

SECTION ON EDUCATION AND LEGISLATION, AMERICAN PHARMACEUTICAL ASSOCIATION*

MINUTES OF THE FIRST SESSION.

The first session of the Section on Education and Legislation was called to order at 2.00 P.M., Wednesday, August 29, 1917, by Chairman R. A. Kuever.

Associate John Culley, of Ogden, Utah, presided during the reading of the Chairman's address, which follows:

ADDRESS OF THE CHAIRMAN, R. A. KUEVER.

FELLOW MEMBERS: This Section of the American Pharmaceutical Association is to be congratulated upon having arrived so successfully at its thirtieth anniversary. Three decades ago this Section was organized. In 1887 the American Pharmaceutical Association met in Cincinnati and in the course of that meeting this Section was born. In fact, two sections were created—one, the Section on Education and the other, the Section on Legislation. In 1889, during the American Pharmaceutical Association convention in San Francisco, the two Sections were united because matters pertaining to pharmaceutical education and legislation were found to be so closely allied.

It is very interesting indeed to review the minutes of these various sessions, the addresses of the various chairmen, and the various reports of the secretaries. The recommendations are numerous. Many show a thorough study of the topics in question and splendid judgment on the part of those who made them. Few have, however, received consideration. Those relating to preliminary education have been entirely ignored. This, undoubtedly, is another of the many proofs that recommendations are usually approved by means of eloquent resolutions and then promptly forgotten.

The secretaries' reports show that when this Section was organized there were only thirty schools of pharmacy in the United States. Gradually this number increased until at one time there were more than a hundred. During the last decade there has been a decrease until at the present time there are about seventy. This does not include the short-course schools, only those which are recognized by the New York Board of Education. The year this Section was organized there were some states in which no pharmaceutical laws were in force. Now every state in the Union limits the practice of pharmacy to qualified persons.

Noteworthy also is the fulfilment of early prophesies relating to the welfare of pharmacy so far as education and legislation are concerned. In 1904, Harry B. Mason, as chairman of the Section, reported the closing of one educational era and the beginning of another. In that year Congress provided a pharmaceutical law for Indian Territory, culminating a movement which lasted more than thirty years. In 1904, therefore, the practice of pharmacy became limited entirely to persons who were qualified by a certain amount of training. Laws had been passed in every state and territory in the Union which provided that persons must successfully pass licensing examinations to engage in the drug business. Thus, we may say, ended the first educational era.

That same year the state of New York placed on her statute books a law which made graduation from a recognized school of pharmacy a prerequisite to the licensing examination. At that time a certain amount of danger was prophesied in connection with such educational advances. It was pointed out that a large number of inferior pharmaceutical schools would spring up and appeal to those who were seeking this necessary diploma. Such has not been the case and probably for three reasons: first—because the states have been too slow in adopting prerequisite laws; second—because, whenever prerequisite laws have been adopted, only schools belonging to the Conference of Pharmaceutical Faculties or schools having similar standards,

* Papers read before the Sections are printed apart from the minutes of the sessions.

have been given recognition; and third—because the cost of providing a first-class professional education has been very materially increased.

With the beginning of this new era in pharmaceutical education it was also prophesied that, slowly but surely, like the adoption of pharmaceutical laws, every state in the Union would have a prerequisite law in force. Your chairman regrets not to be able to report at this time that such a prophesy has been fully realized even during the thirteen years that have elapsed. It is a pleasure to report that eleven states have recognized the necessity of better pharmaceutical education and have adopted provisions requiring the completion of a course in a recognized school of pharmacy as a prerequisite for the licensing examinations. Iowa is the most recent one to join this rank. We are fortunate in having a paper on our program entitled, "Iowa's Prerequisite Law" by J. M. Lindly. Senator Lindly is the author of the Iowa Prerequisite bill.

More than a third of a century was required to put the practice of pharmacy exclusively into the hands of qualified persons, thus providing some protection for the American people. How long it will be before every state has been made to feel the necessity of better pharmaceutical education, and thus provide better protection and medical service, is difficult to prophesy. It is safe to say, however, that in another thirteen years, more than twice the present number of states will have been successful in securing such pharmaceutical legislation. Initial educational advances by means of legislation are usually somewhat difficult to obtain. This is true because of the lack of initiative, interest and organization among pharmacists. When interest has been created and the proper organization effected it is not difficult to get just educational laws enacted.

In order that satisfactory legislation may be obtained with expedition, an active state association with an alert and energetic legislative committee is an absolute necessity. The membership list of the association should be large. It should include, as nearly as possible, every drug store in the state. It is very desirable to have the association organized by counties, giving each county representation on the legislative committee. Thus legislators may be informed effectively of pending pharmaceutical bills, the pernicious as well as the desirable ones. A survey of pharmaceutical legislative activities and inactivities of the past year reveals clearly the lack of and the necessity for proper organization. If pharmacists would spend more time and energy in organizing, their attempts at legislative matters would be more successful. In Iowa, for example, where there are two thousand stores, the state association has a membership of eighteen hundred. The annual convention is usually held during the month of June. This year, because of important legislative matters, a special mid-winter meeting took place in Des Moines while the General Assembly was in session. The legislative committee consists of one active druggist in each county, together with the officers of the association. It is very essential to have one officer, preferably the secretary, to succeed himself in office from year to year and who is interested in, enthusiastic about, and capable of, manipulating legislative matters. Such a man is much better qualified to serve as chairman of the legislative committee than one who is elected annually. Thus, when bills pertaining to pharmacy are introduced, this field-marshal may at once send out a call to arms to the various county committeemen. And when they are properly organized, and realize that the burden of work rests with them, they very effectively shoulder their muskets and march to the front to defend their calling. It requires keener insight to keep undesirable laws off the statute books than to put desirable ones on. An ounce of prevention is worth a pound of cure. In many states there are too many pharmaceutical laws for the good of the calling and in some of these very states the cry is, "We want more laws to protect us."

The enemies of the pharmaceutical profession are constantly mobilizing their forces for attack. There were few legislative sessions last winter during which some inimical measure was not introduced. In states where these measures failed to become law, it was only because there was an equally well-mobilized pharmaceutical force to bring defeat. Such mobilization requires the enlistment of every pharmacist within the state. In numbers there is strength. This work cannot successfully be carried on by a few, no matter how well they may do their part. The endorsement and approval of every druggist is necessary and those, who, without good reason, fail to lend their assistance to this cause, are slackers. In the opinion of many pharmacy is hitting the trail of progress at a snails' pace simply because the importance of county and state organization has been overlooked or underestimated.

Likewise, the pharmaceutical enemy uses his forces to prevent the enactment of desirable laws. In this connection it may be of interest to say that in one state the association voted the prerequisite measure unanimously and yet the bill was never reported out of the committee. It is understood that a manufacturer of proprietary medicines, whose preparations are sold exclusively by vendor wagons was the manipulator in this case. It is also fairly well known that this manufacturer of cure-alls had more influence with the members of the General Assembly than did the entire state association. This is lack of organization—nothing more.

We must not overlook the importance of the association's own journal. Each association should have its journal, published monthly, to give the members first-hand information on vital subjects. No matter how small this journal or how insignificant its initial appearance, it will serve a very worthy purpose. All special issues, such as convention numbers, may profitably be sent to every druggist in the state. The cost is relatively small. It is the best, cheapest and most ethical advertisement for the association itself, preserving interest and increasing membership. At present only a few state associations have their own journal issued regularly.

In most states the legislative sessions occur in the odd years. During the past winter much pharmaceutical legislative activity was noticeable. In fact, in one state a prerequisite bill was passed by both houses but was later vetoed by the governor. In several other states prerequisite bills were introduced. If experience is the best teacher, many of these associations will profit by this failure. A novice at the first attempt, an adept at the second, let there be no despair in the ranks. Constant and well-directed efforts are sure to be crowned with success.

As one looks over the various minutes of this Section one is impressed with the tremendous amount of discussion on preliminary education. Likewise, in the minutes of the Conference of Pharmaceutical Faculties, voluminous discussions on this all-important topic are recorded. This body has been in existence eighteen years and in that time has established a rule which provides one year of high school work as preliminary training for those who desire to enter pharmacy. As advances in professional and scientific education go, that is certainly an admirable record. Let it be said that there are members in the Conference who favor an increase in preliminary education—in fact, some favor very strongly four years of preliminary training—and those who have successfully opposed it have real cause for elation. At the Detroit meeting in 1914 two years of high school work was voted after a prolonged and eloquent debate, in which the poor boy, the shortage of clerks, the mushroom schools, and the injustice to the so-called privately owned schools were oratorically set forth. This two-year rule was to take effect in 1917. At the Philadelphia meeting last year this vote was rescinded, and the two-year rule was made recommendatory, in place of mandatory—which action was a decided step backward. While the faculty organizations in other professions are constantly increasing their requirements in preliminary training, this organization of pharmaceutical educators proceeds to decrease those of pharmacy by one year. The other professions justly ask—what is the matter with pharmacy?—and those who are not informed reply that pharmacy is submerged in the mire of commercialism. Educational writers realize that pharmaceutical education is at a standstill simply because of the low entrance requirements.

On the campus of the university where admission to the college of pharmacy is less than four years of preliminary training, the pharmaceutical students are not accorded the same recognition as students in other departments. This is a well-recognized fact—so much so that a university teacher was recently surprised to find that there are sister institutions in which no such distinctions are made because the entrance requirements are identical.

The most discouraging thing in connection with work in pharmaceutical education is the fact that the Conference of Pharmaceutical Faculties has thus far persistently refused to see the necessity of better preliminary training—the absolute necessity of requiring four years of secondary school work as entrance to colleges of pharmacy. The Conference is composed of forty-three schools, among this number the best institutions of pharmaceutical learning in the land. A few demand four years of high school work but the majority are satisfied with one year, which is the minimum the Conference prescribes. This is the fly in the ointment. It is stultifying to presume that pharmacy, with its present lax educational system, should be accorded the same professional and scientific recognition found in other professions. Ten years of preparatory work are necessary for the practice of some professions, four years in high school, two years in academic work, and four years in the professional school proper. There is not a state in the

Union where the scholastic requirement for pharmacy is more than three years—one in high school and two in college. This does not include the so-called store experience, which now means little, as is evidenced by the fact that at least one examining board has ruled this year not to accept experience gained behind the soda counter.

Consider the profession of dentistry—eight years now in many states, four years in high school and four in a dental college. The filling of teeth and the treating of infections in the oral cavity is no more difficult and should require no more training than the preparation of dichloramin-toluene or a physiologically active and dependable infusion of digitalis.

There is not a single sound argument why the preparation for pharmacy should be inferior to that of other professions—but it is and he who refuses to admit it is deluding himself. By some the argument of financial returns has been advanced. Statistics would show that the net income, per capita, in medicine is no larger than that in pharmacy, while in dentistry and law it is somewhat smaller. Occasionally some one in the pharmaceutical ranks admits that there is not enough professional or scientific work to do to permit of an extensive training. Is it that pharmacists do not receive thorough training because their calling offers very little opportunity for the application of it or is it that pharmacy offers very little opportunity for scientific work because the pharmacist has not been thoroughly and scientifically trained? Has there ever been a field of endeavor that has offered a more golden opportunity than organic pharmaceutical chemistry does at this present moment or than it has during the past three years? The cultivation of medicinal plants should be of interest to pharmacists at this time. Professor Day reported some time during the year that some one in his state has realized fifteen hundred dollars from a small patch of belladonna and that with the handicap of no pharmaceutical training. The physician, the surgeon, the internist, the dentist and the veterinarian are all dependent upon the pharmacist directly or indirectly. The pharmacist must, however, demonstrate his ability, as they are compelled to do. He must show that he is qualified by training to do whatever work may fall in his sphere. Because many of the retail pharmacists lack scientific training, manufacturers of pharmaceutical products, the physician supply houses and even the wholesale druggists have established business relations directly with the physician, dentist and veterinarian. Investigative work and the ready-made medicines have done a great deal to stimulate this business relationship but primarily because the pharmacist has not availed himself of the opportunity to do the work and in a majority of cases it is because he has not had the benefit of a comprehensive scientific training.

The discussions on preliminary training show clearly that those who have opposed advances in this direction have done so for one of three reasons. They are either interested in a low standard school which would suffer a decrease in attendance, or they are the promulgators of a mail or short course in pharmacy, the importance of which would automatically cease with higher educational requirements. Or, they may belong to that small number of the old school, sincere in their belief that what was good enough for father is good enough for son.

For those who object because it may work a hardship on the school with which they are associated, very little can be said. It is evident that their institution has served its purpose, no matter how worthy its purpose may have been in the past. An institution which in this day and age of education can require not more than one year of high school work for entrance is about ready to "sing its swan song" and a more creditable song it would be if it were forced by high requirements than by lack of professional recognition and educational attainments. In some cases, no doubt, the hardship that advancing entrance requirements would work is the product of the imagination of those who oppose them. In schools where four years of preliminary work are now required there has been no appreciable decrease in attendance. Possibly the enrollment was somewhat affected the first year but in the succeeding years the attendance was invariably larger and the students of much better type, who have actually chosen pharmacy for their life's work because they are interested in it, and not because it is the only profession open to them with their inadequate preliminary education.

But assume that in some schools it actually does work a hardship—such hardship will fall entirely upon those who are interested in seeing the institution continued. If, on the other hand, the school is continued with low standards it will work a hardship on the students it attempts to train, because it will attempt to train young men and women in lines of work for which there is no fundamental basis. Anyone who argues that a boy or girl who has completed only

one year of high school work can successfully master the complexities of the present-day pharmaceutical curriculum is deluding himself or else he is not familiar with the modern course of study. If a low standard school is continued, it will work a real hardship on the student it trains, insofar that they will be expected to compete on common ground with those who have had a much better preliminary training and a much more thorough pharmaceutical education. It will work a hardship on those young men and women who will be encouraged to leave their high school studies before they have completed them, in order to pursue those of a pharmaceutical course. It will continue, as it has in the past, to work a hardship on the incompetent pharmaceutical student of the high standard school, who because of lack of ability or application finds himself at the end of the year without credit for his work. He will be permitted to enter such schools with advanced standing and be graduated with the regular class simply because his tuition is necessary in maintaining the school. It will work a hardship on him and on the community in which he will practice his profession because he has an inadequate pharmaceutical training—yet he is a graduate. It will work a hardship on him because he is forced into the more purely commercial sides of pharmacy to make both ends meet. And finally such a low standard school is and will continue to work a real hardship on the pharmaceutical profession because it graduates annually a class of young men and women, many of whom have been inadequately trained to cope with the numerous perplexing problems the various professions, which depend upon pharmacy for their supplies, now offer.

And there is the situation in the nut-shell. It is not the commercial side that has brought pharmacy as a profession into ill-repute—but it is the lack of training: first, the preliminary training and then that offered by the low standard schools of pharmacy, which has made true pharmaceutical service impossible.

One other pharmaceutical bane must be mentioned, and that is the vocational school which is attempting to teach pharmacy. That this reflects discredit and makes for conditions which decrease what little recognition pharmacy now has, cannot be denied. It has been suggested that the Conference of Pharmaceutical Faculties admit these institutions to membership in order that some sort of regulations be provided for them. Such procedure would be a grave mistake, the opinions of those who favor it notwithstanding. On the other hand, the American Pharmaceutical Association and the National Association of Boards of Pharmacy should take steps at once to make it impossible for such institutions to continue to teach pharmacy. Again—advancing preliminary education is a solution to the problem. If four years of secondary school work were universally required, these vocational schools would automatically cease their attempts to give instruction in courses for which they are not qualified or equipped.

In closing, this report may be summarized as follows: If pharmacy would give maximum professional service—provide better assistance to the physician, dentist and veterinarian—and thus safeguard the public and in return receive its full quota of professional recognition, it must do four things:

First—It must increase preliminary educational requirements to four years of accredited high school work.

Second—It must standardize its educational institutions—not on paper but in fact. It makes a great deal of difference whether the library of an institution is composed of fifty or five thousand volumes, whether the laboratory equipment consists of sufficient apparatus so that each student may be amply supplied, or whether it is so meager that there is one mortar and one balance for each class. It makes a great deal of difference whether an institution provides five hundred dollars or fifteen thousand dollars worth of drugs and chemicals annually for laboratory experimentation; whether its teaching force is composed of four or twenty-four men and whether the salaries vary from twelve hundred dollars for assistants, twenty-seven hundred for heads of departments, and thirty-five hundred for the dean of the school, or whether the assistants get but from seven to eight hundred and the dean fifteen hundred dollars annually. And lastly—it makes a vast difference whether those who are teaching are or are not qualified to give pharmaceutical instruction in an enthusiastic and scholarly manner. Are they or are they not keeping in touch with pharmaceutical, medical and chemical literature—and broadening by original investigative work?

Third—The courses must gradually be changed in accordance with that which is scientifically sound. From time to time the materials and operations that have and are becoming obsolete

must be discarded and new and useful substances and procedure substituted. How futile it is to fill a youthful mind with facts pertaining to *Ferula Sumbul* or *Smilax Ornata*. The U. S. P. IX gives many such drugs to which little, if any, time should be given in our already overcrowded curriculum. It may be of interest to state that a committee of the American Medical Association is circulating a list of useless drugs among the recognized medical schools with the recommendation that they be eliminated from the courses in materia medica and therapeutics.

Fourth—Research and investigative work generally must receive more attention in the schools. Medical advances absolutely demand it. Little of this kind of work is being done in colleges of pharmacy. A great deal more is being done by those who have primarily a mercenary object in mind. Investigative work must be carried on by institutions of pharmaceutical learning for the sake of truth—for the purpose of adding to the sum-total of human knowledge, and with the intention of solving pharmaceutical problems that advance the standing of the profession. The College of Pharmacy of the State University of Iowa has this year established a research department in which a graduate investigator is employed. He gives no instruction but devotes his entire time to the investigation of pharmaceutical problems. At present he is working on the commercial preparation of synthetic organic drugs.

When these advances have been realized, then pharmacy will be in a position to give true scientific and professional service and in return will receive just and full recognition in the army and navy as well as in civil life.

ABSTRACT OF DISCUSSION.

EDWARD SPEASE.—I desire to emphasize the need for better preliminary education of pharmacists; there has been a deficiency in correct pharmaceutical training and we ought to take a deeper interest in placing pharmacy on a higher plane than it is today, then we can have more cooperation from physicians and a right to expect legislative support.

SIDNEY HAUENSTEIN.—One of the motives that I had in coming to this meeting was to see what stand the Association would take in this matter. We certainly desire our children to be educated; why it should be expected that those who enter pharmacy should not need a like standard of education is inexplicable. Many druggists seem to be satisfied with the requirements of twenty-five or even forty years ago.

ALEX M. ROVIN.—There can be no efficiency in any profession without a primary basic education. Only one viewpoint can be taken of the subject—to place pharmacy on a professional basis, it is absolutely essential that everyone who aspires to become a pharmacist shall have the requisite primary education to enable him or her to become proficient in the profession.

CHARLES T. P. FENNEL.—The address appeals to me very strongly. We all know how the American Pharmaceutical Association feels on higher education, but we forget that the American Pharmaceutical Association represents only a small part of the pharmacists in the United States, the others fail to hear papers of this kind which show what is really necessary to bring the standard of the American pharmacist to where it belongs. Relative to preliminary education, it may not be adaptable to pharmacy. Several years ago a young man applied for admission to our school, who had the required number of counts but none of the branches had any value for college of pharmacy entrance requirements. We presume, perhaps too often, that the preliminary education a young man may have qualifies him, whereas it does not; we should examine the prospective student for quality of education.

RUFUS A. LYMAN.—Educators are sometimes accused of being too theoretical, interested only in professional standards. I have heard a good deal at this convention, especially in the Conference, to the effect that in preparing a man to enter the profession of pharmacy he must be qualified in certain subjects of the high school that will help him in the study of pharmacy. The only thing a man gets in the high schools that will help him in the study of pharmacy is mental development. It is not a matter of bookkeeping; it is not a matter of Greek; it is not a matter of chemistry; it is not a matter of language; it is that which will develop and train his mind. In the educational world there has been a discussion through the centuries as to what are the best subjects for this. Some think it is Latin; some think it is mathematics; but in this practical age we are swinging to subjects that are, at least, supposedly more practical; but what a boy needs in high school, is something that will make his mind grow and enable him to think accurately and intensively so that when it comes to a study of the sciences which constitute a pharmaceutical education, he has a brain that can be trained. Personally, I have my notions

about what a boy ought to study in a high school, and so has every one of us, but the essential is not so much what he studies as that he is made to work.

In our educational system we are reducing everything to a machine, and we are not making the boys and girls think. We are not training their minds to cope with the greater problems and I would much prefer to see a boy study mathematics and Latin and Greek and the elements of the English language, if in doing that he is taught accuracy, and is taught how to study and how to concentrate his mind and how to stay by a problem until he has solved it—I don't care what the problem is—and really I don't know but what a boy would be better off, if he were made to confine his studies to subjects of an intensive nature and never take up a subject or have a thing to do with those with which he will be concerned when he takes up the study of pharmacy. It is not a matter of subjects; it is a matter of training.

JACOB DINER.—I want to subscribe to every word that the Chairman and Professor Lyman have said. I was shocked when I saw in the newspapers, one morning, that the Carnegie Foundation had set aside a certain amount of money for a certain college with the understanding that Latin and all that trash—it was not called that, but it was intimated—be eliminated from the curriculum, and then I learned that another large institution in New England had abolished Latin and Greek from their curriculum as being useless. If we take education for what it is meant, the training of the mind, to think intelligently and act intelligently, I will say, as Professor Lyman has said, that I know of no subjects that are better qualified to train a man than mathematics and the so-called “dead” languages. The preliminary education for pharmacy should not be in the so-called practical subjects, but the students' preliminary education should qualify them for entering a pharmaceutical school, and should be on the broad plane of mental development.

(The Chairman's address was referred for publication.)

CHAIRMAN KUEVER.—The next topic on the program is the report of the Secretary, it follows:

REPORT OF SECRETARY, C. B. JORDAN.

MR. CHAIRMAN AND MEMBERS OF THE SECTION ON EDUCATION AND LEGISLATION:

One of the duties of the Secretary of this Section is to collect and report information regarding the educational progress of pharmacy during the year, and information regarding the changes and additions to the pharmacy laws of the several states. This your Secretary has endeavored to do.

I sent a circular letter to the dean of every school of pharmacy in the United States and have received replies from nearly every one. I also sent a circular letter to the secretary of every state board of pharmacy and have received replies from all of them.

For convenience, I have divided my report into two parts: First, Reports from the Schools of Pharmacy; Second, Reports from the State Boards of Pharmacy.

For the reports from the schools of pharmacy I requested the dean of each school or college of pharmacy to give me the following information: 1st, Name of school; 2nd, Number of students 1916-1917; 3rd, Number of graduates 1916-1917; 4th, Minimum entrance requirements for 1917-1918; 5th, Change in entrance requirements 1917-1918; 6th, educational advances adopted during the past year.

I have briefly summarized some data regarding the entrance requirements in force and adopted during the year and I will present that data at the end of this part of my report.

REPORTS FROM SCHOOLS OF PHARMACY. EDUCATIONAL ADVANCES.

The following questions, in outline form, were sent to the dean of each school of pharmacy:

- | | |
|----|---|
| | Date |
| 1. | <i>Name of school</i> |
| 2. | <i>Number of students, 1916-1917</i> |
| 3. | <i>Number of graduates or students in graduating class, 1916-1917</i> |
| 4. | <i>Minimum entrance requirements for 1917-1918</i> |
| 5. | <i>Changes in entrance requirements, 1917-1918</i> |
| 6. | <i>Educational advances during past year</i> |

..... DEAN.

The following are the replies, alphabetically arranged, according to the states in which the schools are located:

ALABAMA:

- (1) 1. Alabama Polytechnic Institute, Department of Pharmacy.
2. Forty-five.
3. Seventeen.
4. Two years of high school work for Ph.G. degree; four years high school work for Ph.C. and B.S. degrees.
5. Four years of high school work instead of two years for Ph.C. degree.
6. Three-year course revised.
- (2) 1. School of Pharmacy, University of Alabama.
2. Five.
3. Three.
4. Two years high school work.
5. None.
6. None.

CALIFORNIA:

- (3) 1. California College of Pharmacy.
2. Ninety-two.
3. Thirty-four (1916).
4. Two years of high school work for Ph.G. degree; four years high school work for Ph.C. and Phar.B. degrees.
5. No report.
6. Two hours weekly First Aid and Military Hygiene at college. Field training one afternoon per week at Letterman General Hospital, given by U. S. Army officers.
- (4) 1. College of Pharmacy, University of Southern California.
2. Eighty.
3. Twenty-nine.
4. Two years of high school work.
5. None.
6. No report.

COLORADO:

- (5) 1. College of Pharmacy, University of Colorado.
2. Twenty-two.
3. Nine.
4. Four years of high school work.
5. None.
6. Two years of high school work for Ph.G. degree; three years of high school work for Ph.C. degree; four years of high school work for B.S. degree.

DISTRICT OF COLUMBIA:

- (6) 1. George Washington University, National College of Pharmacy.
2. Thirty-five.
3. Ten.
4. Four years of high school work.
5. None.
6. Course in mercantile pharmacy and jurisprudence broadened.
- (7) 1. Pharmaceutic College, Howard University.
2. Forty-six.
3. Sixteen.
4. Four years of high school work.
5. None.
6. Increased entrance requirements from two to four years of high school work.

GEORGIA:

- (8) 1. University of Georgia, School of Pharmacy.
2. Fifteen.
3. Four.
4. Two years of high school work.
5. None.
6. A course in accounting added.
- (9) 1. Mercer School of Pharmacy.
2. Twenty-seven.
3. Eight.
4. Two years of high school work for two-year course; four years of high school work for three- and four-year courses.
5. None.
6. Commercial Pharmacy Course added; hours increased to 2156 for Ph.G. degree; four-year course for B.S. in Pharmacy.
- (10) 1. Southern College of Pharmacy.
2. Sixty.
3. Thirty-five.
4. One year of high school work.
5. None.
6. No report.
- (11) 1. Atlanta College of Pharmacy.
2. Eighty-seven.
3. Twenty-nine.
4. One year of high school work.
5. No report.
6. No report.

ILLINOIS:

- (12) 1. Northwestern University, School of Pharmacy.
 2. Sixty-three.
 3. Thirty.
 4. Fifteen units of high school work.
 5. None.
 6. School has been discontinued.
- (13) 1. University of Illinois, School of Pharmacy.
 2. One hundred and sixty.
 3. Sixty.
 4. Four years of high school work.
 5. No report.
 6. Two years of seven months to two years of eight and one-half months for Ph.G.; two years of nine months to three years of eight and one-half months for Ph.C.
- (14) 1. Central States College of Pharmacy, Loyola University.
 2. One hundred and ten.
 3. Twenty-five.
 4. One year of high school work.
 5. None.
 6. None.

INDIANA:

- (15) 1. Purdue University, School of Pharmacy.
 2. Sixty.
 3. Twenty-four.
 4. Four years of high school work.
 5. None.
 6. Military drill to two-year course. Course in English added to first year. Practical dispensing of prescriptions. Time for pharmaceutical arithmetic lengthened from 18 to 36 hours. Course in Commercial Pharmacy strengthened by lectures of practical men; subjects, Psychology of retailing and advertising; Finances; Insurance; Show-card writing.
- (16) 1. Tri-State College of Pharmacy.
 2. Twenty-five.
 3. Eight.
 4. One year of high school work.
 5. No report.
 6. Course in accounting extended; more work in ore, soil, fertilizer, cement analyses.
- (17) 1. Valparaiso School of Pharmacy.
 2. One hundred and fifty-four.

3. Forty-eight Ph.G.; twelve or thirteen Ph.C.
 4. Two years of high school work.
 5. No report.
 6. No report.

- (18) 1. School of Pharmacy, University of Notre Dame.
 2. Sixteen.
 3. Six.
 4. One year of high school work for Ph.G.; four years of high school work for Ph.C. and B.S. in Pharmacy.
 5. No report.
 6. Increased entrance requirements for Ph.C. course.

IOWA:

- (19) 1. College of Pharmacy, State University of Iowa.
 2. Fifty-eight.
 3. Thirty-two.
 4. Four years of high school work.
 5. No report.
 6. No report.

KANSAS:

- (20) 1. School of Pharmacy, University of Kansas.
 2. Sixty-five.
 3. Nineteen.
 4. Four years of high school work.
 5. No report.
 6. No report.

KENTUCKY:

- (21) 1. Louisville College of Pharmacy.
 2. Fifty-seven.
 3. Nineteen.
 4. One year of high school work.
 5. None.
 6. Three-year course added.

LOUISIANA:

- (22) 1. New Orleans College of Pharmacy.
 2. Sixty-one.
 3. Twenty-two.
 4. One year of high school work.
 5. No report.
 6. No report.
- (23) 1. School of Pharmacy, College of Medicine, Tulane University of Louisiana.
 2. Fifteen.
 3. Five.
 4. Three years of high school work.
 5. None.
 6. None.

MAINE:

- (24) 1. Department of Pharmacy, University of Maine.
 2. Fifteen.
 3. Six.
 4. Three years of high school work for Ph.G. degree; four years of high school work for Ph.C. and B.S. degrees.
 5. In 1919 four years of high school work will be required in all courses.
 6. Lectures given on U. S. P. to pharmacists, physicians and nurses.

MARYLAND:

- (25) 1. Department of Pharmacy, University of Maryland.
 2. Ninety-seven.
 3. Twenty-seven.
 4. One year of high school work.
 5. Two years of high school work.
 6. No report.

MASSACHUSETTS:

- (26) 1. Massachusetts College of Pharmacy.
 2. Two hundred and sixty-eight.
 3. Forty.
 4. Two years of high school work.
 5. No report.
 6. Erecting new building to cost more than \$500,000 with site and equipment.

MICHIGAN:

- (27) 1. College of Pharmacy, University of Michigan.
 2. One hundred and twelve.
 3. Thirty-one.
 4. Four years of high school work.
 5. No report.
 6. Entrance to two-year course not to be permitted after 1917.

MINNESOTA:

- (28) 1. College of Pharmacy, University of Minnesota.
 2. One hundred and five.
 3. Thirty-seven.
 4. Four years of high school work.
 5. No report.
 6. Two-year course for Ph.G. discontinued; minimum course three full University years of nine months for degrees of Ph.C.

MISSISSIPPI:

- (29) 1. School of Pharmacy, University of Mississippi.
 2. Forty.
 3. Twelve.

4. Four years of high school work.
 5. Fourteen standard entrance units required instead of eight for Ph.G. course.
 6. None.

MISSOURI:

- (30) 1. St. Louis College of Pharmacy.
 2. One hundred and thirty.
 3. Fifty.
 4. One year of high school work.
 5. None.
 6. Increased hours of Commercial Pharmacy from fifteen to thirty.
- (31) 1. Kansas City College of Pharmacy.
 2. Forty-five.
 3. Seventeen.
 4. One year of high school work.
 5. No report.
 6. No report.

MONTANA:

- (32) 1. University of Montana, School of Pharmacy.
 2. Twenty-three.
 3. Eight.
 4. Four years of high school work
 5. No report.
 6. No report.

NEBRASKA:

- (33) 1. College of Pharmacy, University of Nebraska.
 2. Thirty-five.
 3. Nine.
 4. Four years of high school work.
 5. None.
 6. None.
- (34) 1. Creighton University, College of Pharmacy.
 2. Fifty-four.
 3. Twenty-six.
 4. One year of high school work.
 5. No report.
 6. Thirty-two hours to junior laboratory work, sixteen hours added for class conference on commercial pharmaceutical problems.

NEW JERSEY:

- (35) 1. College of Jersey City.
 2. Sixteen.
 3. Eight.
 4. One year of high school work.
 5. None.
 6. None.

- (36) 1. New Jersey College of Pharmacy.
 2. One hundred and thirty-five.
 3. Term had not ended.
 4. One year of high school work.
 5. No report.
 6. Entrance requirements changed from grammar school to one year of high school work.

NEW YORK:

- (37) 1. Albany College of Pharmacy.
 2. One hundred and three.
 3. Forty-three.
 4. No report.
 5. No report.
 6. After 1918, two years of high school work required.
- (38) 1. Brooklyn College of Pharmacy.
 2. Three hundred and ninety-three.
 3. One hundred and forty.
 4. Fifteen regents counts.
 5. No report.
 6. After 1918, thirty regents counts.
- (39) 1. Buffalo College of Pharmacy.
 2. One hundred and seventy-four.
 3. Sixty-one.
 4. One year of high school work.
 5. No report.
 6. After 1918, two years of high school work required. Introduced identification of galenicals and chemicals by physical characteristics.
- (40) 1. Columbia University College of Pharmacy of City of New York.
 2. Dean H. H. Rusby was leaving for his South American trip and interfered with a complete report.
 6. Bachelor of Science in Pharmacy, rearrangement of course in first and second year preparatory for work leading to doctor's degree.
- (41) 1. Fordham University College of Pharmacy.
 2. One hundred and ten.
 3. Forty.
 4. One year of high school work.
 5. No report.
 6. After 1918, two years of high school work.

NORTH CAROLINA:

- (42) 1. School of Pharmacy of the University of North Carolina.
 2. Fifty-three.
 3. Six.
 4. Four years of high school work.
 5. No report.

6. New courses added leading to P.D. and Ph.C.

NORTH DAKOTA:

- (43) 1. North Dakota Agricultural College School of Pharmacy.
 2. Twenty-one.
 3. Eight.
 4. Two years of high school work for two-year course; four years of high school work for full college course.
 5. No report.
 6. No report.

OHIO:

- (44) 1. College of Pharmacy, Ohio State University.
 2. Ninety-eight.
 3. Fourteen from two-year course, four from four-year course.
 4. Two years of high school work for two-year course; four years of high school work for full college course.
 5. None.
 6. Added commercial pharmacy, course in pharmaceutical literature, emergency and first aid training.
- (45) 1. Cleveland School of Pharmacy, Western Reserve University.
 2. One hundred and twenty.
 3. Forty-three.
 4. Two years of high school work.
 5. No report.
 6. No report.
- (46) 1. Ohio Northern University, College of Pharmacy.
 2. Ninety-eight.
 3. Fifty-six.
 4. Two years of high school work.
 5. No report.
 6. Added microscopy and commercial pharmacy.
- (47) 1. Cincinnati College of Pharmacy.
 2. Forty-two.
 3. Thirty-two.
 4. Two years of high school work.
 5. No report.
 6. No report.
- (48) 1. Toledo University, College of Pharmacy.
 2. Twelve.
 3. Three.
 4. Two years of high school work.
 5. No report.
 6. Added Histology, Latin, Pharmaceutical Jurisprudence, Commercial Pharmacy, Dispensing Pharmacy.

OKLAHOMA:

- (49) 1. School of Pharmacy, University of Oklahoma.
 2. Seventy-five.
 3. Twelve.
 4. Two years of high school work for Ph.G. degree; four years of high school work for Ph.C. and B.S. degrees.
 5. No report.
 6. No report.

OREGON:

- (50) 1. Department of Pharmacy, Oregon Agricultural College.
 2. Sixty-two.
 3. Eight in Ph.G. course. Ten in B.S. course (1916).
 4. Two years of high school work.
 5. No report.
 6. Both two- and four-year courses require four years of high school work. Three-year course proposed for Ph.C.

- (51) 1. North Pacific College of Pharmacy.
 2. Thirty-seven.
 3. Twelve.
 4. Two years of high school work for two-year course; four years of high school work for three-year course.
 5. No report.
 6. Bacteriologic work added.

PENNSYLVANIA:

- (52) 1. Pittsburgh College of Pharmacy, Department of Pharmacy of University of Pittsburgh.
 2. Two hundred and ten.
 3. Report prior to commencement.
 4. Two years of high school work.
 5. No report.
 6. No report.
- (53) 1. Temple University, Department of Pharmacy.
 2. One hundred and sixty-four.
 3. Eleven.
 4. One year of high school work.
 5. No report.
 6. After 1918, two years of high school work.
- (54) 1. Philadelphia College of Pharmacy.
 2. Five hundred and eighty-five.
 3. Two hundred and forty-four.
 4. One year of high school work.
 5. No report.

6. After 1918, two years of high school; four years of high school for Ph.C.

PORTO RICO:

- (55) 1. School of Pharmacy, University of Porto Rico.
 2. Twenty.
 3. Ten.
 4. Diploma from four-year high school course.
 5. No report.
 6. One additional teacher, two laboratory assistants, laboratories improved. Three-year course for Ph.C.

RHODE ISLAND:

- (56) 1. Rhode Island College of Pharmacy and Allied Sciences.
 2. Seventy.
 3. Twenty-one.
 4. Four years of high school work.
 5. No report.
 6. State appropriation of \$1000.00.

SOUTH CAROLINA:

- (57) 1. School of Pharmacy of the Medical College of State of South Carolina.
 2. Thirty-one.
 3. Six.
 4. Two years of high school work.
 5. No report.
 6. Added course in Pharmaceutical Bacteriology.

SOUTH DAKOTA:

- (58) 1. South Dakota School of Pharmacy.
 2. Twenty-eight.
 3. Eight.
 4. Four years of high school work.
 5. No report.
 6. No report.

TENNESSEE:

- (59) 1. School of Pharmacy, Vanderbilt University.
 2. Twenty-seven.
 3. Fourteen.
 4. Four years of high school work.
 5. No report.
 6. No report.
- (60) 1. University of Tennessee, School of Pharmacy.
 2. Fourteen.
 3. Six.
 4. Four years of high school work.
 5. No report.

6. Entrance requirements raised from three to four years of high school work.

- (61) 1. Meharry Pharmaceutical College.
2. Fifty-two.
 3. Twenty-five.
 4. Two years of high school work.
 5. No report.
 6. Filling of 500 prescriptions monthly by students.

TEXAS:

- (62) 1. Baylor University, College of Pharmacy.
2. Sixty-three.
 3. Seventeen.
 4. Two years of high school work.
 5. No report.
 6. Raised entrance requirements from one year to two years of high school work. Additional building contemplated.
- (63) 1. School of Pharmacy, University of Texas.
2. Forty-seven.
 3. Fourteen.
 4. Two years of high school work.
 5. No report.
 6. No report.

VIRGINIA:

- (64) 1. School of Pharmacy, Medical College of Virginia.
2. Eighty-three.
 3. Twenty-eight.
 4. One year of high school work.
 5. None.
 6. Added courses in accounting and clinical laboratory technique.

WASHINGTON:

- (65) 1. University of Washington, College of Pharmacy.
2. Eighty-two.
 3. Sixteen.

4. Four years of high school work. Special students but not for degree may be admitted with lower qualification.

5. No report.
 6. Ph.G. for two-year course; Ph.C. for three-year course; B.S. for four-year course; M.S. for five-year course.
- (66) 1. Washington State College, Department of Pharmacy.
2. Sixty-one.
 3. Fourteen.
 4. Four years of high school work.
 5. No report.
 6. From two years of high school work to four years; course in salesmanship added, including advertising, window dressing, sign writing, etc. Course in Bacteriology also added.

WEST VIRGINIA:

- (67) 1. West Virginia University, Department of Pharmacy.
2. Thirty-three.
 3. Two.
 4. Four years of high school work.
 5. No report.
 6. No report.

WISCONSIN:

- (68) 1. Department of Pharmacy, University of Wisconsin.
2. Forty-nine.
 3. Ten.
 4. Two years of high school work.
 5. No report.
 6. Change requirements from one year of high school work to two years.
- (69) 1. Marquette University, School of Pharmacy.
2. Forty.
 3. Thirteen.
 4. Two years of high school work.
 5. None.
 6. New dispensing laboratory; started medicinal plant garden.

Reports were not received from the Department of Pharmacy, College of Physicians and Surgeons, San Francisco, Cal.; Indianapolis College of Pharmacy, Indianapolis, Ind.; Highland Park College of Pharmacy, Des Moines, Ia.; School of Pharmacy, National University of Arts and Sciences, St. Louis, Mo.; Leonard School of Pharmacy, Shaw University, Raleigh, N. C. The following schools have been discontinued: College of Pharmacy, Department of Southern Methodist University; College of Pharmacy, San Juan, Porto Rico; School of Pharmacy, Birmingham Medical College, Birmingham, Ala.

Twenty-one schools require four years of high school work or equivalent for entrance to all courses; eighteen schools make such requirement for courses leading to Ph.C. and B.S. de-

grees; twenty-eight have increased the entrance requirements; and two schools have discontinued two-year courses.

SUMMARY.

The following Colleges of Pharmacy now require 4 years of high school or equivalent for entrance to all courses:

College of Pharmacy, University of Colorado.

Geo. Washington University, National College of Pharmacy.

Pharmaceutic College, Howard University.

University of Illinois, School of Pharmacy.

Purdue University, School of Pharmacy.

College of Pharmacy, State University of Iowa.

School of Pharmacy of the University of Kansas.

Department of Pharmacy, University of Maine to be effective 1919.

College of Pharmacy, University of Michigan.

College of Pharmacy, University of Minnesota.

School of Pharmacy, University of Mississippi.

University of Montana, School of Pharmacy.

College of Pharmacy, University of Nebraska.

School of Pharmacy, University of North Carolina.

School of Pharmacy, University of Porto Rico.

South Dakota, School of Pharmacy.

School of Pharmacy, Vanderbilt University.

University of Tennessee, School of Pharmacy.

University of Washington, College of Pharmacy, special admittance with less requirement if not candidates for degrees.

Washington State College, Department of Pharmacy.

W. Virginia University, Department of Pharmacy.

Total, 21.

The following Colleges of Pharmacy require 4 years of high school or equivalent for entrance to courses leading to Ph.C. and B.S. degrees:

Alabama Polytechnic Institute, Department of Pharmacy.

California College of Pharmacy for Ph.C. and Phar.B. degrees.

Mercer University, School of Pharmacy.

Valparaiso University, School of Pharmacy.

School of Pharmacy, University of Notre Dame.

Department of Pharmacy, University of Maine.

N. D. Agricultural College, School of Pharmacy.

School of Pharmacy, University of Oklahoma.

North Pacific College of Pharmacy.

Department of Pharmacy, Oregon Agricultural College.

Philadelphia College of Pharmacy.

Department of Pharmacy, University of Wisconsin.

Ohio State University College of Pharmacy.

Albany College of Pharmacy.

Buffalo College of Pharmacy.

Fordham University College of Pharmacy.

Brooklyn College of Pharmacy.

Columbia University, College of Pharmacy.

Total, 18.

The following Colleges of Pharmacy have increased their entrance requirements:

Alabama Polytechnic Institute, Department of Pharmacy.

Pharmaceutic College, Howard University.

University of Illinois, School of Pharmacy.

Valparaiso University, School of Pharmacy.
 School of Pharmacy, University of Notre Dame.
 College of Pharmacy, State University of Iowa.
 Department of Pharmacy, University of Maine.
 Department of Pharmacy, University of Maryland.
 Massachusetts College of Pharmacy.
 School of Pharmacy, University of Mississippi.
 University of Montana, School of Pharmacy.
 New Jersey College of Pharmacy.
 Albany College of Pharmacy effective 1918.
 Brooklyn College of Pharmacy effective 1918.
 Buffalo College of Pharmacy effective 1918.
 Columbia University, College of Pharmacy effective 1918.
 Fordham University, College of Pharmacy effective 1918.
 Cleveland School of Pharmacy, Department Western Reserve University.
 Ohio Northern University, College of Pharmacy.
 Cincinnati College of Pharmacy.
 Toledo University, College of Pharmacy.
 Temple University, Department of Pharmacy effective 1918.
 Philadelphia College of Pharmacy effective 1918.
 School of Pharmacy of the Medical College of South Carolina.
 University of Tennessee, School of Pharmacy.
 Baylor University, College of Pharmacy.
 Washington State College, Department of Pharmacy.
 Department of Pharmacy, University of Wisconsin.
 Total, 28.

The following Colleges of Pharmacy have discontinued their two-year courses:
 College of Pharmacy, University of Michigan.
 College of Pharmacy, University of Minnesota.

REPORTS FROM THE STATE BOARDS OF PHARMACY.

The reports from the state boards indicate that pharmacists are awake to the importance of legislation in the advancement of our profession. Many states have materially strengthened their narcotic laws which was to be expected after the passage of the Harrison Law. Four states, Iowa, Illinois, South Carolina, and Oregon, have secured prerequisite laws. Many more tried for them, which indicates that before many years all of our states will have prerequisite laws.

I wish to call your attention in particular to some unusual laws, namely, Registration Law of Oklahoma, Advertising Law of North Carolina, Registration Law and Board Appointment Law of South Carolina, and Registration and Education Law of Illinois.

The reports of the several states are as follows:

CALIFORNIA:

The Poison and Itinerant Vendors Law will be in force for two more years.

COLORADO:

Bill passes permitting state board of pharmacy to join N. A. B. P. and reciprocate with other states, also permitting state board of pharmacy to employ special council.

CONNECTICUT:

Penalty for violation of Itinerant Vendors Law was changed from forfeiture of five dollars per day to direct penalty of not more than \$100.00 or imprisonment for not more than 60 days or both.

A bill making the possession of narcotics by unlicensed persons punishable by fine or imprisonment or both became a law. Possession of narcotics by anyone is *prima facie* evidence of guilt.

ILLINOIS:

On July 1 of this year the Department of Registration and Education succeeded to the powers and duties vested by law in the Board of Pharmacy.

Practically all of the arms of the state government have been consolidated into nine general departments, the object being efficiency, economy and the centralization of authority. The Fiftieth General Assembly amended the pharmacy law in two particulars: namely, providing that an applicant for examination as registered pharmacist, who was not registered as an apprentice, assistant pharmacist or local registered pharmacist prior to July 1 of this year, shall be a graduate from a college or school of pharmacy that is recognized by the Department of Registration and Education as being reputable, etc., and also providing a penalty for any person who forges the name of a licensed physician, licensed dentist or licensed veterinarian to a prescription calling for narcotic drugs.

INDIANA:

Pure Advertising Law eliminates "fake" goods.

Bone Dry Law to take effect April 1918. An appropriation of \$5000.00 to state board to enforce the narcotic act.

Itinerant Vendors and Prerequisite bills introduced but were defeated.

IOWA:

A prerequisite law was enacted. It was published in October issue, Journal A. Ph. A., p. 928. Iowa Board of Pharmacy adopts some new rules.

Rule 12.—Revokes certificates of pharmacists for illegal sale of liquors.

Rule 13.—Defines, in a way, the kind of practical experience that will be accepted by the board. Will not recognize as experienced those who are employed in drug stores chiefly as fountain clerks, or in capacities where their work is not in a measure connected with the compounding of medicines.

Rule 14.—Before any vendor will be licensed by the Board, the company by whom he is employed must furnish a list of all their vendors doing business in Iowa.

Rule 15.—The latest editions of the U. S. P. and N. F. must be in every drug store, either separate books or combined in one of the dispensatories.

KANSAS:

No changes. Bill to increase dues for registration and make all registered pharmacists members of state association was defeated.

Bill putting funds of the state board of pharmacy in the hands of the state auditor was defeated.

Bill requiring everybody selling medicines to be registered pharmacists was defeated.

MASSACHUSETTS:

A stringent narcotic law was passed. Possession of narcotics by persons not legally qualified is *prima facie* evidence of guilt. Unlawful for any veterinary surgeon to prescribe any narcotics for the use of or in such manner that it may be used subcutaneously by a human being. Unlawful for anyone except a duly authorized person to have in his possession a hypodermic syringe or needle or any instrument adapted for the use of narcotic drugs by the subcutaneous injection. The sale of such instruments is completely controlled. Boards of registration in pharmacy, medicine, dentistry, and veterinary medicine are given power to revoke licenses under certain conditions.

Any state wishing to change its narcotic law will do well to consult this law.

MICHIGAN:

The liquor law was passed with all the provisions suggested by the Michigan State Pharmaceutical Association.

Amendment to narcotic law passed, making possession of narcotics evidence of guilt unless lawful possession can be proven.

The prerequisite bill killed on floor of Senate.

Bill amending (practically nullifying) the "25 year service" law was killed in committee.

MINNESOTA:

Some laws up for consideration, but none passed. Prerequisite bill and peddlers bill were killed.

MISSISSIPPI:

No change anticipated unless there is a more stringent law controlling the sale of narcotics. Legislature has not convened since June 1916.

MONTANA:

No changes in pharmacy law. Bill to give registration without examination to graduates of the University of Montana, Department of Pharmacy was defeated. A bill, taking restrictions off poisons used in agriculture, was also defeated.

NEW JERSEY:

A new pharmacy law asked for. A splendid bill was introduced and supported with energy by the legislative committee of the New Jersey Pharmaceutical Association, and was passed by both branches of the legislature, but disapproved by the governor.

Any state seriously considering a new pharmacy law will do well to consult a copy of this bill.

NEW YORK:

Changes in Narcotic Law.

- 1.—Chloral has been dropped from the list of narcotics.
- 2.—If a prescription is issued to a person addicted to the use of narcotics, a statement must be made upon it to the effect that it is issued in a case of addiction.
- 3.—It shall be lawful for a physician to prescribe narcotics in the case of addiction if a personal physical examination discloses that the person is addicted to their use, provided the physician acts in good faith and the drugs are prescribed for the purpose of relieving pain or curing the habit.
- 4.—Order blanks must be made in triplicate and one copy kept, one given to the party from whom drug is ordered, and one filed with State Department of Health or City Health Officer.
- 5.—Every physician, institution, hospital, or sanitarium must keep a separate record of narcotics prescribed for persons addicted to the use of narcotics, and on the first day of each month shall report to Department of Health, the name, age, and residence of each addict for which they have prescribed. These records are private and not open for inspection except by duly authorized persons, and any person who shall disclose any part of such records, except in duly authorized procedure, shall be guilty of a misdemeanor.
- 6.—None but duly authorized persons may have in their possession a hypodermic syringe or hypodermic needle unless they have a certificate from a physician for the same. If they have these instruments at the time of taking effect of this act, they may retain them provided they secure a certificate from a physician, dentist, or veterinarian for the same.
- 7.—Local boards of health may supply narcotics to persons addicted to their use under such regulations as the State Department of Health may prescribe.

NORTH CAROLINA:

A stringent law controlling the sale, offering for sale or advertising certain proprietary or patent medicines makes it unlawful for anyone to sell, offer for sale or advertise in any way any proprietary or patent medicine or remedy purporting to cure cancer, consumption, diabetes, paralysis, Bright's Disease or any other diseases for which no cure has been found, or any mechanical device whose claims for the cure or treatment of diseases are false or fraudulent. Enforcement of the act shall be under the supervision of the N. C. State Board of Pharmacy. Registered pharmacists must report any violations of this act. If they fail to do so, their license will be revoked.

The state pure food law was amended by incorporating the Shirley Amendment.

NORTH DAKOTA:

Passed amendment to the narcotic law making it *prima facie* evidence of violation of the law for others than physicians, or registered pharmacists to have narcotics in their possession.

OHIO:

- A law stating that the State Board of Pharmacy shall enforce the laws relating to the practice of pharmacy. Fines assessed and collected shall be paid into the state treasury.
- A law permitting reciprocal registration under certain conditions.
- A law controlling revocation of license and reissuance of same.

OKLAHOMA:

- An amendment making each registered pharmacist a member of the State Pharmaceutical Association. The fee for re-registration is three dollars, one of which shall be paid to the State Pharmaceutical Association.

OREGON:

- Changes. Beginning January 1, 1919, a candidate for registration must have attended at least one year in a high school. Beginning January 1, 1921, all candidates for registration as pharmacists or assistant pharmacists must have attended at least one year at a college of pharmacy recognized by the A. C. P. F. Beginning January 1, 1922, all candidates for registration as pharmacists or assistant pharmacists must be graduates of a college of pharmacy recognized by the A. C. P. F.
- The board was granted power, in a way, to regulate the sales of preparations that are handled by druggists and which can be used as an alcoholic beverage or for some medicinal purpose.

PENNSYLVANIA:**New Pharmacy Law.**

Section 2.—Excepts teachers or instructors in any institution teaching pharmacy from being eligible to appointment as members of the board.

Section 7.—Requires the latest revision of the U. S. P. and edition of the N. F. to be kept in every pharmacy.

Section 9.—Makes it unlawful to impersonate an applicant in the examinations.

Section 13.—Dispensing and selling of poisons must be under strict supervision and in the presence of a pharmacist or assistant pharmacist.

Section 13.—Medicines only which conform to the standards fixed by the laws of the state may be dispensed by physicians to their bona fide patients.

Section 13.—The sale of commonly used household drugs by unregistered dealers is confined to original packages prepared ready for sale by manufacturing pharmacists, etc.

Section 15.—The use of the titles pharmacist, assistant pharmacist, druggist, apothecary, drug store, or any title having the same meaning is limited to registered persons.

Section 17.—Prescriptions must be in the custody of the pharmacist who compounds them for at least 5 years.

An amendment to the Food and Drugs Law.

1st. If purity or strength differs from that of the legal standards, the purity or strength must be plainly stated in juxtaposition with the official standard of strength, quality, and purity.

2nd. The Shirley Amendment was incorporated.

3rd. The duly authorized agents of the law shall have the right to enter any place where drugs are compounded, dispensed, or sold for the purpose of purchasing samples. They also have the right to purchase samples and if any person prevents these duly authorized agents from entering a place where drugs are compounded, dispensed or sold, or prevents them from purchasing a sample for the purpose of examination they shall be subject to a fine of ten dollars and costs of prosecution.

New Narcotic Law.

The law controls the sale, distribution, or giving away of the ordinary narcotics and gives the usual exemption to narcotics in small quantities except in case of cocaine which is entirely controlled.

An important proviso prevents the sale, distribution, or dispensing of narcotics in any quantities to persons addicted to their use, except in pursuance of a prescription.

No narcotic drug may be sold, dispensed or administered to a person addicted to the use of narcotics unless they are given for the cure or treatment of some malady other than the drug habit. However, if a physician desires to undertake the cure of the opium

habit, he may prescribe or dispense opium or its derivatives to a person addicted to the habit, if they are prescribed in good faith and not merely for the purpose of satisfying a craving for the narcotic. In such cases the physician must make a physical examination of the patient and shall report, in writing to the proper health officer, the name and address of the patient together with his diagnosis and amount and nature of the drug prescribed in the first treatment. When a patient leaves his case, he shall report to the health officer the result of his treatment.

Narcotics cannot be prescribed or dispensed except after a personal physical examination in the case of both man and other animals. Physicians must keep records of narcotics dispensed.

The remainder of the law is much like the National Narcotic Law.

SOUTH CAROLINA:

Law changed so that State Pharmaceutical Association shall elect the members of the Board of Pharmaceutical Examiners and the Governor shall commission said members. The president of the Association shall fill vacancies, and the Governor shall commission them for the remainder of the unexpired term.

After July 1, 1918, applicants for registered pharmacists must be graduates of schools of pharmacy recognized by the said board. A school of pharmacy to be recognized must require at least two years of high school for entrance.

All pharmacists on or before the 1st of November must register with the State Pharmaceutical Association and pay one dollar registration fee to the secretary of the Association; said fees to be used to enforce the pharmaceutical laws of the state.

Reciprocal registration is provided for in the law.

SOUTH DAKOTA:

Legislature passed a "Bone Dry" temperance law, voted by the people last November. Druggists can sell only on prescription under strictest conditions and safeguards.

TEXAS:

Change from biennial to annual dues and the amount is one dollar annually.

UTAH:

Reciprocal fee was reduced from twenty-five dollars to fifteen dollars.

Itinerant vendors bill and bill for registration of all drug stores failed to pass. The secretary states that three druggists were elected to legislature, one Senator and two Representatives, the first druggist in either house for a good many years.

WISCONSIN:

No changes. The annual appropriation of five thousand dollars (\$5000) to continue the work of the Wisconsin Pharmaceutical Experiment Station was granted.

The following states reported no changes: Alabama, Arizona, Arkansas, Delaware, District of Columbia, Florida, Georgia, Idaho, Kentucky, Louisiana, Maine, Maryland, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, Rhode Island, Tennessee, Vermont, Virginia, Washington, West Virginia and Wyoming.

JACOB DINER.—I move that the report be received and published, but I wish to rectify a slight error with reference to the four years' high school requirement for degrees other than that of Ph.G. As far as New York state is concerned, every school therein requires four years' high school previous to entering for the degree of Ph.C. or Bachelor of Science of Pharmacy or Doctor of Pharmacy.

William C. Anderson seconded the motion, and after some further discussion it was further moved that the Association be requested to have reprints made of the legislative report. The motions were carried and a rising vote of thanks was given the Secretary.

The next order of business was the report of the Committee on Patents and Trade Marks. This was read by Chairman F. E. Stewart.

L. E. Sayre moved that the report be received and take the usual course. In seconding the motion Jacob Diner proposed the amendment that the resolution therein be referred to the Committee on Resolutions; this was accepted and after some discussion the motion carried. (The report with discussion thereon will be printed under Committee Reports.)

The following papers were read and referred for publication:

"Pharmacology and the Recognition of Professional Pharmacy by the United States Government," by F. E. Stewart.

"Military Recognition of the Pharmacist," by L. E. Sayre.

"American Pharmacy," by C. T. P. Fennel.

"Fallacies in Popular Psychology of Salesmanship," by Charles O. Lee. (See p. 810, September issue.)

F. E. Stewart presented the following resolution:

"*Resolved*, that the American Pharmaceutical Association appeal to Congress asking that all patents and trade mark registrations pertaining to inventions and products of nations now at war with the United States be abrogated or rescinded by Congressional enactment until such war is ended."

After some discussion the resolution was referred to the Committee on Resolutions, without committing the Section for or against the proposition.

The following reports of committees were read and referred, the first to the Council and the second to the General Session of the Association:

Committee on Drug Reform, by L. E. Sayre, Chairman. (See p. 829, September issue.)

Committee on National Legislation, by John C. Wallace, Chairman. (To be printed.)

Nominations for officers were called for, and the following were nominated:

C. B. Jordan, of Lafayette, Ind., for Chairman;

W. F. Rudd, of Richmond, Va., for Secretary; and

R. A. Kuever, of Iowa City, Ia., F. W. Nitardy, of Denver, Colo., and F. E. Mollett, of Missoula, Mont., for Associates.

The first session of the Section on Education and Legislation was then adjourned.

DR. FRANK CRANE'S COMMANDMENTS OF SALESMANSHIP

3. Don't Argue.—Go with me in your talk, not against me. Lead, don't oppose. Don't show me where I am wrong. Dodge a square issue, and show me wherein you are right. Suggest. Don't antagonize. Argument as a rule results in irritation, not conviction.

4. Make Things Plain.—Don't use any words I don't understand. You can explain the most complicated matter to a washwoman if you know your subject perfectly and practice using simple language. Don't air your technical knowledge, and try to impress me. I want to be flattered, not awed.