

HOUSE OF DELEGATES, AMERICAN PHARMACEUTICAL ASSOCIATION

ABSTRACT OF THE PROCEEDINGS

The Three Sessions were held at the Shirley-Savoy Hotel, Denver, Colorado, Tuesday afternoon, Wednesday afternoon, and Thursday evening, August 18, 19, 20, 1942.

The First Session was convened at 2:40 p. m., and the voting delegates were invited to take their seats in the reserved section and to obtain the special delegates' badges prepared for them. It was stated that delegations could change or add other delegates by notifying the Secretary, and it was requested that in addressing the chair, delegates should give their names and the organizations they represented. It was announced by Chairman Gregg that associate delegates and other members of the ASSOCIATION have the privilege of the floor except in Executive Session.

The roll of delegates was then called and the list of accredited delegates follows. The names of organizations or states are in italics, of delegates in capitals, and of voting delegates in bold face.

A. PH. A. SECTIONS

Scientific—J. M. Dille, Seattle, Wash.
Education and Legislation—L. M. Ohmart, Boston, Mass.; L. FERRING, New Orleans, La.
Practical Pharmacy—L. C. Zopf, Iowa City, Iowa; F. J. LEBLANC, Brookings, S. D.; R. W. CLARK, Rahway, N. J.; L. W. RISING, Seattle, Wash.
Pharmaceutical Economics—C. M. Brown, Columbus, Ohio.
Historical Pharmacy—C. O. Lee, Lafayette, Ind.; C. M. BROWN, Columbus, Ohio; M. L. NEUROTH, Ada, Ohio; W. J. BRADLEY, Boston, Mass.; E. J. IRELAND, New Orleans, La.
Conference Pharmaceutical Association Secretaries—J. Shine, Chicago, Ill.; C. RICKARD, Harrisburg, Pa.; V. KEYS, Columbus, Ohio.
Conference of Pharmaceutical Law Enforcement Officials—F. C. A. Schaefer, Brooklyn, N. Y.
The Plant Science Seminar—H. W. Youngken, Boston, Mass.; J. E. SBYBERT, Indianapolis, Indiana; E. B. FISHER, Minneapolis, Minn.
American College of Apothecaries—C. V. Selby, Clarksburg, W. Va.

A. PH. A. BRANCHES

Chicago—S. Gershon, Chicago, Ill.; C. F. LANWERMAYER, North Chicago, Ill.
Michigan—R. T. Lakey, Detroit, Mich.; W. M. CHASE, Detroit, Mich.; H. A. K. WHITNEY, Ann Arbor, Mich.; N. H. DEARL, Detroit, Mich.
New York—C. P. Wimmer, New York City; C. W. BALLARD, New York City.
North Pacific—E. Stipe, Portland, Ore.
Northern New Jersey—M. S. Ulan, Newark, N. J.
Northwestern—Hallie Bruce, Minneapolis, Minn.; JOSEPHINE NICHOLS, Winona, Minn.
Pittsburgh—C. L. O'Connell, Pittsburgh, Pa.; G. D. BEAL, Pittsburgh, Pa.

NATIONAL ASSOCIATIONS

American Drug Manufacturers Association—F. E. Bibbins, Indianapolis, Ind.; F. O. TAYLOR, Detroit, Mich.; R. A. CAIN, Philadelphia, Pa.
National Association of Retail Druggists—F. W. Moudry, St. Paul, Minn.; G. H. FRATES, San Francisco, Calif.; J. O. KOHL, Cincinnati, Ohio; W. MCCONAUGHY, Pittsburgh, Pa.; J. B. TRIPPNY, Casper, Wyo.; F. J. SUTTLEMYRE, Hickory, N. C.; J. W. DARGAVEL, Chicago, Ill.; R. JONES, Jr., Washington, D. C.
National Wholesale Druggists' Association—E. L. Newcomb, New York City; J. C. DAVIS, Denver, Colo.; L. A. WORKS, Denver, Colo.

Proprietary Association of American—I. W. Grote, Chattanooga, Tenn.; G. F. REDDISH, St. Louis, Mo.; F. J. CULLEN, Washington, D. C.

STATE ASSOCIATIONS

Alabama—E. W. Gibbs, F. LITTLE, P. MOLYNEUX, L. ALLEY, THELMA M. COBURN.
Arizona—N. Stewart, N. S. McCALLUM, A. J. DUNCAN.
Arkansas—J. E. Berry, I. BRITE.
Colorado—C. J. Clayton.
Connecticut—H. P. Beirne.
District of Columbia—A. C. Taylor, V. B. NORELLI, H. C. KINNEB.
Florida—J. K. Attwood, C. G. HAMILTON, G. I. MARTIN, R. O. RICHARDS.
Georgia—C. H. Evans, R. C. WILSON, R. D. RAINEY, W. A. BLASSINGAME, T. C. MARSHALL, M. M. YEARTY.
Idaho—J. J. Lynch, J. P. HALLIWELL, J. E. EVANS.
Illinois—T. J. Vratny, S. SHEKOLNIK.
Indiana—S. Badanish, H. V. DARNELL.
Iowa—R. A. Keuver.
Kansas—E. Slaybaugh, J. PARADOWSKY, W. ANDERSON, W. VARNUM, T. FOLTZ.
Kentucky—A. P. Markendorf, E. M. JOSEY.
Louisiana—J. F. McCloskey, E. J. IRELAND, A. F. CRAIS.
Maryland—L. M. Kantner.
Massachusetts—J. S. Kirby.
Michigan—O. F. Cook, L. A. WIKEL, O. HOXIE.
Minnesota—H. H. Gregg, C. V. NETZ, G. E. CROSSEN, J. B. SLOCUMB.
Mississippi—E. L. Hammond, L. WALLACE.
Missouri—C. R. Bohrer.
Nebraska—T. H. McCoah.
New Hampshire—G. A. Moulton, P. J. CALLAGHAN, H. W. YOUNGKEN.
New Jersey—R. P. Fischella.
New Mexico—H. L. Williams.
New York—H. H. Schaefer, R. S. LEHMAN, F. C. A. SCHAEFER, N. S. GESOALDE.
North Dakota—P. H. Costello.
Ohio—Mrs. Bessie G. Emch, M. N. FORD, O. MOOSBRUGGER.
Oklahoma—E. R. Weaver, D. B. R. JOHNSON, R. BEINFANG, W. D. PATTERSON.
Oregon—L. C. Britt.
Pennsylvania—H. E. Kendig, C. E. RICKARD.
Rhode Island—C. F. Gilson, L. C. CLARK, W. H. RIVARD.
South Dakota—S. A. Amunson, M. C. BECKERS.
Texas—J. W. Collier.
Virginia—A. L. I. Winne, T. D. ROWE, H. G. WHITEHEAD, H. W. BROWN, R. J. WALKER.
Washington—L. D. Bracken.
West Virginia—J. L. Hayman, R. B. COOK.
Wisconsin—E. C. Horn, H. N. RUUD.
Wyoming—H. H. Cordiner, R. D. DAME, J. B. TRIPPNY.

Also attending the Session as delegates were Mr. K. W. Lloyd as a representative of the Association of Food and Drug Officials of the United States, and Mr. F. C. A. Schaefer representing the Kings County Pharmaceutical Society.

After the roll call, the Secretary announced that a quorum was present and accordingly the session proceeded.

CHAIRMAN'S ADDRESS.—Vice-Chairman O'Connell took the chair while Chairman Gregg read his address which was later received and referred to the Committee on Resolutions.

"I think we are all agreed that it is a special privilege, this year particularly, to be together. For most of us, it will represent our only vacation and recreation period. And frankly what finer vacation spot could we have chosen than this city of Denver, long famed for its natural beauty, its hospitality, and its ideal weather.

Officially it is my duty and pleasure as Chairman of the House of Delegates to set forth to this group the rights, duties and responsibilities of the accredited delegates as they represent various state associations, conference groups and national organizations affiliated with our ASSOCIATION. According to Article V, of the By-Laws, and I quote: 'Any member of the AMERICAN PHARMACEUTICAL ASSOCIATION may attend any session of the House of Delegates, other than an executive one, and shall have the privilege of the floor.'

Since 1939 special badges and a separate seating section have been provided for the voting delegates. In addition, names of the delegates are made available in mimeograph form. As a means of identification and in order to expedite the proceedings, it is requested that delegates who address the Chair announce their name and that of the organization they represent. Resolutions shall be submitted in writing and bear the endorsement of a voting delegate.

Personally I feel very keenly the responsibility that rests on me as Chairman of this group representing as it does, the 4 sectional, 8 national and 48 state organizations.

We cannot deal in wishful thinking, we must face facts. We, ourselves, must improve the type of Pharmaceutical service, which is now available to the public, if we expect our own leaders to accomplish recognition for us in Government circles. For example, most states have minimum requirements as to equipment, sanitation, etc., before granting a license to operate a drugstore. Definitely these rules and regulations should be far more drastic. There certainly is no excuse for a lack of cleanliness and neatness. And why must we have professional windows in drugstores only during "Pharmacy Week"—one week out of fifty-two in the year? Thirty per cent of the stores in the average American City are content to let some cigarette company fill their windows with placards. For the most part, this is a result of just plain laziness. Don't forget public officials judge us solely by what they see as they go around every day. I am happy to say that conditions relative to the professional appearance of drugstores and the type of service offered to the public have improved 100 per cent the last five years; but there is still plenty of room for improvement.

Many of our Colleges of Pharmacy are offering 'Accelerated Courses' on all-the-year-round basis, as requested by our Government, allowing students to get their college degrees. Necessarily there is bound to be a saturation point in the student's ability to attend school twelve months of the year, and likewise the instructors will find it difficult to keep themselves functioning 100 per cent. However, the accelerated course is the answer to those who say there is a shortage of pharmacists and who would lower the educational qualifications in some states. Since the statement has been made by the Selective Service Board that no definite shortage exists, there is a very urgent necessity for actual

figures concerning the need of pharmacists over the entire nation.

Many of you are aware that Congress made available the sum of \$5,000,000 in the appropriation act for the Federal Security Agency, passed June 30, 1942, for loans to students in technical and professional fields considered essential to national defense. This group includes students of pharmacy whose education can be completed in two years.

In a recent press release it was stated that there is expected a thirty per cent reduction in the registration in the nation's colleges next year. And I quote: 'A special committee of the War Manpower Commission is considering a proposal for wartime "democratization" of American Colleges through direct money grants to students, as a means of assuring an adequate supply of army and navy officer material and other trained personnel'. Does our profession come under the classification of officer material or trained personnel? It is humiliating, to say the least, for the college-trained pharmacists to hear that men of their profession are on duty in army hospitals as privates or noncommissioned officers. Certainly, we are at war and most emphatically we should do nothing that will hinder the complete downfall of our enemy; but unless we correct, right now, this situation regarding pharmacy as a profession, we will have allowed a precedent to be established which certainly will work out to the detriment of our profession. Quoting Dr. Swain, 'There can be no stability to our pharmaceutical education system, or to pharmaceutical legislation so long as pharmacy occupies a subposition in the Army or in any other branch or division of the government. If we are to be pushed around by the brass hats we are likely to be pushed around by others. If the Army can get along with a low grade, irresponsible pharmaceutical service, why do we need exacting pharmaceutical standards in civil life?'

We note with satisfaction that the Pharmacy Corps Bill has been introduced by a pharmacist member of Congress, Representative Carl Durham of North Carolina. No public hearings on the Bill are expected until sometime in September. Members of all branches of pharmacy should give their unqualified support to the immediate passage of this Bill.

Perhaps some of you are disgruntled that the prescriptions we compound are considered eligible for ceiling prices along with the work done by the garage mechanic and dry cleaner. The excuse is given that the commodity is used in filling a doctor's prescription, and therefore the final product has a ceiling price. Not so the dispensing physician or dentists, however, who certainly in their work, use "commodities" in distributing medicines and in filling teeth. Moreover, I recently learned that there is no 'ceiling price' on the Oculist's prescription that is filled by the Optician. Obviously we must wonder just what line of reasoning is followed by Washington officials when we hear of such interpretations. It is hard to conceive why it is that

Pharmacy as a profession cannot receive better co-operation from the Office of Price Control. Indeed; it would seem we are not considered a profession, that the Government officials do not place us in the public health category at all. But what more can we expect when we are not even consulted before rules and regulations are promulgated. It is high time that we correct this misapprehension and make a stronger effort to secure a larger group of professionally minded retail pharmacists in the fold of the A. PH. A.

Last February there was held at the ASSOCIATION Headquarters in Washington a conference of State secretaries, which was profitably and enthusiastically attended. Our ASSOCIATION desires to help the state secretaries and more meetings with them should be held in the future as our contribution to pharmacy.

I have had some fifteen years' work with local and state committees of physicians, dentists and nurses and have received unqualified coöperation in all projects which have been of mutual benefit to all participants. It was gratifying to me to hear of the excellent results of the joint conference of the American Medical Association and the AMERICAN PHARMACEUTICAL ASSOCIATION held in Cleveland, Ohio, in April of this year.

The American Medical Association represents medicine as a profession because of the fact that any physician who joins his local medical society must, in turn, belong to the national organization and this national organization officially speaks for medicine.

Perhaps I sound too pessimistic, but I don't hold with the thinking that pessimism is the state of mind to be shunned entirely, for pessimism may have a very salutary effect if it makes us realize that something must be done. We, in this organization, have the ability and the brains. Perhaps all we need now is the 'git up and git.'

In the interest of economy, resolutions passed by the House of Delegates requiring expenditure of money by the ASSOCIATION should not be mandatory. The following was received in a Financial Report from Chairman Swain of the Council Finance Committee least February. I quote, 'The 1941 Convention of the Association passed a number of resolutions which make the expenditure of substantial sums of money obligatory upon the ASSOCIATION. Regardless of the desirability of the proposals, it is clearly evident that a budget cannot be prepared and adhered to, if no restrictions are placed upon the adoption of such resolutions. All resolutions, dealing with expenditures, should only be voted in principle by the ASSOCIATION and the Council should have full power over expenditures.'

I am very happy to call your attention to the fact that our House of Delegates this year shall have the privilege of hearing a message from the President of the ASSOCIATION. Surely this year of all years, we are in need of stimulation and inspiration, and I am sure we can look forward to President Christen-

sen's talk on Wednesday afternoon, the title of which will be 'What About Post War Problems?'

I am making the following recommendations:

1. That the ASSOCIATION give unqualified support to the Pharmacy Corps Bill, and commend Dr. H. E. Kendig, for the excellent work done thus far by him and his 'Committee on the Status of the Pharmacist in the Government Service.'

2. That the ASSOCIATION use its full efforts and influence in further opposing the placing in a category of a 'ceiling price' the prescriptions filled by the pharmacists.

3. That the ASSOCIATION make further efforts to enlist in its ranks a greater per cent of the retail pharmacists of the country.

4. That the ASSOCIATION continue its effort for closer contact with the State Association Secretaries and call them in for conference in another six months at the Headquarters building, as a consequence of the excellent meeting held last February.

5. That serious consideration be given to collecting A. PH. A. annual dues along with those of the State.

6. That consideration be given by the ASSOCIATION to the advisability of changing the By-Laws of the House of Delegates, so that all resolutions dealing with expenditures, should only be voted in principle by the ASSOCIATION.

I want to express thanks to the many members of the ASSOCIATION who have given me the benefit of their experience. May the consequence of the deliberations of the three sessions that the House convenes result in some benefit to Pharmacy during these critical times. I want to express thanks for the coöperation that I know you all will give in the forthcoming sessions."

APPOINTMENT OF COMMITTEES.—Chairman Gregg announced the membership of the following:

COMMITTEE ON NOMINATIONS.—*Chairman*, C. R. Bohrer; E. W. Gibbs, F. C. Schaefer, C. J. Clayton, L. D. Bracken, E. R. Weaver, F. W. Moudry, Robert Wilson, F. J. Cermak.

COMMITTEE ON RESOLUTIONS.—*Chairman*, C. Leonard O'Connell; J. K. Attwood, J. B. Slocumb, A. L. I. Winne, T. D. Rowe, C. H. Evans, Lester Hayman, S. H. Dretzka, J. J. Shine.

REPORT OF THE COUNCIL.—The report was read by the Secretary and was received. (See page 400.)

REPORT OF THE TREASURER.—Treasurer Schaefer read the following report which was received.

"Mr. Chairman and Members of the House of Delegates: About a year ago we received Treasurer Holton's report, which presented to you the finances up to July 1 of last year. Our fiscal year runs from January 1 to December 31. Therefore, it has been customary to present a comparative report for the two six-month periods, the last half of the previous year, and the first half of this year.

COMPARATIVE BALANCE SHEETS—JANUARY 1, 1942, AND JUNE 30, 1942

ASSETS

*Current Funds**Permanent Funds*

	Jan. 1, 1942	June 30, 1942
Treasurer	\$ 1,762.78	\$ 1,302.15
Maintenance	200.00	200.00
Endowment	21,825.60	21,825.60
Centennial	7,223.49	7,307.88
Ebert Legacy	12,021.82	12,181.60
Ebert Prize	1,023.04	1,037.42
Life Membership	37,089.20	27,376.51
Endowed Membership	257.67	260.61
Research	102,272.70	100,711.75
Franklin M. Apple	1,512.21	1,553.68
George Decker	1,000.00	1,000.00
	<u>\$184,425.73</u>	<u>\$173,455.05</u>

Trust Funds

Procter Monument	15,185.63	15,346.40
Remington Honor Medal	1,493.55	1,509.31
Frederick B. Kilmer	3,109.02	3,150.27
Geo. and Lillian Judish	2,172.50	2,201.26
	<u>\$ 21,960.70</u>	<u>\$ 22,207.24</u>

Fixed Assets

Land	376,176.99	376,176.99
Building	321,682.39	321,682.39
Landscaping and Shrubbery	12,643.08	12,643.08
Furniture and Fixtures	15,416.42	15,416.42
Equipment—Laboratory	16,462.09	16,462.09
Museum	3,151.00	3,151.00
Library	5,464.12	5,464.12
Procter Monument	10,092.75	10,092.75
	<u>\$761,088.84</u>	<u>\$761,088.84</u>

Other Assets

Accounts Receivable	3,240.59	3,743.45
Inventories	26,891.43	26,891.43
	<u>\$ 30,132.02</u>	<u>\$ 30,634.88</u>

Total Assets	<u>\$999,370.07</u>	<u>\$988,688.16</u>
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LIABILITIES

Accounts Payable	\$ 33,360.01	\$ 37,779.90
Notes Payable	7,500.00	7,500.00
Deferred Income	7,908.50	404.00
Mortgage Payable	36,400.00	36,400.00
	<u>\$ 85,168.51</u>	<u>\$ 82,083.90</u>

PRINCIPAL

Total Liabilities and Principal	<u>\$914,201.56</u>	<u>\$906,604.26</u>
	<u>\$999,370.07</u>	<u>\$988,688.16</u>

SCHEDULE OF DEPOSITS AND SECURITIES—JUNE 30, 1942

DEPOSITS

Current

Baltimore National Bank—Checking Account.....	\$	200.62	
Baltimore Trust Company—Restricted Account.....		921.73	
Maryland Trust Company—Checking Account.....		179.80	
		<hr/>	\$ 1,302.15

Permanent Funds

Baltimore National Bank—Checking Account.....	\$	8,203.49	
Baltimore Trust Company—Restricted Account.....		2,068.85	
		<hr/>	\$ 10,272.34

Trust Funds

Baltimore National Bank—Checking Account.....		1,207.83	
Baltimore Trust Company—Restricted Account.....		562.84	
		<hr/>	\$ 1,770.67

Total Deposits.....		<hr/>	\$ 13,345.16
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SECURITIES

Permanent Funds

Chicago, Milwaukee & St. Paul Ry.	5—1975	200.00	
City of Paterson, N. J.	4 ¹ / ₄ —1960	1,000.00	
City of Newark, N. J.	5—1957	5,000.00	
City of Chattanooga, Tenn.	4 ¹ / ₂ —1959	8,000.00	
City of Detroit, Mich.	4—1956	1,000.00	
City of Dallas, Texas	4 ¹ / ₂ —1947	5,000.00	
State of North Carolina	4 ¹ / ₂ —1949	2,000.00	
City of Dallas, Texas	4 ¹ / ₂ —1948	1,000.00	
Federal Farm Mortgage Corp.	3—1949	1,000.00	
U. S. Savings Bonds		15,000.00	
U. S. Treasury Bonds	2 ³ / ₄ —1945/47	10,000.00	
U. S. Treasury Bonds	2 ³ / ₄ —1956/59	30,500.00	
U. S. Treasury Bonds	2 ⁷ / ₈ —1960/55	82,953.80	163,182.71
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Trust Funds

U. S. Treasury Bonds	2 ³ / ₄ —1945/47	2,800.00	
U. S. Treasury Bonds	2 ³ / ₄ —1956/59	3,000.00	
U. S. Treasury Bonds	2 ⁷ / ₈ —1960/55	14,636.57	20,436.57
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Total Securities		<hr/>	\$183,619.28
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Total		<hr/>	\$196,964.44
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As reported last year, the depositories are the Baltimore National Bank and Maryland Trust Company. Voucher checks, requiring the signatures of the Secretary and Treasurer, are drawn against the former bank in payment of approved bills. The latter is used as a reserve account for control of receipts to be apportioned over the period for which it was intended.

Bond transactions for the period were limited to the sale of \$9400 U. S. Treasury's from Life Membership Fund to raise funds for payment of taxes on the real property of the ASSOCIATION (the report of the Maintenance Committee will furnish in detail progress made on the tax situation). Bonds

sold were U. S. Treasury's as follows: \$5100, 2³/₄'s due 1945/47; \$1500, 2³/₄'s due 1956/59 and \$2800 2⁷/₈'s due 1960/55. Face value of bonds sold was \$9400 and proceeds amounted to \$10,199.44.

U. S. Savings Bonds due 3/1/50 are reported to be \$15,000 (cost). It should be borne in mind that by carrying these securities at cost, the yield, \$5000, will not be apparent until maturity; one-quarter of the period has lapsed.

The only interest on securities remaining unpaid is \$65.00 due on a \$200 bond of the Chicago, Milwaukee, St. Paul and Pacific R. R. Company.

Inventories are carried at cost and the Reference Library and Historical Museum are carried at the

value for which they are insured. The Procter Monument is also carried on the balance sheet at cost.

The land owned by the ASSOCIATION is carried at cost and that part which was deeded to the ASSOCIATION by the Government is now valued at the average price per square foot for the land purchased.

Your Treasurer believes that the membership should be thoroughly aware of the financial situation of the ASSOCIATION. I have, therefore, set up for comparison the figures for January 1 and June 30, 1942, along with those of the same dates of 1941, thus covering four six-month periods.

	Jan. 1, 1941	June 30, 1941	Jan. 1, 1942	June 30, 1942
Current Funds.....	\$ 1,743.08	\$ 13,991.08	\$ 1,762.78	\$ 1,302.15
Permanent Funds.....	205,300.46	183,734.37	184,425.73	173,455.05
Trust Funds.....	27,938.97	21,874.36	21,960.70	22,207.24
Total Assets.....	1,015,228.27	1,002,626.85	999,370.07	988,688.16
Liabilities.....	68,735.37	63,508.80	85,168.51	82,083.90
Principal.....	946,492.90	939,118.05	914,201.56	906,604.26

It is obvious, therefore, that the ASSOCIATION has operated at a total loss of about \$40,000.00 during the last two years. This loss has not been due to losses in our investments but represents an operating deficit. Our expenses are too high for our income. This is largely due to the fact that comparatively few copies of N. F. VI were sold during the last few years, while during this same time, the cost of preparing for N. F. VII had to be carried. The present sales of the latter, however, are very encouraging at the present time and this will definitely relieve the situation. It should be pointed out that when all expenses in connection with the publication of the National Formulary are charged against its income, the remaining profit is comparatively small and by no means as sizable as many of our members seem to believe. The other large factor in our unbalanced operations, is the cost of the Practical Edition of the JOURNAL. For two years, large contributions by several good friends of the ASSOCIATION have enabled us to carry this publication. Now, however, it should be on a self-sustaining basis and we can not ask, nor expect further contributions. It is estimated that this publication will show a loss of almost \$12,000.00 for the year 1942, without having any of the general overhead (rent, light, heat, etc.) charged to it. The Practical JOURNAL, is however making progress and it is hoped that its advertising revenue will eventually cover its cost.

The sizable funds of the ASSOCIATION are practically all earmarked for special purposes, as permanent funds, or as trust funds and cannot be used for general purposes of the ASSOCIATION. We have, at the present time, no available assets which can be directly used for meeting further deficits. If these occur, we must simply borrow the necessary sums. Basically, the trouble is that we are an association which receives only about \$18,000.00 in dues per year from our members and spends \$117,000.00 in ASSOCIATION services. True, we have other sources

of income, but we should not be dependent upon National Formulary profits, nor upon large contributions to carry on work of vital importance to our profession. The financial picture of our ASSOCIATION, therefore, has not been a bright one in recent years. Now, however, through the sales of the N. F. VII and the increasing advertising income of the Practical JOURNAL, we will be able to meet all the budgetary expenses for the year 1942 and in addition wipe out, to a large extent, the debts of the ASSOCIATION. Nevertheless, it is impossible to embark upon further activities unless such activities are on a self-paying basis."

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

"This report will, as usual, cover such duties and activities of the Secretary who also serves as general manager of the ASSOCIATION, as are not dealt with in various addresses and reports to be presented by others during various sessions of this meeting. In fact, either as secretary which includes serving also as secretary of the Council and the House of Delegates, or as general manager, or both, the writer comes into more or less close contact with all activities of the ASSOCIATION. These activities cumulate in the annual meetings. The proceedings of the last annual meeting together with the usual ASSOCIATION data including the revised roll of members, were published in the November, 1941, issue of the Scientific Edition of the JOURNAL, copy of which was mailed to each member in January, 1942.

It has been difficult to give adequate attention to correspondence and notices during the year because of the many added duties which the ASSOCIATION has been called upon to render. The entire headquarters staff has been overtaxed all the year and only through their willingness to carry additional duties has it been possible to meet the emergency demands. I wish to express my thanks to them, to the officers and members of the ASSOCIATION and to many others for the courtesy and coöperation which have been given me.

The emergency conditions have complicated the arrangements for this meeting and Local Secretary Stodghill and his co-workers are to be commended for the way and spirit in which they have carried on and for the hospitality so generously offered under trying conditions.

Arranging the program of the meeting has also been more than the usual problem. The affiliated organizations as well as those directly concerned have coöperated splendidly and the result will speak

for itself. We are indebted to the Office of Defense Transportation and to the various governmental divisions that have generously sent representatives, to the other speakers and visitors and particularly to the pharmacists of Colorado and neighboring states who have taken such a helpful interest in our meeting. It was necessary to omit much of the entertainment which they planned to give us and to streamline the meeting in many ways, but it is hoped that the convention will meet the requirements with the least tax on the attendants.

Of the organizations and groups entitled to membership in this House, the roll call earlier in the meeting showed that the following had submitted official credentials for their delegates: 5 of the 8 sections and affiliated organizations; 3 of the 3 conferences; 7 of the 9 branches; 4 of the 8 national associations; 38 of the 49 state associations; and the 16 members of the Council. This means that 73 of the 82 organizations and persons entitled to membership in this House are represented which fact indicates how representative of American pharmacy this House of Delegates is becoming. The success with which the House of Delegates meets the purpose for which it was designed rests largely with the state associations and it is encouraging to note the increasing interest and support they are giving to this very important division of the A. PH. A. in which they are given 49 of the 82 total votes.

State Associations.—The following comments from last year's report are repeated in order to emphasize their greater importance in the light of recent developments: 'The relations of the A. PH. A. to the state associations have further improved during the year and the ASSOCIATION and its work was referred to in the programs and resolutions of the state associations more frequently than ever before. Through information given in the Practical Pharmacy Edition of our JOURNAL and through its bulletin service, the ASSOCIATION has attempted to keep the state associations advised about important developments which affect pharmacy as a profession, particularly those in connection with the Food, Drug and Cosmetic Act, the Narcotic Act, the Federal Trade Commission Act, the Selective Service and Training Act and the Defense Tax Bill. Suggestions have been invited for the improvement of this type of service and many helpful suggestions have been received.

'In turn, the A. PH. A. must look to the state association for coöperation in its program and especially in furnishing more extensive and complete information about pharmacy, its services and its personnel.

'The A. PH. A. has been frequently requested to furnish information about pharmacy which it has been difficult, and in some important instance, impossible to supply. As a striking instance, more detailed information is required about any shortage of pharmacists that may exist in any state. It is not sufficient now to have opinions on this question but statistical information of as definite character as it is

possible to obtain is required in connection with the deferment of pharmacists, as necessary men.'

Since that time, the number of Federal agencies with which the ASSOCIATION has been called upon to coöperate has materially increased and the work has become of increasing importance.

It is imperative that complete information about pharmacy, its services, its equipment and its personnel be collected and made available just as promptly as possible. This work must be carried on in coöperation with the schools and colleges of pharmacy, the state boards and any other organization that can be helpful. As the emergency develops and as decisions must be made more promptly, time will not be available in which to collect such information, on which our future may rest in whole or in part.

Recent contacts with the War Manpower Commission, the Selective Service System and the U. S. Office of Education have shown that only those groups that have rather complete information about their activities and personnel can hope to be considered for deferment. The recent decision as to whether pharmacy is a profession and an essential and critical occupation rested squarely on the information furnished by this ASSOCIATION with the assistance of the state associations, the schools and colleges and the boards of pharmacy. In this emergency, previous decisions are wiped out by conditions, and it is also imperative that our information is kept right up to date. Furthermore, national and state figures are not always sufficiently informative and must be broken down on a district, county, town, village or even a unit basis; they must also show the extent and character of the professional services rendered in each community by each pharmacist. A recent report from a state gave the population of each county, the names of the pharmacies in each town in the county and the population of the town; for each pharmacy, the name and registration number of each pharmacist, his age and sex, whether single, married or divorced, the number of dependents; and the number of prescriptions filled in 1939, 1940 and 1941 in each pharmacy. Similar information about the schools and their students; about the number of pharmacists being lost and added to the profession; and about the public health services of the profession are being collected.

If fairly complete information can be assembled annually, the profession will soon be in a position to measure trends and effects as well as to prove its continued and increasing value to society. If the A. PH. A., the A. A. C. P. and the N. A. B. P. had not begun to collect data several years ago it is doubtful that the profession could have even maintained its position.

Recent and pending decisions with respect to sugar, gasoline and tires necessary in rendering our health services, and the pricing of prescriptions have or will rest upon dependable data as to the needs and practices of the profession, and no doubt such tests will increase in number and in severity.

Pharmacy has not apparently been interested to establish the extent and value of its public health services and in the present emergency the profession will have to exert itself to whatever extent is required to correct this deficiency and to justify its claims, to be associated and considered with the other health professions. That its value can be established is evident from what has been done and the critical necessity of complete information cannot be stressed too strongly.

The A. PH. A. will carry on its part of this work aggressively, but it must depend on the state associations and the other groups mentioned above for assistance.

It is true that this means additional personnel and expense, and more closely knit national, state and local organizations. It is equally true that pharmacy, like the other professions, is in a critical position and must act accordingly if it hopes to progress or, possibly, to survive. This subject will probably be referred to in other connections during this meeting.

Governmental Relations.—Time does not permit even a general review of the work the ASSOCIATION has carried on during the year in coöperation with various divisions and agencies of the Federal government, the number of which is increasing as the emergency continues. In every instance, the relations have been pleasant although there have been disagreements and although the results of the contacts have not always been acceptable to us.

In my experience, it is correct to state that the position of the A. PH. A. is recognized by these agencies, and its views and recommendations with respect to professional matters are given due consideration. If its contacts with the state and local pharmaceutical associations were closer and if the combined membership of these organizations were larger and more representative of the pharmacists of the country, the work would undoubtedly be easier and the results more satisfactory to the profession.

The practice of pharmacy as such is clearly recognized as a public health profession and activity, but this recognition is clouded by the many other activities carried on in many pharmacies. In times of peace, this situation may not be so important but when emergencies arise and important classifications depend upon clear decisions, it becomes actually dangerous. Without making any invidious comparisons, pharmacy should decide promptly whether it wishes to continue to be classed as a profession and I do not believe there is any question about the decision. If it is classed as a profession, its major attention must be directed toward its professional services and it must associate itself more closely with the public health program and with the other public health professions in the minds of the people and of the officials. These comments are based on some rather uncomfortable experiences in recent months.

It must be evident that as the emergency continues a much larger number of pharmacists will be

called into the armed forces and into the pharmaceutical industries; that a number of pharmacies will close on account of a shortage of personnel, or for other reasons; that our materials and equipment will become more difficult to obtain; and that other unusual problems will face us during the coming year. Needless to say, the ASSOCIATION will continue to render the most effective service possible in meeting these problems and will serve the profession as it has in every way in which it can be helpful. It asks and confidently expects to receive your continued support and guidance.

Bulletin Service.—The ASSOCIATION has increased this service during the year and yet we are not able to distribute as much information as should be made available. Our bulletins go to State Associations Secretaries, Secretaries of Boards of Pharmacy, Deans of Schools and Colleges of Pharmacy, Publications, other national Associations, Local Branches and others. Some bulletins go only to the group or groups to which the information is of direct interest.

Since the last annual meeting about 48 bulletins or four per month have been issued and, in addition, considerable material has been sent out for the Committee on the Status of Pharmacists in the Government Services and other Committees.

We shall appreciate any suggestions for the improvement of this service from those who receive the Bulletins, and we ask that the information in these Bulletins be made available to local groups and individuals as far as possible. We ask also that the groups to which our Bulletins are sent will study the material published in the Practical Pharmacy Editions of the JOURNAL since information available at the time an issue goes to press will be printed in order to secure a wide distribution.

The Reference Library.—The books and periodicals in our library are being increased by gifts and purchases and in other ways. The library is also being used to a greater extent each year by government agencies, pharmaceutical officials and by pharmacists, as well as in our own work. The Library is intended to provide a service to those who desire information about our profession.

The Laboratory.—The A. PH. A. Laboratory and its staff are serving an increasingly valuable service in connection with the N. F. and R. B. and in many other ways. As an example, the laboratory has aided dermatologists by assisting at their request in improving formulas for dermatological preparations. Assistance is also being given in connection with products used by the armed forces and in the civilian defense program as has been stated in other reports. Attention is being given to the improvement of the publications of the ASSOCIATION with the object of making them of greater service to pharmacists and others.

Membership.—More than 1000 active and associate members have been elected during the year, which number is in proportion to the number elected during the preceding ASSOCIATION year. Greater

attention has been given to increasing the number of student branches and thereby the number of associate members. The increased interest these student members are taking in the work of the ASSOCIATION is most encouraging.

During the year, 54 members resigned and 44 were reported as deceased and about 550 have been

dropped for the nonpayment of dues, or a total loss of approximately 650.

The active and associate membership now totals approximately 4800 of whom 230 are Life Members and 20 are Honorary Members.

The usual detailed information regarding the sales and inventories of the N. F. and the R. B. follows.

SUMMARY OF RECEIPTS AND DISBURSEMENTS ON ACCOUNT OF N. F. VI, JANUARY 1, 1936 TO JUNE 30, 1942

	Receipts	Disbursements
1936.....	\$106,385.27	\$31,999.23
1937.....	23,581.68	6,360.82
1938.....	13,350.31	10,826.24
1939.....	11,603.28	7,696.24
1940.....	11,883.91	8,671.59
1941.....	6,312.33	7,792.93
1942 (June 30 final).....	587.75	3,295.90
Research for 1936-1941.....		18,000.00
Research for first half of 1942.....		500.00
	<u>\$173,704.53</u>	<u>\$95,142.95</u>

SUMMARY OF SALES OF N. F. VI—DECEMBER 1935 TO JUNE 30, 1942

	Total	Buckram	Leather	Leather Interleaved
December 1935.....	9,351	9,157	194	..
Year 1936.....	20,354	20,239	99	16
Year 1937.....	6,050	6,032	16	2
Year 1938.....	3,576	3,571	3	2
Year 1939.....	2,981	2,949	31	1
Year 1940.....	2,747	2,740	7	..
Year 1941.....	1,405	1,401	4	..
To June 30, 1942.....	64	61	3	..
	<u>46,528</u>	<u>46,150</u>	<u>357</u>	<u>21</u>

SUMMARY OF COPIES OF N. F. VI PRINTED AND BOUND TO JUNE 30, 1942

Printing	Total	Buckram	Leather	Leather Interleaved
First.....	25,087	24,641	406	40
Second.....	10,074	10,074	...	..
Third.....	5,058	5,058	...	..
Fourth.....	3,000	3,000	...	..
Fourth.....	2,230	2,230	...	..
Fourth.....	1,488	1,488	...	..
	<u>46,937</u>	<u>46,491</u>	<u>406</u>	<u>40</u>
Folded Sheets.....	500			

SUMMARY OF COPIES OF N. F. VI—DISTRIBUTED WITHOUT CHARGE, SOLD AND HELD IN STOCK, JUNE 30, 1942

	Total	Buckram	Leather	Leather Interleaved
Complimentary.....	314	272	42	..
For Copyright.....	2	2	...	..
Sold.....	46,528	46,150	357	21
In Stock.....	93	67	7	19
	<u>46,937</u>	<u>46,491</u>	<u>406</u>	<u>40</u>

SUMMARY OF RECEIPTS AND DISBURSEMENTS, PHARMACEUTICAL RECIPE BOOK II

	Receipts	Disbursements
1936.....	\$ 1,908.69	\$ 2,096.61
1937.....	2,862.65	5,861.92
1938.....	1,240.20	37.08
1939.....	6,460.72	2,014.38
1940.....	4,024.61	1,501.43
1941.....	3,098.03	2,057.60
1942 (to June 30).....	2,170.33	738.61
	<u>\$21,765.23</u>	<u>\$14,307.63</u>

SUMMARY OF SALES OF RECIPE BOOK II—DECEMBER 1935 TO JUNE 30, 1942

	Total	Buckram	Leather
December 1935.....	9	8	1
Year 1936.....	757	743	14
Year 1937.....	591	584	7
Year 1938.....	363	360	3
Year 1939.....	2,646	2,646	..
Year 1940.....	2,063	2,057	6
Year 1941.....	1,913	1,910	3
To June 30, 1942.....	1,370	1,367	3
	<u>9,712</u>	<u>9,675</u>	<u>37</u>

SUMMARY OF COPIES OF RECIPE BOOK II DISTRIBUTED COMPLIMENTARY, SOLD AND HELD IN STOCK, JUNE 30, 1942

	Total	Buckram	Leather
Complimentary.....	161	161	..
Sold.....	9,712	9,675	37
In Stock.....	51	38	13
	<u>9,924</u>	<u>9,874</u>	<u>50</u>

SUMMARY OF COPIES OF RECIPE BOOK II, PRINTED AND BOUND TO JUNE 30, 1942

Printing	Total	Buckram	Leather
First.....	9,924*	9,874	50

President Christensen, after the reading of the Secretary's report, mentioned that the Council had recommended that the District plan for the organization of a Junior A. P. H. A. be tried out in two of the Districts in connection with the meeting of the Boards and Colleges in the Districts.

One of these Districts later decided not to hold an annual meeting, but the other one, which was District 4, made up of the states of Michigan, Wisconsin, Indiana, Illinois, Ohio and Kentucky proceeded with their plans, and at the time the Boards and Colleges met, delegates from all the Student Branches in that District were also present and proceeded to hold a meeting.

Among other things the group decided to send a representative to the Annual Meeting in Denver, and President Christensen then introduced Mr.

Robert L. Gordon, President of District No. 4 Student Branches.

MR. ROBERT L. GORDON'S ADDRESS.—Mr. Gordon made the following remarks:

"First, you may wonder why the students of this District have been organized. We, too, wondered a year ago, and at our District meeting last April we first set about to arrive at some plan of organization. After some discussion, a plan of organization was accepted which emphasized, mainly, three points.

1. That the District Branches of the AMERICAN PHARMACEUTICAL ASSOCIATION should be organized so that they might in some way emphasize more fully the importance of pharmacy in its relation to other fields.

* We were originally charged with 10,040 copies but later received credit for 116 copies because of under-run.

2. That by organization of students we might be able to obtain more coöperation and coördination between the students, the schools and outside sources.

3. The point which has proved of most value to us is that through organization of a District it is possible to have mutual exchange of program ideas through the office of the Secretary.

At the time we were organized, five Branches came to the meeting. Another, the Sixth Branch, attended the meeting to get ideas on organization. This one Branch shows that District organization has proved something. Besides this Branch I have just mentioned, I also learned in the last month that a Seventh Branch of students in the A. Ph. A. has been organized.

After adopting a constitution, the District set about to make plans for a delegate to attend the national convention. Ways and means were soon evolved and, as a result, I am here to get all I can out of the meetings, and also make a few reports.

Besides attending to business, we also had several lectures. I believe President Christensen spoke to us, Dean Jenkins of Purdue, and several others.

After speaking before the N. A. B. P. and the A. A. C. P. yesterday, I have participated in several discussions with various members about student organizations and it seems they are in agreement with me that student organizations have a definite place, inasmuch as the students themselves have an enthusiasm about pharmacy—more so than you will find in the older men to a certain extent—and also the enthusiasm in actual membership in A. Ph. A., if started when young, will no doubt carry over to the time when students graduate and become members in the great field of pharmacy. Therefore, it seems that the prime objective of this organization of District Student Branches of A. Ph. A., as I have stated before, is to have some important form of coördination and coöperation with other members, both old and new."

At the conclusion of Mr. Gordon's remarks, Chairman Gregg welcomed Mr. Gordon and complimented him and his assistants upon the program which they planned to carry out.

REPORT OF THE COMMITTEE ON CONTINUATION STUDY FOR PHARMACISTS.—In the absence of Chairman C. V. Netz, Mr. J. J. Shine read the following report which was received.

"The personnel of the Committee on Continuation Study was Mr. H. W. Heine of Washington, D. C., Mr. L. W. Kantner of Baltimore, Mr. J. K. Attwood of Jacksonville, Florida, and Mr. Charles V. Netz of Minneapolis, *Chairman*. The appointments were made by Mr. Henry H. Gregg Chairman of the House of Delegates following the 1941 meeting and the appointees were notified by letter under date of October 21 1941.

Aside from two reports by Mr. Sylvester Dretzka (*Jour. A. Ph. A.*, 30 (1941), 400, 529), before the

House of Delegates in 1940 and 1941, there was no information available as the background and functions of this committee. Mr. Dretzka's reports discussed distributive education for pharmacists under the Federal George-Deen Act. A member of the Council of the A. Ph. A. stated that there was a difference of opinion in the Council on the scope of the Committee on Continuation Study. Some felt that the committee should concern itself with continuation study among registered pharmacists rather than with distributive education offered to registered pharmacists and unregistered employees alike. It is questionable if the type of study offered to the unregistered group can be characterized as 'continuation' study.

In general, education offered to retail pharmacists and their employees may be divided into three categories:

(A) Distributive education under the George-Deen Act available to any employee of a drugstore *regardless of professional standing or training*.

(B) Distributive education under the George-Deen Act available to *registered pharmacists only*.

(C) The "refresher" type of course in which the registered pharmacists are assembled at a central point for a short, intensive period of lectures. The length of the periods varies from one to five days.

Distributive education under the George-Deen Act must be complemented by funds provided by the separate states. This means that the state imposes upon the use of the funds restrictions which often impair the effectiveness of or make impossible a satisfactory program.

For instance in Minnesota a limit is placed upon the remuneration of the instructor which makes it practically impossible to employ a qualified person. In contrast Wisconsin allows sufficient funds to provide a full-time, qualified traveling instructor. The George-Deen Act emphasizes education in the distributive phase of pharmacy and some difficulty was at first encountered in applying it to the professional phase.

'Refresher' courses also known as Pharmaceutical Institutes and courses in continuation study, are usually provided by schools and colleges of pharmacy. They are open to registered pharmacists only. A small registration or tuition fee assists the sponsoring school to defray expenses. It is understood that funds under the George-Deen Act may be available for this purpose also.

As a preliminary step to the work of the committee, the chairman under date of December 27, 1941, sent to each member of the committee a letter in which was outlined a tentative program of action. Each member was requested to express opinions upon three questions as follows:

1. Which (one or more) of the types of study outlined under A, B or C shall the committee consider?

2. Shall the committee assemble all available material and information about the types of study approved under '1'? Such information would in-

clude copies of Federal and state laws bearing upon the subject along with interpretations thereof, course outlines, methods of obtaining and assembling instructional staffs, financing, etc. This information would be available to any group or organization seeking to initiate such study.

3. Shall the committee actively attempt to arouse the interest of pharmacists so that a popular demand for such studies will be made upon state associations and colleges by the rank and file of the pharmaceutical family?

Mr. Kantner replied to my first letter on January 22, 1942. On April 7, 1942, neither of the remaining members had replied so I sent a second letter to each. On April 22, 1942, from Mr. Heine I received a reply in which he expressed regret that the demands of his new position in Washington required that he resign from the committee. No reply has been received from Mr. Attwood. Mr. Gregg was notified of Mr. Heine's resignation and he agreed to appoint a successor. Unfortunately circumstances since that time have been such that neither of us have had time to complete the appointment.

A subcommittee on curriculum of a National Advisory Committee of the four national pharmaceutical organizations has been actively assisting the U. S. Department of Education to prepare teachers outlines for courses in distributive education in pharmacy. This subcommittee will render a very excellent report at this meeting. The first outline entitled 'Selling Pharmaceutical Service (Misc. 2921-A)' is already available. As the name implies, it is concerned with the professional phase of the retail drug business; hence it may be used as a source of subject material for refresher courses at the professional level. When completed these outlines will remove one of the obstacles to the successful training of pharmaceutical personnel to render better professional service.

The chairman of the Committee on Continuation Study regrets that he is unable to report progress during the past year. Obviously a committee with a stable, active membership can arouse in the profession a desire for continuous study and can function to provide a smooth path to that objective."

REPORT OF SUBJECT MATTER COMMITTEE.—Following the report, Mr. Shine then presented the report of the Subject Matter Committee.

The report was received and the recommendations were referred to the Committee on Resolutions.

"Following is a statement of the Joint Report of the George-Deen Subject Matter Committee.

This committee, as you know, has been active for some time and has been working on the subject matter for distributive education under the George-Deen program.

The committee consists of representatives from:

National Association of Retail Druggists—George A. Bender, Theodore Christenson; American Association of Colleges of Pharmacy—Dean E. R. Series, Dean C. B. Jordan (deceased), Prof. A.

Hamilton Chute (to fill unexpired term of Dean Jordan); AMERICAN PHARMACEUTICAL ASSOCIATION—Joseph J. Shine, J. Harry Lindahl; National Association of Boards of Pharmacy—Sylvester H. Dretzka, Dr. H. C. Christensen.

I am not going to read a long report, but there are a few facts involved here in which I believe you are all interested:

Primarily, that the George-Deen educational material is now being developed and is well along the way. Already, there has been published the first half of the first edition which has been distributed, if anybody wants to see it, we have a copy of the book. We also have the outline that has been developed by the committee, but there are a few additional facts that probably you would like to know.

First, the funds under the George-Deen Act are available to all forty-eight states of the Union. For the states getting the least of the funds, it amounts to \$10,000, while New York State gets the largest appropriation, \$115,965, and intermediate states, such as Illinois and Indiana, receive \$67,942 and \$29,420, respectively.

The general program has been divided into three sections.

Selling Pharmaceutical Service is classified as the first section. Through refresher courses in the pharmaceutical field, the druggist and employee pharmacist may be given information on recent developments in pharmacy, medicine and chemistry, pharmacy laws and regulations, interprofessional relations and other subjects designed to enable the pharmacist to improve the standard of professional services through particular methods of merchandising.

Section 2, Store Management, Operation and Sales Direction, is concerned with management, modernization, records, personnel training and similar topics that should be of value to store owners, to employee pharmacists who will likely become tomorrow's managers and to the more progressive unregistered drugstore workers.

Section 3 is under Merchandising by Departments. This division is included for the purpose of providing information of particular interest to sales personnel on merchandising other than pharmaceutical items, selling techniques, display and care of stock and arrangement of the department. It is also recognized that such information will be of value to store owners and employee pharmacists.

These Federal funds are used by the State Board of Vocational Education to reimburse a part of the salary and necessary travel expense of teachers meeting the qualifications established in the approved State plan for vocational education when employed by: (1) a local board of education; (2) a public educational institution, or (3) the State board for vocational education itself. It is, therefore, through these agencies that funds may be obtained for conducting distributive education classes under the George-Deen Act for retail pharmacists and other drugstore employees.

The committee further wishes to emphasize the fact that the funds supplied through the U. S. Office of Education during the year 1942-1943 afford 62.5 per cent of the total cost of the state program; the remainder must be supplied either by direct state or local appropriation, or by funds furnished by the state participating agency, which may be either a State Board of Pharmacy, or Pharmaceutical Association whose funds are administered by the state, or a state-supported College of Pharmacy participating through any local Board of Education. Under the terms of the George-Deen Act, the percentage of Federal distributive education funds will decrease with each succeeding year until the proportionate amount has reached a level of not more than 50 per cent of the educational sums spent.

This committee has met not less than fifteen different times, and all this subject matter has been gone into very carefully.

At the present time we are employing Mr. E. J. Boberg, of Wisconsin, to prepare the last section, the so-called Professional Section. Also, we have employed Mr. Ralph Beegle, formerly of the University of Oklahoma, to do the work involving Sections 2 and 3 on Management and Merchandising. The funds were appropriated for this by the University of Indiana through their Research Department. Already, in this type of work over \$7000 has been spent, and consequently we hope, as a committee, that all of pharmacy nationally will take advantage of the George-Deen program when it is completed.

We have some definite recommendations that we hope this convention will accept, so that we can report to the United States Department for Distributive Education you have accepted the program and made it into a resolution, so that it can be publicized nationally.

These are the recommendations:

The Curriculum Committee recommends that each of the parent organizations, which this committee represents, approve in principle the program as thus far developed.

I might mention that an identical report has been presented to all four participating associations.

We further recommend that this committee be continued and that as rapidly as subject matter is compiled, it be prepared for publication and distributed to state and local supervisors of distributive education, and to state and local pharmaceutical organizations.

Further, we recommend that proper steps be taken to emphasize the importance of publication of the teaching outlines for the retail drug field to the proper authorities in the Federal Government, in order that the completion of this program may be expedited and that it may take its proper place in equipping the retail druggist for his part in the war program.

We recommend that the agencies of organized pharmacy of the several states give serious consideration to the advancement of an active program

in retail drug training under the provisions of the George-Deen Act, and in accordance with the curricula material prepared by this committee, and the subject matter specialists, in collaboration with G. Henry Richert, Regional Agent for Distributive Education, under the direction of B. Frank Kyker, Chief, Business Education Service, U. S. Office of Education.

This report was made by a committee of the Joint Committee, and the same report, as I said before, has been sent to all the associations, and therefore I move its acceptance and approval."

REPORT OF THE COMMITTEE ON STATE FOOD AND DRUG LEGISLATION.—Chairman Fischelis presented the following verbal report which was received.

"Mr. Chairman and Members of the House of Delegates: So far as the committee knows, there have been no new state food, drug and cosmetic laws passed at the sessions of the legislature held in the various states during the past year. However, the Federal Food and Drug Administration has issued a considerable volume of so-called 'trade correspondence' from time to time, as well as other regulatory information on the interpretation of various sections of the Food, Drug and Cosmetic Act which are of some interest.

I think probably the most important of these announcements is the one issued on August 6. It is known as TC-389. ('TC' means trade correspondence.)

I might explain to those who are not familiar with these announcements that the Food and Drug Administration has adopted the policy of making known its interpretation of various sections of the Act, and regulations thereunder, by issuing copies of correspondence with manufacturers and others bearing upon some particular phase or interpretation of the Food, Drug and Cosmetic Act. The TC's, as they are called, are excerpts from such trade correspondence, issued in mimeographed form to those who are interested. You may write to the Food and Drug Administration, Federal Security Agency, Washington, D. C., for copies.

The particular item referred to is concerned with the classification of drugs under Section 502 (j) of the Food, Drug and Cosmetic Act, into three classes:

1. Those which are safe for indiscriminate use.
2. Those which are safe only when administered under the supervision of a physician.
3. Those whose toxic potentialities are such that they should not be used even under a physician's supervision.

T. C.-389 reads as follows:

'Replying to your inquiry, Section 502 (j) of the Federal Food, Drug and Cosmetic Act, defines as misbranded drugs which are dangerous to health when used in the dosage or with the frequency or duration prescribed, recommended, or suggested in the labeling thereof.

'In considering the application of this section of the Act to the drugs which we encounter in interstate commerce, it is our opinion that drugs fall into three classes: (1) Those which are safe for indiscriminate use; (2) those which are safe only when administered under the supervision of a physician; and (3) those whose toxic potentialities are such that they should not be used even under a physician's supervision. In this latter group fall such drugs as dinotrophenol, dinitroresol and their derivatives, diethylene glycol, ethylene glycol, carbitol, cello-solve and all other glycols except glycerin, and propylene glycol if present in drug products in appreciable quantities.

'The philosophy behind our position with respect to this class of drugs is that their therapeutic usefulness is either totally lacking or so minor in comparison to the great harm which they are capable of causing that informed physicians would under no circumstances employ these drugs. In our opinion, no form of labeling can be devised for those articles which will remove this danger. Hence, any sale or the proffer for sale of these drugs under any labeling which offers them for drug use automatically misbrands them.

'Some of the glycols appear to be reasonably safe even for use in articles appropriate for self-medication, propylene glycol in particular. Others may perhaps be safe in preparations intended for specific purposes or for use under particular conditions which would not involve danger to the user. The method of use of the preparation, the identity and proportion of the glycol and other details would have to be taken into consideration in each particular instance.

'Finally, it is to be pointed out that it is the responsibility of the manufacturer to determine beyond doubt that any article sold by him for drug use is safe for such use when taken according to the directions prescribed on the labeling.'

You are all familiar with the second class of products which are those considered safe only when administered under the supervision of a physician. Lists of these drugs have been issued from time to time and have been published in the *JOURNAL* of the *AMERICAN PHARMACEUTICAL ASSOCIATION*, and they are the products which are labeled by the manufacturer, 'to be used only by or on the prescription of a physician.' It is expected that that admonition on the label will be observed and that they will not be sold over the counter. It is still an open question whether a retail pharmacist, who may have a call for such drugs without a prescription, is permitted to sell them if he can label them with adequate directions for use. It is assumed generally that adequate directions for use in the case of such drugs can be given only by a physician who examines the patient for whom the drugs are prescribed and, therefore, is in a position to know what are adequate directions for use in a particular case.

In recent months, in one state, there have been 'over-the-counter' purchases of drugs containing santonin, for example. Santonin is on the list (No.

2) which has just been referred to. It has been the custom to sell so-called 'santonin cones,' which are confections containing santonin, over the counter. Pharmacists have been apprehended for such sales. The occurrence of santonin in proprietary products which are sold over the counter is therefore called into question, and it has been stated, in this particular state at least, that no product containing santonin can be sold lawfully except on a physician's prescription.

When the Food and Drug Administration was asked about this particular matter, they stated that when they had put santonin on the list of items that should be sold only on prescription, they had in mind all preparations of santonin. The State enforcement agency has therefore taken the stand that santonin cones should not be sold without a prescription.

In this same state there have been some cases of sales of mild silver protein preparations, proprietary preparations, which have been sold without the warning against the possibility of argyria. It has been considered a violation of Section 502 (j) to so market these products. No Federal action has been taken in these cases, but it has been authoritatively stated that if interstate commerce were involved the position of the Federal Government would be that these products could be sold only on prescription or with a proper warning on the label.

The third class of drugs are those which are safe for indiscriminate use; in other words, which may either be labeled by the pharmacist with adequate directions for use, or which are so common that they require no specific labeling, because the public is so familiar with their use as to know how to use them without further direction from the producer.

I know of no other specific food and drug law developments in the states generally, except one, and that is in my own state of New Jersey, where the Department of Health, which enforces the State Food, Drug and Cosmetic Act, has prepared a set of model labels for articles which are commonly sold over the counter by pharmacists, and is issuing the copy for those labels in an article appearing in the *New Jersey Journal of Pharmacy* for the use of pharmacists. I think this is the first time that a department of health has actually given its sanction to the wording on particular labels, thus making it possible for pharmacists to feel safe with regard to the labeling of products which they sell over the counter. Heretofore, it has been left entirely to the pharmacist to devise his own labeling under the State law and if, in any respect, such labeling was found to be faulty he was held responsible for it.

The State Department of Health is not sponsoring these labels as a definite and final requirement. It is simply issuing them in the form of suggestions, but the very fact that they come from that source gives them a certain official endorsement which will be helpful to pharmacists. These labels will no doubt be modified as conditions demand. I do not know to what extent you might be interested in the

copy for some of those labels, but if any particular drug occurs to you and you wish to question me on it, I will be glad to give you such information as I may have.

I think the ASSOCIATION should again record itself in favor of state Food, Drug and Cosmetic Acts which will conform to the Federal Act in the most important requirements. The AMERICAN PHARMACEUTICAL ASSOCIATION is committed to a policy of uniformity between the Federal and State Acts, and although only about one-fourth of the states have been sufficiently interested to attempt passage, or to pass such legislation, it would seem that in the interest of the public health and also in the interest of the profession state laws should be enacted which supplement the Federal Food, Drug and Cosmetic Act."

The First Session was adjourned at 4:40 p. m.

The Second Session of the House of Delegates was called to order by Chairman Gregg at 2:25 p. m. on Wednesday, August 19.

Chairman Gregg announced that a quorum was present, that the reading of the minutes of the first meeting would be dispensed with, and that the House of Delegates would proceed with the Symposium on Problems of the Current Emergency.

Chairman Gregg stated that Dr. R. P. Fischelis as leader of the Symposium would preside, and Dr. Fischelis then assumed the chair and outlined briefly the organization of the War Production Board. He emphasized that it is a dynamic and not a static organization and that it is organized to insure a source of supply of materials for the armed forces and for civilians.

ADDRESS OF DR. JOHN N. McDONNELL.—Dr. Fischelis then introduced Dr. McDonnell, head of the Statistical Section in the Medical and Health Supply Branch of the War Production Board. Dr. McDonnell read the following address entitled "War and the Nation's Health:"

"Mr. Chairman, members of the House of Delegates of the AMERICAN PHARMACEUTICAL ASSOCIATION, it is indeed a pleasure for me to address you today as a representative of the War Production Board.

We of the War Production Board are charged with the serious responsibility of determining and controlling problems of supply and demand. We feel it our obligation to bring to the people of the United States a clear picture of the work that we are doing, and how it affects each person in every hamlet and city of the Nation. This is particularly important, before a group such as this, representing as it does an integral part of the profession dedicated to the protection and preservation of health.

It is my regret that I cannot give to you specific details concerning the progress that has been achieved. I can assure you that the advances which

have been made have been gratifying, and astonishing. However, the revelation of this data, should it fall into the hands of the enemy, would give to the Axis considerable aid, even though little comfort.

To quote the words of Mr. Donald Nelson, Chairman of the War Production Board, 'America must face the fact that it can win the war only if it provides a greatly expanded production of military goods. . . .' We have already recognized that every weapon produced today is worth ten next year. However, at times we are faced with two major tasks in the effort to increase production of war materials. First of these is the greater expansion of production of war materials, in available facilities. A second is the problem of plant conversion.

Without question, the people of the United States today appreciate the wisdom and foresight which prompted the President to begin the basic foundation of the war effort fully 18 months in advance of the date of Pearl Harbor. At that time, however, not all industry or the people felt that war was imminent and there was some lag in production through fear of over-expansion. The Nation has now been dedicated to an intensive two-year program. We have already faced the fact that there has not been time to build enough plants, there have not been enough materials and there is not enough man power.

We pride ourselves upon the productive capacity of our Nation. However, our Nation awakened to the seriousness of the situation and began full production only at the fall of France.

Today we are still on the defensive. The statements of the Prime Minister of Great Britain, and of our own President, stressed the fact that the keynote for all of 1942 will be defensive fighting, with frequent losses and disappointments. The reversal, and the attack, will come in 1943. The loss of Singapore, of Java, of Burma; the pressure on Libya and Egypt, on Russia and China, and on the high seas, give evidence of the truth of this statement.

We were five years behind the Axis in the battle of production and all-out war. The United States can out-produce the Axis, but we must be aware that the Axis started earlier. Unfortunately the story of our production may still be summed up as 'too little, too late.' The Nation as a whole is not yet completely in tune. It is not true, however, that the people suffer from an unjustified smugness. We do not believe that the evidence of enemy progress in the Far and Near East, the offensive against Russia and the attack upon our shipping have gone unheeded by our people. We believe that it is generally recognized that this is no time for self-hypnotism. The enemy is 'tougher' than he was in 1918.

It is also well known that some of the new facilities which are being placed into full operation throughout the country may not produce a gun or a tank or an airplane for six to nine to twelve months. It may require a similar period from the time the

expansion is planned and approved, before a pound of a sulfonamide is completed in a new plant made necessary by new demand. It may be longer before an ounce of quinine is obtained from newly established sources.

Tremendous advances have been made in the program. Extraordinary sums have been allocated to various military efforts. However, we cannot win the war with 'potentialities' or with 'billions of dollars.' With 75 per cent of the Axis' productive capacity devoted to war, only 40 per cent of our Nation's income is devoted to this purpose at present. To bring home to you the enormity of the task that now faces us, let me remind you that the total 1918 war debt reached 22 billions of dollars. The present two-year program will exceed 150 billions of dollars with expenditures today reaching the total of \$150,000 per minute. It requires more from our people, however, for victory will not come through bonds or bombs alone. The spirit of the people must be united behind this effort, for every minute of every day and to the full extent of their capabilities.

Few people are fully aware of the authority and relationship of the agencies, to which has been entrusted the prosecution of the war effort. When President Roosevelt organized the Office for Emergency Management, he established within it a number of specific agencies, the purpose of which I shall briefly mention.

The War Production Board, with which I am associated, supervises supply and production, and establishes the competing demands for all commodities. The Office of Price Administration controls price and inflationary forces in the market. The Board of Economic Warfare is charged with the supervision of imports and exports and with the pursuit of the economic battle against the Axis along trade channels. The Office of Lend-Lease Administration supervises the problem of assistance to our Allies. The Office of Defense, Health and Welfare has the task of protecting the health and welfare of the Nation. The Office of Civilian Defense has a duty that is obvious. It will come into direct contact with each one of you at the moment of attack upon our shores.

The Office of Inter-American Affairs has been given the responsibility of fostering improved relations in Pan American Republics and with the supervision of certain emergency projects concerned with the development of new sources for critical materials. The Offices of Defense Transportation, Defense Communication and Defense Housing have duties which are apparent from their titles. The National War Labor Board faces the problem of labor and its place in the war effort.

The Office of Scientific Research and Development controls and fosters research in all scientific and military fields. Other agencies which come indirectly into the picture include such as the Office of Agricultural Defense Relations, and the Treasury Procurement Agency, the latter purchasing ma-

terials for the American Red Cross and for some Lend-Lease countries. Of course, the Public Health Service, The National Research Council, whose committee on drugs and medical supplies was established at W. P. B. request, and others each play a part.

The Army and Navy Munitions Board is a joint agency which has for 20 years been occupied with the task of preparing the industrial background for the present mobilization.

In addition, there are the combatant services, the Army and Navy. In our field, the Army's Medical Department, which includes the Office of the Surgeon General, is a central group interested in health problems. The Bureau of Medicine and Surgery of the Navy, which includes the Office of the Surgeon General, is a similar naval group. In all of these agencies, health supplies hold a separate province.

We may define the term 'health supplies' as including botanical and animal drugs, medicinal inorganic, organic and aromatic chemicals, biological products, surgical dressings, surgical instruments and apparatus, diagnostic apparatus and equipment, hospital equipment and similar necessities important for the health of man. It is gratifying to know that in the opinion of the government such necessities are considered equal in importance to guns and ships and aeroplanes.

It is not a simple matter to say who exercises supervision over health supplies. Such products obviously have an over-all relationship with such other non-medical groups as chemicals, metals, oils, textiles, etc. However, there have been set up within the various agencies certain sections which have specific duties in the control of the flow of health supplies. I shall not discuss in detail any of these other groups, for the representatives of the Board of Economic Warfare and of the Office of Price Administration who are here today will quite adequately cover their subjects.

Within the War Production Board, there are three groups who have a direct interest in health supplies. The Health Supplies Branch, an operating group having supervision over the production and distribution of finished products, is headed by Mr. Francis M. Shields. This group is known as the 'operating branch' and functions in the field of production, priorities and administration of allocations.

In the Office of Civilian Supply, there is a Consumer's Program Branch which includes a Section on Health and Medical Supplies. The function of this Section is to insure that in essentiality the civilian requirements for health supplies will be met.

A third group, the Health Supplies Section, Statistics Division,* headed by me, is charged with

* This Section, together with the drugs, medicinal chemicals and biological products portion of the Health Supplies Branch, and the Toiletries and Cosmetics Branch, and the Toiletries and Cosmetics Section, Statistics Division, have recently been coordinated into one group, as the Drugs and Cosmetics Section, Chemicals Branch, War Production Board.

the over-all task of research and with the supervision of factual data on supply and demand. We have also been charged by a direction from the President's office with this same duty for all of the United Nations.

It is noteworthy that each of the other agencies have sections whose principal interest is in health supplies. There is a close working relationship between all of these groups interested in different phases of the over-all problem.

Let me assure you that the war agencies are fully aware of the gravity of the present situation. Actually it is later than you think! We face growing shortages in critical materials. There is a lag in production due to insufficient supplies of raw materials. There is serious interference by submarine and air attack on the delivery of our war products to our own forces in distant fields, and to the United Nations.

In this, Pharmacy's problem is no different than that of other important industries. Our problems of supply in this war are much more serious than they were in 1918. During the last conflict, except for limited areas desolated by war action, our normal trade routes were open, threatened only by sporadic naval raider action.

In the postwar period we again reestablished our normal world sources of supply. Free trade in and flow of raw drug materials over the maritime routes of the world were commonplace. We came to depend more strongly on the exotic East, darkest Africa, India and Australia for crude drugs. Raw minerals, oils and other basic materials came from distant points.

This new 'World War' is a decidedly different matter. Through the months before Pearl Harbor, some 65 rather important drug materials were increasingly in 'short supply.' There was apparent a progressive tightening in the field of crude materials, and an increasing tempo of accelerated shortage.

With the entry of our Nation into war and the invasion by Axis powers of lands formerly open to trade, we observe that well over 220 commodities are now either in severely restricted supply or no longer available in any quantity. Some of these important materials include agar, atropine, brucine, caffeine, eucalyptol, gum arabic, licorice, menthol, oil of almond and the volatile oils, theobromine, thymol, and the fish liver oils.

With the limitation of supply, there has been an increase in demand. In some respects the demand has multiplied several times over pre-War levels.

The Army and the Navy, whose needs must always be given first preference, have required tremendous quantities of drugs, chemicals and surgical supplies. With an army larger than ever before in the history of our Nation, and a navy expanding to dominate both mighty oceans, the requirement of health supplies reach astronomic proportions. Similarly the programs which have been instituted for civilian consumption, for the better protection and preservation of public health, have likewise in-

creased the proportion per capita-demand for Pharmacy's products.

A third and unexpectedly large factor has been the demand under Lease-Lend for health supplies. There is considerable misconception as to the justification for this great strain upon our resources. Prior to the outbreak of the war, there were but two great producing nations in the field of health supplies. The United States, and our present enemy, Germany. Today we are the sole source of important medical supplies, to replace the depleted stocks of our Allies. China, which has been fighting for five years, is not an industrial nation. The economy of the Union of Soviet Socialist Republics has been based upon heavy industries, and dependent on import for a large proportion of its health needs. The United Kingdom and especially the Netherlands, Free France, and others, have limited or no present productive capacity in this field. While the British have been basically an export nation, they have been restricted considerably by lack of materials and man power and are 'short' of a number of critical items. Australia and New Zealand, which originally obtained but 10 per cent of their supplies from the United States, now because of the interference with shipping in the Indian Ocean, must depend upon us for 95 per cent of their needs. In health supplies, our industries are almost entirely supporting the war effort of the United Nations.

All war is economic. This war is no exception. In the past Germany dominated the health supplies market in Central and South America. To these Pan American Republics and to nations such as Sweden and Turkey, we have exported little. Today, we must recognize and satisfy the emergency requests of these and other friendly nations. It is to our present and future benefit to preserve the health of their peoples. The demand upon us, however, is many times that which faced our industry in times of peace.

For a time it was possible to increase, and to increase again, our productive capacity to meet these expanded demands. In every critical field it has been the purpose of the Government to provide additional plant facilities, or to increase the production of existing facilities. Several forces have acted to halt this method of solving the problem. The raw materials from which the products are manufactured or fabricated have diminished in supply. New demands on these raw materials have also arisen for military or other uses, which were considered more essential to the war effort. Additional productive facilities can no longer be obtained because of the critical nature of materials and equipment.

It was possible in many industries to institute conversion programs which made use of materials and facilities previously employed for nonessential purposes. Examples of these conversions were the change-over of factories from the making of cash registers to gun magazines; lipstick cases to cart-

ridges; locks and safes to gun mounts; typewriters to rifles and bomb sights; footballs to gas masks; orange squeezers to machine tools and so on down a long list of new activities. In our field we note firms, which formerly made a variety of products, now concentrating on such vital necessities as decontamination ointments, blood plasma, sulfonamide drugs, synthetic vitamins, etc. However, this can be carried on to only a certain extent. When the supply of a raw material becomes so limited that the so-called 'essential' demands far exceed the supply, it then becomes necessary for the Government to institute conservation programs by executive control. There have been only a few real shortages in this field. Pharmacists know that many items are scarce, but that only a few have become so critical that they must be placed under direct order.

Late last winter, because of the shortage of Vitamin A, it was necessary for the War Production Board to issue a definite restrictive order which limited the consumption of Vitamin A throughout the country. The chief source of the vitamin was fish livers, formerly obtained from Norway, Iceland, Canada and Japan. Our own industry represented but a small percentage of the total supply. The restriction of Vitamin A potency in pharmaceutical products, poultry feeds and other commodities was accomplished. Supplies were extended and a serious situation solved.

Agar, which had formerly been obtained in adequate quantities from Japan, became scarce last summer as a result of the embargo on Japanese products. Because all of the agar that was available in the country was deemed necessary for bacteriologic media, a special order was issued which removed it from common use in pharmaceuticals, foods and other products.

With the fall of Java, from which 95 per cent of the world's cinchona bark and quinine was obtained, this important antimalarial became an exceedingly critical problem. An order was issued which conserved quinine and the other cinchona alkaloids and prevented their use in any quantity for other purposes than as antimalarial agents.

Recently when the supply of nutgalls was seriously curtailed, it became necessary to issue an order 'freezing' all stocks of nutgalls in the country to the primary production of tannic acid U. S. P. and the limitation of the use of all tannic acid U. S. P. chiefly to preparations for the treatment of burns. Other restrictions of a similar nature have been set up by other divisions of the War Production Board covering such important materials as tin, chromium, rubber, stainless steel, alcohol, glycerin, mercury, phenol, aniline, etc. Naturally, all of these affect the supplies needed in the healing arts.

Gratifying has been the acceptance by American Pharmacy, and those in the health fields, of these necessary restrictive steps. Permissive changes in the official standards of the United States Pharmacopoeia and the National Formulary have been made which for the duration permit the formulation with

alternate materials of standard products. Such changes include the alternative of cedar leaf oil for oil of lavender, a new oil known as persic oil as an alternate for olive oil, revisions to conserve mercury and the elimination of quinine and cinchona alkaloids from certain preparations. I do not believe it necessary to discuss any of these steps in detail.

Let me assure you that, in many respects, the health supplies picture today is a good one. We face no serious shortages which will interfere with the victorious conclusion of our battle. The food health program is advancing. The supply of synthetic vitamins is adequate, and meeting all of the ever-increasing demands for these strategic supplements. The supply of critical necessities, such as opium and morphine, is sufficient to last for several years, even under wartime demand. The doubled and redoubled expansion of production of the sulfonamide drugs is a story in itself. The demand for biological products, blood plasma and serum albumin, and parenteral solutions has been tremendous, yet it has been met without dislocation or inconvenience to anyone. The cultivation of large quantities of botanical drugs, formerly imported entirely or in part prior to the war, is progressing under carefully controlled and protected conditions. There will be no problem there.

I feel sure that you, who represent all phases of Pharmacy today, know from your own experience that the Nation and the profession of Pharmacy have been well served by the War agencies. The question arises as to how each pharmacist, whether he be in research, education, manufacturing, hospital or retail practice, can assist.

To those in research activities is given a specific charge. You must maintain the present record of achievement in the development of new and potent therapeutic agents. As each new problem of supply arises your task will be to develop new and satisfactory replacements for that which is no longer at hand. For many years Pharmacy and the medical sciences have been depending upon the research activities of those who are now our enemies. The United States must assume leadership in this field and begin newer and greater programs of both pure and applied research in the fields of health supplies.

Into the hands of the educators is placed the duty of continuing the supply of better and better men and women pharmacists. We must be assured that no lessening of academic standards takes place. We can be sure that the future will require more professional, more scientific pharmacists. These young people must continue to flow into practice from our colleges. Our colleges must in turn make a more serious intensive effort to reeducate the older pharmacists in practice to bring them more in line with the demands of modern, scientific pharmaceutical practice.

Manufacturing pharmacists and chemists already are aware of their duty. For the duration of the war it is recognized that no wasted effort can be permitted in the marketing of new products which are

merely competitive or imitative in nature. Many vital changes in distribution channels and in methods of promotion must be made. In order to conserve critical materials, the problem of what is essential to the health of the Nation will sooner or later have to be solved. It may be that 'useless' remedies may continue to be made and sold, but it is reasonable to expect that as the problems of materials, containers and man power become exceedingly critical, some curtailment will be made.

It may be that many of the features of conversion and concentration which may have been put into effect in Great Britain will be adopted here. The situation in the United States is not entirely identical, but we can profit by the experience of British industry.

Practicing pharmacists can assist personally in the war effort in many ways. Several influences are already affecting pharmacists. Simplification will be the rule. While the retailer will have a lesser number of sizes and styles of products to sell, and a lesser number of commodities on his shelves, he should not complain, recognizing that nonessentials are no longer permissible. Obviously the present price control will be strengthened in order to prevent inflation and profiteering. Major policy changes and trends, which for a decade have been foretold, will materialize with the result that many in retail pharmacy will find it desirable to return to real pharmaceutical practice. In retailing, the artificial pressure of merchandise deals will be removed.

Personnel changes are already apparent. Many pharmacists, faced with the loss of pharmacist-clerks, are discovering for the first time the valuable place that can be held by women in professional practice. Also they are meeting the problem of operation by staggering hours of service.

The pharmacist's role in the war effort is to protect the home, and to provide the means whereby this may be accomplished. Pharmacy need not concern itself with whether it is an official designated center for first-aid activities under civilian defense. The average pharmacy is neither satisfactorily located nor designed for such emergency work. However, as the center of the community activities, it is an important force in preserving the morale of the people.

Out of this war will come tremendous changes in practice. We must meet the test, and in so doing create a new professional spirit that will restore our profession to its proper place in the respect and esteem of our allied professions, the people of the Nation and the Government.

The position of pharmacy as a profession, and of health supplies as a vital necessity for the furtherance of the war effort is recognized. I trust that through these words you have gained some additional appreciation of the place that Pharmacy and health supplies hold in the war effort, and the effect that the war will have upon them. To each one of us is being given an opportunity to serve our Nation

and our fellowmen. To the extent to which we accept and accomplish this charge will result our future status. Just as the war has had a definite effect upon health supplies, so in turn the problems of health will have a material effect upon the successful conclusion of the war. Victory will be a long, arduous and bloody task. It will call for undreamed of sacrifices and privations. It will call, above everything else, for hard work, savings and unselfish service.

Of the 'Four freedoms' (Freedom to live, work, speak and worship), it is first necessary to 'live' in order to work for the other freedoms, and the foundation for all is health."

Following the reading of Dr. McDonnell's address, Dr. Fischelis announced that discussion would be postponed until all of the speakers had presented their addresses.

ADDRESS OF DR. R. J. BULLOCK.—Dr. Fischelis introduced Dr. Bullock who is Associate Price Executive of the Chemical Branch of the Office of Price Administration. Dr. Bullock read the following prepared paper:

"I appreciate very much the opportunity to participate in this meeting of the House of Delegates of the AMERICAN PHARMACEUTICAL ASSOCIATION. I do not believe that it is necessary for a representative of the Office of Price Administration to urge your support of the program for preventing inflation. We in Washington are confident that you are as vitally concerned with preventing inflation as any group in the country and we have had wide-spread assurance of your support of our program.

I want to make it clear, however, that your co-operation is not in any sense taken for granted. I want to emphasize that we recognize that the active participation of the members of the AMERICAN PHARMACEUTICAL ASSOCIATION in price control is essential for its success. We are counting on your coöperation, but we know that if your coöperation is to be fully effective you must be well informed about what we are doing. I want to take a few minutes this afternoon in an effort to promote a better understanding of what we have in our minds.

I do not believe that there are today in your minds any doubts as to the fundamentals of the Office of Price Administration program. I am sure that you believe in the stabilization of prices and recognize that it is worth while to take drastic action in order to prevent the cost of living from getting out of hand. At the same time I am sure that there are many details of price regulation which you want to discuss. Some of them, you feel are not important to the major objectives while they are quite burdensome to you.

In the beginning let me emphasize the fact that we all have to recognize that price control is not simple or painless or easy, either from your point of view who are actively engaged in the field or from the point of view of those of us who are concerned with the problems that we have to face in Washington.

In contemplating the burdens which the regulation of prices imposes on pharmacists, I do not think that it is correct to consider the alternative to operation under regulation for price control, to be operation under conditions that would be regarded as normal in peacetimes. Whether or not we have price control our lives and methods of doing business are inevitably disturbed by the upheavals which the war has brought about. The fundamental question is whether the wartime disturbances would be more burdensome without the work and annoyance which price control involves than they would be if prices were allowed to go unchecked. A good many people believe that they would prefer record-keeping and price stability to the problems of trying to outguess runaway markets and of inflation.

Nevertheless, even though we accept the fact that the regulation of prices will not be painless, we recognize that it is the object of the Office of Price Administration to see that price control is not more burdensome than is absolutely necessary. I recall a story that was told during the last war about a lady who complained that a nail in her shoe was hurting her foot. To an inquiry as to why she didn't pull it out and put an end to her suffering, she replied, 'When I think of what our boys on the battle front have to put up with it only seems right for me to bear so small a thing as this.' It is clear to all of us that unnecessary suffering does not help in winning the war, and it is of first importance that the burdens of price regulation should be minimized as completely as possible.

I believe there are two principal matters about which you as representatives of the AMERICAN PHARMACEUTICAL ASSOCIATION are concerned at the present time. The first is probably prescriptions. Let me say in the beginning that prescriptions are at present held to be subject to the General Maximum Price Regulation. Let me say also that we all recognize that the General Maximum Price Regulation does not provide a very satisfactory procedure for pricing prescriptions. For that reason the Office of Price Administration has been working since last April on a special regulation which would provide a better method of meeting this problem. Such a regulation has been revised several times, but I believe that it will be issued within a few days.

We in Washington are thoroughly familiar with the fact that the druggists of America would prefer that prescriptions be exempted altogether from price control. The state of mind of the members of your profession has been presented to us on numerous occasions and by various methods. I must report today, however, that a decision has been made not to exempt prescriptions from regulation. There are a number of reasons for that decision, one of which, if I may speak very frankly, is this: The people who are responsible for the major policies of the Office of Price Administration are fully aware that the public does not regard pharmacists as profiteers and that people generally do not think of entry to the profession of pharmacy as an easy way to get rich.

Nevertheless, there does appear to be a wide-spread feeling that prices of prescriptions are high. For that reason there is a question as to what the reaction of the public would be to price control which did not include regulation of a group of vital necessities which many people feel are overpriced.

I cannot give you an advance statement concerning the provisions of the prescription order in its present form. I believe, however, that I can assure you with regard to it. In the first place, let me emphasize that the order has been drawn up under the direction of men who are thoroughly acquainted with your profession and in full sympathy with your problems. Drugs, pharmaceuticals, health supplies and proprietaries are regulated by the Chemical Branch of the Office of Price Administration. The Chief of the Chemical Branch is Mr. R. G. Phelps. Mr. Phelps began his career as a pharmacist. He was a student of your Dr. Kelly at the University of Maryland. Mr. Phelps left pharmacy to become a Chemical Engineer a good many years ago but he has retained his interest in the profession and has been in constant contact with Dr. Kelly in Washington. The work on prescriptions has been directly in charge of Mr. Frank A. Delgado, Chief of the Drugs, Fine Chemicals and Health Supplies Section of the Chemical Branch. Mr. Delgado is a former Vice-President of your organization and, as you know, is fully acquainted with your problems.

These men know the nature of the records which a druggist keeps. They know the difficulty of searching through files of old prescriptions in order to find one that is similar to a new one. They realize that delay in filling a prescription while the pharmacist does elaborate paper work in pricing it cannot be tolerated. I can assure you that the order, when issued, will not delay providing a patient with medicine and that it will require very little, if any, additional record keeping. When the order appears, I am sure that you will agree with me that it will cause you very little trouble.

Another matter with which I know you are concerned is the problem of posting prices and record keeping. Let me emphasize first that price posting and record keeping are vitally necessary to price control. Let me remind you that the cost of living is determined at the retail level. We know that the retail price level is a result of other prices and costs, but it is more important that the retail price level be stabilized than anything else. If we are to know what the retail price level is or where it has been stabilized, we have to have written records. Furthermore, the public needs a record. If people are to have confidence that inflation is being prevented when everything about them is in a state of upheaval, it is necessary to show them what prices in March actually were and to reassure them that ceiling prices are really being maintained.

The druggist needs written records for his own protection. The public is becoming increasingly conscious of ceiling prices. Serious enforcement

effects are getting under way. The retailer needs formal statements to reassure his customers and to meet unjustified charges that may be made against him.

Many people have argued that because of these considerations the complete posting of all prices was essential to price control. Those of us in Washington who were most familiar with retailing recognize that this would be impracticable. For that reason the selection of a limited group of so-called cost-of-living items was decided upon. These are supposed to be things that are most important to the public, at the same time to lighten the burden on the retailer. I think that pharmacists are relatively well off in this respect. The list of cost-of-living items which they handle is comparatively short. The problem of posting prices is not hopeless. Any one of three methods or a combination of all of them may be utilized. The ceiling price may be attached to the item itself. The price may be displayed on a shelf or bin where the item is placed, or a list of prices may be posted adjacent to the merchandise. In any case the test is whether or not a customer can see the ceiling price from the place where he or she normally stands when buying. The Office of Price Administration is anxious to encourage the maximum flexibility. Your organization has already taken a lead in demonstrating that compliance with OPA posting requirements does not mean that a drugstore has to be unattractive or that merchandise display has to be interfered with.

We all recognize that the records which price control demands necessitate extra work. We believe, however, that you need these records and we know that we need them. All we can say is that most people today are doing things that they would prefer not to do and that they would not have to do if we were not at war.

Let me say just a word about the present trend of O. P. A. policy. As you all know, the General Maximum Price Regulation was followed by a gigantic educational campaign directed to business men and to the public. The AMERICAN PHARMACEUTICAL ASSOCIATION has played a large part in that educational work. While education will continue in increasing amount, it is felt that the time has now come for active enforcement of price regulations. There is danger that the conscientious pharmacist, who stayed up at night in order to file his March ceiling prices or to prepare complete posting of cost-of-living items, will suffer unfairly because the retailer next door has neglected to do the same. I can assure you that enforcement will not be concerned with technicalities. The man who is sincerely trying to comply has nothing to fear.

I would like to close with this final point. We in Washington have confidence that an important trend is developing among people generally with regard to price control. They are beginning to show great interest in ceiling prices and to seek complete information about them. Retailers have always found that it was good policy to anticipate the

public's wishes. If our interpretation of this trend is correct, it is good business for the druggist to arrange his store display and his sales promotion efforts with this growing interest of his customers in mind. The store that features ceiling prices and that makes it easiest for its customers to know what the ceiling prices are will enjoy a competitive advantage. We have evidence from many sources that the interest of the people is growing, and I can assure you that the efforts to educate the public in this respect will continue."

ADDRESS OF PROFESSOR MARTIN ULAN.
—After Dr. Bullock's address, Dr. Fischelis presented Professor Ulan who is associated with the Bureau of Economic Warfare and he read the following paper:

"When changing world events indicated that there was a possibility of the American economic system being endangered, President Roosevelt issued a directive on July 30, 1941, establishing the Economic Defense Board. As the situation became more critical, there were further orders issued enlarging the duties of this Board until the Japanese attack at Pearl Harbor on December 7 led to the changing of the name Economic Defense Board to the Board of Economic Warfare.

General function of the Board of Economic Warfare is to see that fullest possible use is made of our great economic power throughout the world, to insure defeat of the Axis, at the same time helping to lay the groundwork for postwar economic reconstruction and the establishment of sound and prosperous international economic relationships.

The Chairman of the Board of Economic Warfare is Vice-President Henry A. Wallace. Other members of the Board are Cordell Hull, Henry Morgenthau, Jr., Henry L. Stimson, Francis Biddle, Frank Knox, Claud R. Wickard, Jesse Jones and Nelson A. Rockefeller. The Executive Director is Milo Perkins.

The Board consists of five offices:

1. The Office of Administration handles personnel and financial problems.
2. The Office of General Counsel handles all legal matters pertaining to the drafting of contracts between countries and individuals and Governmental agencies. It also gives advice to the members of the Board to insure the legality of all business transactions carried on by the members of the Board.
3. The Office of Economic Warfare Analysis is divided into a number of geographic divisions and an Economic Intelligence Division. They analyze, study and report on the economic status of various countries of the world. These reports and studies are sent to various members of the Board or other governmental agencies interested in this information.
4. The Office of Exports controls the flow of goods from this country to various other countries. This is a major offensive weapon necessary in the successful prosecution of the war. It prevents

shipments of United States goods to unfriendly nations, prevents consignments of United States goods falling into the hands of unfriendly nationals wherever located and prevents the depletion of United States stocks of critical strategic materials. However, a constant flow of materials is permitted to countries actively resisting aggression.

American Republics are permitted a supply of materials equivalent to the quantities allotted to United States civilians.

There is also a plan which allows the flow of United States materials to doubtful neutrals to secure political or economic concessions.

5. The Office of Imports effects with maximum rapidity the import of all commodities from abroad which are in short supply in this country and which are necessary to meet the needs of the War Production effort and the civilian economy of this country; to implement the national stockpile requirements as determined by War Production Board, through importation to effect the procurement and development of raw materials and commodities from sister republics and, frequently, foreign countries in such a manner that the civilian economy of the small nations involved will not be disrupted; and to obtain, by preclusive buying, those commodities which are vital to Axis powers for their military or civilian needs.

I am located in the Office of Imports, in the Procurement Branch. It is our specific duty to determine policies, plans and procedures connected with the actual procurement of materials to be imported by the United States.

The Miscellaneous Commodities Division of the Office of Imports, Procurement Branch, has a section whose chief duty it is to effect the procurement of drugs and chemicals. The section consists of a number of men called Commodity Specialists, whose function it is to secure and coordinate basic information regarding the availability of commodities in foreign countries and to aid in negotiating agreements and effecting purchases of drugs and chemicals in foreign countries. Because of the highly confidential nature of the various negotiations in progress, it is rather difficult to give any important data about any negotiations that may be in the making. I can merely state that there should be the strictest conservation of all imported medicinals. You are all aware of the quinine situation. The Board of Economic Warfare has definite plans outlined for the procurement of cinchona bark in South America with long-range plans for the development of hemisphere independence.

It is safe to state that for a long time to come the cinchona that we get from South America will probably be sufficient merely to satisfy military requirements. As you no doubt know, a large proportion of medicinals, especially those of botanical origin, formerly came from occupied Europe or Asia. These supplies are now entirely cut off or are inaccessible to shipping. The Office of Imports is trying to develop new sources of supply in South and

Central America. Thus far the program has been encouraging, in that, in a few years we will be in a position where we no longer need rely entirely on Europe for our medicinal drugs. Like any large scale undertaking, this program will require a certain amount of time for full development. Therefore, there is again the urgent need for conservation of imported medicinals until this program can be completed.

I will try to answer any questions you may have concerning the availability of foreign medicinals, but you must realize that there is a limit to the amount of information that I can give you concerning our future plans for procurement of these drugs."

ADDRESS OF DR. FISCHELIS.—Dr. Fischelis then gave the following address:

"You have now heard something about the organization of the War Production Board. I am going to try to tell you a little bit about how the machine works.

In the first place, let us keep in mind that the people who have been selected to conduct the work of the War Production Board—I speak now of those who formulate the policies and who are responsible for results—are men of great capacity, men of considerable experience, and men who have qualified in a very large way in the field of industry or in economics. These men have formed judgments of various professions and of various types of business and, without doubt, these judgments influence to some extent their thinking on the problems that come to their attention. However, they must rely to a very large extent upon the information that comes to them from experts. In every field, whether it be chemicals or durable goods or electrical materials, or pharmaceuticals or drugs, they have selected people in whom they have confidence to advise them on the technical aspects of every problem.

Work on a project usually begins at a low level in the organization, and by successive actions, and revisions, at the various levels in the organization, a lot of ideas and much data are screened to remove the impractical until we get finally to the real essentials and basic facts upon which final decisions are to be made.

The people who are making decisions in our field are perfectly familiar with the American drugstore; they are perfectly familiar with the American pharmaceutical manufacturing house; they are familiar with the wholesale drug house; they are familiar with the colleges of pharmacy, and they are familiar with the production and distribution of drugs and medicines. They have an opportunity to size up things pretty much as we size them up. They do not know all of the shortcomings of the various professions and trades and businesses, but they have a pretty clear idea of what type of producing mechanism is back of every type of product.

Bearing that in mind, I think we can realize how essential it is that whatever information is supplied

to them must be factual and must be of a type which will stand questioning and will really reflect the best judgment of those who are supposed to know the industry.

The question of essentiality of drugs has come up again and again. It has come up, also, in connection with other health supplies. There are some 25 or more subdivisions under the general heading of Health Supplies. Surgical instruments, physical therapy equipment, x-ray equipment and various other types of supplies that are used in any way in the treatment or prevention of disease, in addition to drugs and medicines, come under the heading of Health Supplies. Therefore, those engaged in this field come in contact with a variety of raw materials, such as the metals—steel, nickel, chromium, copper, etc. and we have a very distinct stake in every type of raw material which enters into the production of health supplies.

In order that the basic materials from which health supplies are produced may be properly subdivided among the competing needs, it is necessary for some group to allocate the materials that are available, and to the Office of Civilian Supply within the War Production Board has been given the function of determining what are the civilian needs, and to what extent they shall be supplied.

There are five claimants for the raw materials and the end products in the medical and health supply field, as there are in other fields. There is the Board of Economic Warfare taking care of the needs of South America and allies, other than Great Britain and Russia, the latter being taken care of by the Lend-Lease Administration, and there are the Army, the Navy and the Office of Civilian Supply.

Today, there is functioning within the War Production Board what is known as a Standard Products Committee on which these five claimants are represented, and the amount of material that is available is divided among them in a way to further the war effort in the interests of victory. So it becomes necessary accurately to estimate needs.

The Army and Navy have been at work for a long time estimating their expanding needs. In the Lend-Lease field we depend, of course, on the foreign commissions to indicate to what extent they require materials and end products. Likewise we depend upon the Board of Economic Warfare for estimates of South American requirements.

When it comes to civilian supply it is necessary, on the basis of such statistics of production and use as are available to formulate our judgment as to what the future requirements will be.

Questions such as 'How much steel will you need to produce all essential health supplies for 1943 or 1944?' must be answered by those who have to do with civilian supply. The same questions are raised with respect to any other type of drug or health supply which may be critical or which may be scarce.

When we come to the determination of available production and estimated requirements and find

there is not sufficient to go around according to our estimates, it becomes necessary to introduce conservation measures, and we then begin to determine how essential certain materials and certain end products really are, and to what extent we can get along without them. This requires study, research and planning; we turn for assistance to medical scientists, economists and experts on matters of supply and demand in these various fields from time to time to give us their best judgment.

It might be expected that when a U. S. Pharmacopœia is issued the Committee on Scope, consisting of a representative group of physicians, would have determined, at least for the present, what are the essential drugs, and that one could rely on these determinations. However, it is well known that new drugs are constantly appearing; that some drugs which do not appear in the Pharmacopœia or the National Formulary are used to a very large extent by segments of the medical profession, and they consider them essential. So then it becomes necessary to select, not only from the pharmacopœial drugs but also from those that are not in the Pharmacopœia or National Formulary, those which are considered essential to the civilian or military practice of medicine.

The Army and Navy have what is known as their supply table. In the civilian field we have to determine what is essential. For that purpose there has been appointed a special committee of the National Research Council, on which the AMERICAN PHARMACEUTICAL ASSOCIATION is represented by Dr. Kelly. This committee, again, divides its tasks among several subcommittees. There is a subcommittee on essential drugs, and another one on essential health supplies that are not pharmaceutical. In addition to that, the Operating Division of the War Production Board, which executes the programs that have been finally approved, has industry advisory groups. There is an advisory industry committee in the pharmaceutical manufacturing field, and another in proprietary medicine field. There is at the present time no industry advisory committee in the retail field. Industry advisory committees are usually called into being because of the need for specific industry information and coöperation.

I would like to trace, by illustration with a single drug, the type of problem that has to be met, and how it is met. I do not think we could use a better example than quinine, because it presents a variety of actions taken in sequence as the problems developed.

When it became definitely known that the amount of quinine on hand was insufficient properly to supply the Army, the Navy and the civilian population at the same time with the antimalarial action necessary both for prevention and cure, it became necessary to determine what was to be done to conserve the quinine on hand and how to proceed from there.

An order was issued limiting the use of quinine exclusively to the treatment of malaria. However, an exemption was provided in the order which per-

mitted anyone who had 50 ounces or less to use that quinine in any way it might be called for. It was assumed that, as a result of this exception, it would become unnecessary to deal separately with some 57,000 or 58,000 retail pharmacies in the United States. Those who had 50 ounces or more on hand were compelled to give an inventory of what they had. This enabled the Statistics Division to obtain accurate information as to the actual supply of quinine.

When it became known that this amount of quinine which had been exempted would also be needed, the order was amended striking out that particular clause and freezing all quinine, regardless of quantity, to antimalarial use. This still left the question as to who was to determine for what purpose the quinine called for at retail was purchased.

Incidentally, when these orders are promulgated, an administrator is selected to enforce the particular order. It becomes his duty to issue information on the order, to collect the facts as they come along and to answer the correspondence of those who consider themselves unduly harmed by the order and request relief. I might mention that in every order issued by the War Production Board there is a clause which permits of an appeal by anyone who considers himself unduly harmed by the effects of the order.

Some very interesting things developed in connection with the quinine order. First of all, it was found that quinine is used in fields other than medicine; that it has certain applications in industry. Obviously, these industries immediately requested relief. Where an essential product was involved, they were told they will be granted quinine for their particular requirement for a short period of time, and that they must immediately institute research so as to find, if possible, some substitute that can be used in their industry, so that the quinine will continue to be available for antimalarial use.

Appeals have come in from individual physicians and from pharmacists, who have been either prescribing or dispensing quinine for uses other than malaria.

When the National Research Council Committee on Essential Drugs passed on the advisability of freezing quinine for antimalarial use, they did so on the basis that quinine is not essential in the treatment of any other ailment. However, requests have come in from physicians for the use of quinine in such conditions as myotonia congenita, Thomsen's disease, multiple sclerosis, paralysis agitans, amyotrophic sclerosis and coronary occlusion, and the administrator had to determine, with expert medical advice, whether or not the use of quinine in these cases is justified.

I might say in this particular instance that Thomsen's disease was considered one case in which the use of quinine might be justified, but it is necessary for the physician in such cases to furnish neces-

sary affidavits to indicate that quinine is required in order to obtain it.

I have been asked any number of times by pharmacists, 'Am I permitted to sell quinine over the counter for anything except antimalarial use?' Of course, the answer is no. Then the question sometimes arises as to whether the statement of the purchaser that it is being bought for malaria is sufficient to permit the sale. In other words, if a purchaser says he wants quinine for malaria, whether he has malaria or not, is that sufficient reason for the pharmacist to sell quinine over the counter. There, it seems to me, the professional function of a pharmacist comes into play to the same degree that it comes into play with respect to the dispensing of narcotic drugs. The Government leaves the decision to the professional judgment of the pharmacist, and it does not expect the pharmacist to fail to exercise that judgment properly.

When it comes to a physician's prescription which contains quinine, I think it is safe to assume that the physician knows the provisions of the order, and that he would not prescribe quinine unless it was for malarial use. If, however, the pharmacist is aware of the fact that the physician is ignorant of the order, it seems to me it is his duty to call his attention to it. Here is an opportunity for contact with the medical profession which is not offered ordinarily, because as there orders affecting essential drugs are passed it seems to me it is the pharmacist's duty to bring them to the attention of the physician. It is, of course, also the duty of the medical profession to acquaint its own practitioners with the effects of these orders, but in this war effort, and especially in a case such as that of quinine, we must rely on the pharmacist to do his share to conserve that quinine by doing the extra work of letting the doctor know about it.

A question arose shortly after the quinine order was passed as to whether other alkaloids of cinchona which had been used—not extensively, of course—could be used for the treatment of malaria. The experts felt they could be used, and immediately an order was issued freezing cinchonine, cinchonidine and quinidine for antimalarial use, with the exception that quinidine could be sold or dispensed for cardiac cases. Then the additional product, totaquine, which is now official and which consists of a mixture of cinchona alkaloids and contains some quinine, was frozen because it was felt that if quinine is to be used exclusively by the armed forces, then there should be some substitute available for the civilian population, and perhaps it might also be needed for the military forces.

So we have today a progressive freezing of, first, quinine, except in 50-ounce quantities or less, then all quinine, then the other cinchona alkaloids, and then totaquine. Thus the situation is completely controlled.

Pharmacists are wondering what to do with the quinine they have on hand. There, again, we demonstrate the value of the professional service of

the pharmacist, and the value of the service of the pharmaceutical association secretaries. It seems to me that the proper conservation and recovery of this quinine, in places where it is not needed for antimalarial use, is a very important function.

You might wonder how much quinine there is around in the drugstores of the United States. I cannot speak for the whole United States, but we did take an accurate store-to-store survey of the amount of quinine on hand in original packages in the form of alkaloid and alkaloidal salts in the State of New Jersey. The record shows approximately 3800 ounces of quinine alkaloids in original packages on hand. Of course, that does not include capsules, pills and tablets, nor does it include that which was in open containers, but it is a sufficiently large amount to warrant the supposition that over the United States there is practically available in the drugstores some 200,000 ounces, or more, of this very necessary drug. And if there is any contribution pharmacy can make at this particular time to the war effort, it is in the gathering up of this stock of needed quinine and transporting it in to centralized places where it can be made available.

I think that is a rather clear illustration of just where the retail pharmacist comes into the picture very actively, and there will be other cases of this kind as we go along, without any doubt."

At the conclusion of Dr. Fischelis' address and remarks, the meeting was opened to general discussion in which questions suggested by the various subjects were answered by the speakers.

Following the Symposium, Chairman Gregg resumed the chair.

ADDRESS OF PRESIDENT B. V. CHRISTENSEN.—Chairman Gregg then presented President Christensen who addressed the House of Delegates upon the subject "What About Post-War Problems?" as follows:

"It has been said that no catastrophe is so bad but what some good will come out of it. This suggests the hope that out of the present war conditions something of benefit to pharmacy will result. However, this does not imply that all that is required of this profession is to hope that something good will emerge. We must also remember that it is primarily our own responsibility to shape our own destiny and this requires alertness, foresight, careful planning and hard work. Consequently, rather than allow ourselves to drift with the tide we must look to our oars and row to the destination we set for ourselves.

We all recognize that pharmacy is paying the price for indifference, disorganization and lack of foresight. This has been emphasized and reemphasized during the past year. Problems for which we had made no preparation came upon us overnight. Demands for which we had not assembled our resources came upon our profession without a moment's notice. While pharmacy has made every attempt to solve the problems and meet the demands confronted, the results have evidently not been what

they should be or could have been had this profession given proper attention to the signs of the times. The result is that pharmacy is not doing justice to itself nor is it rendering the kind and degree of service that its resources permit.

It is high time therefore that we begin to plan for postwar problems and postwar conditions. War conditions have brought rapid changes and developments and undoubtedly more changes are ahead of us. Data and information now being collected are valuable and will be valuable in prognosticating the future but conditions after the war will also change and new facts, figures and information must be assembled with changing conditions. Just what aspects of pharmacy these changes will involve is, of course, unknown at the present moment but from present indications some, if not all, of the following considerations should be carefully studied.

Stocks of the commercial type of drugstores may be considerably reduced through restrictions and priorities in reference to labor, manufacturing facilities and transportation facilities. Manufacture of sundries and supplies of sundries may consequently be curtailed or discontinued.

Every drug and every medicinal preparation may have to justify its existence. In order that our stocks may be conserved for essential needs it may be necessary to limit the uses of certain drugs as has already been done in the case of quinine. Again, it may be necessary to restrict the number of preparations into which a certain drug may be included as an ingredient. There is every indication, however, that the pharmacist will not only be permitted but will be encouraged to maintain a stock of drugs, medicines and health supplies sufficient for the needs of his community. However, it appears possible and even probably that stocks may be limited to necessary drugs, medicines and health supplies and the work of the pharmacist limited to the performance of scientific and professional duties connected therewith. It is therefore most important to broaden his professional capacities and services to the greatest extent possible.

Every pharmacist may have to justify his professional existence and also his existence in his particular location. Over fifty per cent of the registered pharmacists in the United States were enrolled under the first two Selective Service registrations. As the war continues, an increasing number of pharmacists will be called in service. Hence, there must be careful selection of those who are to remain to carry on civilian service, as well as those who are to join the Armed Forces or the industries with due consideration to civilian needs and military needs.

After the war some of those who were in the Armed Forces will return to again take their places in civilian life. What effect will this have on the practice of pharmacy? There is a possibility of a business depression as an aftermath of the war with resultant unemployment in the industries. This plus the sudden increase in available registered pharmacists is a problem with which pharmacy

cannot afford to procrastinate. Again, we must keep in mind the many men classified as pharmacists and recognized as pharmacists by the Armed Forces but not registered in the states who may be asking for legal recognition. Consideration of this problem cannot be deferred until the moment it is on us in fact and reality.

It is possible that a substantial army may be maintained for several years after the war emergency for various purposes such as restoration of peacetime activities and reconstruction of peacetime industries. This may somewhat balance the conditions just referred to and tend to permit a more gradual adjustment and return to normal conditions. The question is, however, to what extent will this balance and modify and how may the adjustments required be regulated and controlled.

What about inter-professional relations? Will these be made stronger as an aftermath of war? We must keep continually in mind that many physicians and dentists will also be returning to civilian practice and that thousands of nurses will be looking for jobs. What will be the impact on professional pharmacy? How will this affect the status of the registered pharmacist in the hospital pharmacy?

We must not overlook the problem of working conditions such as "store hours" and the possibility of employee organizations. Experience indicates that long store hours is one of the principal factors tending to discourage promising young men from entering this profession. Can anything be done to remedy this situation and will postwar conditions justify an improvement in working hours or will postwar conditions aggravate working hours?

In facing all of these possible problems what shall be our attitude with reference to recruiting for the profession? This not only involves the question of numbers but more particularly the question of quality. How far will the accelerated courses be continued after the war and what changes should be made in the curriculum? We must also decide whether or not standards are to be maintained or raised. Is this to be decided by the colleges and the boards or by the profession as a whole?

Possibly the most basic problem is how far will all medical services, including pharmacy, be further socialized as the result of the war and its aftermath. As will be pointed out by other speakers, the pharmaceutical and medical societies of Great Britain are already giving close attention to the part which each of these professions will take in the postwar health programs and how they can best cooperate in guiding the development of an effective program to meet the changed conditions. Our neighbors in Canada are faced with the same problem and it must be expected that governmental regulations and services already in operation in our country will emphasize and hasten the movement here.

Further, it should be emphasized again and again that all these problems must be considered funda-

mentally from the standpoint of an improved pharmaceutical service and a more effective participation in public health service. These problems cannot be solved by a committee, although a committee is essential to take the lead. The solution rests with each member of the profession, working in conjunction with all other members, and by all organizations—national, state, and local—working unselfishly and wholeheartedly for the welfare of the profession and the public it serves."

COMMITTEE ON SOCIAL AND ECONOMIC RELATIONS.—Chairman Fischelis gave the following verbal report which was received.

"Mr. Chairman, I had intended in this report to include some of the things which were included in the symposium which has just been completed, so I will at this time call attention only to a phase of the social and economic problems which does not duplicate what we have already talked of.

The thing I would like to bring to the attention of the House of Delegates is an analysis of the current situation in the field of what has been called medico-socio economics. It is in the form of a statement by Dr. Kingsley Roberts, which was sent to a group of interested people:

"The whole medico-social economy in America is being challenged by the greatest opportunities for readjustment that it has ever known. Can the A. M. A. successfully defend and maintain the status quo—individual, competitive "private" practice—or is that system outmoded so that it must be replaced or modified? Will the new group, active in promoting modern coordinated medical practice because this group is not vulnerable to the name-calling propaganda directed by the standpats against previous opponents, succeed in accomplishing reforms in time? Will efforts at maintaining the status quo result in such inadequate service that the government will intervene?

"The major factors in the present unstable situation, which offer a challenge to the status quo, are the following:

'1. *Experience with military medical practice.*—Physicians who participate in military practice will be encouraged toward group practice by this experience with it, and by loss of individual practice at home. Problems of epidemiology, sanitation, etc., will develop broader concepts of medical practice. Demobilized as veterans, they may expect Government assistance in reestablishing themselves, and be more receptive to proposals for group practice. Service men, accustomed to advantages of military group medical practice, may be dissatisfied with anything else after the war.

'2. *The expansion of industrial medicine.*—Army and Navy will take over industrial medicine and medical care of the workers in their plants. Public Health Service may supervise medical service in industries holding government orders. Women workers will require more medical care. Organized labor will have greater influence in formulating economic

policies and methods of distribution of medical practice. Industrial compensation insurance may broaden its scope. Health conservation and preventive medicine will be practiced to reduce absenteeism and increase production. Better physicians may be attracted to the field.

3. *Changes in civilian practice systems.*—There will be fewer physicians available for civilian practice, and a greater need for service. Temptation to capitalize on this situation may be balanced by fear of government intervention. Remaining physicians are older men, many of whom are not in accord with government programs for social adjustment. Philanthropic support of voluntary hospitals and research will be reduced. Anti-inflation program may reduce money available for fees. Managers may demand community health conservation and preventive medical service for workers. Assurance of adequate civilian service, necessary for morale, may entail organization of medical practice groups around the hospitals as health service centers.

4. *War changes in medical education.*—Curricula will be condensed to produce more physicians per calendar year. Armed service, public health and industrial medicine will have priorities and fewer young physicians will enter individual private practice on graduation.

THIS WILL HAPPEN

There will be some modification of the present individual competitive system.

ANY OF THESE MAY HAPPEN

The status quo may be rather successfully maintained, with only temporary or minor concessions.

The physicians left in civilian practice may be forced by circumstances to organize into medical practice groups and furnish medical care at the various income levels, to assure adequate service.

The A. M. A. influences on the Social Security program, the Selective Service System, rehabilitation, procurement and assignment, regular army and navy organizations, may break down. The U. S. P. H. S. is already nearly out of their control and they have lost Social Security entirely because they were not realistic about changes occurring in the social thinking in government departments.

The physicians left in civilian practice may resist organization. In attempting to maintain the status quo they may not be able to maintain standards, because of their reduced numbers and the increased demand for their services.

The government may intervene and pass legislation providing for:

(a) prepayment medical care plans for Social Security clients, *or*

(b) prepayment plans for hospital service for Social Security clients, *or*

(c) prepayment plans for Social Security including both (a) and (b), *or*

(d) a tax-maintained system to provide all health services and medical care for all people in the country.

The extended activities of the Public Health Service, and other changes in medical organization, may lead to unification and centralization of all community health services in a new Federal Department under a cabinet officer responsible for health and welfare.

That, to me, seems a very good analysis of the situation, and I am sure all of you are familiar with the various plans advocated by state health departments, by state welfare and labor departments, and by medical societies, and by hospital groups, with respect to prepayment for medical care.

The other item I wanted to call to your attention in this connection was the decision of the District of Columbia Appellate Court in the case of the American Medical Association, not because of the fact that they refused to grant the appeal, but because of the language of the court in that case. It applies with equal force to our thinking, as far as pharmacy is concerned.

The Appellate Court, in discussing the arguments of the medical organizations concerning their power to effect a reasonable regulation over the practice of medicine, said: 'The situation which confronts the appellants, and which they have sought to control, is not confined to the medical profession alone. Profound changes in social and economic conditions have forced members of all professional groups to make readjustments. The fact that these changes may result, even, in depriving professional people of opportunity formerly open to them, does not justify or excuse their use of criminal methods to prevent changes—destroy new institutions. Lawyers, too, have seen, during recent decades, large-scale changes in their professional work. There was a time when lawyers worked entirely on fees or retainers in particular cases and controversies. Now, many of them are salaried employees on the staffs of large corporate industrial and financial organizations.'

In another part of the opinion, the Court said: 'Professions exist because the people believe they will be better served by licensing specially prepared experts to administer to their needs. The license monopolies which professions enjoy constitute, in themselves, severe restraints upon competition, but they are restraints which depend upon capacity and training, not special privilege; neither do they justify concerted action to prevent the people from developing new methods of serving their needs. There is sufficient historical evidence of professional inadequacy to justify occasional popular protests. The better educated laity of today questions the adequacy of present-day medicine. Their challenge finds support from substantial portions of the medical profession, itself. The people give the privilege of professional monopoly, and the people may take it away.'

It seems to me this portends a line of thought in connection with professional services of which we

should take full cognizance. I can only add, for the committee, that pharmacists should continue to study all health service plans very carefully to determine whether they are affected. Of course, they are affected in so far as the practice of medicine may change, but I have reference now particularly to plans which include in the medical service the supply of drugs. Very few, if any, of these plans so far promulgated have included drugs as a part of the service given on any insurance or prepayment plan, and as soon as anything of that sort appears in any state it would be well for you to take notice of it and pass it on to the committee."

COMMITTEE ON LONG RANGE PROGRAM OF POLICY.—Dr. G. L. Jenkins read the following report which was received.

"Your committee has not held a meeting during the year. The membership is widely distributed geographically and funds were not available to cover the cost of a meeting. An effort has been made to carry out the work for which the original committee was appointed, namely: The restatement of the objectives as set forth in Article I of the constitution. For this purpose three subcommittees were appointed. One of these subcommittees, Dr. R. C. Wilson, *Chairman*, will submit a report. Other subcommittee members have not found it possible to present complete reports. It is believed by many members of your committee that the uncertainties and changing trends caused by war make it inadvisable to attempt to formulate a complete long-range program of ASSOCIATION policy at the present time, but that we should devote our efforts to the policies and problems that demand immediate or early attention.

It is not difficult to find fault with what has been done in the past or with what the ASSOCIATION is accomplishing at present. Our problem is to formulate policies that will lead to progress in the future. Recommendations are easy to make. It must be borne in mind that the effective action necessary to bring successful results from the adoption of any policy may require the expenditure of large sums of money and the work of additional employees. Consequently, the adoption of any policy constitutes only an instruction to the executive officers to inaugurate that policy to the extent that finances and facilities permit.

Membership.—Last year your committee recommended that the administrative officers give their first attention to a greatly enlarged membership. It is self-evident that our ASSOCIATION, if it is to represent pharmacy, must include in its membership a large proportion of the pharmacists of our country. During the past several years our ASSOCIATION has expended about \$90,000.00 per year and received about \$18,000.00 per year from dues. Obviously, our ASSOCIATION could not have continued to operate had it not received income from sources other than the dues of its members. During the fiscal year ending December 31, 1941, our ASSOCIATION,

through the committee on membership, which performed an excellent service, expended \$823.75. Unless a more vigorous membership campaign is conducted it is evident that the members added each year will about equal those who drop out.

The emergency measures affecting the practice of our profession have made pharmacists aware of the need for union as never before. The time is opportune for an extensive and energetic membership drive. Our ASSOCIATION has never declared that it is one of its policies to unite all pharmacists through membership, although the constitution opens membership to all who are engaged in pharmacy. In fact, some have said that the membership of the ASSOCIATION should be kept small.

The detailed plans for the conduct of a membership campaign must be worked out after the ASSOCIATION has determined upon its basic policy. It is known that membership campaigns are expensive and that they require much time and effort from the office of the Secretary. It is probable that certain other activities of the ASSOCIATION will need to be restricted if a campaign is undertaken at this time. The American Association for the Advancement of Science calculates that it costs \$2.38 to secure a new member. We may expect that one-half of the first year's dues of each new member will be consumed by costs. Many arguments such as the pressure of war problems and other duties, the poverty of our treasury and the absence of a definite plan may be used as excuses for delay. It is certain, however, that unless we increase our membership, our influence as a professional organization and the condition of our treasury will decline so that we will not be a powerful and useful organization in the solution of the problems which now confront us and which will confront all public health professions in the future. Unless the AMERICAN PHARMACEUTICAL ASSOCIATION can be built into an organization powerful in membership and resources, it seems almost useless to adopt numerous high sounding policies and plans, for they will fail because we have too little and are too late.

The winning of the wars in which our country is now engaged is the most important policy before our ASSOCIATION. We commend the numerous activities by pharmacists in support of the Nation's war effort and urge that such activities be continued. To increase the effectiveness of the wholehearted pharmaceutical service on which our nation has learned to depend, it is recommended that:

It shall be the policy of the AMERICAN PHARMACEUTICAL ASSOCIATION to adjust the functions of pharmacists to the preservation of the Public Health Welfare in the armed services and among the civilian population. To accomplish this end, it is further recommended that a committee of the AMERICAN PHARMACEUTICAL ASSOCIATION representative of the various branches of pharmacy be established to define the functions of pharmacy and to offer the services of pharmacy to the governmental agencies engaged in the prosecution of the

war and to offer to act in an advisory capacity to such agencies.

It is recommended that the AMERICAN PHARMACEUTICAL ASSOCIATION adopt the policy of enlisting as members as extensively and completely as possible all persons qualified according to the constitution and that the Council be directed to perfect and execute a program of action directed to carry out this policy."

SUBCOMMITTEE ON PROFESSIONAL RELATIONS.—Dr. Robert C. Wilson read the following report of this committee which was received.

"At the 1941 annual meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION, Dr. Theodore G. Klumpp, Secretary of the Council on Pharmacy and Chemistry of the American Medical Association, extended an invitation to the AMERICAN PHARMACEUTICAL ASSOCIATION to meet with the American Medical Association in a joint conference to discuss various phases of the possibility of better coöperation between pharmacy and medicine in America.

A preliminary A. PH. A. Committee composed of President B. V. Christensen, Secretary E. F. Kelly, Charles H. Evans and Robert C. Wilson was appointed to set a date and arrange for the program. The fact that the U. S. P. Convention was to be held in Cleveland on April 7 when a number of representatives from medicine and pharmacy would naturally be present seemed a logical time to hold the proposed conference, and, the day preceding the convention, April 6, was agreed upon. Some difficulty in deciding on the type of program by correspondence was experienced and it was then suggested that the A. PH. A. Committee might meet with a similar Committee from A. M. A. to discuss the type of program. The A. M. A. Committee was composed of Doctors Morris Fishbein, Theodore G. Klumpp, H. N. Cole, Torald Sollmann and Austin E. Smith.

The preliminary meeting was called in Cleveland for March 8, 1942, and all of the members of the two committees were present with the exception of Secretary Kelly.

Since some difficulty in arranging the program by correspondence had been experienced, the committee submitted a brief statement representing the views of the A. PH. A. Committee with which some of you may be familiar. Following the reading of this statement, various members of the two committees discussed in detail the points that had been raised. Since A. PH. A. was the invited guest on this occasion, and, since neither group had any definite suggestions to be embodied in a permanent program, the A. PH. A. members felt that it would be well to endorse a program which embodied the features desired by A. M. A. With the exception of some changes in the titles of the papers proposed by A. M. A., the program as finally presented on April 6 was adopted.

Your Committee knew at the time that the type of program agreed upon would not meet all of the

wishes of the A. PH. A. membership, but the Committee felt that this was simply a preliminary conference and that for the good of the cause, all controversial issues should be avoided, and the Committee further felt that this preliminary meeting must be harmonious in every respect, and that the program as eventually adopted dealt with principles to the exclusion of details.

The A. M. A. membership may probably have been disappointed in the type of program presented, but, comments from members of the medical profession, so far as our observation has enabled us to judge, were entirely favorable, and the Committee feels that a foundation has been laid for future conferences which will no doubt deal with many specific problems, at the same time laying some sound and sane foundation upon which may be built a permanent and workable program for intelligent and efficient coöperation between medicine and pharmacy.

The meeting was attended by upward of two hundred representatives from pharmacy and medicine, and since the conference had no legislative authority whereby either one of the professions could be committed, a motion was adopted whereby a report of the conference was to be made to the parent associations with the recommendation that if, in the judgment of the parent bodies it was felt that some plan for coördinating the practice of medicine and pharmacy was deemed advisable, future conferences might be arranged.

The principle involved in any final program for coördinating the practice of pharmacy and medicine is too serious and too far-reaching for either association to enter into it lightly, and the commitments which must be made, when and if a final program is adopted, may necessitate a revamping of the educational programs of both professions. Again your Committee advises that we take all of the time and expend all of our best thought necessary to decide such a momentous issue.

Your Committee has no definite plan which would insure the proper coördination of medicine and pharmacy; nor do we believe that any member or group in the medical fraternity has any definite plan; nor do we believe that either group, acting independently of the other, could or should formulate a permanent program, but that it must be done through joint action of the two professions involved.

In an effort to ascertain the opinion of individual members of the medical profession and of medical associations, institutions and schools, your Committee has sent out letters to all of these groups calling attention to the conference in Cleveland and asking them to express an opinion as to the advisability of attempting to evolve some program by which a better understanding and spirit of coöperation between medicine and pharmacy may be achieved. Up to date, replies have been received from practically all of the Trustees of A. M. A., from 12 of the Secretaries or Presidents of State Medical Associations and from 15 of the Deans of Medical Schools.

Not one reply thus far received has been discouraging, and in the main, they are most encouraging and helpful. Your Committee hopes through these contacts to stimulate some thought on the part of individual practitioners of medicine and the faculties of the various schools of medicine, out of which thought and suggestions united with those of pharmacy, a worth-while and workable program may eventually be evolved.

Your Committee feels further that there should be some medium through which, or some agency by which, the specialized fields of pharmacy, medicine and the other health agencies may integrate their programs of education and practice in the interest of the health and welfare of the public of America, and that such an objective as this should be the motivating influence in consideration of any inter-professional program.

Your Committee also feels that there has never been and cannot be any program in the interest of the general public of more far-reaching importance and significance than is possible through some program by which all the health agencies integrate their programs of education and practice and the specialized training of each definitely integrated with that of the others in a spirit of complete confidence and cooperation.

Your Committee wishes to know if A. PH. A. approves the procedures followed thus far and whether or not the effort is to be continued along this or some other basis."

COMMITTEE ON LEGISLATIVE POLICY.—
Dr. Swain read the report of this committee which was received.

"In presenting this report on the Committee on Legislative Policy, it should be pointed out that the Committee was designed as a peacetime project, so that matters of pharmaceutical interest might be carefully and deliberately studied for the purpose of developing a sound legislative policy with respect thereto.

This Committee was set up at the Detroit Convention in 1941 as the successor to the Committee on the Modernization of Pharmacy Laws, as the ASSOCIATION felt that there should be some agency to chart its legislative course on as broad a basis as circumstances might demand.

While it is hoped that the Committee on Legislative Policy may in due course be so constituted that it can function as the legislative arbiter for American pharmacy, pharmacy is now faced with so many imminent war problems that this report will deal exclusively with them.

During the short period in which we have been at war, conditions have arisen particularly in the field of the state pharmacy laws, which call for close attention upon the part of organized pharmacy if pharmaceutical standards are not to be seriously impaired. It is fortunate that the report of the Committee can be given before this group, as there are here represented the boards of pharmacy and

the colleges of pharmacy, as well as practitioners themselves.

In presenting the report, no attempt will be made to deal with matters which are not likely to be of legislative interest. No attempt will be made to discuss the controversial question of the shortage of pharmacists, as no legislative problem is here directly involved. No attempt will be made, either to consider such matters as pharmaceutical corps legislation, or other subjects upon which the legislative policy of the ASSOCIATION has been sharply stated.

The criticism may be offered that this report deals almost exclusively with subjects largely within the jurisdiction of the boards of pharmacy, and that our legislative objectives are much broader and much more comprehensive.

In answer, it can be insisted that the pharmacy laws, in which are set forth the educational, professional and registrational requirements of pharmacy, constitute the fundamental of all pharmaceutical endeavors, and that these endeavors decline to the extent to which the legal requirements are impaired.

In the opinion of this Committee, the problems and burdens facing the boards of pharmacy are of paramount importance to pharmacy as a whole and that, from a legislative sense, they demand immediate and sustained attention.

Maintenance of Educational and Registrational Standards.—There is every likelihood that there will be a concerted attack upon the educational and registrational standards now in effect in the various states. It is to be remembered that all pharmacists and all pharmaceutical interests are not in accordance with prevailing opinion in the fields of pharmaceutical education and pharmacy law administration and enforcement.

It is to be remembered, too, that there are those facts and factors in the war situation which can be twisted and warped to serve the purposes of those persons and concerns which stand to gain by lowering the requirements for registration and which govern the conduct of retail drug stores.

If the legislative attempts in Virginia, and a few other states in 1942 in which only eight legislatures were in session, can be looked upon as a preview of the anti-pharmacy legislation likely to be encountered in 1943, we should prepare ourselves for a well-extended, well-organized assault.

In all probability there will be out and out demands for setting aside present educational requirements for the duration; schemes for granting registration to those who have been engaged in the retail drug business for a specified number of years, with or without state board examination; abrogation of the provision that pharmacies must be in charge of registered pharmacists at all times; blanketing all assistant pharmacists into the field of registered pharmacists; as well as other demands for liberalizing pharmaceutical standards during the continuation of the war emergency.

It is encouraging, although not in the least surprising that many state pharmaceutical associations meeting in 1942 adopted strong resolutions condemning all subversive attacks upon our educational and registrational standards, and pledging themselves to oppose any and all attacks made upon them.

Surely there can be no basis for controversy or differences of opinion among pharmacists with respect to these basic and fundamental matters. The AMERICAN PHARMACEUTICAL ASSOCIATION has always led the fight for sound educational standards, and has been the controlling influence underlying the improvements in pharmaceutical legislation, positions which should be forcefully restated at this time.

Enforcement of Pharmacy Laws.—There is much evidence that Boards of Pharmacy are under pressure to temper their enforcement of the pharmacy laws during the continuation of the emergency on the ground that there is no point in insisting upon conditions which simply cannot be met. It is contended that in some states the shortage of registered pharmacists is so acute as to make impossible compliance with the law.

In Utah, a Board ruling has been issued to the effect that a pharmacist is not required to be present in a drugstore, provided a sign to this effect is displayed, together with the statement that no prescriptions are to be filled, and no poisons sold during his absence.

In Nebraska, a ruling of the State Health Department which is charged with the enforcement of the pharmacy laws, declares that a pharmacy is operated in compliance with the law, provided it is in charge of a registered pharmacist for eight hours a day, even though it may be open to the public for a much longer period. It should be said that under the language of the regulation, it is limited to the rural areas of the state.

The ruling expressly states that its purpose is to ameliorate the shortage of pharmacists in Nebraska.

It is currently reported that in some states there are drugstores operating without registered pharmacists, and that the boards of pharmacy, while aware of the situation, are faced with the necessity of either condoning the matter, or else taking drastic action which may or may not be wise. Some boards of pharmacy have had pressure put upon them to overlook the requirements of the law so far as certain stores are concerned. Specifically, they have been requested to permit stores to open at the regular morning hour, although no pharmacist would be on duty until early in the afternoon.

The legal profession has a maxim to the effect that hard cases make bad law, by which is meant that compromise entered into to ease up a hard situation is bound to turn up later to the embarrassment or impairment of the law. A bad precedent is to be avoided, if at all possible.

Are we not laying up bad precedents in thus compromising the enforcement of the pharmacy laws? If it is safe to permit drugstores to be operated with-

out having a registered pharmacist in charge during war times, why should the situation be changed in times of peace? Then, too, if a pharmacy may be operated in eight hours a day without the services of a pharmacist, why should it not be operated any time eight hours without bothering to employ a pharmacist?

We are in for a long, hard, bloody war, and are certain to be faced with difficult and exacting problems, but in the long run it may be doubted that anything is to be gained by playing fast and loose with principles fundamental not only to pharmacy, but to public welfare as well. We might well take the position that, if a pharmacy cannot operate in compliance with the law, it should not be permitted to operate at all. This would probably cause hardships in some cases, but it would have the virtue of consistency which would stand us in good stead when we come to face the issues inevitable in the postwar period.

Discretionary Powers in the Granting of Pharmacy Permits.—Some discussion should be given to the limit of the discretion vested in boards of pharmacy with respect to the issuance of drugstore permits. In most state pharmacy laws which empower the board to issue drugstore permits, the language is more or less vague, the reason doubtless being that when the permit restriction was enacted, there was some question as to its legality and thus unwise to confer sharp, defined powers upon the boards.

At any rate, through the cautious use of the permit authority, the permit section has been of real value in bringing about a sounder enforcement of the pharmacy laws. The board has found it possible to insist upon certain conditions being observed, and the possibility of permit revocation has been of value in keeping otherwise recalcitrant pharmacists in bounds.

But, it should be remembered that the permit section of the pharmacy laws is public health legislation, and gives no express or implied authority that it is to be used to curb competition or in any other form of repression. This matter is referred to here as a matter of caution, so that in exercising their valid powers under the permit section, boards may be mindful of the possibility that the whole permit control may be lost through arbitrary application or downright misuse.

At the 1942 convention of the Maryland Pharmaceutical Association, the Board of Pharmacy offered a resolution, which was later adopted, calling for legislation which would require all permits for the opening of new stores to be filed with the Board sixty days in advance. This proposal stimulates interesting speculation. Can it be defended as a matter of health legislation, and if so, what health purpose would any such proposal serve? If a true and valid health basis cannot be established, the wisdom of such a legislative attempt may well be questioned. In Connecticut, the board of pharmacy commissioner has taken the position that no permits for new drugstores will be granted for the

duration. Here again, the question of how far boards may go in the exercise of their discretionary authority is raised.

The time may be ripe for legislation which permits some type of limitation over competition, but should this be attempted, it should be attempted openly and frankly.

What is said should not be looked upon as criticism of the boards, but rather as pointing out that the permit sections of the pharmacy laws, the value of which is not open to question, may be put in jeopardy through seeking to make them serve a purpose for which they were not proposed.

Power to Make Regulations.—There has never been a sharply defined judicial survey of the limits of the regulatory powers of the boards of pharmacy. In general, it may be said that regulations may be made in so far as they are required in the administration of the act. This problem of the pharmacy laws has been more or less neglected, largely because legislatures heretofore have been reluctant to give broad regulatory powers to the boards, and also because courts have been very critical of such procedure. In far too many cases where extensive regulatory powers have been granted, the laws have been stricken down on the ground that powers so granted were in fact an unlawful delegation of legislative authority.

Because of this and other considerations, the action of the Oregon Board of Pharmacy restricting through regulation the distribution of a wide list of drugs and medicines to pharmacists should be studied with the closest attention. The action of the Board was sharply contested by the wholesale grocers and others as beyond the scope of powers validly vested in the Board, and as constituting an unwarranted assumption of legislative authority by the Board.

It is hoped that the court will explore the case fully so that the decision may furnish an authoritative pattern of how much or how little boards may accomplish through regulation in the absence of specific legislation. Should the decision of the Oregon Court be favorable, it will have a profound effect upon the functions of boards in other states, and should it be unfavorable, the objections of the Court will afford the basis for new legislation, should that course be decided upon.

Distribution of Drugs and Medicines.—It must be apparent to all that the chief reason why we face the threat of adverse pharmaceutical legislation is the desire of many to remove existing legal requirements with respect to the distribution of drugs and medicines. For this reason, it would seem necessary for the ASSOCIATION to restate its firm conviction that drugs and medicines are of such public significance that their distribution should be confined as largely as possible to pharmacists specifically and expertly trained for that function.

The importance of this matter cannot be over-emphasized, as there are economic and distributional forces at play which bid fair to place pharmacy on

the defensive in this matter within the relatively near future.

A strong position by the AMERICAN PHARMACEUTICAL ASSOCIATION setting forth the public health value of drugs and medicines and insisting that their distribution is a professional pharmaceutical function would do much to strengthen the position of pharmacy in this regard.

Postwar Observations.—Much is being heard these days of the adjustments and realignments which will be inevitable during the postwar period. Proceeding upon the assumption of inevitability, much thought is being given to postwar planning of a wide variety of kinds and over a wide expanse of territory.

Looking ahead is always commendable, as certainly anything that can be done to ameliorate the rigors or meet the new challenges of the postwar period will make us stronger and better prepared for the ordeal.

Now, of course, no one knows just what course or courses will be necessary in the postwar years. There are some who would extend all war controls into peacetime and would welcome a regimentation of all national resources. There are those who would supplant free enterprise with some brand of economic collectivism. There are still others who would so glorify the state that its will would be supreme in all phases of human activity, and the mere fact that we are now engaged in an all-out war utterly to crush such philosophies abroad appears to be little moment to those who would intrench the same philosophies here.

There are others who hope that when peace again comes there may be a return to the plain ways of democracy and that we may face the problems of the future with true American fortitude and without the handicaps and confusion of foreign ideologies. There are still others who feel that the pressure of domestic conditions may be such that there must be some departures from traditional American principles, but they earnestly hope that the departures may be only temporary, and that all unnecessary Federal and state controls over industrial or human activities may gradually recede as the effects of the war fade out.

It is against this indefinite picture that we must visualize pharmacy in the postwar period, and the mere fact that it is indefinite is what makes it impossible for us to anticipate or deal with the pharmaceutical problems of the reconstruction period.

The degree of regimentation of the medical profession will most certainly influence the nature of pharmacy and the conditions of its practice. Will there be any extensive regimentation of medicine, and if so, what will be the nature of the controls and the ultimate pattern? Will the state sit in judgment in matters of fundamental principles, and will it seek to dictate the conditions under which medical service is to be performed? Will the postwar period see state control firmly imposed upon the medical profession to the extent that providing medical care will become a specific governmental function?

These questions cannot be answered at the present, but it must be clearly apparent that upon the answer depends the future of the pharmaceutical profession. In Great Britain, the Pharmaceutical Society and the National Pharmaceutical Union are showing much concern over the postwar position of pharmacy. In fact, it can be said that they are extremely apprehensive lest in the reshaping of the pattern of medical care in Great Britain pharmacy may find itself in a very disadvantageous position. In order that their place in the medical scheme may be recognized, a rather extensive presentation has been made to governmental agencies setting forth the nature of pharmaceutical practice, and the necessity of placing the control of pharmaceutical matters in the hands of pharmacists themselves.

A reading of the presentation emphasizes the fact that pharmacy in Great Britain has not progressed in an organizational and official sense nearly as far as in America. It is for this reason that much of the program which they seek cannot be of much interest here. While British pharmacists have had a hand in the affairs of the British Pharmacopœia for only a few years, pharmacists here have been in charge of drug standardization through the United States Pharmacopœia and the National Formulary for a half century or more.

Pharmacists, too, through membership on State and municipal boards of health, have had a direct voice in the development of public health standards in this country for many years—a privilege not yet accorded to British pharmacists today. This is a matter of importance, because in studying the plans of British pharmacists for the postwar period, it is necessary to view the situation from a sound perspective, and not fall into the error of assuming that what they seek to do there should necessarily be attempted here.

In fact, if British pharmacy attains the ultimate goal which it seeks in the postwar period, its position will not in any important sense become more advantageous than that held by pharmacy here at the present time.

This committee fully concurs in the recommendation of President Christensen that a special body be set up by the ASSOCIATION to deal with postwar conditions in the field of pharmacy. While we cannot possibly know what these conditions will be, we do know that they will have their origin in the current social, economic and political trends and philosophies which hold sway here and abroad.

Anything which we can do now to enable us to adopt a sound, wise and prudent postwar program will find us further along when peace finally comes."

ELECTION OF HONORARY PRESIDENT, SECRETARY AND TREASURER, A. PH. A.—The Secretary read the following communication from the Council:

"In accordance with Article V, Chapter 4 of the By-Laws of the ASSOCIATION, the Council is pleased to nominate: James E. Hancock, Maryland, for

Honorary President; E. F. Kelly, for *Secretary*; Hugo H. Schaefer, for *Treasurer*, for election by the House of Delegates to the offices named, for the year 1942-1943."

The report was then moved, seconded and carried for adoption, and the nominees were declared duly elected.

COMMITTEE ON NOMINATIONS.—Chairman Charles R. Bohrer read the following report which was received.

"The Nominating Committee respectfully submits the following nominations for officials of the AMERICAN PHARMACEUTICAL ASSOCIATION:

President

C. L. O'Connell, Pittsburgh, Pa.
Henry S. Johnson, New Haven, Conn.
Charles H. Rogers, Minneapolis, Minn.

First Vice-President

M. N. Ford, Columbus, Ohio.
Paul G. Stoghill, Denver, Colo.
C. P. Wimmer, New York, N. Y.

Second Vice-President

J. G. Beard, Chapel Hill, N. C.
Oscar Rennebohm, Madison, Wis.
Elbert R. Weaver, Stillwater, Okla.

Members of the Council

B. V. Christensen, Columbus, Ohio.
Henry H. Gregg, Minneapolis, Minn.
Lester Hayman, Morgantown, West Va.
Paul Molyeneux, Mobile, Ala.
George A. Moulton, Peterborough, N. H.
John F. McCloskey, New Orleans, La.
H. A. B. Dunning, Baltimore, Md.
Newell W. Stewart, Phoenix, Ariz.
F. C. A. Schaefer, Brooklyn, N. Y.

For election by the House of Delegates: *Chairman*, J. K. Attwood, Jacksonville, Florida; *Vice-Chairman*, Glenn L. Jenkins, Lafayette, Ind."

COMMITTEE ON PLACE OF MEETING.—Mr. R. A. Lyman of the committee read the following report and after a brief discussion it was received and approved.

"It is evident from reports which have come to this Committee, that there is some misunderstanding as to the action of this Committee as taken at the Detroit Meeting.

That action is therefore restated as follows:

At Detroit this committee recommended that the 1943 convention should be held at Providence, Rhode Island. This was approved by the vote of the House of Delegates. At that time, in conformity with its long-range plan, it was stated that the 1944 meeting should go to the West Coast, and the 1945 meeting back to the Mid-West. Only regional and not definite locations were indicated.

After careful study on the part of the Committee we feel that the West Coast should not be asked to take care of this convention for the duration of the emergency.

This Committee recommends therefore that the 1944 convention be held in the city of Milwaukee. If, in the meantime, the proper delegated authorities decide that it is impossible to hold the 1943 convention in Providence as already determined, then it recommends that the 1943 convention be held in the city of Milwaukee, since the Milwaukee delegation has graciously offered to care for the convention in the event of this emergency.

These recommendations represent the unanimous opinion of this Committee."

Secretary Kelly then presented a resolution from the Conference of Pharmaceutical Law Enforcement Officials which was referred to the Committee on Resolutions.

The Second Session was then adjourned at 5:25 p. m.

The Third and Final Session of the House of Delegates was called to order by Chairman Gregg at 8:20 p. m. on Thursday, August 20.

As there was no objection, the roll call and minutes were dispensed with, and a quorum was declared to be present.

Chairman Gregg then called for the reading of reports or communications, and Secretary Kelly responded by reading the reports of the Subsection on Hospital Pharmacy, the Section on Education and Legislation and the report of the Scientific Section. These reports were received.

COMMITTEE ON LOCAL AND STUDENT BRANCHES.—Due to the absence of Dr. Ernest Little, the report reproduced below was read by title and was received:

"There is always a temptation during difficult times to attribute lack of progress to unfavorable conditions. This is a danger which every one of us who is vitally interested in the welfare of pharmacy must guard against at all times and especially during the present war. Every period has its peculiar unfavorable and favorable conditions and opportunities. We should give adequate recognition to the former in order to guard against retrogressive developments. We should see that the latter is exploited to the greatest possible extent.

Pharmacy has not stood still during the present crisis. Real progress has been made since we last met in Detroit, Michigan. In our report last year the Committee on Local and Student Branches made the following statement: 'Our committee is pleased to report that four new branches have been organized since our last annual meeting in Richmond, Virginia.' Later on in this report we also find, 'We can assure you that the past year has been one of real progress for our ASSOCIATION

branches. We trust that in August, 1942, the Chairman of the Committee on Local and Student Branches may be able to report much greater progress.'

This year we report new student branches at Columbia University, The Medical College of Virginia, The University of Colorado, The University of Wisconsin, Howard University and The University of Illinois. The student branch at the Louisville College of Pharmacy which had suspended operations prior to the current year has renewed its activities and is now in a flourishing condition. We regret to report that the student branch at George Washington University has been discontinued. We sincerely hope that this branch may be reestablished at the earliest feasible moment.

We are also pleased to report the formation of the California Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION. Under the leadership of Dean Hall, its first president, this branch should develop into one of our really strong and powerful branches. This represents a net gain of seven new branches during the current year. Although the committee is not satisfied with this record of achievement, it is, in its judgment, encouraging.

It is of interest to note that of the local and student branches now in operation, 23 have been started since 1937. This represents an increase of 144% in the number of local and student branches during the past five years, a fact which we feel is deeply significant.

We shall not report all of the possibilities or even probabilities of new branches during the coming year. Branches are now pending at the University of Kansas, The Indianapolis College of Pharmacy, Western Reserve and The University of Texas. It also seems highly probable that a new local branch may soon be established in the Canal Zone.

The committee wishes to refer briefly to a conference of student representatives which was held at Lafayette, Indiana, on the occasion of the annual meeting of the Boards of Pharmacy and Colleges of Pharmacy of District No. 5. This meeting was suggested by President B. V. Christensen and organized by him and Dean Glenn L. Jenkins.

Reports received by our committee indicate that the meeting was most successful. The students conducted their own programs and visited some of the joint meetings of the board members and college representatives. In this way it was possible for them to widen their pharmaceutical acquaintances and become familiar with some of the problems which will soon be confronting them.

The committee greatly appreciates the unusual interest which President Christensen has shown in the welfare of our local and student branches. The fine work which was done by President Evans in this connection has been able to continue and enlarged upon by President Christensen. His influence and his enthusiasm and his work have been largely responsible for the progress which our committee is able to report to you.

There are few more important problems confronting pharmacy today than the strengthening of our local and student branches. We should have more and stronger branches than now exist. Intelligent coöperation and hard work on the part of all of us will bring us to that goal. May we accept this objective as one of the important projects in our pharmacy program for the ensuing year."

COMMITTEE ON NATIONAL PHARMACY WEEK.—The report of this committee was read by title.

COMMITTEE ON LEGISLATION.—At the request of the Chairman, Mr. A. L. I. Winne, the report of this committee which follows was read by title.

"The report of your committee on legislation this year does not give very many items of legislation which have passed and become effective. It does include several items of this type, several items of pending legislation and a few references to regulations which affect the practice of pharmacy.

The first item we wish to present is that of H.R. 7242 which was enacted, and, after having been signed by the President, became effective. This bill removes the restriction previously existing upon the military rank of officers of the Medical Administrative Corps of the Army. These officers are pharmacists and under old law were limited to the rank of Captain. Under provision of the present law, which was brought about largely through the instrumentality of the A. P. A. and the N. A. R. D., these pharmacists may now attain the rank of Colonel.

The bill calling for the repeal of the Tydings-Miller National Fair Trade Enabling Act, introduced by Representative Fulmer of South Carolina, is at present sleeping in committee, and no further action on the bill is anticipated.

In the Appropriation Act of the Federal Security Agency, passed June 30, 1942, Congress made available the sum of \$5,000,000 for loans to students in technical and professional fields. Pharmacy students are specifically included in this group. Loans will be made to junior and senior students only, and may not exceed the total of \$500 in any twelve-month period. The loans are made on an interest rate of 2½ per cent per annum, and the bill makes provision for methods of repayment, or under certain contingencies for the cancellation of the debt.

In the pending tax bill, the proposed tax of 80 cents per pound on carbonic acid gas has been killed, but there still remains in the bill one feature among many others which will surely fail to meet with the approval of pharmacists. This is the proposal to increase the tax on grain alcohol to \$6.00 per proof gallon. Protests have already been filed against this provision, and others will surely follow.

H.R.7432, a bill to create a Pharmacy Corps in the regular United States Army, was introduced by Representative Carl Durham of North Carolina, who is a pharmacist, and who is a member of the

House Military Affairs Committee, on July 23, 1942. On August 3, 1942, Senator Robert R. Reynolds of North Carolina, Chairman of the Senate Military Affairs Committee, introduced a companion bill in the Senate which bears the number, S.2690. When these bills were introduced, Congress was in technical adjournment, and it is not probable that the two branches will get down to serious business before the middle of September, and our organization committee will arrange for hearings on these bills at the earliest possible date. This legislation is designed to accomplish what organized pharmacy has been striving for ever since World War I. In order to bring about this much desired status for pharmacy and pharmacists, 100 per cent effort must be made by the pharmacists of this Country. No half-hearted showing will get us the recognition we desire nor the protection to which the soldier in the Army is entitled.

Organization workers from all sections of the Country should coöperate with the committee of which Dr. Kendig is Chairman, and follow the suggestions made by the committee whenever action is called for. It is not deemed necessary here to discuss in any detail the desire or the necessity for legislation of the type proposed. It is assumed that pharmacists throughout the Country are fully advised, the matter having been up in some form or another during the past 25 years.

There have been during the past year certain regulations affecting the practice of pharmacy and the operation of drugstores which we are not here going to attempt to discuss in any detail. Our members are familiar with all these regulations. We may briefly refer to them:

First, the order freezing the production and sale of automobiles and that freezing the sale and distribution of auto tires, and more recently in the eastern states, the regulation limiting the amount of gasoline that may be purchased and used; and, in prospect, the rationing of fuel oil in the eastern states. Closely allied with the above regulations is that curtailing the amount of delivery service which may be made by a business establishment.

Second, rationing of sugar has to some small extent affected the manufacture of pharmaceuticals, and to a larger extent, it has affected the operation of fountains, and to some extent at least, it has affected every individual.

Third, all pharmacists are familiar with a Government order restricting the sale of quinine and allied alkaloids, and salts and preparations, to use in the treatment of malaria. Just a few days ago, a similar order was issued by the War Production Board regulating the sale and dispensing of nutgalls and tannic acid. It is assumed that as scarcities develop, many other similar orders may be anticipated.

Fourth, recently a Treasury Department rule prohibited the sale of preparations containing wines or alcoholic solutions with the addition of nominal quantities of Thiamin Chloride, Vitamin B₁, unless other drugs of therapeutic value are added in suffi-

cient quantities to make the preparations unfit for beverage use.

Fifth, the Office of Price Administration in putting into effect the order establishing ceiling prices included prescription prices. The A. PH. A. and the N. A. R. D., as well as other associations, have registered a protest against this provision, and there have been many complaints from individual pharmacists with reference to it. To date, there has been no order issued by O. P. A. notwithstanding the vigorous protest based on the fact that prescriptions represent a professional service, and that they should not be erroneously subjected to maximum price regulation.

Sixth, notwithstanding the fact that under the price ceiling regulation, there was a very good chance of a good deal of confusion due to the possible conflict between minimum retail prices established under the several fair trade laws and the maximum price regulation established by O. P. A. Through the intercession of organization officials, a satisfactory ruling has been received from O. P. A. clarifying uncertainties which existed; and, in the cases which may arise where the maximum price established under O. P. A. regulation is less than the minimum price established under a state fair trade contract, the tendency is to permit the sale to be made at a level at least as high as the stipulated minimum fair trade price established and observed in the community. This is an important order, as without it fair trade contracts might have in some communities suffered severely."

COMMITTEE ON PRESCRIPTION TOLERANCES.—Chairman J. K. Attwood rendered a verbal report which was received. He stated that in accordance with the suggestion of last year's Chairman of the Committee on Prescription Tolerances, the Florida State Board of Pharmacy secured the services of a state inspector to make a complete check on the prescription equipment of every drug-store in the state in order to ascertain what percentage of stores were adequately equipped to fill prescriptions.

Chairman Attwood's report included data upon the percentage of stores that possessed adequate reference books and accurate balances, weights and graduates.

He emphasized that equipment in the State of Florida was probably not so satisfactory as in states which have uniform minimum equipment laws, or have had careful inspection over a long period of time.

He stated that the best way of insuring adequate equipment in all stores would be to have enacted by the Legislature of each state a uniform equipment law which would be enforced through annual inspections made by the proper authorities.

COMMITTEE ON PROFESSIONAL RELATIONS.—Chairman C. H. Evans read the report of this committee which was received.

"In planning a program designed to bring about closer relations between physicians and pharmacists it must be admitted that there are certain things which only a national committee can do, certain things which only a state committee can do, and certain things which only the individual pharmacist in his community can do. Realizing the individual pharmacist in each community to be the keyman in any professional relations program, our committee has endeavored to build its program on this foundation. While it is true that local, district, state and national professional relations activities should be closely integrated, yet after all the success or failure of this work depends to a large degree upon the individual pharmacist in each community.

The committee's efforts for the most part have been directed in providing the tools in the form of ideas, plans, suggestions and support whereby a stronger alliance might be built up between physicians and pharmacists in every community. These plans have been outlined in a series of articles entitled 'Productive Detailing' and have appeared during the year in several issues of the Practical Edition of the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION. The Editor of the JOURNAL with the assistance of the A. PH. A. laboratories has been very helpful in the work and has further backed the project with editorials from time to time. Comments from practicing pharmacists and others have been most gratifying. The articles have elicited editorial comment in other journals, as well as requests for reproduction in these journals. The comments in some instances have requested additional material such as outlines for talks before medical groups, display helps, etc. To provide these helps and in order to reach all local, district and state association officials, and members of professional relations committees and other interested pharmacists who do not receive our JOURNAL, the committee has prepared a pamphlet titled 'Productive Detailing.' We have included in this pamphlet the first three articles carried in the JOURNAL outlining our plans with complete details. We hope to furnish additional material from time to time to interested pharmacists.

In December, 1941, a letter was sent to the secretary of each medical and pharmaceutical association requesting, if possible, that an interchange of speakers be provided for at state association conventions during the coming year. Forty-two replies were received from the pharmaceutical secretaries and 31 from the medical association secretaries all of whom expressed a keen desire to carry this program through in state associations and many promised to follow it up in local associations as well.

Last month the second in a series of letters was sent to these same secretaries asking for a report on all professional relations work carried on in their particular state. Most of the replies referred to the Cleveland conference of the A. M. A. and A. PH. A. and many of them stated medical and pharmaceutical relations had been materially strengthened

as a result of the interchange of speakers, the helps furnished and the above-mentioned conference and all pledged to continue the program next year. Time will not permit a state-by-state abstract of these reports, however, they are very encouraging and have been helpful in the work.

Our committee feels that the program developed is now being placed squarely in the laps of the individual pharmacist in every community. If he has the initiative and puts the effort behind the detailing he will reap dividends in many ways. His reward, however, will be in just measure to the effort expended

The Cleveland A. M. A.-A. Ph. A. conference has brought a new meaning to Professional Relations activities. This is the opportune time for pharmacy and medicine to join hands for their own good, and for the good of the public, in the promotion of a joint Public Health program. The aims and purposes of both professions should be so coordinated and the professional relations so strengthened until the postwar period with all the changes which are bound to come, will find a solidarity heretofore unknown in medical-pharmaceutical relations."

COMMITTEE ON DENTAL PHARMACY.—In the absence of Chairman G. C. Shicks, the following report was read by Secretary Kelly and it was received.

"The members of this committee as well as pharmacists throughout the United States have reported increasing pharmaceutical dental activities throughout the year. The number of inquiries concerning dental preparations and prescription writing are constant and have increased. More dental prescriptions are being written. More state dental societies are requesting pharmacy speakers on their programs. State pharmaceutical meetings show that dentists are frequently appearing as speakers. One of the latest states to engage in this type of a program is North Carolina. The State Pharmaceutical Association through Mr. W. J. Smith arranged for a speaker before the annual convention of the North Carolina Dental Society at the request of the Dental Society. When the North Carolina Pharmaceutical Association held their convention a dentist appeared on their program. A similar arrangement has been carried out in a number of states during the year. Reports of these meetings are most encouraging and indicate that increasing progress is being made in professional relations with the dentists throughout the country.

A series of dental articles have been appearing throughout the year in the *Journal of the New Jersey State Dental Society* on prescription writing and patient and office formulas. This experiment has met with so much success that other state dental societies will carry such material in their state publications.

The new pharmaceutical syllabus contains a guide for a short course in dental pharmacy. This is the first time that a uniform dental pharmacy course

has been arranged which can be followed by pharmacy colleges or others interested in giving such a course.

Many new dental formulas have been published in the National Formulary VII. Pharmacists should familiarize themselves with these formulas and their uses so that they may bring them to the attention of the dental profession.

The committee on dental preparations for the National Formulary has several new preparations under consideration, some of which no doubt will be approved in an interim revision.

The dental profession is more and more depending upon the pharmaceutical profession for scientific services. A considerable number of dentists who appreciate such a pharmaceutical service are now in the Army. These men serving their country should have the same high type pharmaceutical service available to them in the Army as they had in civilian life. This is not the case however, under present Army conditions. If a Pharmacy Corps is established in the Army, it will not only provide a much needed service to the medical profession, but also to the dental profession as well as other public health groups. Many dentists in civilian life would give their support to the establishment of a Pharmacy Corps in the Army."

COMMITTEE ON HORTICULTURAL NOMENCLATURE.—Chairman H. W. Youngken made the following verbal report which was received.

"Concrete evidence of the work of this committee is in the completed second edition of 'Standardized Plant Names.' For the first time since this work was undertaken, our ASSOCIATION and American Pharmacy have had extensive representation in this book.

We actually have twenty-seven two-column pages of names of plants used in pharmacy and in medicine, together with a number of dye plants which are not of medicinal value in themselves, but which are used in medicinal and pharmaceutical preparations; also a list of spice and condiment plants, many of which are sold in drugstores.

The committee which revised this work was made up of: Dr. J. Horace McFarland, president of the American Joint Committee on Horticulture Nomenclature; Mr. Kelsey, of East Boxford, Massachusetts; and Dr. Dayton of the U. S. Forest Service, Washington, D. C.

The complete work contains 90,000 names of plants used in American commerce. There are 62 special lists within this book, and our list is one of the largest of the 62. All of the names in this book have been checked to see that they are in accordance with the latest rules of the International Botanical Conferences of Cambridge and Amsterdam.

You will find a number of changes in some of the Latin botanical names we have been accustomed to using. This is largely due to changes which took place in the last Botanical Conferences which I have mentioned. At the Cambridge Congress, the fol-

lowers of the International Code and the American Code merged to form one group, namely, a group following the International Code, and the American Code was ruled out of existence at the Cambridge Congress. Since that Congress, a Congress was held in Amsterdam in 1935, which made a few modifications that have been added to the changes made at the Cambridge Congress. Some of the changes made at the Cambridge Congress were changes which involved priorities in properly naming and describing plants.

To give you one or two examples, changes were necessary in the naming of the Mexican sarsaparilla plant, which we have known for years under the name of *Smilax medica*, Chamisso and Schlechtendal being the authorization after that name. The new name is *Smilax aristolochiaefolia*, Miller.

Another change which I might cite is that of the botanical origin of the *Cypripedium* drug, which had been *Cypripedium pubescens* and *Cypripedium parviflorum* for years. Within the last two or three years it has been asserted that our American yellow ladyslippers are the same things as the European ladyslippers. In other words, American authors originated the names *Cypripedium parviflorum* and *Cypripedium pubescens* after the name *Cypripedium calceolus*, a variety of *pubescens*, had already appeared in the nomenclature for the same plant. These American *Cypripediums* are simply forms of the European ladyslipper which I have just named.

Mr. Chairman, this drug list which I have indicated was compiled by the members of the former committee, consisting of E. N. Gathercoal, Charles W. Ballard and the speaker."

COMMITTEE ON PHYSIOLOGICAL TESTING.—In the absence of Chairman C. W. Chapman, this report was read by title.

COMMITTEE ON WILLIAM PROCTER, JR., MEMORIAL FUND.—Secretary Kelly read the report by J. E. Hancock which was received.

"The Council of the AMERICAN PHARMACEUTICAL ASSOCIATION having approved the recommendation of this Committee as made at the convention in Detroit last year, we would now report that The William Procter, Jr., Monument Fund will be continued as suggested.

Meanwhile all expenses for creating the design and erecting the Procter Statue in the Pharmacy Building in Washington, D. C., have been paid, leaving a net balance, as of June 30, 1942, of \$15,346.40 which is largely invested in U. S. Treasury Notes. It has been further agreed that an annual premium (\$21.60) for insuring said statue at its estimated reproduction value shall be considered a fixed charge against the income of said fund and that the remainder of such income shall be used for the purchase of books, etc., for the Library of the AMERICAN PHARMACEUTICAL ASSOCIATION, as an additional memorial to Procter's literary work for the advancement of American Pharmacy."

COMMITTEE ON THE ENDOWMENT FUND.—This report by H. A. B. Dunning was read by title.

COMMITTEE ON PRESS RELATIONS.—This report by R. W. Rodman was read by title.

COMMITTEE ON NOMINATIONS.—(See page 437.) Dr. Hugo H. Schaefer reported that Chairman Bohrer of the Committee on Nominations had asked him to read the following letter:

"Gentlemen:

In view of the fact that I have in the past served as Chairman of the House of Delegates, I think it advisable that I resign from the office of Vice-Chairman to which I have just been elected.

I, therefore, tender my resignation now in order that the body may have an opportunity to elect another in my place.

With good wishes,

Very truly yours,

A. L. I. Winne"

In addition to Mr. Winne's resignation, it was also brought out that Mr. Frank Nau of Portland, Oregon, who had been nominated as a member of the Council, would be unable to serve because he expected to enter the Navy in a short time.

In view of these developments, Dr. Schaefer moved that Mr. Winne's resignation be accepted, that Dr. Glenn Jenkins be nominated as Vice-Chairman of the House of Delegates and that Dr. H. A. B. Dunning be nominated as a member of the council. This motion was seconded by Dr. Bibbins and accepted.

COMMITTEE ON RESOLUTIONS.—Chairman O'Connell presented the following resolutions, Nos. 1 to 22, inclusive, which after discussion and amendment of several resolutions were adopted seriatim and then as a whole. The Committee was given a rising vote of thanks and the Secretary was authorized to edit the resolutions as far as necessary.

"PRESIDENT'S ADDRESS

1. *Resolved*, that the Association expresses its sincere appreciation for the comprehensive, thought-provoking address of President Christensen.

PHARMACY CORPS BILL

2. *Resolved*, that this Association endorses the Pharmacy Corps Bill, S.2690, H.R.7432, and be it further

Resolved, that the Council be authorized to adopt such measures as will in its judgment assist in the speedy enactment of the Pharmacy Corps Bill into law.

PHARMACISTS IN THE NAVY

3. *Resolved*, that the Committee on the Status of Pharmacists in the Government Services be authorized to take such steps as may be advisable to improve further pharmaceutical service in the Navy

and to secure for pharmacists in the Navy the commissioned rank which will enable them to make such improvements effective.

PHARMACY IN THE WAR EFFORT

4. *Resolved*, that a Committee of the AMERICAN PHARMACEUTICAL ASSOCIATION representative of the various branches of pharmacy be appointed to define the function of pharmacy in the war effort and to offer the services of pharmacy to the governmental agencies engaged in the prosecution of the war; and be it further

Resolved, that the Committee offers to serve in an advisory capacity to such agencies.

PRESCRIPTIONS UNDER PRICE CEILINGS

5. **WHEREAS**, the compounding and dispensing of prescriptions is essentially a professional service; and

WHEREAS, in the regulations of the Office of Price Administration professional services are excluded from ceiling prices; therefore be it

Resolved, that the Convention unalterably opposes the proposal which places a ceiling on the professional services which are included in prescription prices; and be it further

Resolved, that the Association deplors the action of the Office of Price Administration in releasing through the press statements relating to the public's view of prescription prices, which statements are not supported by objective data and represent mere opinion.

LAW ENFORCEMENT

6. *Resolved*, that the Association strongly urges all Boards of Pharmacy and food and drug law enforcement agencies to maintain their inspection activities on the highest level of efficiency and to increase rather than diminish their activities during the war emergency in the interest of the public health.

SURPLUS STOCKS OF SCARCE DRUGS

7. **WHEREAS**, certain widely used drugs and health supplies have been classified among the scarce and critical materials required by the War Production Board, and

WHEREAS, we must anticipate shortages in the supply of these and possibly other drugs and health supplies, and

WHEREAS, the retail pharmacies of the United States numbering upward of 57,000 individual establishments may have considerable quantities of these drugs and health supplies in their stocks, which may not be immediately required for local consumption, and

WHEREAS, the pharmacists of America have pledged their wholehearted cooperation to the war effort, now therefore be it

Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION arrange to disseminate to the retail

pharmacists of the United States such information as may be helpful in locating and forwarding to centralized supply stations, designated by the War Production Board or other Governmental agencies, the surplus stocks of such scarce and critical drugs and health supplies in the interest of the war effort.

GEORGE-DEEN STUDY

8. *Resolved*, that the Association approves in principle the George-Deen study of Distributive Phases of Retail Drug Store Operations, and be it further

Resolved, that the Committee be continued and that as rapidly as subject matter is compiled, it be prepared for publication and distributed to state and local supervisors of distributive education, and to state and local pharmaceutical organizations, and be it further

Resolved, that proper steps be taken to emphasize the importance of publication of the teaching outlines for the retail drug field to the proper authorities in the Federal Government, in order that the completion of this program may be expedited and that it may take its proper place in equipping the retail druggist for his part in the war program, and be it further

Resolved, that the agencies of organized pharmacy of the several states give serious consideration to the advancement of an active program in retail drug training under the provisions of the George-Deen Act, and in accordance with the curricula material prepared by this Committee, and the subject matter specialists, in collaboration with the Regional Agent for Distributive Education, under the direction of the Chief of Business Education Service, U. S. Office of Education.

CENTENNIAL COMMITTEE

9. *Resolved*, that a committee to be known as the Centennial Committee be appointed by the incoming President to make plans for a proper observance of the centennial of the AMERICAN PHARMACEUTICAL ASSOCIATION in 1952.

AFFILIATED ORGANIZATIONS

10. *Resolved*, that a committee be appointed by the incoming President to make a careful study of the whole problem of affiliations and relationships between the affiliated organizations and the parent Association; and further, that the Committee be instructed to report to the Association the results of its study, as well as to recommend the necessary action to strengthen these relationships.

B. V. CHRISTENSEN AND H. H. GREGG

11. *Resolved*, that the Association commends President Christensen and Chairman Gregg of the House of Delegates for the able manner in which they have conducted the deliberations of the convention.

PRODUCTIVE DETAILING

12. WHEREAS, the Productive Detailing project currently sponsored by the Committee on Professional Relations of the AMERICAN PHARMACEUTICAL ASSOCIATION under the chairmanship of Charles Hall Evans, and appearing in the Practical Pharmacy Edition, represents a new approach to the subject of detailing physicians which promises to be most effective in assisting pharmacists to extend and expand their professional services to physicians, be it

Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION commends Mr. Evans and his Committee on this project, urges its continuation and further development, and recommends that pharmacists make the fullest use of the excellent material which this project makes available.

JOINT DUES COLLECTION

13. *Resolved*, that the Association consider the advisability of adopting some plan whereby the AMERICAN PHARMACEUTICAL ASSOCIATION dues may be collected together with the dues of State and Affiliated Associations and organizations.

ENLISTMENT OF MEMBERS

14. *Resolved*, that the AMERICAN PHARMACEUTICAL ASSOCIATION adopts the policy of enlisting as members all persons qualified according to the Constitution; and be it further

Resolved, that the Council be directed to perfect and execute a program of action designed to carry out this policy.

WAR AND POSTWAR PROBLEMS

15. *Resolved*, that the Association instructs the Committee on Long Range Program to begin immediately to inaugurate an integrated program in the matter of war and postwar problems.

JOINT SECTION MEETING

16. WHEREAS, the subsection on Hospital Pharmacy, the American College of Apothecaries and the Section on Practical Pharmacy have much in common, both as to contents of papers and attendance, be it

Resolved, that a joint meeting of the three be arranged by the secretaries for the next A. PH. A. meeting.

SECRETARIES' CONFERENCES

17. *Resolved*, that the Association endorses the principle of the Secretaries' Conference; and be it further

Resolved, that the Council be instructed to call one or more such conferences annually if conditions warrant it.

A. PH. A.-A. M. A. CONFERENCES

18. *Resolved*, that the Association take the necessary measures to assure the continuation of the policy of joint conferences between the AMERICAN PHARMACEUTICAL ASSOCIATION and the American Medical Association established by the Cleveland Conference on April 6, 1942.

H. C. CHRISTENSEN

19. WHEREAS, Dr. H. C. Christensen for twenty-eight years Executive Secretary of the N. A. B. P. has retired from active service, and

WHEREAS, Dr. Christensen has labored diligently for more than a generation in the diverse activities of this Association, therefore be it

Resolved, that the Association expresses its sincere appreciation of his many significant contributions.

MISS ZADA COOPER

20. WHEREAS, Miss Zada Cooper, for many years Secretary-Treasurer of the A. A. C. P., has retired from active service, be it

Resolved, that the Association expresses its appreciation of her lifetime of service to pharmacy and pharmaceutical education in the office which she is now relinquishing.

EUGENE G. EBERLE

21. WHEREAS, death has removed from our midst Eugene G. Eberle, for many years the Editor of the JOURNAL of the A. PH. A., a former president of the Association, and throughout his life ever a loyal, devoted member of the organization, be it

Resolved, that the AMERICAN PHARMACEUTICAL ASSOCIATION records its deep sense of loss and acknowledges its great debt to this man who contributed so much to the profession of pharmacy.

LOCAL COMMITTEE

22. *Resolved*, that the Association expresses its sincere appreciation to Mr. P. G. Stodghill, General Chairman and Local Secretary, for the excellent manner in which he provided for the comfort and entertainment of the delegates; and be it further

Resolved, that the Association thanks all the members of committees who cooperated in making the Convention such an enjoyable one."

INSTALLATION OF OFFICERS.—At the request of the Chairman, Dr. Newcomb and Dr. Bibbins conducted Mr. J. K. Attwood and Dr. Glenn Jenkins to the platform, and they were duly installed as Chairman and Vice-Chairman of the House for 1942-1943.

Chairman Attwood spoke briefly and promised his best efforts for the coming year.

The meeting of the House was then adjourned *sine die*.