years' education, several years of experience and an examination, of anyone to practice Pharmacy but when the druggist asks for the same as other licensed groups, the cry goes out 'Oh, no! That would be a monopoly.' This is something that has to be done in 48 states simultaneously; when 48 states present a bill that patent medicines should be sold by pharmacists, that, I believe, is the right time. Twenty-seven years we have fought for price maintenance. Finally the Fair Trade movement blossomed in the State of California, there was a wave over the country and forty-eight states followed suit. The result is the Fair Trade Acts.

Price cutting was a practice created by our own group. Now we have another, created by every other dealer who can buy drugs and medicines. They have encroached into our field, so much so that I found one organization shipped fourteen carloads of patent medicines to be peddled around every week. That procedure does affect everybody's life. Consequently, this monopoly plea boils down to one thing. In every sale of a proprietary medicine over the counter, there should be two distinct phases; the sale of the commodity itself and professional advice with respect to it based on the formula printed on the package. If Mrs. Jones is a diabetic, she should not have sugar, she should not have a cough syrup. In case after case, a much better job could be done if the customer could be influenced to see the doctor instead of trying this or that. In case after case, serious trouble could be prevented.

All we have to take out of the pharmacy laws is that section which states 'The following law does not affect any medicine sold under a patent or copyright.' Why should pharmacy laws at this date eliminate the largest portions of the medicines being sold? I believe that the peddler who has invaded the drug industry may quiet down. If the retail pharmacist will tell the Lions Club, the Kiwanis Club and other groups what he does for humanity, if he will educate everybody, it wouldn't be hard work for some states to secure the elimination of that section because after January 1 next year the formulas will be printed in big, bold type. I feel too many secretaries are going to miss the greatest opportunity they have ever had to do a really constructive job for Pharmacy and a really constructive job for the retail druggists they represent.

Further than this, our legislature had 4627 bills; we finally passed some 450-odd, nothing relating to Pharmacy, nothing bothered us.

I believe in this Secretaries' Conference, along with our law-making group, all getting out to put the drug business back in the drug store."

*Kansas.*—Mrs. Clara B. Miller, Secretary of the Kansas Pharmaceutical Association, spoke as follows:



"Some years ago we went before the Kansas Legislature and asked that a 5-mile limit be placed on our licensed stores to which our State Board grants permits for selling patent medicines. We not only lost the bill but lost our entire Pharmacy Act and it has taken us many years to get back into the good graces of the Kansas Legislature. However, we did not bring up a State Food, Drug and Cosmetic Act in Kansas because we have a very good one and we felt that we would rather cope with a State Commission than go out to sell 125 legislators, who are mainly farmers. In Kansas we do not have a law requiring a pharmacist on the Health Board but we do have a man on that Board and have had for eleven years.

Regarding the Barbituric Acid Law, this bill showed up in our Legislature this season and had a fine backing. I wrote the secretaries of many of the states where this law was in operation and every one of them who replied advised and urged us not to put it through as a State law because it did not regulate the distribution of barbituric acid and its compound. We mimeographed the letters and brought them with a strong group of druggists before the Committee. The bill was defeated and, after everything was finished, the chairman of the Committee stated there had never been a more intelligent representation before them.

In Kansas we are fortunate in having a minimum equipment law, the four-year college requirement, a good poison law, an independent pharmacy board and a county itinerant vendors' law under which every county has the right to collect \$50.00 from each vendor. Our State Board of Pharmacy brought in 60 in one county and forced them to pay the \$50.00 fee.

This year we were surprised to find 25 bills show up, and we have never worked harder in the Kansas Legislature than during this session. The letters from the secretaries were again a great help to us.

The first is the Reorganization Bill. We went to the Legislature many years ago and asked to establish our own Board, to set our own fee, to hire our own inspectors. We are entirely independent. A number of times they have tried to bring us into a commission, but up to this year we have been fortunate in having very little trouble. We saw the bill was going to pass this year and there was only one thing for us to do and that was to get our Board out of the bill. We presented a brief on Pharmacy in Kansas and did get the Pharmacy Board out of that law.

The next is the Serum Bill. In our state we have a lot of small-town druggists who have a large volume of these animal serums. We have a man at the head of the Livestock Commission who sells serums. He sponsored this bill, and it was up for vote. We worked all night long and couldn't budge these people, until we got the farmers' telegrams coming in, when the proponents acknowledged defeat.

*The Wage and Hour Bill.*—Every day in the Kansas office I have new jobs opening up that I cannot fill. We have a very definite shortage of help. We are gaining about 32—and losing 65—and are down to rock bottom now. We cannot get our young men interested in Pharmacy. I have a boy in college and personally I would not like him to serve the hours I have. I do believe that possibly there will be some help through a law, but our law was certainly not the answer, it was too strenuous. Therefore, I took the information I received from the secretaries and went before the hearing and I think I was the only person before the group who gave any definite results on the operation of such a law. Finally, it died with the adjournment.

Just one thing on the Unfair Practices Act. Our Governor sponsored this bill two years ago when he was in the Senate. It got through the House, but they killed it in the Senate. This time we did take on the independent oil interests, never realizing that when we allied ourselves with them we couldn't get it up on the calendar until final vote. Thirty minutes before final vote they called twelve of our votes out and we lost by eight votes. That was the cost of affiliating ourselves with the independent oil companies.

I do want to call attention to a map of which copies are available. I have covered every county on this map. These are the captains who really do the job in the Kansas Legislature."

*Maryland.*—President Kantner of the Maryland Board of Pharmacy read the following statement:

"Nineteen thirty-nine was a general legislative year in Maryland and the Legislature was called upon to pass upon many bills of direct importance to Pharmacy.

An effort was made through Senate Bill Number Twelve and House Bill Number Fifteen to consolidate the various professional and vocational boards into a new department of pro-

fessional and vocational licensing. The bill grew out of a study carried on by a Commission headed by Dr. Izaiah Bowman, president of Johns Hopkins University, for the purpose of bringing about a substantial and far-reaching reorganization of the state government.

Under the terms of this bill, the Board of Pharmacy, together with other professional and vocational examining boards, would have been placed under a director and shorn of practically all of its powers except that of conducting examinations for registration. The bill stirred up a great deal of controversy and the opposition to it was led by the Board of Pharmacy which had the coöperation of the other professional groups. The opposition was so great that the bill died in Committee, notwithstanding the fact that it was an administration measure and great pressure to pass it was put upon the Legislature by the Governor himself.

It is interesting to note, however, that as the fight progressed, Dr. Bowman himself stated that he thought Pharmacy, Dentistry and Nursing should be excluded from the provisions of the bill because of the high professional standing the boards had in the professional life of the State.

The Maryland State Department of Health sponsored a State Food, Drug and Cosmetic Act patterned after the federal law but this bill died in Committee.

The Maryland State Department of Health also sponsored legislation which would have amended the State Poison Law so as to require agricultural and industrial poisons to be distinctively colored so as to avoid the possibility of their being mistaken for sugar, salt, meal and other similar food products. The amendment would also have limited the retail dealer to the manufacturer's original package which was adequately and properly labeled. This bill died in Committee, largely because of a political scrap which developed among the industries involved.

The Maryland State Board of Pharmacy sponsored legislation which would have required auctioneers dealing in drugs and medicines to operate under annual permits issued by the Board of Pharmacy and to secure a special permit for each and every public sale of such products. The bill also would have required all distributors of samples of drugs and medicines, with the exception of those delivered to physicians, dentists and veterinarians, to operate under annual permits issued by the Board of Pharmacy and to secure a permit for each separate distribution. This bill also died in Committee although there was a great deal of public interest in it and much legislative sentiment developed for it. It is highly probable that this will be enacted at the next session of the Legislature.

A bill was passed which did not incur the opposition of the Maryland State Board of Pharmacy or the State Pharmaceutical Association, the effect of which was to instruct the Maryland Board of Pharmacy to hold a special examination for those now registered as assistant pharmacists in Maryland, who are able to show to the satisfaction of the Board that they have been continuously engaged in the retail drug business since their original registration.

This law automatically expires on June 1, 1940, and it specifically states that no reciprocal privileges are conferred. The bill originated with the Retail Drug Clerks' Association of Baltimore. Maryland discontinued assistant registration in 1931 and when the matter came to the attention of other pharmaceutical interests of the state it was decided that it might be advantageous to eliminate assistant registration entirely through this manner. No examinations have been conducted under this law but the Board of Pharmacy will probably conduct examinations sometime in October. The number of applicants for the examination will probably not exceed fifty.

Maryland was one of the four states in which an attempt was made to repeal the State Fair Trade Act. However, the effort was a failure as there was no consumer interest in it and the Committee to which the bill was referred took no interest in it.

The Loss Leader Act, originally passed in Maryland in 1937, was amended by the 1939 legislature so as to authorize courts of equity to restrain violations through injunctions. While this bill did not originate in the pharmaceutical group, pharmacists nevertheless aided in its passage as it is looked upon as a sound means of outlawing loss leader selling and other predatory competition."

*Indiana.*—Secretary Weinland submitted the following statement:

"The Indiana Pharmaceutical Association and its legislative committee point with pride to the outstanding recognition and prestige accorded the health professions during the recent session of the Eighty-First General Assembly of Indiana. Although all of the proposed measures

which would have been a boon to retail pharmacy were not passed, and even though one bill, which did not have the Association's support, became a law, the legislative program as a whole may be rightfully termed 'a good health program.'

Indiana points to the recognition as the first state to have signed by the Governor a State Food and Drug Act. Our Indiana Food and Drug Act is practically uniform with the federal legislation and already many difficulties have been eliminated through this uniformity.

House Bill 476 was the bill to reorganize the State Board of Health, to consist of ten appointive members including a civil engineer, a dentist, a pharmacist, six physicians and a veterinarian. At present the State Board of Health consists entirely of physicians and does not recognize the other Health professions. The state associations of these professions would have been empowered to submit a list of prospective appointees to the Governor who would be mandated to make his appointments from these lists. The Governor signified his intention, early in the legislative session, of signing such a bill if passed, but after the bill passed both the Senate and the House, the governor refused to sign. This bill was heartily endorsed and strongly urged for enactment by members of the medical, pharmaceutical and dental associations, and by the present members of the Board of Health.

The Pharmacist Apprenticeship Bill, S. B. 98, was passed by both houses and was signed by the Governor despite opposition from the PHARMACEUTICAL ASSOCIATION. This bill provides that any pharmacist apprentice whose apprenticeship began prior to the first day of January 1920, or that any person who has worked as a clerk, for at least fifteen years since the year 1918, and who has been continuously employed in a drug store under the direction of a registered pharmacist, shall be eligible to take the examination to become a registered pharmacist upon presentation of such evidence of qualifications acceptable to the Indiana Board of Pharmacy, any time prior to the first day of January 1941.

Representatives Dr. Daniel Bower and Dr. Renos Richards introduced a bill, H. B. 477, to prohibit the sale of barbituric acid, aminopyrine, cincophen, dinitrophenol and sulfanilamide except on prescription. This bill reached second reading in the House. It was definitely a vital and important bill in the interest of public health and had the close coöperation and support of all the health professions.

A prophylactic bill, H. B. 342, which was designed to regulate the sale and advertising of appliances for the prevention of venereal diseases and which was to be administered by the Indiana Board of Pharmacy, was introduced by Dr. Richards, but was withdrawn before any action was taken on it.

House Bill 365, properly known as the Agricultural Chemical Bill, or the Insecticide Bill, reached second reading in the Senate but 'died' in the Senate committee. In the form in which the bill was written, it is fortunate for retail pharmacists of Indiana that it did not pass, as it would have allowed anyone to sell insecticides provided they obtain the consent of the State Chemist. No technical or scientific training whatsoever was required in the bill. This bill was vigorously opposed by the State Board of Pharmacy.

Although no reduction in the gross income tax was effected, retailers in the state should be grateful that the proposed 'sliding scale' rate was not adopted. After a heated fight developed between the retailers who wanted a reduction from one per cent to one-half of one per cent, and the farmers who wanted the present rate retained, the sliding scale plan was proposed as a compromise. This bill would have graduated the rate from three-tenths of one per cent on small gross incomes to one and one-half per cent on large gross incomes.

House Bill 446, pertaining to Unemployment Compensation, was defeated. This bill would have meant that any employer of four or more persons must pay unemployment benefits for each employee, whereas under the present law, it affects only employers with eight or more employees. The average Indiana drug store employs less than six persons and is not seriously affected by the present law, but under the bill that was proposed, it would have increased the amount employers pay for compensation benefits.

The Indiana Pharmaceutical Association again expresses its sincere thanks and appreciation to the two pharmacists, two physicians, one dentist, one drug manufacturer and the Secretary of the Indiana Medical Association, who were all members of the Senate or the House of Representatives of the Indiana Legislature.

It is interesting to note that in Indiana the success of health legislation is due primarily to the combined interest of all members of the health professions, agreeing on common problems, and the associations of physicians, dentists, pharmacists, nurses and hospitals, coöperating as a unit. This coöperative effort is the result of the interest of the Inter-Professional Health Council which has gone far in solving many of the difficulties arising between these different health professions. We, in Indiana, are proud of the strides we have made in settling many of the difficulties which for years have been noted between professional groups and we feel that in the future the health professions of Indiana, through their coördinated activities, will go far in the development of better health services for the public at large."

*Alabama.*—Mrs. Thelma M. Coburn, Secretary of the Alabama Pharmaceutical Association, spoke as follows:

"I was not notified of this meeting and therefore did not prepare a report. I would like to express my appreciation, though, to the chairman for arranging for the secretaries to be present because it gave me an opportunity to get some splendid ideas and to know what the other secretaries are doing.

This past year we have devoted our entire time to the Fair Trade legislation of which we are very proud. No other legislation was presented by the Association this year.

We have an excellent pharmacy law passed in 1931 and an independent State Board of Pharmacy. Prior to that time, enforcement was under the Department of Agriculture."

*New York.*—In the absence of Secretary Mather of the New York Board of Pharmacy, Dr. H. H. Schaefer submitted the following comments:

"Dr. Mather asked me to give his report, but as he did not send me a written report, I will briefly outline what went on in our state.

Practically all of the work of the Legislative Committee was confined to the passage of a model Food, Drug and Cosmetic Act which did not include the food provisions. The set-up in our state is that all the work pertaining to Pharmacy, including classification, making regulations for Schools, State Board Examinations, Control of Place of Sale of Drugs, Quality, Mis-Labeling and Adulteration, is under the State Board of Pharmacy which operates solely on appropriations—all the fees going into the State Treasury.

In view of the large scope of the work of the Board of Pharmacy, we are of course confronted with the problem of combining regulations regarding place of sale and college classification with the provisions regarding adulteration and mis-labeling, and therefore we went about it this way:

We made part of the new Act the repeal of the entire old Act, wrote a new Act which included the favorable provisions of the old law, along with the provisions of the new Federal Act pertaining to drugs, cosmetics and devices. We tried to avoid confusion and as far as possible to make the labeling and adulteration provisions of our State Act parallel those of the Federal Act. There were only one or two minor exceptions.

For instance, we changed the so-called variation clause. That deals with the nature of the preparations which are sold under official names. The Federal Act provides that they can be sold under official names, even if they differ from official standards, provided the difference is stated on the label. We, on the other hand, adhered to that only for preparations sold under official names and which exceed the strength of the official formula. When the preparation sold under an official name fell below the official formula, then, in accordance with our Act, permission must be obtained from our Board of Pharmacy.

We did include in our Act a provision for the registration of the patent for a nominal fee of all wholesalers, manufacturers, bottlers, etc., of drugs. We felt that became necessary under the adulteration clause of the New Act which provides that drugs should be manufactured and stored, among other things, under sanitary conditions.

I might say, by way of passing, we had no particular opposition in the passage of our bill. There were some from department stores, but it was not serious. The most serious was from manufacturers of certain surgical instruments and supplies which were, as a matter of fact, items which we never intended to have covered by our law, like oxygen tanks and tents, etc. They were afraid we were going to limit these to sales in drug stores. When they were assured this was not our intention, they had no serious objections.

We have a clause which makes an imitation of package, where it is in fact an imitation, a violation of the law. I think that is desirable.

We changed one of our old provisions by requiring one year of practical experience after graduation, irrespective of the experience the candidate may have had before graduation from college. We felt that was a good provision.

Regarding the place of sale, we retained the sections of our old law which, in effect, provides that proprietary medicines that are poisonous or habit-forming or deleterious can be sold only in a drug store. We believe that the enforcement and the proof required to show that a proprietary medicine falls in one of these classes has been simplified by the Federal Act which our own Act parallels, in so far as both of those acts provide for a warning to be placed on the label, where the use of the preparation may be dangerous. The warning can be used as a guide as to whether a proprietary medicine falls into one of these classes, or not.

We tried to parallel the labeling provisions of the Federal Act particularly, and believe it is important for all states to require uniform labeling provisions for the proper protection of the public.

The medical group introduced a barbituric acid law, the enforcement of which was to be under their direction and then, by compromise, was put under the Board of Pharmacy: but it was an amendment of the old law which was promptly repealed by our new law and since our new law goes into effect in September the barbituric law has only until September. Our Board has passed regulations in almost the same wording as the barbituric law, and under these provisions we have about the same law. We do allow the re-filling of barbituric acid prescriptions. If a pharmacist gets an original prescription he can re-fill it but the patient can't get copies.

I want to say at this time that we pay our highest respects to Mr. Mather. He worked many months to secure this new Pharmacy Law."

Closing the symposium, Chairman McCloskey expressed appreciation to those who had cooperated and expressed regret that time did not permit discussion of these splendid reports.

The Session then adjourned.

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The Second Session was held on Friday, August 25th, at 9:30 A.M.

Presentation of papers.

"Pharmaceutical Jurisprudence in the College of Pharmacy Curriculum," Robert L. Swain.

"Why a Pharmaceutical Education?" Howard C. Newton.

"Incompatibilities in Prescriptions, II," William J. Husa.

"An Educational Philosophy—We Have None," Frederick J. Wulling.

"The Pharmacy Student and Employment, II," C. W. Ballard.

"The Assistant Pharmacist," J. G. Beard.

Because of his services on the A. PH. A. Committee on Resolutions, Dr. R. P. Fischelis could not attend in time to present his paper on "A Pharmacy Course and a Pharmacy Degree to Meet Our Present Needs," and decided to submit the paper next year.

COMMITTEE ON RESOLUTIONS.—Chairman O'Connell reported that no resolution had been referred to his committee and mentioned the resolution adopted at the First Session.

COMMITTEE ON NOMINATIONS.—Chairman Schicks presented the following nominations: *Chairman*, A. O. Mickelsen; *Vice-Chairman*, L. M. Ohmart; *Secretary*, R. T. Lakey; and *Delegate to the House of Delegates*, J. F. McCloskey. There were no nominees from the floor and those submitted by the Committee were elected for their respective offices. The newly elected officers were installed, the Chairman and Secretary in absentia.

The Session was then adjourned.

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#### SECTION ON PHARMACEUTICAL ECONOMICS.

The First Session was held on Wednesday, August 23rd, convening at 2:30 P.M., Vice-Chairman Cole presiding.

CHAIRMAN'S ADDRESS.—In the absence of Chairman Olsen, Vice-Chairman Cole opened the Session with the following remarks:

"Your Chairman, Dr. Paul C. Olsen, has found it impossible to be present at this meeting' on account of having just received a research assignment on which he must start immediately.

Secretary Joseph H. Goodness has arranged a splendid program, and as Vice-Chairman, with your assistance, I will do what I can to expedite the presentation of the papers and the discussions which follow. However, I feel it my duty to say that I experienced a sharp awakening when I was informed that I was expected to preside, as until last Wednesday I thought the Vice-Chairmanship of this Section was an honorary office.

In reviewing the work of this Section one learns that the work has been carried on for fifty-two years, for fifty years as the 'Section on Commercial Interests' and two years as the 'Section on Pharmaceutical Economics.' Many interesting papers have been presented and discussed during that period, and it is hoped that the papers and discussions which will be presented here will prove of great interest and assistance."

REPORT OF THE SECRETARY.—Secretary Goodness read the following report which was received for publication.

"It is my pleasure to report that again the Section's program has an abundance of papers of diversified subjects and that two papers not listed upon the official program are also to be presented. These two papers were received too late for inclusion in the program. They are: 'Prescriptions at Your Finger Tips,' by Kelly E. Bennett, and 'Commercial and Professional Problems in Retail Pharmacy Are Distinct But Inseparable,' by Paul C. Olsen. Both papers have been added to the program for Friday's session.

The papers of the program touch on the subjects of Psychology, Law, Management, Sales and Statistics.

Your secretary is also happy to report that all papers presented at last year's program have been published. This practice is both an incentive to greater study in the preparation of future papers and an increase in number of contributions. Although the program as arranged consumes the time allotted for the Section, additional papers from new contributors of economic studies pertaining to Pharmacy are always welcome.

The growing necessity of these studies must be apparent to all concerned with retail activity—a division in which perhaps three-quarters of those trained in the profession are engaged. That other than those contributing to this Section's program are aware of this is shown by the increase of titles of an economic nature in other sections of the A. Ph. A., especially that of Practical Pharmacy. Further recognition of this is shown by the appearance of articles on this subject in the journal of a sister organization, the *Journal of Pharmaceutical Education*, the publication of the A. A. C. P. This Section wishes to thank Doctor Lyman and his staff for such service to retail pharmacy rendered through the faculties of pharmacy colleges.

The Section also wishes to thank Dr. E. F. Kelly for publishing several papers of related subject matter in the same issue of the *Journal*; such treatment produces the effect of a symposium.

The secretary wishes to acknowledge encouraging communications concerning the secretary's activities from Deans: Rudd, Wilson, Lakey, Kendig, Acting Dean Clark, Director Christensen and Dr. E. F. Kelly."

*Nominating Committee:* Chairman Cole appointed the following: J. F. McCloskey, Chairman, H. F. Hein and C. Leonard O'Connell.

Presentation of papers.

"Are We Afraid?" Clarence M. Brown.

"New Labels vs. Old Labels," Samuel Shkolnik.

"Pharmacy's Economic Service," John N. McDonnell.

"What Is a Prescription?" Joseph H. Goodness.

"Working Hours of a Pharmacist," John F. McCloskey.

The Session then adjourned.

## SECOND SESSION.

The Second Session convened on Friday, August 25th, at 2:30 P.M., Vice-Chairman Cole presiding.

Presentation of papers.

"Insecticides in the Drug Store," Maynard W. Quimby.

"Hiring Unregistered Drug Clerks," Clarence M. Brown.

"1939 Prescription Survey," Joseph H. Goodness.

COMMITTEE ON NOMINATIONS.—Chairman McCloskey presented the following report:

*Chairman*, Joseph H. Goodness; *Vice-Chairman*, Samuel Shkolnik; *Secretary*, C. M. Brown; *Delegate*, B. Olive Cole; *Alternate Delegates*: John O'Brien, M. E. Rosdal and J. H. Goodness.

There being no nominations from the floor the nominees mentioned above were unanimously elected to the respective offices.

The new officers were installed and Chairman Goodness requested the continued cooperation of the members of the Section during the year.

The Session then adjourned.

## SECTION ON HISTORICAL PHARMACY.

The First Session was called to order on Wednesday, August 23rd, at 2:30 P.M., by Chairman Bradley. First on the Program was the Chairman's Address, which was accepted.

The following recommendations, therein, were referred to a Committee on Aims and Policies, consisting of C. O. Lee, J. T. Lloyd, Edward Kremers and L. F. Kebler.

(a) That a Committee on Purpose and Aims be appointed and present its report at the Friday session.

(b) That the Nominating Committee propose a man for the office of Vice-Chairman, in addition to the other regular officers.

(c) That the incoming chairman name three members of the proposed standing Central Committee, in addition to the Historian; and that this committee immediately determine ways of serving this Section and communicate with the Section membership to that effect. Among the things it could first undertake might be a brief form instruction on how to prepare a paper for this Section; likewise, suggested topics urgently needing investigation.

(d) That henceforth members of this Section be listed by the Secretary and be taken to include all past officers, all who submit a paper, attend Section meetings, or otherwise prove useful to this Section at least once every three years, it being understood that these must all be members of the AMERICAN PHARMACEUTICAL ASSOCIATION.

(e) That the incoming officers be urged to arrange for a symposium on the teaching of the History of Pharmacy, to be featured at one of next year's sessions, thoroughly reporting upon the conduct and scope of present courses offering the subject and suggesting ways and means of aiding its teachers.

THE SECRETARY'S REPORT.—The report, which was next in order, was given orally by J. Hampton Hoch. The highlights are:

(a) After referring to the review of the Minneapolis meeting in the JOURNAL, November 1938, pages 1111-1122, the cooperation of the Chairman of the Section, the Secretary and officers of the A. PH. A. was acknowledged and thanks were extended to those contributing to this year's program.

(b) Correspondence: Mailing list was revised, letters to mailing list and other individuals interested in the history of ancillary sciences (Chemistry and Medicine).

(c) Program: Sixteen titles were submitted for the program, only one being too late for inclusion in the printed program. Half of these will be presented by title or by proxy, which is

an unfortunately high percentage. Most of the authors coöperated by supplying abstracts and duplicate copies of their papers.

As an innovation, a guest speaker from the allied field of the history of Medicine was obtained for the second session.

(d) *Publicity*: Mimeographed abstracts of all papers were available to the membership-at-large, news reporters, etc. Display panels were set up directing attention to the sessions of this Section.

The Report was accepted and the recommendations referred to the officers.

THE HISTORIAN'S REPORT.—E. G. Eberle presented a report; it follows:

“The Twenty-Sixth Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION was held in Atlanta, Ga., November 26, 1878, postponed from September 3, 1878. This constitutes an item of history, because a number of cases of yellow fever in the South made a change of date advisable. There had been considerable discussion, and differences of opinion prevailed relative to the cause of yellow fever. This is referred to editorially in the August 1920 JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, page 758, on Major General Gorgas, who made the building of the Panama Canal possible. His sanitary measures were essential to his success, but the work of others shares in the discoveries. Pasteur established the germ theory, but the investigations as to how the germs are conveyed remained for the individual workers and also how to destroy the carriers. A number had a part and several gave their lives so many could be spared suffering, and live.

‘A Commemoration Volume’ was prepared in 1915 by the American Medical Association, contributed to by Vaughan, Pusey, Flexner, Gorgas, Jordan, Mayo, Hoffman and Bass; and in 1922 a volume by Libby was published by Houghton Mifflin Co., on ‘The History of Medicine in Its Salient Features.’ From the foregoing the following few additional names of a larger number are mentioned who had a part in the eradication of yellow fever: Sternberg, Reed, Lazear, Kissenger, Finlay, Agramonte, Carroll, Carter, Moran, Cooke, Folk, Jernigan, Sanarelli, Ross and Wood—each had a part and entered into the work, of which Surgeon General Gorgas said in concluding remarks: ‘I think that we are on the eve of one of the great sanitary triumphs of man, the first eradication of a disease from the face of the earth, due to the measures taken by man for this purpose. When this has once been accomplished Yellow Fever can never return, no matter how unsanitary we are, or how many stegomyia we allow to breed. The Yellow Fever germ can no more be redeveloped than can the Mastodon, or the saber-toothed tiger.’

The epidemic of 1878 in the United States focused public attention on the damage this disease was doing in this country. The National Government appointed a Board of Health; the army board, of which Major Walter Reed was Chairman, was sent to Havana to study the disease. For 140 years a considerable number of persons had died in Havana each year; the work in Havana was inaugurated in February 1901 and the last case of yellow fever occurred in September of the same year. The work in Havana attracted world-wide attention; the success was so complete, representing the entire eradication of the disease in that city, which was generally known as being its principal endemic center, and it was gradually recognized ‘that a new field had been conquered in tropical sanitation.’

This introductory to the Historian's Report is also for the purpose of pointing out the possibilities of coöperative research in which pharmacists have had a part and will continue to serve.

The Museum of the AMERICAN PHARMACEUTICAL ASSOCIATION seeks to preserve items of historical pharmacy and work with the Library in pharmacy in arranging the facts of the history of American Pharmacy and its linkage with that of other countries.

The AMERICAN INSTITUTE OF PHARMACY was honored by visitors from Mexico, England, France; groups from Germany, Porto Rico, Cuba—the Cuban pharmacists presented a flag of their country. The U. S. Army and Navy were represented by pharmacists and nurses, and Public Health Service and Civic hospitals; dentists, physicians; there came also architects and members of the legal profession, groups of student pharmacists represented a number of Pharmacy Schools and members of faculties were visitors; chemists, teachers and pharmacists represented their institutions; chemical and pharmaceutical manufacturers were represented by members



of the staff; visitors came from many states as individuals, members of Boards of Pharmacy, Colleges and of Faculties.

The Association for the History of Pharmacy was convened this year in the Hygienic Museum of Dresden; Professor Kofler presided. An historical account of the Court-Apotheke in Dresden was presented by Apotheker Hoefer; a biographical history of the Apotheker families was given by Dr. Adolph Zaunick. A history of the Apothecaries of Leipzig was presented by Dr. Hans Peickert; the oldest of these was established by traveling students of Prague; it was stated that this coincides with the time of the founding of the University of Leipzig. The Chairman, in his closing remarks, thanked those who aided him in his work and made the success achieved possible. A number of A. PH. A. members are affiliated with the Society for the History of Pharmacy. Dr. Fritz Ferchl, who is well and favorably known for historical work, including the pharmaceutical Kalendars, prepared annually by him, addressed the Society and expressed appreciation for assistance given him by members.

The Sixth Biennial Congress of the International Hospital Association will be held in Toronto, Canada, September 19-23, 1939, in Royal York Hotel. A comprehensive program has been prepared; a feature of the Congress will be a system of interpretation—English, German, French, Spanish and Italian. The American Hospital Association will convene immediately after the close of the International Congress, September 24th to 29th.

The International Congress of Military Medicine and Pharmacy met for the first time in the United States, in its 10th meeting. The opening session was held in Washington at the Willard Hotel, and continued in session at Washington from May 7th until 15th; its sessions were completed in New York on May 19th; Surgeon General C. R. Reynolds, U. S. Army, presided as president; former A. PH. A. President E. N. Gathercoal was named an honorary vice-president. Colonel Jules Thomann, Chief Pharmacist of the Swiss Army, was elected president of the organization, succeeding Surgeon General C. R. Reynolds of the United States Army. Members were visitors at the American Institute of Pharmacy.

The subjects discussed dealt largely with anesthetics and analgesics in War Surgery, fractures, etc. Entertainments and sight-seeing added to the social programs; an official banquet closed the meeting in New York. Delegates and other visitors and ladies visited the World's Fair in New York.

The International Pharmaceutical Federation will hold its General Assembly in Berlin, August 27th to 30th. The local pharmacists have prepared an interesting and comprehensive program, including visits to points within the city, suburbs and nearby points, and have given information on historic places, museums, libraries, and the business programs permit of becoming acquainted with German life. All pharmacists who intend to make the trip abroad are asked to get in touch with the Organizing Committee at Berlin, Charlottenburg 2, Cammerstrasse 3, for invitations and programs by letter, signifying their intentions.

The pharmacy founded by Edward Stabler in Alexandria, Va., is of particular interest because of the association with the families who patronized it and of the completeness of some of the records. (See JOURNAL A. PH. A., August 1933, November 1934 and June 1939.) The Washingtons, Lees, Fitzhughs and many other early American families were patrons.

The prescription files are unusually complete and present the possibilities of historical records in making comparison of the materia medica of various periods. The original invoice for the stock of the pharmacy amounted to 120 pounds and came from Townsend Speakman, wholesale pharmacist of Philadelphia. The pharmacy brings us in touch with the early and quite recent years, as the patrons were and are active in the political history of the country; it was bought in at an auction sale by the AMERICAN PHARMACEUTICAL ASSOCIATION for the purpose of giving the citizens of Alexandria an opportunity to establish a museum which would link its earlier history with the present; for that purpose it has exceptional value because the records, furniture, fixtures, showglobes, labels, storage and stock bottles and utensils can be used for display and depicting the activities of the pharmacy. The building in which the pharmacy was conducted has been restored, with the original show windows, and is open to visitors. The restoration has been made by the AMERICAN PHARMACEUTICAL ASSOCIATION and the Landmarks Society of Alexandria.

Richard H. Stabler, a descendant of the founder, was vice-president of the AMERICAN PHARMACEUTICAL ASSOCIATION in 1869-70 and then, in the year following, was elected its presi-

dent. Other records have appeared in the JOURNAL; the pharmacy is an institution and should be guarded as such.

During the past year donations of books by Carl Wilhelm Scheele have been received: 'The Chemical Essays of Scheele,' translated from Transactions of the Academy of Science, Stockholm, were presented by Fred West of San Francisco; William Mair, honorary member of the A. PH. A., of Edinburgh, presented a sketch and many prints from the life of Scheele. 'Books by Scheele' and articles were donated, which had been published by the Society for the History of Pharmacy: Dr. Otto Zekert, author, discusses the date of Scheele's birth, which has been given as December 9 and 19, 1742. The baptismal record shows December 21st, and as the custom to perform the ceremony was two days after birth, the 19th is probably the correct date. This also brings up the spelling of the family name which has been given as Scheel, but more frequently Scheele, which agrees with that on the baptismal record. The age at the time of his death is given as 43 years, on May 18, 1786; which agrees with that on the coffin plate, but the date of his birth is given as December 9, 1742. These dates are confusing, but an evidence that less is known of his life, which was modest and brief, than of his work, which was outstanding.

As stated, the ASSOCIATION has received the volume, 'Chemical Pharmaceutical Society Observations and Experiments on Air and Fire' by Charles William Scheele, member of the Royal Academy at Stockholm, with a Prefatory Introduction by Torbern Bergmann, translated from the German, by J. R. Forster, LL.D., F.R.S. and S.A., member of several learned societies and academies in Europe to which are added notes by Richard Kirwan, Esq., F.R.S., with a letter to him from Joseph Priestley, LL.D., F.R.S., London. J. Johnson, Printers, No. 7 Street, St. Pauls Churchyard. Title page: 'Scheele's Book, 1780, London Edition.'

Our honorary member, William Mair, of Edinburgh, has prepared a sketch of Sir Joseph Wilson Swan, who was engaged as pharmacist during his active life in the British Pharmaceutical Society and served as its president. He was a rare genius and inventor of the electric incandescent lamp, preceding Edison in some of the inventions, later associated with him, but always engaged in Pharmacy.

The American Association for the Advancement of Science met in Milwaukee during June 1939. Pharmacists join cooperatively with this organization and the AMERICAN PHARMACEUTICAL ASSOCIATION is represented at the annual meetings. Reference is made to a paper, because of editorial notice in the press; it was presented by Dr. Ralph R. Mellon and Dr. Lawrence E. Shinn, of Western Pennsylvania Hospital, Pittsburgh. A phase of the presentation has come into the public press in connection with the use of sulfanilamide and is made use of in this report to bring out the need of cooperation in the study of drug action. It is history, because of the development of the study of drugs in connection with their action and the dangers when the public seeks information, without an understanding of the subject, and to further impress the need of cooperation in research. The editorial in the press, in the opinion of the reporter, was well taken care of, but this is not always true. There have been most interesting articles, related to the one referred to during recent years, which have gone beyond the borders of safety and should advise the readers of the danger which may result in their use. Those engaged in the research know the difficulties and that a number of related investigations are necessary in systematic studies of drugs and their action. (See JOURNAL A. PH. A., January 1939.)

The annual meeting of the British Pharmaceutical Conference in Birmingham, a former home of Joseph Priestley, brings to mind his eventful life which ended at Northumberland, Pa. In 1791, his home in Birmingham was attacked by a mob; many of his manuscripts were burned and much apparatus destroyed. He had been made a citizen of the French Republic and had expressed sympathy for the French revolution. His views on religion and philosophy had brought him antagonism.

On becoming a resident of Birmingham, in 1780, Priestley gave his support to a public subscription library, founded in 1799; his support was so effective that he was called the 'Father of the Library;' in 1783 a medal in gold, silver and bronze was struck in his honor and in 1874 a statue in white marble was unveiled by Professor T. H. Huxley in Birmingham.

In 1794 Priestley removed to America; on the centenary of his discovery of oxygen, the American Chemical Society was founded (1874) at Northumberland, at which time a number of A. PH. A. members were present.

Priestley died February 6, 1804, aged 71 years.

The late John Uri Lloyd was an active contributor to the Section on Historical Pharmacy; many of the articles have appeared in the *JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION* and others have appeared in other publications. Copies of his writings were presented to friends by him and autographed. Some members of the ASSOCIATION presented their copies to the Library; some are still missing. His son, our fellow-member and worker, J. T. Lloyd, has expressed his desire and willingness to assist the ASSOCIATION to make the contributions complete. Record is made in this report to aid in the effort by sending such copies to the ASSOCIATION with presentation notice and date, for appropriate record; acknowledgment will be made of the gifts.

'Freedom Through Education,' by Lotus Delta Coffman, late president of the University of Minnesota (1875-1938), a public address; the regents of the University of Minnesota have issued the booklet as a memorial tribute to him and with deep admiration for the extent of his influence. February 15, 1939.

Secretary Roy B. Cook, of the West Virginia Board of Pharmacy, has donated the manuscript of the Syllabus by Benjamin C. Spratley of Virginia, being a course of Lectures on Materia Medica and Pharmacy delivered in the University of Pennsylvania by George B. Wood, M.D., 1838. One of his purposes was to supply deficiencies of the Dispensatory deemed essential in Lectures on Materia Medica and Pharmacy—this part of the book is given in manuscript and makes this a rare work and the donation a valuable unit of the Library; the manuscript pages cover nearly 100 pages. The author, B. C. Spratley, uses pencil sketches to free his thought and at the conclusion bids farewell to Philadelphia. 'I could not leave, were it mine to stay.'

During the past year work has been done on cataloging the books of the Library which have been donated by contributors and heretofore acknowledged by the ASSOCIATION, and published in the *JOURNAL* by the ASSOCIATION. The work, as far as possible, is being completed by system and continued contributions are invited and acknowledged in due form and with thanks. The Library is being freely consulted by individuals and departments of the government. The pharmacopœial exhibit heretofore being taken care of by the Smithsonian Institution has now been added to that which has been stored by the AMERICAN PHARMACEUTICAL ASSOCIATION. The donations of books by individuals add to historical material and effort is constantly made to increase the historical collection. Historical manuscripts given during past years are in the files and will be cataloged as opportunity affords; many of the books are part of the museum. Letters and other correspondence associated with the U. S. Pharmacopœia of 1820 and of historical interest are part of the records of early American Pharmacy and Medicine. Also lectures by James Cutbush on 'Adulteration of Food and Culinary Poisons,' delivered in the United States Military Academy; he also delivered lectures on pharmacy and conducted a pharmacy in Philadelphia.

Donations continue to be made to the Museum and Library of the AMERICAN PHARMACEUTICAL ASSOCIATION. Mr. Turner F. Currens, of New York City, has added to his gifts of mortars and pestles, obtained in his travels in Sweden, Brittany, French Morocco and Holland.

Mr. Frank L. McCartney, of Norwich, N. Y., has presented several drug jars, decorated in gold and rose.

Dr. S. L. Hilton, of Washington, D. C., donated a bound volume for 1913 of the *JOURNAL OF THE A. PH. A.* These old volumes are becoming quite scarce and make this a very acceptable donation.

Mrs. John G. Godding, who furnished a room in the American Institute of Pharmacy, sent a number of group photographs in which her late husband was an active figure.

Mrs. H. M. Whelpley has been adding to the Whelpley collection—books, historic matter, scrap books, lantern slides, anatomical charts of powders. A most interesting addition is a collection of letters of replies, the originals autographed, of the 50th meeting of the A. PH. A.—the autographed signatures of many outstanding pharmacists.

Mrs. Albert Schneider has given her husband's private copies; some of the books are in the state of revision by him and unpublished at the time of his demise.

Time goes on as we count years and individuals record it. On May 8, 1920, a dinner was given to Dr. Harvey W. Wiley, president of the U. S. Pharmacopœial Convention by the Board of Trustees who autographed the list. Only two of the members are with us today—S. L. Hilton and James H. Beal. Mrs. Wiley has donated a number of books to the ASSOCIATION. On June 13th she was honored with an M.A. degree by Hanover College, Hanover, Indiana where in 1867 her husband received his A.B. degree in course.

The First Supplement to the Pharmacopœia of the United States, 11th Decennial Revision, has been published as official from December 1937. On the date indicated the revised monographs in this supplement superseded the corresponding texts in the original U. S. P. XI and became part of the original U. S. P. and part of the official Pharmacopœia.

'Authority to prepare lists of admission or changes and of Revision by the U. S. P. Convention, 1930.'

The Commission of Pharmacopœial Experts, appointed by Council of the League of Nations, January 1938, met in Geneva, May 10th to 16th; there were present Prof. Baggesgaard-Rasmussen, Copenhagen; Prof. R. Eder, Zurich; Prof. E. Fullerton Cook, Philadelphia, Pa.; Prof. M. Tiffenau, Paris, France; Dr. R. Gautier, Acting Director of the Health Section; Dr. C. H. Hampshire, London (Chairman); Prof. L. van Italic, Leyden; Prof. E. Zunz, Brussels; Prof. M. Ciuca, Acting Secretary.

Eighty-five monographs were presented for consideration; they were classified into groups as Ergot, Cinchona; alkaloids, crude drugs, etc. Other subjects—standards for colors, solubilities, impurities, neutrality, doses, etc.

The pharmacopœial items are included as historical items.

DECEASED MEMBERS OF THE A. PH. A. AND OTHERS IN RELATED SERVICE, SINCE THE ASSOCIATION LAST MET.

As stated in last year's report deaths are announced in the JOURNAL or a sketch appears upon advice, hence in most of the references herein only mention is made, unless some event in the individual's life occasions special notice. In this report there is no strict sequence and when no mention is made of source, it is in the JOURNAL A. PH. A. (See JOURNAL issue nearest to time of death.) The references in this report are brief without repetitions.

Edward H. Thiesing, August 15, 1938, retail pharmacist, Cincinnati; Dr. Lydia Rabinovitch-Kempner, August 3rd, Berlin, Associate of Dr. Robert Koch; Walter A. Woehner, Great Falls Drug Co., Montana, September 4th; Dean Charles F. Heebner, December 10th, Ontario College of Pharmacy; Sam A. Williams, November 20th, more than twenty-five years on Board of Pharmacy, Alabama; C. H. Lapouraille, Baltimore, retail pharmacist, January 16th; Elmer H. Hesler, New York pharmaceutical manufacturer, February 19th; Benjamin T. Fairchild, New York, who with his brother, the late Samuel Fairchild, founded the Fairchild Scholarships, March 25th; Eugene von Hermann, March 14th, Chicago retail pharmacist; Warren L. Bradt, Secretary, New York State Board of Pharmacy, March 4th; James H. Marshall, retired wholesale pharmacist, Minneapolis, April 13th; Henry Pfeiffer, various manufacturing establishments, Richard Hudnut Co., etc., liberal in his donations, April 13th; R. E. Lee Williamson, retail pharmacist, later, mutual, Federal, April 29th; Dr. Charles Mayo, Rochester, Minn., honorary member, May 26th; Robert H. Bohmansson, Eureka, Calif., retail pharmacist, active in ASSOCIATION work, October 26th; Jerry McQuade, publisher, November 2nd; George S. Morgan, a founder of Rhode Island College of Pharmacy, October 5th; William B. Day, December 10th, see January frontispiece; Macomb G. Foster, vice-president of Fairchild Bros. and Foster and former president of Knickerbocker Hospital died June 1, 1938; Charles M. Bundy, at Mackinac, Mich., pharmaceutical manufacturer; T. H. Spencer at Greenville, June 26th, president Mississippi State Pharmaceutical Association; Jerome B. Sand, former secretary Tennessee Board of Pharmacy, June 4th; E. W. Goode, Hawkinsville, Ga., June 20th; Clyde M. Snow, member of the pharmacy faculty, University of Illinois, died August 5th; Henry C. Kruckeberg, Minneapolis pharmacist, died July 23rd.

There are many papers stored in the files, not separated or gone over, covering about twenty-five years, which for lack of space and other reasons had to be left in the files during various stages of moving and now are in the beautiful, permanent home. The Historian has assisted in getting the books for the Library in shape for cataloging. The hopes are that soon he can go through these files for listing, but even this will require much time. The papers include phases of Pharmacy, histories of, brief and quite complete histories of State Associations, manufacturing establishments, schools, botanical and other divisions of Pharmacy, National Formulary, Pharmacopœias and other subjects. The difficulties arising during the periods of removal, of immediate conditions need not be detailed at this time, but the Historian hopes soon to give time in listing

this material and, with the kind coöperation of the Secretary, will adjust the matter which has accumulated, and he thanks the members for their patience."

The Historian's report was accepted, to take the usual course. The suggestion was made that in the future the Report of the Historian be published in full in the JOURNAL, but that an abstract be prepared for presentation at the first session of the Section.

REPORT OF THE DELEGATE TO THE HOUSE OF DELEGATES.—E. J. Ireland, having no report to make at this time, it was recommended that in the future the Report of the Delegate be deferred to the Second Session of the Section.

REPORT OF THE COMMITTEE TO STUDY COURSES IN THE HISTORY OF PHARMACY.—C. O. Lee next presented the following:

"This is the fourth annual report of your committee. Our perennial problem is that of securing the catalogs containing the announcements for the forthcoming school year. A year ago we made an effort to secure the latest issues of pharmacy school catalogs and as a result had 41 of them for examination in making out our report. This year we have trusted to luck hoping that our school was on the catalog mailing lists. As a result we have but 30 of the 1939-1940 announcements upon which to report.

In examining the catalogs this year we have noted two things in particular. One is that there are interesting variations in the titles of the course in the history of pharmacy. Naturally the most common title is 'History of Pharmacy.' Others are: 'History and Ethics,' 'Historical Survey,' 'Evolution of Pharmacy,' 'Pharmaceutical Problems,' 'Pharmaceutical Orientation,' 'History and Literature' and 'Historical Pharmacy.'

The second item, which is of much more concern than that of the titles of the course, is that of adding a little history to some other course. In such cases there is very little chance of the student getting an historical viewpoint of his profession. Where there is a confusion as to the historical nature of a course, as indicated by the title and the writeup, it does not seem that it should be included in our report.

The data which we have gleaned from the catalogs are summarized as follows:

Number of 1936-1937 catalogs examined.....	1
Number of 1937-1938 catalogs examined.....	6
Number of 1938-1939 catalogs examined.....	28
Number of 1939-1940 catalogs examined.....	30
Number of schools giving required courses in the History of Pharmacy.....	30
Number of schools offering optional or elective courses in the History of Pharmacy....	3
Number of schools offering graduate courses in the History of Pharmacy.....	5
Number of schools not offering a course in the History of Pharmacy.....	27
Total number of catalogs examined.....	65

In the table which follows it will be observed that only about half of our schools of pharmacy offer a required course in History of Pharmacy. Of the 30 courses, about which we can be real certain, 13 are offered in the freshman year. The remaining 17 courses are distributed among the other college years. Three of the catalogs were not clear in their statements so we have placed them in the "not indicated" group. Five schools state that history of pharmacy is offered as a graduate course. We believe this is wise, especially in the case of those graduate students who are planning to teach Pharmacy.

The most popular number of credits for this course is two. Eight schools offer but one credit, three schools offer three credits, and one offers four credits as a graduate course. The information from those schools operating on the quarter plan has been converted in round numbers to the appropriate semester equivalent. These data are summarized below.

College Year.	Semester Distribution of Courses.			Totals.
	One Semester.	Two Semesters.	Not Indicated.	
Freshman	8	5	..	13
Sophomore	..	5	..	5
Junior	2	3	..	5
Senior	3	4	..	7
Graduate	4	1	..	5
Not indicated	..	..	3	3
Totals	17	18	3	38

Following is a summary of the hours of credit permitted in the courses in History of Pharmacy:

Hours Credit.	Number of Schools.
One	8
Two	25*
Three	1
Four	1
Indefinite	1

\* Three of these are graduate courses.

Our reports for the past three years have contained lists of books and references designed to be useful to those interested in adding such titles. These reports are to be found in the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION as follows:

Year.	Volume.	Pages.	Number of Titles.
1936	25	1172-1176	50
1937	26	1106-1108	25
1938	27	1120-1121	20

We are keeping up this custom by submitting another short list of titles for your consideration. In doing this your committee is well aware of the fact that there are many more interesting titles upon this subject. Will you who are interested not submit lists of books and references of your own choosing from time to time in order that all may know about them. In doing so please submit full information so that anyone interested would have not only the author's name and title of the book but the publisher's name and address and the price, too, if possible.

#### BOOKS ON THE HISTORY OF PHARMACY, MEDICINE AND SCIENCE.

1. Arber, Agnes, "Herbals, Their Origin and Evolution," A Chapter in the History of Botany 1470-1670, The University Press, Cambridge. \$7.00 (1938). A book that is well written and interestingly illustrated.
2. Bailey, K. E., "The Elder Pliny's Chapters on Chemical Subjects, Part I (1929), Part II (1932)," Edward Arnold and Co. About \$7.00. This is in two volumes edited with translations and notes.
3. Breasted, J. H., "The Conquest of Civilization" (1938), Harper & Brothers, N. Y. \$4.00. The origins and history of civilizations in the ancient near east.
4. Cheyne, W. W., "Lister and His Achievement," Longmans, Green & Co., London (1925). \$2.75. The first Lister Memorial lecture delivered at the Royal College of Surgeons of England on May 14, 1925.
5. Cooper, J. W., "Tutorial Pharmacy," Third Edition (1938), Pitman & Sons, London. \$4.20. The book is essentially a text covering the subjects of pharmaceutical processes but the first 39 pages are devoted to the "History of Pharmaceutists." Chapter 31 is an "Outline of the Development of Bacteriology."
6. Findlay, A., "A Hundred Years of Chemistry" (1938), The MacMillan Company, N. Y. \$4.25. Short sketches of conspicuous workers are given.
7. Gumpert, M., "Trail-Blazers of Science" (1936), Translated from the German by E. L. Shuman, Funk & Wagnalls Co., N. Y. \$2.50. Life stories of some half-forgotten pioneers of modern research.
8. Harvey-Gibson, R. J., "The Master Thinkers" (1929), Thomas Nelson & Sons, N. Y. About \$2.50. A series of sketches of the lives of a few great discoverers.
9. Hawks, E., "Pioneers of Plant Study" (1928), The Sheldon Press. London. A series of interesting episodes of plants and botanists.
10. Kelly, H. A., "Some American Medical Botanists" (1914), The Southworth Company, Troy, N. Y. \$2.75. Interesting sketches of some of our great medical botanists.
11. Millingen, J. G., "Curiosities of Medical Experience" (1838), Haswell, Barrington and Haswell, Philadelphia. From the "Old Book Shop." It was spoken of in 1838 as popular, amusing and instructive. There is included an extended discussion of "The Black Death" in Europe.

12. Needham, J., and Pagel, W., editors, "Background to Modern Science" (1938), The Macmillan Co. \$1.50. Ten lectures at Cambridge arranged by the History of Science Committee.

13. Pereira, Jonathan, "The Elements of Materia Medica and Therapeutics," Third American Edition, Vol. I (1852), Vol. II (1854), Edited by Joseph Carson. These volumes have been called an Encyclopædia of Materia Medica.

14. Roddis, L. H., "William Withering, The Introduction of Digitalis into Medical Practice" (1936), Paul B. Hoeber, N. Y. \$1.50.

15. Trottner, E. R., "Architects of Ideas" (1938), Carrick & Evans, N. Y. \$3.75. The story of the great theories of mankind."

This report was accepted, to take the usual course and the committee was commended for its continued efforts.

NOMINATING COMMITTEE.—The chairman appointed: H. W. Youngken, *Chairman*, E. J. Ireland and L. E. Harris.

Attention was called to the Memorial Service to be held Thursday morning during the Second General Session.

Next was the reading of papers.

"Psychic Medicine," by Charles Whitebread, was read by title.

"History of Pharmacy in the United States from 1492 to 1821," by H. Colle, was read by title.

"Baltimoreans and the First National Pharmacopoeia," by C. K. Deischer, was read in abstract by the secretary.

"Establishing the Drug Laboratory in the Bureau of Chemistry, U. S. Department of Agriculture," by L. F. Kebler, was read in condensed form by the author.

"The Wetherill Family in Philadelphia Pharmacy," by J. E. Kramer, was read by J. M. McDonnell.

"The Squibb Ancient Pharmacy," "Books Make History in Pharmacy," and "Pharmacy as a Subject of Religious Influence and Feeling," by George Urdang and F. W. Nitardy were presented by Dr. Nitardy. These papers were illustrated by a series of lantern slides.

The meeting adjourned at 5:00 P.M., twenty-six having been in attendance.

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The Second Session was called to order by Chairman Bradley at 2:40 P.M., August 25th.

REPORT OF THE COMMITTEE ON AIMS AND POLICIES.—C. O. Lee read the following:

"Your committee begs to make the following recommendations:

1. That an Executive Committee of five members be set up for this Section, three of which shall be appointed by the Chairman, the historian and the Section-Chairman to be ex-officio members. The appointive members of this committee shall serve for three years, except that the first committee appointed shall serve as follows: One to serve for one year, one for two years and the other for three years. Each appointment thereafter to serve for three years.
2. The duties of this Committee, among other things, shall be:
  - (a) To outline a policy of the Section.
  - (b) To consider the advisability of organizing a central bureau for dissemination of historical material for teachers and investigators.
  - (c) To cooperate with the editor and to assist in the publishing of papers and other matters of historical interest."

After discussion of the recommendations the report was adopted.

Chairman Bradley reported on the Memorial Service, held during the Second General Session.

The paper presented by Dr. Edward Kremers at the Second General Session was so well received that it was resolved to make provision for a paper relating to historical pharmacy in the program of the General Sessions at future meetings.

Dr. Ireland called attention to the book on "The History of Pharmacy," now in progress by Doctors Kremers and Urdang.

Reprints of recent articles by R. L. Swain, Jr., and W. T. Bradley were distributed.

"Personal Reminiscences of Prof. John A. Abel," by D. I. Macht, was read in condensed form by the author.

"The Congress of the International Federation of Pharmacy, Observations and Impressions," by Rudolph Wallner, was read by title.

"An Account of the Attempt of the Society of Apothecaries to Establish the Drug Trade in Colonial Georgia," by J. Krafka, Jr., was read by the author.

"M. E. Chevreul, the Fiftieth Anniversary of His Death," by M. E. Weeks and L. O. Amberg, was read by L. E. Warren. Lantern slides and photographs illustrated this paper.

"Early Relation of Pharmacy and Medicine in the United States," by F. E. Kredel and J. H. Hoch, was read in condensed form by the latter.

"Historical Items of Pharmacy in Montana," by C. E. Mollett, was read in abstract by the Secretary.

"History of Pharmacy in Oregon," by A. Ziefe, was read in condensed form by J. L. Powers.

"The St. Thomas Apothecary Hall at Charlotte Amalie," by C. F. Asenjo, was read by title.

Address, "Lister's Contribution to the Development of Antisepsis," was made by Hillyer Rudisill, Jr.

REPORT OF THE NOMINATING COMMITTEE.—The following officers were nominated and elected: *Chairman*, J. Hampton Hoch, Charleston, S. C.; *Vice-Chairman*, Ivor Griffith, Philadelphia, Pa.; *Secretary*, Learn F. Jones, Indianapolis, Ind.; *Historian*, Eugene G. Eberle, Washington, D. C. *Delegate to the House of Delegates*, Willis T. Bradley, Boston, Mass.

The new chairman, after taking the gavel, expressed his thanks to the Section and promised his best efforts in its behalf.

The meeting adjourned at 5:15 P.M., seventeen having been in attendance.

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