

## JOINT SESSION OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY AND THE NATIONAL ASSOCIATION BOARDS OF PHARMACY

The Joint Session was held in the Hotel Shirley-Savoy, Denver, Colorado, on August 17, at 8:45 p. m., with President R. A. Kuever of the American Association of Colleges of Pharmacy and President Paul Molyneux of the National Association of Boards of Pharmacy presiding jointly.

In opening the Session President Kuever explained that this Joint Session is held annually in order that Committee Reports which are of mutual interest to the three associations can be considered jointly.

It was explained that the Committee on Fairchild Scholarship would present no report since this scholarship had been discontinued.

**AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION.**—The following annual report of the Council was read by the Secretary, Dr. A. G. DuMez, and the report was received.

"The following constitutes the tenth annual report of the American Council on Pharmaceutical Education, Inc., to its sponsoring organizations, namely: the AMERICAN PHARMACEUTICAL ASSOCIATION, the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy. It covers the period August 16, 1941, to August 16, 1942.

*Membership of the Council.*—Following is the present membership of the Council, and the year in which the term of each expires:

- E. F. Kelly, Pres., representing the A. PH. A., 2215 Constitution Ave., Washington, D. C. (1944)
- David F. Jones, representing the A. PH. A., South Kemp Ave., Watertown, S. D. (1942)
- Robert P. Fischelis, representing the A. PH. A., 28 W. State St., Trenton, N. J. (1946)
- H. C. Christensen, Vice-Pres., representing the N. A. B. P., 130 N. Wells St., Chicago, Ill. (1944)
- A. C. Taylor, representing the N. A. B. P., 1733 Upshur St., N. W., Washington, D. C. (1946)
- R. L. Swain, representing the N. A. B. P., 330 W. 42nd St., New York, N. Y. (1948)
- A. G. DuMez, Sec.-Treas., representing the A. A. C. P., 32 S. Greene St., Baltimore, Md. (1944)
- Townes R. Leigh, representing the A. A. C. P., Univ. of Florida, Gainesville, Fla. (1946)
- Ernest Little, representing the A. A. C. P., 1 Lincoln Ave., Newark, N. J. (1942)
- Earl J. McGrath, representing the A. C. E. University of Buffalo, Buffalo, N. Y. (1948)

There has been no change in the membership of the Council during the year other than the addition of Dr. Earl J. McGrath, Dean of Administration of the University of Buffalo, who was appointed by the

American Council on Education to fill the vacancy created by the resignation of Dr. David A. Robertson.

Dr. Swain, whose term of office as a representative of the National Association of Boards of Pharmacy expires this year, was reappointed for term of six years. The terms of office of David F. Jones, representing the AMERICAN PHARMACEUTICAL ASSOCIATION and of Ernest Little, representing the American Association of Colleges of Pharmacy, also expire this year. The respective associations have been notified of this condition and it may be assumed that their successors will be appointed when these associations meet in annual convention, which is only a few days off.

The appointment of Dr. McGrath to represent the American Council on Education was most welcome as he has had wide experience in the field of education and has the reputation of being an intelligent observer of the whole field of higher education, including pharmaceutical education. It is believed that he will prove to be a worthy successor to Dr. Robertson and that his advice and counsel will be most helpful in guiding the Council in future undertakings.

*Meetings.*—The Council has held two meetings since the meeting held in Detroit, Michigan, on August 16, 1941: one in Baltimore, Maryland, on March 27, 1942, and one in Denver, Colorado, August 16, 1942. The important items of business transacted at these meetings are covered in this report.

*Accreditation Activities.*—Revision of the standards for accreditation of colleges of pharmacy and of the roll of accredited colleges was completed in March, 1942, and one thousand copies of each were ordered printed. These have been distributed to board members, colleges of pharmacy, national and state pharmaceutical associations, the pharmaceutical journals and to others who have requested them.

Active coöperation with the National Pharmaceutical Syllabus Committee in the revision of the Pharmaceutical Syllabus was continued throughout the year. This coöperative effort has resulted in the recent distribution of mimeographed copies of a tentative draft of the Syllabus, which the colleges have been requested to try out during the next year or two to determine if it is usable to a sufficient extent to justify its adoption by the Council as a part of its standards for accreditation. It is hoped that all of the colleges of pharmacy will give it a fair trial and that they will send their criticisms and suggestions for improvement promptly to the Syllabus Committee.

Another important activity of the Council for the year was the formulation of a policy with regard to the acceleration of the educational programs of colleges of pharmacy. The policy adopted was sent to the deans of colleges of pharmacy, the officers of the sponsoring organizations, and the pharmaceutical press. The following is a statement of the policy in full:

The American Council on Pharmaceutical Education, recognizing that adjustments in the educational programs of all institutions of higher education may have to be made as a result of the present war emergency, and believing that such adjustments in the program of pharmaceutical education as may become necessary can be made without endangering present standards, adopted the following statement of policy at a meeting held on March 27, 1942:

1. It is recommended that the colleges of pharmacy give serious consideration at this time to the acceleration of their respective programs for the education of pharmacy students in order that the armed forces of the country, as well as the civilian population, may be adequately served.

2. The final decision as to whether or not an accelerated program shall be adopted, is believed to be a matter which should be left with the individual colleges.

3. In the event that an accelerated program is adopted, the Council will permit the following deviations from its standards for the period of the war emergency:

(a) Section VIII, 1 (a).—At least two months must elapse between each college year.

This requirement is suspended for the duration of the emergency.

(b) Section VIII, 6 (a).—The degree of Bachelor of Science (B.S.) or Bachelor of Science in Pharmacy (B.S. in Phar.) and these degrees only, may be given for the completion of the four-year course of not less than 3200 hours.

This requirement is amended for the duration of the emergency, to permit the granting of full credit to students ordered to report for induction into the armed services, who have completed more than half of the work of any semester or quarter and who have successfully passed such tests as may be given to establish full credit. This amendment does not apply to the freshman year.

4. The accreditation of a college of pharmacy will be withdrawn if there is any perceptible lowering of educational standards (including requirements for admission), either in the scope of the curriculum, the total number of hours required for graduation or the level of scholarship demanded, except as this may be affected by the foregoing amendment to Section VIII, 6 (a) of the Council's Standards for Accreditation.

*Summary of Progress.*—At the present time, there are 68 colleges of pharmacy in the United States proper offering systematic instruction leading to a degree in pharmacy. Of this number, 66 have made

application to the Council for accreditation and of the latter number, 63 have been accredited. One of the 63, namely, the School of Pharmacy of the Medical College of the State of South Carolina, has recently been discontinued so that there are at present 62 colleges on the accredited list. Three of these were added to the list during the year, namely, the Southern College of Pharmacy located at Atlanta, Georgia, the Cincinnati College of Pharmacy, located at Cincinnati, Ohio, and the College of Pharmacy of the University of California, located at San Francisco, California.

The Council has now been in existence for ten years and it is most encouraging to look back upon the improvements which have been made in our colleges of pharmacy during this period.

The most noticeable of these improvements have occurred in the physical plant and equipment and range all the way from the alteration of old laboratories and classrooms to the construction of new laboratories and classrooms and the erection of new buildings. Perhaps the improvements next in order of importance and frequency are to be found in the libraries. Without exception, all of the colleges have made additions to their libraries and in several instances, creditable libraries have been built up from almost nothing. Considerable progress has also been made in building up the faculties of the colleges, in the revision of the curricula and in organizing the work of instruction for greater efficiency. While it may, therefore, be said that most of the colleges of pharmacy now possess creditable quarters for giving instruction and that the equipment is adequate, there are still some colleges in which the faculty is inadequate in numbers and qualifications, others in which the curriculum needs revamping and still others in which the work of instruction is not properly organized. The work of the Council for the immediate future will, therefore, be directed toward correcting these conditions and the colleges may look to greater emphasis being placed upon these conditions in future inspections.

*Financial Statement.*—Attached hereto is a financial statement for the period August 16, 1941, to August 15, 1942. The cash balance is approximately \$500 less than it was a year ago, the difference being due to the cost of making reinspections for which there is no charge to the college and of printing the revised editions of the constitution and by-laws and standards for accreditation, and the roll of accredited colleges. The amount on hand together with the annual contributions of the sponsoring organizations will be sufficient to permit the Council to defray the expenses of holding the meetings necessary for the transaction of its business during the coming year, and to pay the expenses of the committees sent to reinspect the colleges scheduled for reinspection in 1942-43.

It will be recalled that attention was directed in last year's report to the necessity of increasing the Council's income if periodic reinspections of the colleges were to be made in the future. It was sug-

## FINANCIAL STATEMENT

## AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

August 16, 1941, to August 15, 1942

*Receipts:*

1941

Aug. 15	Balance on hand.....	\$5121.02	
Aug. 11	A. Ph. A., annual contribution.....	200.00	
Sept. 18	A. A. C. P., for inspection of one college.....	175.00	

1942

Mar. 28	A. A. C. P., annual contribution.....	200.00	
May 11	N. A. B. P., annual contribution.....	200.00	
June 9	A. Ph. A., annual contribution.....	200.00	\$6096.02

*Expenditures:*

1941

Sept. 8	A. C. Taylor, expenses, meeting in Detroit.....	11.20	
Sept. 8	James P. McNulty & Co., for auditing accounts.....	50.00	
Sept. 8	A. G. DuMez, postage, telegrams, telephone, etc.....	25.15	
Sept. 8	Daisy E. Gue, stenographic services.....	50.00	
Sept. 8	A. G. DuMez, expenses, meeting in Detroit.....	89.33	
Sept. 11	R. L. Swain, expenses, meeting in Detroit.....	9.20	
Oct. 2	C. O. Lee, for work done by H. W. Murphy on library book list.....	10.00	
Dec. 18	Robert P. Fischelis, expenses, meeting in Detroit.....	15.00	
Dec. 18	R. L. Swain, inspection trip.....	89.09	
Dec. 18	A. G. DuMez, inspection trip.....	78.26	

1942

Feb. 5	A. Lee Adams, inspection trip.....	80.09	
Feb. 14	C. H. Rogers, inspection trip.....	155.97	
Feb. 14	A. G. DuMez, inspection trip.....	149.38	
Mar. 14	R. L. Swain, inspection trip.....	94.00	
April 1	R. P. Fischelis, inspection trip.....	120.49	
April 11	Ernest Little, expenses, meeting in Baltimore.....	30.68	
April 11	R. L. Swain, expenses, meeting in Baltimore.....	30.12	
April 22	Townes R. Leigh, expenses, meeting in Baltimore.....	82.33	
May 6	A. C. Taylor, expenses, meeting in Baltimore.....	4.21	
May 6	R. L. Swain, inspection trip.....	21.07	
May 6	A. G. DuMez, inspection trip.....	49.30	
May 7	Earl J. McGrath, expenses, meeting in Baltimore.....	4.00	
May 26	H. G. Roebuck & Son, printing list of accredited colleges and standards for accreditation.....	225.00	
May 28	H. G. Roebuck & Son, gummed envelopes.....	7.75	\$1481.62

Balance..... \$4614.40

gested that if the annual contributions of each of the sponsoring organizations were increased by \$400, making the total annual contribution of each sponsoring organization \$600, there would be sufficient income to reinspect approximately 20% of the colleges each year, which would make possible the reinspection of all of the colleges once in every five years. It is hoped that definite action will be taken on this matter by the sponsoring organizations at this year's annual meetings and certainly not later than 1943, as the Council should begin to make periodic reinspections in 1944.

*Conclusions.*—After ten years of operation, it is pleasing to note that the isolated cases of opposition to the work of the Council which appeared in the beginning have almost completely disappeared and that the colleges and boards of pharmacy are co-operating more closely than ever before in promoting the work of the Council. It is believed that this is due largely to the qualifications and character of the men who have served on the Council and to the fairness with which they have made their decisions. There is no doubt that the influence exerted by the Council on Pharmaceutical Education has been

wholesome and that it is desirable that the exercise of this wholesome influence be continued, particularly in these times of emergency when efforts to lower the present standards may be expected to be made. The active support heretofore given by the sponsoring associations, other pharmaceutical organizations and the pharmaceutical press is greatly appreciated and its continuance is earnestly solicited."

**COMMITTEE ON PHARMACEUTICAL SYLLABUS.**—In the absence of Chairman Burlage, the following report was read by Dr. E. V. Lynn, a member of the Committee, and was received.

"Several meetings of the Committee were held at the Hotel Statler, Detroit, from August 17 to 21. These meetings included a joint one with the American Council on Pharmaceutical Education called in order to arrive at a definite decision concerning several of the requirements which the Council deemed desirable and which had not been approved by the Syllabus Committee.

At this joint meeting, on the basis of certain information and arguments presented by the Council, it was recommended that:

1. Bioassay should be a required subject of 48 hours (16 hours + 32 hours) and that it might be given as a separate course or included in the course in pharmacology with a corresponding increase in hours.
2. College mathematics (96 + 00 = 96) should be required.
3. College physics (96 + 64 = 160), with college mathematics as a prerequisite, be required.
4. A foreign language (96 + 00 = 96) be required.
5. Eighty hours of pharmaceutical economics (32 + 48 = 80) be required, in addition to a course in the principles of economics (48 + 00 = 48).

These five recommendations were referred to the members of the entire committee by mail, following the meetings, and items 1, 2, 3 and 5 were approved. Item no. 4 was not approved, but a foreign language was to be included as an optional subject.

Pharmaceutical economics, as a result of the vote by mail, were finally approved by both groups and it was to consist of the following subjects:

- Marketing of Drug Products (32 + 00 = 32)—a required subject.
- Management of Retail Pharmacies (32 + 00 = 32)—a required subject.
- Applied Accounting (00 + 48 = 48)—an optional subject.

A subcommittee report at one of the meetings presented a list of subjects for which it recommended that outlines be included in the Syllabus. These subjects were considered and discussed at considerable length by the Committee, which, after deciding that outlines for elective subjects be limited to pharmaceutical subjects, selected the following list:

- Dental Pharmacy
- Hospital Pharmacy
- Insecticides, Fungicides and Rodenticides
- Manufacturing Pharmacy
- Perfumes and Cosmetics
- Veterinary Pharmacy

A suggestive curriculum for inclusion in the Syllabus was drawn up and approved.

At the final meeting the chairman was instructed to proceed with the compilation of a tentative edition of the Syllabus and to submit two copies to each school of pharmacy in the country—one copy for the dean's office and one copy for the use of the staff of the school. He was further instructed to draw up, with the help of the secretary of the American Council on Pharmaceutical Education, a letter of transmittal indicating the desirability of each school to subject the outlines in this edition to trial in courses already established in the school's curriculum and report to the chairman of the Syllabus Committee. This letter of transmittal, because of its importance, is herewith submitted:

#### LETTER OF TRANSMITTAL

'Based on the decisions reached at a joint meeting of the American Council on Pharmaceutical Education and the Syllabus Committee held in Detroit on August 21, 1941, the following agreement was reached relative to the procedure for obtaining prompt action by the colleges in the trial tests, to be made to determine the usability of the outlines of courses of study tentatively approved by the Syllabus Committee:

1. That the Syllabus Committee have prepared mimeographed copies of tentative outlines of each of the courses to be required for the pharmaceutical curriculum.
2. That copies of these outlines be distributed to all of the accredited colleges of pharmacy, with the request that they be subjected to trial by the colleges to determine if the work outlined in the individual course can be improved upon, etc.
3. That the colleges be requested to report their findings promptly after the completion of each course, also any suggestions for alterations and improvements, to the chairman of the Syllabus Committee.
4. No reports shall be expected from a college on a course which is not now included in its curriculum.
5. That the chairman of the Syllabus Committee collect the reports received from the colleges and summarize them for submission to the American Council on Pharmaceutical Education.
6. That the final approval of these outlines by the American Council on Pharmaceutical Education for inclusion in the standards for the accreditation of colleges of pharmacy be based primarily upon the summaries submitted to it by the Syllabus Committee.
7. That these trial tests be completed within two years, if possible, so that any retrials which may become necessary may be made in the third

year and thus enable the Council to set a date for making these outlines obligatory four years hence.'

The tentative fifth edition has, therefore, been prepared in mimeographed form and, according to instructions, two copies were sent to each school of pharmacy, one copy to each member of the American Council on Pharmaceutical Education and to individuals suggested by the secretaries of the National Association of Boards of Pharmacy and the AMERICAN PHARMACEUTICAL ASSOCIATION, sponsoring organizations. Additional copies are available at \$1.15 to cover the cost of duplicating, binding, and mailing. Individual outlines are available at one cent a page.

A financial statement is attached.

The chairman regrets that he will not be present at this, the joint meeting of the three sponsoring organizations, but he feels that the member of the Committee who presents this report for him will be able to answer and discuss any questions or problems which may arise.

A financial report extending from August 1, 1941, to August 1, 1942, is offered:

*Receipts:*

Balance on hand August 1, 1941.....	\$ 835.41
Contributions from A. A. C. P., 1942....	50.00
Contributions from N. A. B. P., 1942....	50.00
Contributions from A. Ph. A., 1942.....	50.00
Sales of Syllabi, Fourth Edition.....	6.50
Sales of Syllabi, Tentative Fifth Edition.....	9.20
Interest on Savings.....	9.66
Total.....	\$1010.77

*Disbursements:*

Postage, supplies, express.....	\$ 53.75
Clerical.....	216.44
Mimeographing, assembling, and binding of 300 copies of the tentative Fifth Edition.....	333.70
Bank check service.....	2.00
Total.....	\$605.89
Balance on hand August 1, 1942.....	\$404.88

COMMITTEE ON PERSONNEL PROBLEMS.

—The following report was read by Chairman J. B. Burt, and was received.

"Mr. Chairman:

In the report of the Committee made one year ago at the Detroit meeting, it was indicated that the Committee hoped to have completed by this time a survey of registered pharmacists and registered assistant pharmacists, yielding information concerning working hours, rates of remuneration, provisions for 'days off' and vacation periods, and membership in labor organizations. However, with the entry of United States into the war, the condi-

tions which were to have been surveyed have undergone rapid change, partly resulting from the entry of large numbers of registered pharmacists into the armed forces. Under these circumstances, it appeared unwise to your Committee to carry out the survey proposed. Accordingly, on February 17, 1942, a letter was addressed to the Presidents of the four organizations represented by this Committee (the A. A. C. P., A. Ph. A., N. A. B. P., and N. A. R. D.), a portion of which read as follows:

Although our plans have advanced to the point where the Committee soon will be in position to begin the circulation of questionnaires, the rapidly changing situation with respect to conditions of employment of registered pharmacists since the entry of our country into war, naturally raises the question as to whether it would be desirable to make the survey at this time. It is probable that the information obtained would be less typical than that obtained under normal conditions. On the other hand, there may be very good reasons for proceeding with the study without further delay. For example, information gathered by the Committee indicates that activity of labor organizations among the practitioners of pharmacy is increasing. It may well be that if organized pharmacy is to take a stand and exert its influence in controlling this situation your Committee should act now.'

If in the opinion of the presiding officers of the four organizations it is believed that the Committee should carry out the survey as planned, the work will be initiated at once. If on the other hand it is considered unwise to carry out this program under the existing conditions, the plans can be held in abeyance until the return of more normal times. Your guidance in this matter is respectfully requested."

The unanimous decision of these officials, and the Council of the AMERICAN PHARMACEUTICAL ASSOCIATION, to whom this question was referred, was to the effect that the survey should not be undertaken at this time, but deferred until the return of more normal conditions. The suggestion that the Committee be kept intact and instructed to resume its study when conditions were suitable also was received from the Presidents of two of the organizations represented.

It is therefore recommended that the Committee on Personnel Problems be retained on an inactive status until such time as conditions will justify the resumption of its activities.

ADDRESS OF LIEUTENANT W. PAUL BRIGGS\*—President Molyneux requested Secretary Kelly to introduce Lt. Briggs who read the following address:

"The practice of using trained personnel to administer to sick and injured seamen began on the Greek and Phoenician ships. Prior to 1898 the medical care of the officers and enlisted men of the

\* The opinions advanced in this paper are those of the writer and do not necessarily represent the official views of the Navy Department.

United States Navy was delegated to persons of various degrees of professional attainment by order of the Navy Department. An Act of Congress in 1799 provided that a place should be set apart for the sick and hurt men of the ship, and further provided that some of the crew should be appointed to attend them. The area set apart was known as the 'cockpit' and later as the 'sick bay.' Young boys of the crew were generally assigned to assist the Surgeon or the Surgeon's Mate and in 1814 this practice was recognized by regulation. These assistants, who had come to be called 'loblolly boys,' after the custom of the British Navy, were succeeded about 1843 by the surgeon's steward and in 1861 by the male 'nurse.' The male nurse was later called 'bay-man' and this title was continued until the organization of the Hospital Corps in 1898.

Probably the surgeon's steward had by this time assumed a degree of professional responsibility and it is likely that civilian apothecaries were being taken directly into the service, because a Navy Department order of November 11, 1861, changed their status to 'appointed petty officers' and an order dated December 8, 1866, changed the title of the surgeon's assistant to that of Apothecary. A regulation of 1898 prescribed that: 'A candidate for examination and first enlistment as Apothecary must be a graduate of some recognized college of pharmacy.' This regulation is probably the background for the use of the present titles of Pharmacist's Mate, Chief Pharmacist's Mate, Pharmacist, and Chief Pharmacist for the commissioned and enlisted personnel of the Hospital Corps, which came into existence by an Act of Congress of June 17, 1898. The present Hospital Corps organization is based upon an Act of Congress approved August 29, 1916. This Act provided that the strength of the Hospital Corps 'shall equal three and one-half percentum of the authorized enlisted strength of the Navy and Marine Corps. . . .' It also provided for the commissioned warrant grade of Chief Pharmacist, the warrant grade of Pharmacist and the several enlisted ratings. Commissioned Chief Pharmacists are appointed by the President and Warrant Pharmacists are appointed by the Secretary of the Navy.

#### THE HOSPITAL CORPS

Members of the Hospital Corps of the Regular Navy and the Naval Reserve are acquired by enlistment, and, by progression based upon service, education, training, physical fitness and other factors, an enlisted man may rise to the commissioned warrant grade of Chief Pharmacist.

First enlistments, in the case of men without any professional education or training in one of the many activities of the Hospital Corps, are accepted as Apprentice Seamen. Such an enlisted man would receive recruit training after which, if he requested duty with the Hospital Corps, he would be required to complete the prescribed course of study for Hospital Apprentices at one of the Hospital Corps

Schools. This course, normally of 16 weeks' duration, has of necessity been temporarily shortened to 6 weeks. The present curriculum of the Hospital Corps Schools includes Anatomy and Physiology, Minor Surgery and First Aid, Metrology, Materia Medica and Toxicology, Hygiene and Sanitation, and the major subject of Nursing.

Pharmacists enlisted from civil life do not attend Hospital Corps School. These schools are designed for the single purpose of training Hospital Apprentices. Perhaps because the higher enlisted ratings and the commissioned ranks of the Hospital Corps include the word 'pharmacist' in their titles, some have assumed that this is a course in pharmacy and that graduates of this course practice pharmacy. Such an assumption is entirely incorrect.

The course is primarily one in nursing and graduates of the course are rated as Hospital Apprentices, second class, and immediately transferred to Naval Hospitals for training in the practice of nursing. In the schools and the hospitals instruction is given in the tables of weights and measures and the student is given some very elementary training in the use of drugs and the administration of medicines. After training, further education, and the required period of service, Hospital Apprentices, second class, may take the examination for rating as Hospital Apprentices, first class. The next rating, promotion to which is based, in the same manner, upon general qualifications, training, education, service and examinations, is that of Pharmacist's Mate, third class. In a general way, these three categories may be considered primarily as male nurses, especially in the case of men who have entered the service without any civilian professional background.

Pharmacist's Mates, third class, may advance through the ratings of Pharmacist's Mate, second class, and Pharmacist's Mate, first class, to Chief Pharmacist's Mate by completing the courses of study, passing formal examinations for each grade and meeting the other service requirements. Second and third class petty officers may perform the specialized auxiliary medical services for which they have been trained. Chief petty officers and first class petty officers usually act as assistants to Hospital Corps or Medical Officers in a wide variety of professional activities or serve in an independent duty status.

Chief Pharmacist's Mates may be appointed to the warrant rank of Pharmacist after the required period of service, on the basis of competitive comprehensive examinations. After six years of service a warrant Pharmacist may be appointed, after examination, to the commissioned warrant rank of Chief Pharmacist.

#### EDUCATIONAL POLICY

One of the basic policies of the Navy is the continuous education of all officers and enlisted men. This program is carried out through special schools, both ashore and on board ships and through super-

vised study. Advancement in rating, in addition to other requirements, is predicated upon the satisfactory completion of standardized courses of study followed by formal examinations. In the case of Hospital Corpsmen this educational program includes the primary Hospital Corps Schools; lectures, demonstrations, practice and training in all phases of Hospital service; Pharmacist's Mates' courses for advanced ratings, in the form of organized study courses especially prepared for advancement to each grade, and more than twenty technical specialty courses.

The standard text for all of these courses is *The Handbook of the Hospital Corps, United States Navy, revised, 1939*. This comprehensive text of 967 pages has been prepared by a symposium of qualified members of the Medical Corps, Dental Corps, Hospital Corps and Nurse Corps of the United States Navy.

The Navy maintains special advanced courses in the several auxiliary medical fields including among others, Clinical Laboratory, Roentgenology, Pharmacy and Chemistry, Clerical Procedures, Property and Accounting, Physical Therapy, Commissary Administration, Epidemiology and Sanitation, and Dental Technology. Men holding the ratings of Pharmacist's Mate, first class, Pharmacist's Mate, second class, and Pharmacist's Mate, third class, if otherwise qualified, are eligible to enter one of these courses. The course of particular interest to this group is the one in Pharmacy and Chemistry.

This course is offered only at the National Naval Medical Center at Bethesda, near Washington. The course is of nine months' duration and includes 399 clock hours of theoretical and 750 clock hours of practical instruction. This total of 1149 hours of instruction includes Inorganic, Organic, Inorganic Qualitative and Inorganic Quantitative Chemistry, Pharmaceutical Inorganic and Pharmaceutical Organic Chemistry, Principles of Pharmacy, Pharmaceutical Arithmetic, Operative Pharmacy, Dispensing Pharmacy, Materia Medica and Toxicology. The instructors are Medical Officers, Hospital Corps Officers and Pharmacist's Mates, who by education, training and experience are judged qualified for this duty. A certificate as a Pharmacy-Chemistry Technician is granted upon completion of this course. Such technicians are mainly engaged in testing, research and control laboratories in one of the Naval Medical Supply Depots or Hospitals. Pharmacy-Chemistry technicians may also be detailed in the pharmacies of Naval Dispensaries but in view of the numerous enlistments of registered pharmacists since the declaration of war, these technicians have largely been used for other duty. Unofficially I would express the opinion that the course in Pharmacy-Chemistry in the Navy is only offered because, in normal times few college-trained pharmacists turn to the Navy for a career. I believe that if sufficient numbers of college-trained pharmacists remain in service, this course will be discontinued entirely or replaced by a course in applied analytical chemistry.

#### OPPORTUNITIES

From a monetary point of view, a career for a graduate pharmacist in the Hospital Corps of the Navy has its advantages. Without attempting to discuss all of the aspects of the pay scale, it should be pointed out that on enlistment a pharmacist would receive a return about equal to the average pay of an employee pharmacist, considering that clothing is provided and that food and lodging are either provided or in lieu thereof cash allowances are made.

A pharmacist, if twenty-three years of age, would probably be enlisted in the Naval Reserve as a Pharmacist's Mate, second class, with base pay of \$96 per month. If married he would receive \$37.50 in addition, as an allowance for quarters, making a total of \$133.50. If married and serving at sea a Pharmacist's Mate, second class, would receive his base pay of \$96 per month, plus 20 per cent additional and also quarters allowances for his wife of \$37.50, making a total of \$152.70.

A pharmacist between the ages of twenty and twenty-three years, and otherwise qualified, may be enlisted as Pharmacist's Mate, third class.

Graduates of schools of pharmacy who are under twenty years of age, if otherwise qualified, may be recommended by recruiting stations for enlistment as Pharmacist's Mate, third class, or they may apply directly to the Bureau of Naval Personnel, Washington, D. C.

After proper service for 30 years, assuming that he qualified and was promptly promoted, he could anticipate an annual salary and allowances totaling approximately \$4000 or more. Government insurance and retirement pay are also available to qualified service men as prescribed by regulations.

A considerable number of Hospital Corps officers who held the rank of Chief Pharmacist and Pharmacist and some enlisted men who were rated as Chief Pharmacist's Mate have been temporarily promoted to the commissioned ranks of Lieutenant, Lieutenant (junior grade) and Ensign.

#### COMMISSIONS AND ENLISTMENT

A limited number of specialists in the related fields of medicine, including Pharmacists, have been commissioned from civil life in the Naval Reserve, Class H-V(S). All men commissioned were required to be college graduates, licensed to practice their respective profession, physically qualified and able to meet certain other requirements. At this time the quotas in all of these specialties have been filled. I regret that I am not at liberty to disclose the number of officers appointed under these several quotas, but the quotas were established on the basis of the number of billets that it was thought could be filled by civilians. Registered and graduate pharmacists may enlist in the Hospital Corps of the Naval Reserve, Class V-6, and may be initially rated up to Pharmacist's Mate, second class, without any prior military service. A registered or graduate pharmacist on

enlistment would be rated Pharmacist's Mate, third class, or second class, depending upon age, and would receive four weeks or more of indoctrination at one of the Naval Hospitals and then be assigned to active duty.

What has just been said about the commissioning, enlistment, ratings and promotions for pharmacists applies also to the large and varied group of so-called medical specialists. In the introduction I tried to explain why these specialists are called Pharmacist's Mates even though they might not possess any training in pharmacy as you and I understand that term.

The duties and activities of the personnel of the Hospital Corps embrace every phase of the work of the Medical Department except those specific duties performed by medical and dental officers. Pharmacy is one of these activities, but except in the large Naval Dispensaries there is little compounding, most of the drugs used being prepared in appropriate dosage forms.

Under present conditions the supply of pharmacists in the Navy is such that a registered pharmacist, and in most instances a graduate pharmacist, is on duty wherever drugs are dispensed. It is not possible to use every pharmacist in such duty because of the limited requirements of the service but every pharmacist is serving in a duty related to his training.

In the lower ratings of the Hospital Corps, the most extensively used and essential professional specialists are male nurses, both general and specialized; first aid workers; dental technicians and men with general hospital experience. In addition to the work of these technicians the activities of the Corps are such that the services of pharmacists, physiotherapists, embalmers, chiropractors, podiatrists, osteopaths, opticians, clinical laboratory technicians, X-ray technicians and men trained in certain other auxiliary medical specialties can be utilized, and it is the practice to grant ratings to such men on the basis of their qualifications in their respective specialties.

Every enlisted man is required to attain proficiency in the general duties of the Hospital Corps and military duties take precedence over all other activities. Qualification in any specialty is of secondary importance to the primary task of the Navy and no assurance can be given that any one will practice his specialty to the exclusion of other duty.

In considering the duties and responsibilities of Pharmacist's Mates as contrasted with the civilian practice of pharmacy it should be realized that the Navy is a fighting organization and that every other activity is subordinate to that primary task. While the personnel of the Navy are subject to the same diseases and general medical and dental requirements as civilians, the degree of nonmilitary sickness is markedly less in the case of Navy personnel.

When a warship is in action, with the officers and crew at battle stations, the care of the sick and injured must be dealt with in an entirely different

manner from that which is the practice in civilian life. Water-tight bulkheads are closed and must be kept closed until action ceases. This means that movement throughout the ship is temporarily restricted. Casualties must be treated first where they occur, delaying major and final attention until injured men can be moved through the ship to the sick bay. Every man of the crew and every officer is trained in elementary first aid. Such few drugs as are used under these conditions must be in a form that can be administered safely by an injured man to himself or by a shipmate. The principal medical attention required under these conditions is obviously surgical.

The ratings of Pharmacist's Mate, first class, and Chief Pharmacist's Mate are always filled by men with military or naval service who are qualified to stand watches. These ratings are frequently used on duty independent of a medical officer and they must be prepared by training and experience to care for sick and injured men until the services of a medical officer can be obtained. The navy expression 'stand watch' has a very broad meaning and it is difficult to define it precisely. In a general way it means preparedness for any duty or emergency and a complete understanding of, what to do and how to do, any task within and sometimes beyond the scope of duty. Perhaps I can best illustrate why civilian pharmacists are not initially enlisted in ratings above Pharmacist's Mate, second class by quoting from the Commanding Officer's Commendation to Pharmacist's Mate, first class, Edgar M. Dodd, under date of December 16, 1941.

'1. At dawn on Friday, October 31, 1941, this ship was engaged in rescuing survivors of the U.S.S. *Reuben James*. All of these men were covered with fuel oil and suffering from shock and exposure. One was in a critical condition from prolonged exposure, submersion and from breathing oil fumes. Another was in a serious condition from compression of the abdominal organs. Others suffered from minor injuries.

'2. You quickly and correctly diagnosed the type and extent of injury in each case and immediately instituted the proper treatment. You further organized and supervised those who were assisting so that each man received prompt treatment and at the same time you kept those who were seriously injured under your own care and observation.

'3. Due to your prompt actions and the quietly efficient manner in which you performed your duties, there were no relapses or hysterical reactions in any patient.

'4. When this ship rejoined the formation, a verbal report of the condition of the survivors and the treatment given was made to the Division Medical Officer. He stated that your procedure had been correct in each case. All survivors were transferred to \_\_\_\_\_ upon our arrival in port.

'5. The Commanding Officer is of the opinion that through your energy, knowledge, ability, good judgment and leadership the lives of two seriously



injured men were saved and serious illness of other survivors of the *Reuben James* was prevented. He takes this occasion to commend you and publish this letter at quarters. A copy will be filed with your official record.'

This is not meant to minimize in any way the professional qualifications of civilian pharmacists in pharmacy, but to draw attention to the responsibilities, beyond pharmacy, that Pharmacist's Mates, in the Navy must be prepared to assume. After a period of training civilian pharmacists can be promoted to these grades, can stand watch and can be expected to cope with an emergency in the same capable manner as did Pharmacist's Mate, first class, Dodd.

Hospital Corps officers with rank of Pharmacist and Chief Pharmacist serve as assistant administrators in naval hospitals and must be familiar with Navy procedure. They may be responsible for the commissary, for procurement or act as accounting officer, as Master-at-Arms or as personnel officer of Naval Hospitals and in Hospital Corps Schools. Such duties require complete familiarity with Navy routine and clerical procedure and generally can be filled only by men with many years of experience in the Corps, which, through rotation of duty, provides the necessary knowledge and training that can be obtained in no other way.

#### TYPES OF DUTY

The United States Navy is the first line of defense of our nation. Its activities extend around the globe. The Hospital Corps serves all naval activities, the Marine Corps and certain insular civil communities. The duties of the individual Hospital Corpsman are as varied as the places where he serves. Hospital Corpsmen are on duty in the Bureau in Washington, and with Marine Corps expeditionary forces in foreign lands, on ships at sea and at base hospitals; with aeroplane squadrons and at Medical Supply Depots; at clinical laboratories and in Hospital Corps Schools.

#### CONCLUSION

The Hospital Corps of the United States Navy is not a Pharmacy Corps, by intention or by exclusive service, but it does include, along with many other medical specialties, the pharmaceutical services of the Navy. The word pharmacist is included in the designations for some of the higher enlisted ratings and in the titles for officers of the Hospital Corps. The titles Apothecary or Pharmacist have been used by the Navy since 1866 and connote a respected and important service, but do not necessarily indicate professional qualification in pharmacy in the same sense as when used in civilian life. However, qualifying examinations for all ratings above Hospital Apprentice, first class, require a knowledge of the field of Pharmacy, in addition to other professional qualifications. The Hospital Corps is a vital and active part of the Medical De-

partment and its members receive the respect and confidence of the other members of the Department. The individual 'pharmacists,' graduate, registered and Navy-trained, and the entire personnel of the Hospital Corps are making a significant contribution to the mission of the Medical Department of the Navy which is to keep as many men at as many guns as many days as possible."

COMMITTEE ON STATUS OF PHARMACISTS IN GOVERNMENT SERVICE.—The following report was read by Chairman H. Evert Kendig:

"The work of this committee has touched many governmental areas but the demands springing from the national emergency have required so much attention that it was not possible to give as much time as formerly to the problems of pharmacy in the various federal bureaus and agencies which are less directly related to the war effort; heretofore such work has been the subject of a considerable part of the annual report. Therefore, the committee is confining its statement to a few activities national in scope.

#### SELECTIVE SERVICE

Before our country entered the war and until quite recently, the induction of pharmacists and pharmacy students into the armed forces was accomplished without particular interference with civilian pharmaceutical service and without undue hardship to the body pharmaceutical. Today the requirements of the armed forces are beginning to be felt and in many localities proper pharmaceutical service is not obtainable.

Anticipating this situation, your committee from the beginning has urged National Selective Service Headquarters to issue directives, or occupational memoranda to State Headquarters for Local Board guidance, which would bring about intelligent selection, *i. e.*, induction first of those who were not required for the maintenance of civilian health services in their locality.

We were told to prove necessity for this action with authenticated statistics and submitted all the available data in turn to Selective Service Headquarters, the Bureau of Labor Statistics, the War Manpower Commission and other agencies. Our efforts were unavailing for two reasons: a difference of opinion among pharmacists as to whether there was an actual or potential shortage in the supply of pharmacists and the lack of state and local figures to support the statements of pharmacists that a shortage existed in their communities. The figures we could obtain were national in scope and placed us in the position of claiming an overall shortage. The statistics to prove local or state shortages were not available even though there was substantial unanimity of thought about a shortage of pharmacists. However, in a government bureau statements not supported statistically are nothing but opinions—hear-say evidence.

Out of our experience in this and related efforts, we are convinced that the crying need of pharmacy today is a statistical study of every phase of this profession. Secretary Kelly has made every effort to obtain the data required by the committee, but the response has been very insufficient. Unless the various associations, local, state and national, become conscious of their responsibility in this endeavor and promptly make the surveys requested and file their findings in A. PH. A. headquarters, we will continue to be in an unfavorable position when presenting claims for recognition, or for ordinary justice. The government does not act on the basis of unsupported opinion. It deals in facts only.

Selective Service Headquarters' memorandum, No. 1-62 of April 21, 1941, to all state directors stated: 'The following are professional occupations in which authorities allege that a shortage will exist, but which have not yet been studied by the Bureau. However, there is complete agreement among representatives of industry, of American colleges and universities and of the practicing professional groups that the present and future demands of the national defense program for college-trained scientific personnel will transcend the normal supply of graduating students that comes onto the labor market at the close of the academic year.'

'It is directed that this release be disseminated to all local Selective Service agencies in your State as an expression of the national policy in these fields.'

Pharmacy is in this list. As long as this memorandum was the accepted guide for Local Boards, there were few complaints about the application of Selective Service to pharmacists and students of pharmacy. Later special lists for occupational deferment were issued and, as pharmacy did not appear on them, many boards proceeded on the assumption that pharmacists were not to be given serious consideration for deferment. These various releases have given rise to much confusion, so many directives, memorandums, letters, etc., have been issued that it seems to be completely overlooked by many state headquarters and local boards that memorandum 1-62 is still in effect. It has never been rescinded, cancelled or withdrawn.

Last winter Selective Service Headquarters proposed that we set up through the agency of the State Pharmaceutical Associations State Advisory Committees to function on the advisory level with State Selective Service Headquarters. This plan was designed to accomplish on a voluntary basis the objectives of the Procurement and Assignment System for medicine and dentistry established under Presidential order.

The AMERICAN PHARMACEUTICAL ASSOCIATION with the coöperation of the Conference of Pharmaceutical Association Secretaries called a meeting of the secretaries of the State Pharmaceutical Associations which convened in Washington in February. The plan and procedure were presented and explained by General Hershey and Major Sigmund

Coblentz of Selective Service Headquarters. Letters were to be sent to State Headquarters by National Headquarters stating that such committees would be appointed to furnish information desired about the man-power situation in any part of the state. These committees would never make recommendation as to whether individuals should be inducted, nor was it contemplated that they should have any contacts with local boards. They would furnish factual information to State Headquarters for its use in determining whether pharmacists could be withdrawn from a community without dangerously lowering the civilian pharmaceutical service.

Unfortunately, this proposal came too late and for a number of reasons the letter was not issued which would have given at least quasi official status to these committees. While this matter was still pending, the War Manpower Commission was appointed and new policies for selective service were inaugurated with corresponding changes in the old. While the authorizing letter was never issued, about twenty states set up these committees and the most of them have been warmly welcomed and used freely by the state selective service officials. They are performing a very useful service.

We urge that State Advisory Committees be promptly appointed. While their necessity in some states may not be pressing at the present time, as the war situation becomes more critical they will become increasingly necessary and valuable. In the meantime these committees can be acquainting themselves with the situation in the state and become prepared to act promptly.

Our claims had been deferred so often that we did not feel confident of favorable consideration until recently when very well prepared detailed reports on the pharmacist supply situation began to come in from state secretaries. These statistical surveys have been sent to the War Manpower Commission as fast as received to supplement our more general data. Because of this activity on the part of some of the states and other developments, I am happy to tell you that we have been advised that a new memorandum is to be issued by Selective Service Headquarters, which will rescind all previous memorandums, except No. 1-62 which is in full force and effect. It is now on the printing press and we have been informed that it will be issued within a few days; also that a new list of essential occupations is being compiled which will require about ten days for completion.

An hour before I left my office on Friday, Dr. Kelly telephoned me that the committee in charge of these matters had authorized us to state in this report that pharmacists would be included in the list. After two years of effort, our position under Selective Service is being clarified and defined.

#### PHARMACISTS IN THE ARMY OF THE UNITED STATES

Your committee has been in constant close touch with the Surgeon General's office. After the entry of this country into the war, following conferences

with the Surgeon General's officers, a statement about the status of pharmacists in the Army of the United States was prepared for publication in the *JOURNAL* of the A. P. H. A. and submitted to the Surgeon General for approval. It was approved as I shall read:

'Brigadier General L. B. McAfee, Assistant to the Surgeon General of the United States Army, has advised the AMERICAN PHARMACEUTICAL ASSOCIATION that the present Organization Tables based on an Army of 3,600,000 men will require the services of 5000 men in the performance of pharmaceutical duties. Registered pharmacists, conscripted under the Selective Service and Training Act, will be used in their professional capacity to supply as many of this number as possible. The deficit will be made up by graduates of the Army technical schools who will act as assistants. Approximately 1000 pharmacists are in the Army in commissioned or non-commissioned status at the present time.

Since the outbreak of the war certain changes have been made in the reception and handling of enlisted and conscripted men. Upon induction, selectees assigned to the Medical Department are now sent to Medical Department Replacement Centers for a period of about 13 weeks for basic military training. At the end of that period, Commanding Officers will recommend men for admission to Officer Candidate Schools based on their education, record in civil life and in the Army, qualities of leadership and general fitness to be officers. Men so recommended will be commissioned as second lieutenants in the Medical Administrative Corps upon the satisfactory completion of the course of three months. Such men will be placed in administrative and pharmaceutical supervisory work and their commissions are in the Army of the United States, not the reserve, and are for the duration of the emergency and six months thereafter.

Those pharmacists not recommended for Officer Candidate Schools will be transferred to various Medical Department installations and assigned to pharmaceutical duties. They will be given special ratings and non-commissioned grades.'

Some misinterpretation followed the issuance of the bulletin and to clarify the statement a letter was addressed to the Surgeon General by Dr. Kelly. I shall read Brigadier General McAfee's reply:

'I have received your bulletin of February 3 and I find it entirely in keeping with the policies of the War Department and the Office of the Surgeon General as to the utilization of pharmacists, who are enlisted or inducted into the military service in the normal operation of the Selective Service law.

I can see no basis for misinterpretation of this information that would indicate a change of War Department policy as to the method of qualifying officers of the Medical Administrative Corps of the Army of the United States. As you know, a direc-

tive published by the War Department provided that all original appointments shall be made in the Army of the United States from candidates successfully completing the courses at Officer Candidate Schools. This included appointments in the Army of the United States for assignment to the Medical Administrative Corps, which in turn included officers qualified as pharmacists in civil life. Appointments in the Medical Administrative Corps of the Regular establishment, which by law require that applicants be registered pharmacists, are not to be confused with the emergency appointments.

Any selectee in a Medical Department Replacement Training Center is eligible to compete for selection as a candidate to an Officer Candidate School. These replacement camps are made up of young men from all walks of life and of all trades and professions, including pharmacists. Qualities of leadership are an important consideration in making the selections and granted these qualities it is reasonable to assume that a registered pharmacist, who necessarily possesses a high type of scholastic training like other college-trained men, would have an advantage over the average run selectee in qualifying for selection for officer training.

This is the normal channel through which a pharmacist or any other professionally and technically qualified soldier can be made an officer of the Medical Administrative Corps, or, more specifically stated, a Second Lieutenant of the Army of the United States assigned to the Medical Administrative Corps of the Medical Department. There has been but one exception to this policy. War Department authorization was granted to commission in higher grades a specific number of experts for duty in the Medical Supply Division in connection with the procurement of Medical Supplies and equipment.'

The number of pharmacists graduating from the Officer Training School at Carlisle, Pennsylvania, has been 8%.

#### FEDERAL AID FOR STUDENTS OF PHARMACY

A shortage of manpower having been demonstrated in certain scientific and professional fields, ways and means for facilitating the educational programs were sought by educators. All of the National Educational Associations were active in this movement. The present accelerated programs were the result.

The accelerated program places a heavy financial burden on the colleges and universities. The principal time saving is effected by cancelling the summer vacation. Since many students depend upon money earned during the summer holidays for part of their scholastic years expenses, cancellation of this earning opportunity placed a financial burden on them.

Representatives of the educational associations discussed their problems with the Office of Education and were told to submit statistics showing the necessity for accelerated courses and the probable

cost to the teaching institutions and the amount necessary to aid the students. At our request, a questionnaire was sent to the schools and colleges of pharmacy by Dean Rogers, Chairman of the Executive Committee of the American Association of Colleges of Pharmacy and the prompt response from the deans was very gratifying.

On the basis of our statistics, we were able to convince the Office of Education of a potential shortage of pharmacists and therefore the importance of speeding up the course in pharmacy to make graduation possible in approximately three calendar years, instead of the usual four. The data supplied by the colleges and schools yielded the information desired on the additional costs to the schools and to the students through diminished earning opportunities.

Pharmacy was therefore added to the list to be recommended for federal aid. The list contains engineering, physics, chemistry, medicine (including veterinary), dentistry and pharmacy.

The Office of Education made an appropriate recommendation through the Budget Bureau to the President, who in a message to the Congress endorsed the grant of federal funds. The Budget Bureau approved a \$10,000,000 grant. The House of Representatives Appropriation Committee voted adversely. Arguments were then presented to the Appropriation Committee of the Senate and an item of \$5,000,000 was restored for student loans, but nothing granted for university aid. This appropriation was passed June 30.

The machinery for granting such loans is being set up and the plans are now nearing completion. The schools and colleges have been asked to submit estimates of the amount needed for their students and it is expected that the program will be in operation by the beginning of the Fall semester. The money was appropriated.

A copy of the pertinent part of the act is attached as a part of this report.

July 2, 1941

Federal Security Agency  
U. S. OFFICE OF EDUCATION  
Washington

PROVISIONS FOR LOANS TO STUDENTS IN CERTAIN  
ACCELERATED PROGRAMS

Language in the 1942-43 appropriation act for the Federal Security Agency, passed June 30, 1942

Loans to students in technical and professional fields (national defense): To assist students (in such numbers as the Chairman of the War Manpower Commission shall determine) participating in accelerated programs in degree-granting colleges and universities in engineering, physics, chemistry, medicine (including veterinary), dentistry, and pharmacy, whose technical or professional education can be completed within two years, as follows:

Loans: For loans to students whose technical or professional education can be completed within two

years to enable them to pursue college courses, who attain and continue to maintain satisfactory standards of scholarship, who are in need of assistance, and who agree in writing to participate, until otherwise directed by said Chairman, in accelerated programs of study, in any of the fields authorized hereunder, and who agree in writing to engage, for the duration of the wars in which the United States is now engaged, in such employment or service as may be assigned by officers or agencies designated by said Chairman, such loans to be made by such colleges or universities or public or college-connected agencies from funds paid to them upon estimates submitted by them as to the amounts necessary therefor, \$5,000,000: *Provided*, That in case it shall be found that any payment to any such college, university, or public or college-connected agency is in excess of the needs thereof for the purposes hereof, refund of such excess shall be made to the Treasurer of the United States and the amount thereof credited to this appropriation. Loans hereunder shall be made in amounts not exceeding tuition and fees plus \$25 per month and not exceeding a total of \$500 to any one student during any 12-month period, said loans to be evidenced by notes executed by such students payable to the Treasurer of the United States at a rate of interest at 2½% per annum. Repayments of such loans shall be made through the colleges, universities or other agents negotiating the loans and covered into the Treasury as miscellaneous receipts: *Provided*, That indebtedness of students, who, before completing their courses, are ordered into military service during the present wars under the Selective Training and Service Act of 1940, as amended, or who suffer total and permanent disability or death, shall be canceled. The foregoing loan program shall be administered in accordance with regulations promulgated by the Commissioner of Education with the approval of the Chairman of the War Manpower Commission.'

ARMY ENLISTED RESERVE CORPS

This calls for the voluntary enlistment in the Army Enlisted Reserve Corps of a certain number of college students possessing superior qualifications, such students to remain for the time being in an inactive status in order to continue their education.

This plan, as well as similar ones in the Navy and Army Air Corps, has been adopted to create a reserve pool to provide the armed forces with a steady flow of educated personnel.

Quotas have or will be assigned to each college and university on the basis of its male enrollment.

We make but brief mention of this corps since it has been thoroughly publicized and especially in the educational field. Statements had been made that students of pharmacy were not eligible for enrollment. We wrote to the Surgeon General and have his letter replying that pharmacy students are eligible.

When favorable consideration of pharmacy students for deferment under Selective Service is

established, the Army Enlisted Reserve Corps will become of lesser importance to the deans.

#### THE NAVY

Preoccupation with the army problems made it impossible to prosecute a similar program with equal vigor in the Navy where the duties of the pharmacist in most instances are quite different from those of the pharmacist in the Army. Pharmacists who enter the Navy as such are placed in the Hospital Corps. This Corps is an integral part of the Medical Department which is administratively directed by the Bureau of Medicine and Surgery. The maintenance of the health and the care of the sick and injured personnel of the Navy and Marine Corps is the responsibility of this Bureau.

The work of the Hospital Corps embraces a wide variety of activities in the auxiliary fields of medical care. Such work includes minor surgery, first aid, nursing, general hospital service, pharmacy, chemical analysis, bacteriological and general clinical laboratory work, physical therapy, dental technology, embalming, administrative duty and, in a general sense, all phases of the work of the Medical Department except those specific professional duties performed by medical and dental officers.

Pharmacists with adequate training and experience, if 21 years of age may obtain a rating of Pharmacist's Mate, third class, on enlistment in Class V-6, U. S. Naval Reserve. Graduate Registered pharmacists, if otherwise qualified and if 25 years of age, may receive a rating of Pharmacist's Mate, second class. He may advance under prescribed procedure to Pharmacist's Mate, first class, and Chief Pharmacist's Mate.

A Chief Pharmacist's Mate with the required qualifications in service and training may be appointed after examination to the warrant grade of Pharmacist. Under present wartime conditions a number of warrant and commissioned warrant officers of the Hospital Corps have been temporarily advanced to the ranks of Ensign, Lieutenant (junior grade) and Lieutenant.

The pharmacist who enlists in the Navy knows pretty well just what duties he faces. If he likes nursing, first aid, minor surgery and general hospital work it is a good place to serve his country. Of course, he may be assigned to pharmaceutical work, chemical analysis, bacteriological and clinical analysis, bacteriological and clinical laboratory and other duties for which his education qualifies him.

Your committee believes the time has now come when attention should be given to the strictly pharmaceutical service in the Navy. The Committee recommends that these associations direct the committee to take such steps as it deems appropriate, when in its judgment the time is opportune, to bring about improvement in this service and that it proceed to obtain for qualified pharmacists commissioned rank commensurate with their education and the important professional service they render.

#### PHARMACY CORPS

The following resolution, No. 10, was adopted by the AMERICAN PHARMACEUTICAL ASSOCIATION, August, 1941:

*'Resolved*, that this ASSOCIATION increase its efforts toward the improvement of pharmaceutical service in the various divisions of the government and full recognition of pharmacy as a profession, and be it further resolved, that the Committee on Status of Pharmacists in the Government Services be instructed to take such steps as may be necessary to promote the establishment of a separate pharmacy corps in the U. S. Army by Congressional action so that pharmaceutical service may be adequately supervised and maintained on a level which will assure full protection of our military forces.'

This resolution was supported by the National Association of Boards of Pharmacy and the American Association of Colleges of Pharmacy. At a later date the National Association of Retail Druggists adopted a similar resolution.

As soon as the four associations represented on the committee had named their members, a meeting was held in New York, September 24, to devise ways and means for making the resolutions effective. The chairman was instructed to have a bill drafted which, if passed by the Congress, would establish a Pharmacy Corps in the United States Army. A brief review of history will make plain the reason for the particular bill we designed.

From the war of 1812 until 1936 pharmaceutical service, comparable to that in civilian life, was practically nonexistent in the Army. In the latter year, with the coöperation of Surgeon General Reynolds, this Committee caused to be introduced into the Congress a bill to grant commissions to sixteen properly qualified pharmacists in the Medical Administrative Corps of the Regular Army. At that time the M. A. C. consisted of seventy-two officers. The highest rank to which they could advance was captain. One clause in the bill provided that no more appointments were to be made in the M. A. C. except to pharmacists.

In 1938 on the initiative of the War Department, a bill was passed which reduced the size of the corps from seventy-two to sixteen officers, the pharmacy officers being retained. The M. A. C. today consists of sixteen officers, all pharmacists.

Your committee gave very careful consideration to the form the bill should take and in consultation with the advisors, military and others decided to prepare a measure which would change the name of the Medical Administrative Corps in the Regular Army to the Pharmacy Corps, and add the other necessary provisions.

Congressman Durham of North Carolina had our draft sent to the Legislative Reference Bureau to be checked and placed in proper form. The bill was received from the drafting board December 2 and was laid before the Committee at a meeting held in

Washington, December 10. The Chairman was instructed to call on the Surgeon General to endeavor to obtain his endorsement and support before having it introduced in Congress.

On December 24 a copy of the bill was handed to General McAfee and its objections explained. On January 16 we were told by General McAfee that the Surgeon General did not think it an opportune time to make changes in the Army. During this conference it was suggested that we support legislation to raise the rank in the M. A. C. in the Army of the United States from captain to colonel. Finally, we were told that the medical department would make such a recommendation to the War Department. It was during this same conference that we were informed of the Medical Department's plan to improve the pharmaceutical service in the Army. The general said that the recruiting objective for the present calendar year was an army of 3,600,000; that the organization tables called for the use of 5128 pharmacists. The officer and non-commissioned opportunities I have already mentioned.

Your committee met again in Washington and decided by unanimous vote to postpone introduction of the corps bill pending the outcome of these negotiations and determination of the exact status of pharmacists under the plans of the Surgeon General.

The committee again met in May in Philadelphia and decided that the Corps Bill should be introduced as soon as the bill for increasing the maximum rank in the M. A. C. to colonel was passed. This bill, known as the May bill, was passed by both houses in July.

In July 23, 1942, the bill, H.R. 7432, to establish a Pharmacy Corps in the United States Army was introduced in the House of Representatives by Congressman Carl T. Durham of North Carolina, a member of the House Military Affairs Committee. On August 3, the same measure, numbered S. 2690, was introduced in the Senate by Robert R. Reynolds, Senator from North Carolina, Chairman of the Senate Committee on Military Affairs.

The purpose of the legislation is to coordinate under one organization the various pharmaceutical services rendered in the Army including the purchase, shipment, storage and standardization of drugs and medical supplies and their compounding and dispensing, by providing in this Corps a group of well-trained and experienced pharmacists who can discharge and supervise these essential health services and direct the expansion of the Corps in time of emergency. It is intended to insure by this legislation that the soldier will receive a comparable pharmaceutical service and the same protection in the use of drugs and medical supplies as is guaranteed the citizen by the pharmacy laws of the various states of the Union. Failure to utilize fully the services of the pharmacists in the Army can only result in a lack of efficiency, in an uneconomic use of drugs and medical supplies and in failure adequately to protect the soldier.

Our legislation has four general provisions: (1) To change the name of the Medical Administrative Corps to that of the Pharmacy Corps. As you already have been informed, the M. A. C. in the Regular Army now consists of 16 commissioned pharmacists and only pharmacists are eligible to commissions in that Corps. It seems only proper that the name of the Corps should be in accord with its character and purpose.

(2) The number of officers in the Corps is increased from 16 to 72. The number of officers commissioned in the various Corps of the Regular Army is based on the personnel of the Standing Army at the time the National Defense Act was adopted and was amended. The personnel of the M. A. C. was 72 officers before it was changed to consist of pharmacists only and therefore the legislation provides that the personnel shall be restored to the original number. The Pharmacy Corps, as previously stated, will supervise and direct the pharmaceutical work in the Regular Army with the assistance of an adequate enlisted personnel, and will provide the nucleus around which the Corps may be expanded in time of emergency.

(3) It provides that an officer of the Pharmacy Corps shall be promoted on the same basis as the officers in the other divisions of the Medical Department. As has been provided for some time, pharmacists will be commissioned in the Pharmacy Corps as second lieutenant. They will advance to the grade of first lieutenant after three years' service; to the grade of captain after six years' service, to the grade of major after twelve years' service, to the grade of lieutenant colonel after twenty years' service and to the grade of colonel after twenty-six years' service. These officers shall be examined for promotion in accordance with laws governing the examination of officers of the Medical Corps.

(4) It provides for a Pharmacy Reserve Corps in accordance with the requirements of the National Defense Act. Pharmacists who are commissioned in this Reserve in time of peace will be required to take a certain amount of training and to be prepared to enter active service if required. These Reserve Officers are commissioned in the Army of the United States and in time of emergency may be called to active duty. The Bill provides that pharmacy students may be admitted to a pharmacy unit of the Reserve Officers' Training Corps for a period of two years and may be selected for advance training on the basis of his record under the conditions applying to the Medical, Dental and Veterinary students. Upon the completion of the advanced course and graduation, these students will be eligible to commissions in the Pharmacy Reserve Corps.

It should be emphasized that the provisions of this Bill apply *only* to the Regular Army and not to the Army of the United States. In the present emergency, pharmacists, like other citizens, are brought into the Army of the United States for the duration of the emergency and six months thereafter, through the operation of the National Selec

tive Service Act. They are assigned to the Medical Department, enlisted section, are given their basic military training in a Medical Replacement Training Center; those who qualify during their basic military training or thereafter are sent to an Officer Training School and upon the successful completion of a three months' course are commissioned in the Army of the United States and assigned to the M. A. C. Those who are not selected for officer training are given pharmaceutical duties and are eligible to Specialist's grades and ratings up to and including that of Technical Sergeant.

The Army of the U. S. is, as you know, being enlarged by the operation of the National Selective Service Act. All citizens who meet the requirements are subject to the provisions of this act. The several registrations have produced a list of approximately 27,000,000 eligibles and for your information it is indicated that under rather stringent restrictions 9,000,000 of these might be taken into the Service which would mean 1 out of each 3 eligibles. There are in the neighborhood of 82,000 pharmacists in active practice in this country and from reports so far received, at least 50% of them or 41,000 are subject to the draft. If the Army of the United States should be increased to 9,000,000, one-third or 14,000 pharmacists would probably be called.

The Army's estimate of 5100 and the Navy's estimate of 2100 pharmacists were based on an Army of 3,600,000 and presumably these requirements would be increased proportionately as the Army and Navy are enlarged. It is probable, however, that the 14,000 eligibles referred to above would approximately fill the requirements.

It is reported that about 160,000 physicians are in active practice. If the 50% applies to them then 80,000 are subject to the draft. If 1 out of 3 of them are taken, it would mean 28,000 would be inducted. As you know, it has already been stated that 42,000 physicians will be required by the Army alone which means that about 14,000 will have to be secured in addition to those which the draft would normally produce.

As we understand it, this explains why commissions are offered to this group and probably if a corresponding shortage occurred in our field, the same inducement would be offered. As explained above, it seems doubtful that any legislation could be secured which would insure that every pharma-

cist inducted into the Army of the United States would be commissioned.

At the Philadelphia meeting a steering committee for the bill was appointed; it consists of Roland Jones, Esq. of the N. A. R. D., E. F. Kelly and H. Evert Kendig, both of the A. Ph. A.; this committee will be concerned with plans, strategy and other necessary arrangements for obtaining favorable consideration for the bill.

At the same meeting a fund for the necessary expenses of the committee was established by the contributions of the constituent members. Dr. Robert L. Swain was appointed treasurer of this fund.

This is the report of a committee and is written as such; therefore, it does not give recognition to the help and assistance rendered by the individual members of the committee. I now give full and unstinted praise for their constant support of the chairman.

While I became chairman of this committee in 1934, the efforts of the Associations to bring about adequate pharmaceutical service in the Army go back a half century; it is through my own experience that I can visualize the efforts of present and former workers. During my incumbency I, as well as former chairmen, have had the constant and earnest support and coöperation of Dr. E. F. Kelly and I have unusual pleasure in making acknowledgment of his interest and aid; had it not been for Dr. Kelly's devotion to this cause, our progress through the years would not have been so evident.

The committee has been greatly strengthened by the addition of the N. A. R. D., and Mr. Roland Jones, its Washington representative, is rendering valuable aid and assistance.

If the Pharmacy Corps is established in the Regular Army, its provisions are such that it can place pharmacy on the same plane as Medicine, Dentistry and Veterinary Medicine. Time will be required for sound organization. The pharmacy corps work should be built up by a careful evolutionary process. We must not be impatient and expect all of the desired results overnight. Worth-while achievements are not accomplished in a hurry, especially in the Army."

At the conclusion of the reading of the report, Chairman Kendig replied to a number of questions.

The session then adjourned.