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THE MARYLAND PHARMACIST



PRACTICAL • PROGRESSIVE • PROFESSIONAL

VOLUME XXXVI

OCTOBER, 1960

No. 1

PROCEEDINGS
NUMBER

1960

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Published Monthly by the
MARYLAND PHARMACEUTICAL ASSOCIATION

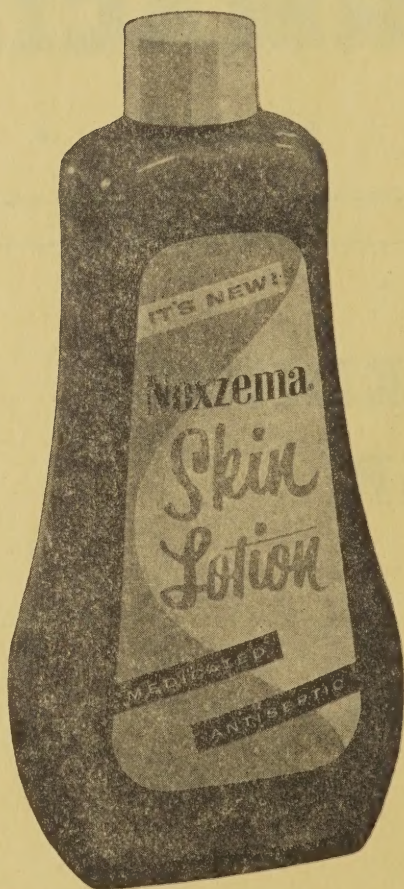
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650 W. Lombard St.

— JOSEPH COHEN, Editor —

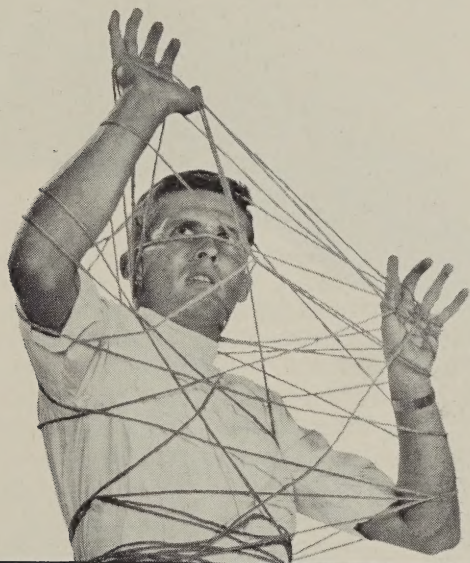
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THE TANGLED YARN OF THE PHARMACIST WHO GOT STRUNG UP

"How can you go wrong?" the first salesman asked. "In quantity, they're only \$1.00 each, and you sell them for \$2.00."

"Now here's a clean deal," the second salesman said. "Usually they are \$3.00, but you can have them for only \$2.50—that is, if you buy two gross."

The third salesman (or was it the thirtieth?) urged, "Buy a hundred dozen at 50 cents each, sell them for \$1.25. Man, that's a profit!"

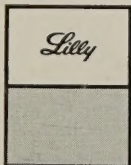
So the pharmacist bought one bargain after another. Then one day his capital was all gone. That was when he found the strings that were attached to each purchase.

Moral

The little string that comes with every "bargain buy" is this: You've got to *sell* before you make a profit.

The Lilly policy of wholesale distribution helps avoid overstocking. By buying through a Lilly service wholesaler what you know you can sell, you keep your inventory moving . . . your working capital working.

If you feel you're getting "strung up" in your inventory, route your orders through one of the 300 Lilly service wholesalers throughout the nation.





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When bodily stresses increase vitamin and mineral requirements, you can recommend MYADEC with complete confidence. MYADEC helps prevent vitamin-mineral deficiencies by providing comprehensive nutritional supplementation—one capsule daily supplies therapeutic doses of nine important vitamins plus significant quantities of eleven minerals and trace elements. Be sure you have an adequate stock of MYADEC for display. Supplied: Bottles of 30, 100, and 250.

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The Maryland Pharmacist

PUBLISHED MONTHLY BY THE
MARYLAND PHARMACEUTICAL ASSOCIATION

JOSEPH COHEN, Editor

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OCTOBER, 1960

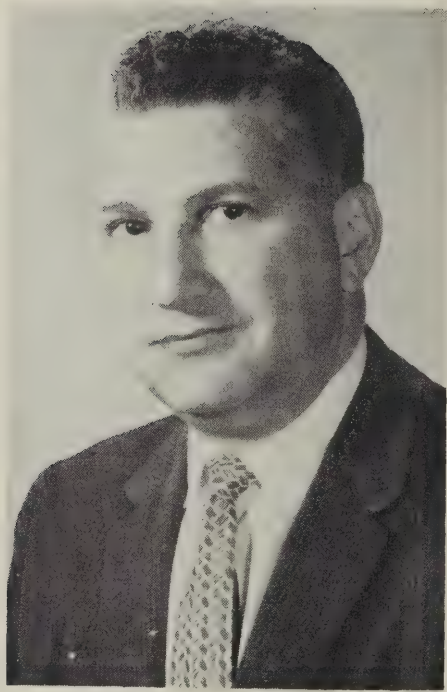
Number 1

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HAROLD M. GOLDFEDER, *President*
MARYLAND PHARMACEUTICAL ASSOCIATION

1960 - 61

FOREWORD

The Proceedings Number of the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association is an annual report of the activities of the Association. It is a compilation of facts and data reflecting the deliberations and labors of the officers and committees of the Maryland Pharmaceutical Association, its auxiliaries and affiliate organizations. It represents thousands of man-hours, devoted by these conscientious workers, on behalf of Pharmacy. It should be remembered time and effort were contributed unselfishly by these dedicated workers without monetary compensation. The period covered is from Convention-time 1959 to Convention-time 1960.

These Proceedings cover the 78th Convention of the Maryland Pharmaceutical Association held at the Shelburne Hotel, Atlantic City, New Jersey, June 27, 28, 29 and 30, 1960. The program of the Ladies' and Travelers' Auxiliaries are also recorded.

This was the second Convention of the Maryland Pharmaceutical Association held in Atlantic City, both at the Shelburne Hotel. It was a successful Convention in every respect—attendance, program, entertainment and accommodations. It shall be particularly remembered as the Convention held in honor of Dr. Robert Lee Swain.

In this Journal, you will find the detailed agenda of the 1960 Convention.

The Secretary's and Treasurer's report will give you a working and financial review of the administration of the Association.

A report of the Maryland Board of Pharmacy is recorded giving data as to the activities of the Board.

The section on resolutions is important and merits the attention of all pharmacists.

You will find in this issue a complete list of every pharmacist and assistant pharmacist registered in the State of Maryland assumed to be alive; a list of active, affiliate and associate dues paid-members of the Association; and a list of the Travelers' Auxiliary as well as the firms they represent. These lists are invaluable as a handy reference.

Because of both information and reference value, sections pertaining to the handling of Veterans Prescriptions and the filling of oral narcotic prescriptions, under the amended Harrison Narcotic Act, have been included again. Please note the schedule of prices for Veterans Prescriptions.

Other sections give information on the organization of the Association and its aims. Your Editor sincerely hopes you will derive some benefit from this Proceedings Issue and that you will keep it in your pharmaceutical library for further reference.

JOSEPH COHEN
Editor

. . . Proceedings . . .

of the
Seventy-Eighth Annual Meeting
Of The
Maryland Pharmaceutical Association

Held At

THE SHELburnE HOTEL

Atlantic City, New Jersey

JUNE 27, 28, 29 and 30, 1960

FIRST SESSION

Monday, June 27

The First Session of the Seventy-eighth Annual Convention was called to order at 2:00 P.M. by President Gordon A. Mouat in Kerry Hall of the Shelburne Hotel, Atlantic City, New Jersey.

President Mouat in opening the Convention extended greetings and welcome to all those present. He explained that much attention had been devoted to planning the Convention. He expressed the hope that more members would attend the meetings stressing promptness so that the meetings would begin on schedule.

Simon Solomon won the Early Bird Prize, a \$25.00 merchandise gift certificate.

President Mouat introduced Mr. Marcus Ford, Vice President of the Shelburne Hotel. Mr. Ford welcomed the Convention to Atlantic City. He promised everything possible would be done to make the Convention comfortable, enjoyable and otherwise successful. Mr. Ford thanked Secretary Joseph Cohen and the Convention Committee for their fine cooperation in making the Convention arrangements. He also stated that the Maryland Association set the pattern for the Shelburne to follow in arranging other meetings and conventions.

Jerome J. Cermak, 2nd Vice President of the Baltimore Metropolitan Pharmaceutical Association responded to Mr. Ford's welcome and extended greetings and best wishes from the Baltimore Association for a successful Convention.

This was followed by greetings by William A. Cooley on behalf of the Allegany-Garrett County Pharmaceutical Association, and by Harold M. Goldfeder on behalf of the Prince Georges - Montgomery County Pharmaceutical Association.

The following introductions were made by President Mouat: Miss B. Olive Cole; Dr. and Mrs. Robert L. Swain; Dr. and Mrs.

Lloyd N. Richardson, Irving I. Cohen, President of the Alumni Association; Herman Taetle, President, Prince Georges-Montgomery County Pharmaceutical Association; Francis S. Balassone; Dr. Noel E. Foss; and Minter Ralston, President-elect of the West Virginia Pharmaceutical Association.

A telegram was read from Dr. John W. Dargavel, Secretary, National Association of Retail Druggists extending greetings and best wishes for a successful Convention, and commending the Association for its cooperation with the N.A.R.D. He urged continued support of Fair Trade legislation and extended an invitation to attend the N.A.R.D. Convention in Denver in October 1960.

A telegram of best wishes was read from Hyman and Emily Davidov sent from Johannesburg, South Africa.

A birth announcement was read from Robert and Marie Sinker announcing the birth of a daughter.

The President then called for Committee Reports.

REPORT OF THE SOCIAL COMMITTEE

Harold M. Goldfeder, Chairman

Although the social committee is essentially charged with selecting a site for the convention and generally setting up the program and activities for conventions, during the past year your social committee also took an active part in arranging the programs and activities of the regional meetings.

For the first time in the history of this association, there were four regional meetings held this past year. The fall regional meeting was held at the Peter Pan Inn in Urbana, Maryland; the winter regional meeting was held at the Indian Spring Country Club in Glenmont, Maryland; the spring regional meeting at the Tidewater Inn in Easton, Maryland; and the pre-convention regional meeting was held at the Chestnut Ridge Country Club in Lutherville, Maryland. I am very happy to report that all the regionals were very well arranged and interesting programs were presented. I would like to thank those individuals of the various areas who assisted this committee in setting up and assuming responsibilities of these regionals.

As you review the program of this convention you will agree, I am certain, that your committee has extended every effort to make this convention a very memorable one, and if you have an enjoyable time during the next four days, it will more than repay this committee for its efforts.

All of you have received a copy of the convention program. Please observe the time schedule as designated for the various functions and meetings. We will make every effort to adhere to this schedule, in order that you may have many hours to relax and really enjoy yourself.

Be sure to attend the business meetings, as not only will you find them very interesting, but we have many wonderful attendance prizes waiting for you.

As chairman, I want to thank the members of my committee, TAMPA, LAMPA, and all the other committees that gave so generously of their time and effort to insure a successful convention.

I would also like to thank President Gordon Mouat for his excellent cooperation, and last but not least, my sincere thanks to secretary Joseph Cohen for his efforts and time in coordinating and following through on all the details that are necessary to arrange a convention, which we hope you will long remember.

Banquet tickets must be stamped by the registration desk of the hotel by Wednesday. Additional Banquet tickets at \$15.00 each may be obtained from either Joseph Cohen or Morris Yaffe.

REPORT OF THE TREASURER

John F. Wannewetsch

Mr. President, Ladies and Gentlemen:

I have discussed the financial status of the Association with the Secretary from time to time, have examined expenditures, and have made a report at each Executive Committee meeting of the Association during the past fiscal period.

It was disclosed that the Association is in possession of 22 shares of Union Trust Company Stock which was acquired in 1938 when the Union Trust Company reorganized. The certificate covering these shares has been lost, accounting for the fact this has not been shown on previous statements. However, dividends have been paid and are accounted for each year. A duplicate stock certificate will be obtained and placed in the safe deposit box of the Association. The value of the Stock is shown in the financial statement which follows.

The Association again engaged the services of Robert W. Black, Certified Public Accountant, to make an audit of the accounts of the Association. The results of the audit, which speaks for itself, is as follows:

June Sixteenth
Nineteen Hundred Sixty

Maryland Pharmaceutical Association
650 West Lombard Street
Baltimore 1, Maryland

Gentlemen.:

We have made an examination of the books and records of the Maryland Pharmaceutical Association for the fiscal year ended May 31, 1960, and submit herewith, the following Exhibits:

EXHIBIT A—Statement of Cash Receipts and Disbursements—
General Fund

EXHIBIT B—Statement of Cash Receipts and Disbursements—
The Maryland Pharmacist

EXHIBIT C—Statement of Cash Receipts and Disbursements—
Veteran's Administration

EXHIBIT D—Statement of Savings Accounts

The above Exhibits cover the fiscal year from June 1, 1959 to
May 31, 1960.

The assets of the Association consist of the following as of
May 31, 1960.

CASH - \$42,803.94

| | |
|--|-------------|
| General Association Account..... | \$20,859.59 |
| Savings Account General Fund— | |
| Union Trust Company..... | 9,476.55 |
| The Maryland Pharmacist..... | 761.04 |
| Veterans Administration..... | 761.60 |
| Savings Account Scholarship Fund— | |
| Savings Bank of Baltimore..... | 933.30 |
| Savings Account Kelly Memorial Building Fund—Savings Bank of Baltimore..... | 10,255.86 |
| | <hr/> |
| | \$42,803.94 |

These balances were confirmed by correspondence with the
depositories.

INVESTMENTS

U. S. TREASURY SERIES J BONDS - \$7,495.50

UNION TRUST COMPANY of MARYLAND STOCK - \$715.00

The Association owns Series J Government Bonds purchased in
1955 at a cost of \$6,840.00. These bonds will have a maturity value
of \$9,500.00 in 1967. As of February 1960, the value of these bonds
were \$7,495.50. We examined these bonds at your safe deposit box
during the course of our examination.

The Association also owns 22 shares of Union Trust of Maryland
stock acquired August 3, 1938. Since the certificate representing
these shares has been misplaced, we were unable to examine same.
Application is being made to obtain a duplicate.

FURNITURE and FIXTURES - \$11,056.38

During the past eight years, the Association has purchased
furniture, fixtures and equipment in the amount of \$11,056.38.

These purchases have been paid for through the General and Kelly Memorial Funds.

SUMMARY of ASSETS

as of MAY 31, 1960

| | |
|---|-------------|
| Cash | \$42,803.94 |
| U. S. Treasury Bonds at Redemption Value..... | 7,571.50 |
| Union Trust Company of Maryland Stock..... | 715.00 |
| Furniture and Fixtures—At Cost..... | 11,056.38 |
| | <hr/> |
| TOTAL ASSETS..... | \$62,146.82 |

In making the audit of the books and records of the Association, we examined cancelled checks, bank statements, payroll records, dues records, and paid invoices to the extent we deemed necessary.

Respectfully submitted,

ROBERT W. BLACK
 CERTIFIED PUBLIC ACCOUNTANT
 By: ROBERT W. BLACK, C.P.A.

June Sixteenth
 Nineteen Hundred Sixty

Maryland Pharmaceutical Association
 650 West Lombard Street
 Baltimore 1, Maryland

We have examined the Statements of Cash Receipts and Disbursements of the Maryland Pharmaceutical Association for the fiscal year ended May 31, 1960 (General Fund, The Maryland Pharmacist, The Veteran's Administration and Savings Accounts). Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the accompanying Statements of Cash Receipts and Disbursements fairly present the financial position of the Maryland Pharmaceutical Association at May 31, 1960 (General Fund) The Maryland Pharmacist, The Veteran's Administration and Savings Accounts) and the result of its operations for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

ROBERT W. BLACK
 CERTIFIED PUBLIC ACCOUNTANT

EXHIBIT A

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1960

GENERAL FUND

| | | |
|--|-----------|-----------|
| Cash Balance—June 1, 1959 | | 20,001.31 |
| Receipts | | |
| Dues (Net) | 15,950.00 | |
| Convention (Net) | 5,211.01 | |
| Baltimore Metropolitan Pharmaceutical Association | 5,000.00 | |
| Transferred from The Maryland Pharmacist | 3,000.00 | |
| Transferred from Veteran's Administration | 1,500.00 | |
| Dividends | 22.00 | |
| | | <hr/> |
| TOTAL RECEIPTS | | 30,683.01 |
| | | <hr/> |
| | | 50,684.32 |
| Disbursements | | |
| Salaries | 19,066.09 | |
| Office Expense (Net) | 2,216.41 | |
| Furniture and Equipment Purchased.... | 377.44 | |
| Pension | 1,417.92 | |
| Light, Power, Water | 422.75 | |
| Taxes (Payroll) | 563.73 | |
| Professional Relations | 165.59 | |
| Printing | 356.68 | |
| Legal | 750.00 | |
| Auditing | 150.00 | |
| Advertising | 25.00 | |
| Insurance | 373.39 | |
| Regional Meetings (Net)..... | 255.56 | |
| Kelly Memorial Building Fund..... | 1,170.00 | |
| Fair Trade Committee | 52.80 | |
| Legal, Pharmacy Laws..... | 2,250.00 | |
| Legislative Committee | 211.37 | |
| | | <hr/> |
| TOTAL DISBURSEMENTS..... | | 29,824.73 |
| | | <hr/> |
| Balance—May 31, 1960..... | | 20,859.59 |

EXHIBIT B

THE MARYLAND PHARMACIST
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1960

| | | |
|---|----------------------------------|------------------|
| Cash Balance—June 1, 1959 | | 1,649.93 |
| Receipts | | |
| Advertising | | 10,369.16 |
| | | 12,019.09 |
| Disbursements | | |
| D. Stuart Webb, Inc.—Printing | 8,002.85 | |
| Robert L. Swain, Jr.—Cartoons | 240.00 | |
| Joseph Ruzicka—Bookbinding | 15.20 | |
| Transferred to Maryland Pharmaceutical Association General Fund | 3,000.00 | |
| | | 11,258.05 |
| | TOTAL DISBURSEMENTS | 11,258.05 |
| | | 761.04 |
| Balance—May 31, 1960 | | 761.04 |

EXHIBIT C

VETERAN'S ADMINISTRATION
STATEMENT of CASH RECEIPTS and DISBURSEMENTS
for the year ended MAY 31, 1960

| | | |
|---|----------------------------------|-----------------|
| Cash Balance—June 1, 1959 | | 1,462.01 |
| Receipts | | |
| Veteran's Administration | | 7,321.74 |
| | | 8,783.75 |
| Disbursements | | |
| Cost of Prescriptions | 6,766.15 | |
| Transferred to Maryland Pharmaceutical Association—General Fund | 1,500.00 | |
| | | 8,266.15 |
| | TOTAL DISBURSEMENTS | 8,266.15 |
| Cash Balance—May 31, 1960 | | 517.60 |

EXHIBIT D

MARYLAND PHARMACEUTICAL ASSOCIATION
STATEMENT of SAVINGS ACCOUNTS

| Scholarship Fund | | |
|----------------------------|--------|----------|
| Balance—June 1, 1959 | | 495.91 |
| Receipts | | |
| Contributions | 771.00 | |
| Interest | 17.30 | 788.30 |
| | | 1,284.21 |

Disbursements
 University of Maryland Scholarship 350.91

Balance—May 31, 1960 933.30

Kelly Memorial Fund

Balance—June 1, 1959 9,269.84

Receipts

Interest 286.02
 Baltimore Metropolitan Pharmaceutical
 Association 1,000.00
 Other Contributions (Dues) 1,700.00

2,456.02

11,725.86

Disbursements

Air Conditioning 1,470.00

Balance—May 31, 1960 10,255.86

General Fund Savings Account

Balance—June 1, 1959 9,221.45

Receipts

Interest 255.10

Balance—May 31, 1960 9,476.55

REPORT OF THE AUDITING COMMITTEE

Mathias Palmer, Chairman

Given by Charles E. Spigelmire

A meeting of the Auditing Committee was held at the Kelly Memorial Building on Thursday, June 23, 1960 to examine the accounts of the Maryland Pharmaceutical Association. Those present were: Treasurer John F. Wannewetsch, Secretary Joseph Cohen, Charles E. Spigelmire, and Solomon Weiner.

The audit prepared by Robert W. Black, Certified Public Accountant, Association Auditor was reviewed and discussed. All accounts were found to be in order as per the audit.

REPORT OF THE FINANCE COMMITTEE

Solomon Weiner, Chairman

The Finance Committee of the Maryland Pharmaceutical Association is charged with determining the financial needs of the Association and preparing an appropriate budget to meet those needs.

The Committee met at the Kelly Memorial Building on January 11, 1960 to examine the 1959 statement of receipts and disbursements and to compare it with the statement of 1958. It was noted that

the disbursements for 1959 exceeded the budget of \$26,500 by \$3,173.60. This discrepancy was due primarily to the additional legal fee for preparing the Pharmacy Laws in the amount of \$2,250.00, and additional salaries of \$1,278.32 due to office staff adjustments.

Since it was determined that these problems would not present themselves again in 1960, the Finance Committee recommended to the Executive Committee that a similar budget of \$26,500.00 be approved.

At the January meeting of the Executive Committee, the budget for 1960 in the amount of \$26,500.00 was accepted.

Since the budget is projected for the future and inasmuch as 1960 has not been completed, we can not give you actual figures regarding receipts and disbursements for 1960 at this time, however, in order that you may have an idea of the normal disbursements of the Association, I am listing the 1959 estimated and 1959 actual disbursements:

| <i>1959 Estimated Disbursements</i> | | <i>1959 Actual Disbursements</i> |
|-------------------------------------|-------------|----------------------------------|
| Office Expense | \$4,000.00 | \$3,519.69 |
| Salaries | 18,000.00 | 19,278.32 |
| Pension | 1,417.92 | 1,417.92 |
| Light, Heat, Water . . | 800.00 | 742.75 |
| Taxes (Payroll) | 350.00 | 497.80 |
| Insurance | 150.00 | 477.23 |
| Legal | 750.00 | 3,000.00 |
| Audit | 150.00 | 150.00 |
| Misc. | 882.08 | 589.89 |
| | \$26,500.00 | \$29,673.60 |

At an Executive Committee meeting, President Mouat directed the Finance Committee to investigate a Pension Plan for the Secretary. To date we have had several meetings. One at the Kelly Memorial Building, one at Dr. Fitzgerald Dunning's office and several conferences by telephone with the members of the Committee. At the last meeting of the Executive Committee held in May, I was further directed to meet with the Executive Committee of the Baltimore Metropolitan Pharmaceutical Association. The results of this conference will be reported at a future meeting of the Executive Committee.

I wish to take this opportunity to thank the members of the Finance Committee for their devoted service and cooperation. They are: Charles E. Spigelmire, John F. Wannewetsch, Dr. H. A. B. Dunning, Gregory W. A. Leyko and Herman B. Drukman.

REPORT OF THE EXECUTIVE SECRETARY**Joseph Cohen**

This Convention at the Shelburne constitutes the second Convention of the Maryland Pharmaceutical Association and its Auxiliaries to be held here. The first, in 1958, was so successful from every viewpoint, the Association selected it again for its 78th meeting.

The Social Committee under Harold Goldfeder, Chairman, and the various subcommittees, have put forth conscientious effort to give you a Convention replete in every detail. I trust your accommodations are satisfactory, that you will benefit from the program that has been arranged for you, and you will have fun and relaxation during your stay in Atlantic City. Certainly this should be a memorable Convention, because we are honoring the greatest Statesman Pharmacy has ever known—Dr. Robert L. Swain.

I wish to report the major activities of the Maryland Pharmaceutical Association for the 1959-60 fiscal period, at this, the 78th Annual Meeting of the Association. I also will include in this report, my eighth as your Secretary, pharmacy problems of great national magnitude which recognizes no state boundary, nor adheres to any accepted period or timetable. I shall attempt to review these for you under the various subheadings in my report.

Meetings

The Maryland Pharmaceutical Association held four Regional Meetings this year.

The Fall Regional Meeting was held at Peter Pan Inn, Urbana. This meeting continues to be a well attended meeting. General Association business was discussed. No planned program was presented other than a speaker from Johnson and Johnson on the importance of actively participating in local and state politics.

The Winter Regional Meeting was held at the Indian Spring Country Club, Silver Spring. The Trade Relations Committee of the Association gave an interesting and instructive report at this meeting. Maryland Congressmen were invited to this meeting. Only Congressman Friedel attended.

The Spring Regional Meeting was held at the Tidewater Inn, Easton. Addresses were made by Mr. Giordano, Deputy Commissioner of Narcotics, Bureau of Narcotics; and Mr. Balassone, Chief, Division of Drug Control, State Department of Health. These talks on narcotic and drug control were excellent. Congressman Thomas F. Johnson spoke after dinner. However, he was so late in arriving, he spoke to almost an empty room.

A fourth meeting, for the first time, was held at the Chestnut Ridge Country Club near Baltimore. This was known as the Baltimore Regional Meeting. A Photography Symposium was held during the afternoon followed by an interesting talk by Philip F. Jehle, Washington representative of the N.A.R.D. Mr. Jehle spoke on the Kefauver Investigation and the National Fair Trade Bill.

These meetings, although well planned and of interest, are poorly attended by the pharmacists of the area in which they are held. They are mostly attended by pharmacists from the Baltimore area. Inasmuch as Regional Meetings are not serving the purpose for which they were created, and are becoming costly to run reflecting a monetary loss to the Association, I strongly recommend that the Association re-evaluate the necessity of holding some or all of the Regional Meetings now being held.

Conventions

The Association was represented by a small group of Maryland druggists at the Annual Convention of the National Association of Retail Druggists held in St. Louis in September. Unfortunately, I was unable to remain for this Convention although I was in St. Louis two days prior to the Convention at a joint Secretaries Conference and delivered a paper on: Legislative Problems Facing Pharmacy. I had to return to Baltimore for the B.M.P.A. Drug Show. Although there was a great spirit of cooperation in evidence at this meeting between the N.A.R.D. and the A.Ph.A.—Dargavel, Fischelis and Apple—appeared on the same platform vowing to help pharmacy—everything ended just there. Nothing more has been accomplished.

The same applies to the A.Ph.A. Convention held in Cincinnati in August. The Convention was devoted to changes of secretaries primarily. The House of Delegates meeting as well as the Convention proper accomplished nothing, of great importance, however many of the more serious problems facing Pharmacy were considered. With regard to attending the National Conventions, I strongly urge you to do so. Make yourself heard and make yourself known. Only through membership and activity may we hope to accomplish better things for Pharmacy.

Conferences

Since we last met, I have attended conferences of great import. I have already referred to the conference held in St. Louis prior to the N.A.R.D. Convention. The conference involved State Secretaries, Metropolitan Secretaries, the N.A.R.D. and the A.Ph.A. It was a spirited meeting. In fact, the most unified meeting I have ever attended at which everyone agreed that we all had to work together for the best interest of Pharmacy. A conference was held in Washington, D.C. between the State Secretaries and the following organizations to discuss Manufacturers Problems: The National Pharmaceutical Council; The American Pharmaceutical Manufacturers Association and The Proprietary Association. This was an all day session that delved into the many problems involving the pharmacist-manufacturer relations. The meeting was held just prior to the beginning of the Kefauver Investigation. Naturally, there was much restraint on the part of the manufacturer because of the climate in Washington.

A meeting was also held in Washington under the auspices of the A.Ph.A. to discuss the topic of "Careers in Pharmacy." Much future activity should come as a result of this meeting in view of the accelerated activity necessary to carry out a successful five year program of Pharmacy education. I also attended a conference in New York recently to consider a National Consumer Drug Store Publication. A magazine to be sold in drug stores only as a public relations, professional and merchandising adjunct to Pharmacy. Since this idea is in its infancy, I do not have any details to report at this time.

Mr. Frank Block and I served as delegates in your behalf at the A.Ph.A. Interim meeting of the House of Delegates held in Washington in March. Many other conferences were held on a local level with local and state officials and agencies on behalf of the pharmacists of Maryland.

Medical Care Programs

There has been stepped-up activity in the field of Medical Care, not only for the indigent, but for the aged. We are ably represented in this field by the following: Lloyd N. Richardson, member of the Maryland Board of Health; Walter E. Albrecht, member of the Medical Council on Medical Care and Gordon A. Mouat, member of the Advisory Committee on Medical Care of the Baltimore City Health Department. I am privileged to be a member of the State Planning Commission Advisory Committee on Medical Care.

The increase allowed last year on Medical Care Prescriptions seems to be working out satisfactorily upon its first anniversary with very little complaint or criticism. We realize, of course, that even with the increase that no one is making money on Medical Care Prescriptions.

The Baltimore City program is pushing hard for the acceptance and use of a formulary. This has caused a slight degree of confusion which must be reconciled in the future.

On the state level, we have reports that pharmacists are not adhering to the "no phoned-in prescription" policy adopted, that was actually requested by Pharmacy itself. This too, must be adjusted to the satisfaction of the physician, the pharmacist and the State Medical Care Agency.

Medical Care for the Aged has become a political issue. It is very difficult to fathom the real purpose for this activity. Is it to please labor? Is it to please the aged group? Is it really necessary? Or is it actually a political method for obtaining votes and re-election to office? Pharmacy is not in the habit of neglecting any under-privileged group. We must be extremely attentive and careful that Medical Care Legislation not be adopted that would adversely affect the practice of Pharmacy. We must demand representation and participation as professional people under the system of free enterprise.

As you know, the American Medical Association has been strongly opposed to the free grab-bag system of Medical Care. It was my privilege to participate in a Regional Meeting of the A.M.A. held in Baltimore the end of March. At this meeting on problems of the Aged, I made a public statement that Pharmacy has always in the past and would continue in the future, to take into consideration, those unfortunate people who had limited funds for medication. I also served on the Committee that planned the State Regional Meeting on Problems of the Aged that was held at the Baltimore City Hospital in Baltimore.

Fair Trade

The problems of Fair Trade in Maryland has continued to be a most irritating factor. Up until recently, price-cutting and utter disregard for the Maryland Fair Trade Act, even after injunctions had been obtained, was confined to the area adjoining the District of Columbia. Now this activity has infiltrated into the Baltimore area. I refrain from discussing this and the National Fair Trade Legislation before Congress because I know that Simon Solomon, Chairman of the Fair Trade Committee will give you a most accurate and complete report later.

Pharmacy Laws

Almost three years ago, we launched an effort to revise the Pharmacy Laws of Maryland. A sincere effort was made to do this by unselfish people, whose only motive was to bring the Pharmacy Laws up to date and at the same time protect the profession of Pharmacy. Unfortunately, all of this work went for naught at the 1959 Session of the Maryland General Assembly. In spite of this setback, the Association has continued its effort to devise an acceptable legislative program to be presented to the 1961 Legislature. No doubt you will hear more about this at this Convention. Please give it serious consideration. Let's compromise our suspicions and differences so that together we may accomplish something that is good for Pharmacy.

With the advent of the mail-order prescription practice, discount prescriptions, and advertised discount on prescription drugs, Pharmacy Laws have become more important than ever. These problems are no longer confined to state boundaries.

Scholarship Program

The Maryland Pharmaceutical Association in the past has cooperated with the Baltimore Metropolitan Pharmaceutical Association, the Alumni Association, and the School of Pharmacy in a pharmacy-student recruitment and scholarship program. Last year, only one freshman scholarship was awarded by the Association. Only one-half of the scholarship was used because the recipient dropped out of school.

A "Careers in Pharmacy" committee for the State of Maryland is in the process of being organized to take the place of the former

committee. This new committee will represent all of the organizations previously mentioned, but will be improved upon to do a more complete and thorough job of promoting Pharmacy and its study.

Office Activity

The Kelly Memorial Building, the official headquarters of the Maryland Pharmaceutical Association continues to be a bee-hive of activity. It must be realized that the office is called upon to perform many duties, each one essential to the individual requesting a service of one kind or another.

It must be remembered that we also edit the Maryland Pharmacist entirely in our office. We also represent the Baltimore Metropolitan Pharmaceutical Association, a most active organization that requires much attention and constant services. I shall not attempt to enumerate in detail the functions and services of the office staff, which has been reorganized since my last report. The staff now consists of Mrs. Piontek and Miss Novotny, who serve in a secretarial capacity, equally sharing the work load of the Associations mentioned. I wish to take this opportunity to thank them both publicly for their efficient interest in Association matters and the performance of their respective duties.

Personal Activities

Besides being your Secretary and Editor, I represent you in many ways. I am a member of the Executive Committee of the Conference of State Pharmaceutical Association Secretaries; First Vice President of the Metropolitan Drug Association Secretaries. I have served these organizations as Chairman of the Committee on Manufacturers Problems; Chairman of the Committee on a Drug Consumer Publication; and member of the "Careers in Pharmacy" Conference. I am also a member of the A.Ph.A. Committee on Legislation and the A.Ph.A. Committee on Membership re-organization. I have only named the major activities in which I represent you.

Conclusion

In closing, I want to remind you that in this fast atomic age, all is not bread and honey. We have indeed been fortunate in an economic sense. I regret to say this has not been true professionally.

World conditions are very unsettled. The philosophy of Communism is spreading and getting mighty close to home. Our own government has demonstrated some very alarming weaknesses. The political pot in this election year is really boiling. There is no question that we are in for some liberal social reforms. We have been pre-warned by Medical Care Legislation, by the Discount Prescription practices described, and by the Kefauver Investigations. Where do we go from here? What is next? Pharmacists must combine in strength to gird itself for any eventuality. Let's begin

here at home. Let's unite and back organized Pharmacy. Let's not support splinter groups that weakens the attack and aids the principle of divide and conquer.

I want to thank President Mouat, and Harold Goldfeder and his Convention Committee for helping to arrange this Convention which involves more time and details than the eye perceives. This includes the help contributed by T.A.M.P.A. and L.A.M.P.A. I want to thank also the many individuals and committees who have worked and continue to work on behalf of the Association.

REPORT OF THE EXECUTIVE COMMITTEE

Frank Block, Chairman

During the fiscal year 1959-1960, the Executive Committee of the Maryland Pharmaceutical Association met eight times. One meeting more than the previous year.

This indicates the Executive Committee's great responsibility as the governing body of the Association.

The work of the Committee entails many hours of preparation by both its members and the Association staff, and its meetings consume many hours of deliberation.

Your Executive Committee has approached the Association affairs and problems with great seriousness. The meetings have been well attended and most of the members have excellent attendance records.

The following is a brief summary of each meeting:

Galen Hall, Wernersville, Pennsylvania July 2, 1959

This meeting was held on the last day of the 1959 Convention and was the first meeting of the newly elected officers and Executive Committee. The first order of business was the re-appointment of Joseph Cohen as Executive Secretary for the fiscal years 1959-1960. Other matters taken up at this meeting were the approval of Mr. Melnicove's fee of \$2,250.00 for legal services regarding the Pharmacy Laws. It was decided to further study the Code of Ethics introduced at the convention. The establishment of a Grievance Committee was discussed. It was decided to continue the Pharmacy Laws Committee and that the Social Committee be given full authority to choose sites for the 1960 and 1961 conventions.

Kelly Memorial Building, July 30, 1959

Letters were read from the speakers that appeared on the Convention Program expressing their pleasure in participating in the convention. A Treasurers Report was given and approved. Secretary Cohen reported on office staff changes. The Secretary also read replies from the Maryland Delegation in Congress on the Forand Bill and the Keough-Simpson Bill. Air-conditioning for the office area of the Kelly Building was discussed and approved.

A Convention Committee Report was given. It was decided to defer Pharmacy Laws Legislation until the 1961 session of the General Assembly. Several Convention sites were reviewed and discussed. The Secretary reported that all resolutions requiring mailing had been mailed. Some replies were read. The Federal Wage and Hour Law was considered. Other matters discussed were: Proposed Regional Meeting for the Baltimore area, the giving of plaques and awards, Standing Committees were appointed, and a Program Committee for Regional Meetings and the Convention was named.

Urbana, Maryland October 22, 1959

This meeting was held in conjunction with the Fall Regional Meeting of the Association. The Treasurers Report was read and approved. Mr. Morgenroth gave a detailed statistical report on the Pharmacy Laws Referendum. The Shelburne Hotel was selected as the 1960 Convention site. Membership and Fair Trade Committee Reports were rendered. A report was given on the American Pharmaceutical Association and The National Association of Retail Druggists Conventions by Frank Block and Secretary Cohen. President Mouat and Secretary Cohen gave a report on the abuse of the sale of dihydrocodeinone exempt preparations. Discounts on school and other supplies by the public schools were discussed. \$75.00 was appropriated to conduct a magazine survey, a similar amount to be given by the Baltimore Metropolitan Pharmaceutical Association.

Kelly Memorial Building, November 19, 1959

This was a special meeting called for the purpose of joining the Legislative Committee to hear a report and to participate in a discussion on proposed changes in the Pharmacy Laws. It was decided to use the Pharmacy Laws Referendum as a basis for further study. It was also decided to take up specific problems with the Board of Pharmacy and the Maryland State Department of Health such as the giving of Trading Stamps on prescriptions, mail-order discount prescriptions, and the sale of over-the-counter preparations. The duties of the Board of Pharmacy and the State Department of Health were generally discussed.

Kelly Memorial Building, January 12, 1960

A letter was read from the Medical and Chirurgical Faculty of Maryland concerning the formation of an Interprofessional Relations Council with the Maryland Pharmaceutical Association. Secretary Cohen reported on the American Pharmaceutical Association Conference in Washington regarding mail-order discount prescriptions. The Drug Trade Conference resolution on over-the-counter pharmaceuticals was also discussed. The State Secretaries Conference on Manufacturers Relations Problems was reported by the Secretary. Mr. Solomon spoke on the impact of the Kefauver Investigation on Fair Trade. The Silver Spring fair trade situation was taken up in detail. The Attorney General's Ruling on the filling of prescriptions by others than physicians was fully discussed. A

1960 budget of \$26,500.00 was approved. A pension fund for the Secretary and the employees of the Maryland Pharmaceutical Association was proposed. This was referred to the Finance Committee for further study. An explanation was made for the slow payment of medical care prescriptions.

Kelly Memorial Building, March 22, 1960

Optional extended benefits were explained by the American Health Insurance Corporation to supplement the Health and Accident Plan carried by the Association. The announcement of Read Drug & Chemical Company as the first prize winner in the National Pharmacy Week Window Display Contest for 1959 was disclosed. The ruling of the Department of Health removing dihydrocodeinone preparations from the exempt narcotic classification as of April 1st was read. Secretary Cohen was invited by the American Medical Association to participate as a speaker at the Regional Conference on Aging to be held at the Southern Hotel, March 30th and 31st. A Treasurer's and Membership Report was given and explained. Secretary Cohen reported on the Pharmacy Careers Advisory Commission Meeting held in Washington under the auspices of the American Pharmaceutical Association. A progress report was given by the Legislative and Social Committee. National Fair Trade Legislation was discussed. A report was given on the conference with the Medical and Chirurgical Faculty. Mr. Block and Secretary Cohen were authorized to attend the Interim Meeting of the American Pharmaceutical Association House of Delegates.

Tidewater Inn, Easton, Maryland April 21, 1960

Mr. Block and Secretary Cohen gave a report on the American Pharmaceutical Association Interim Meeting of the House of Delegates, March 26th and 27th. The proposed District of Columbia Pharmacy Laws were discussed and Maryland support requested. A resolution was adopted requesting the American Pharmaceutical Association to expand its Section on Practical Pharmacy to include more of the actual problems of retail pharmacy. Reports were given by the Legislative, Convention, Building, Finance, Professional Relations, and Membership Committees. A Treasurer's Report was also given. The American Health optional plans were further discussed. Mr. Balassone gave a report on the U.S.P. Convention held in Washington the latter part of March. Retailer's Displays at Medical Conventions was taken up in detail.

Chestnut Ridge Country Club, Lutherville, Maryland May 19, 1960

This was the final Executive Committee Meeting for the current year. The Legislative Committee reported on a communication from the Maryland Legislative Council regarding Pharmacy Laws Legislation that had been referred to it by the 1958 Legislature. Mr. Morgenroth also reported on a conference with Mr. Balassone and Mr. Brown of the State Department of Health. The Court of Appeals decision reversing the Montgomery County Court in the

retailer vs retailer suit was discussed. Other pertinent fair trade matters were taken up including the status of the National Fair Trade Bill. A report on the pension plan was made by Mr. Solomon Weiner, Chairman of the Finance Committee. A detailed report was given on the Atlantic City Convention. Legislation and organizations pertaining to the Health Care of the Aged was again brought to the attention of the Executive Committee. Other matters on the agenda included Epilepsy Mail-Order Prescriptions, Joint Careers in Pharmacy Committee, consideration of Sunday Blue Laws by the Maryland Legislative Council, and Board of Pharmacy Nominations.

This report which I am rendering is only an outline of the time consuming meetings of the Executive Committee. The meetings averaged about five hours in duration and would take more time to report than is allotted at our annual meeting. The complete record in the minutes book is available to interested members at the Association office.

It has been a privilege to have served you as Chairman of the Executive Committee. I wish to express my appreciation to all the officers and members of the Executive Committee as well as to the Association staff for giving generously of their time and efforts toward the efficient operation of our very active pharmaceutical organization, the Maryland Pharmaceutical Association.

REPORT OF THE BUILDING COMMITTEE

Herman B. Drukman, Chairman

The Building Committee has not met officially during the past year, however, individually the members of the Committee have visited the Kelly Memorial Building on several occasions. Knowing their responsibility, the Committeemen have examined the grounds and building from time to time.

The only major improvement made was the installation of a three-ton York Air-Condition Unit servicing the office area. This was installed by the Maryland Refrigeration Company at a total cost of \$1,470.00. The funds for this improvement was provided by the Kelly Memorial Fund.

No other major improvement other than regular maintenance was made. Funds for the repair, maintenance and improvement of the Kelly Memorial Building are provided by the Kelly Memorial Fund. The Fund is maintained by contributions from the Baltimore Metropolitan Pharmaceutical Association which was \$1,000.00 this year, and \$1,170.00 representing \$2.00 per active and affiliate member, was transferred from the Maryland Pharmaceutical Association. The Treasurer's report includes the financial report of the Kelly Memorial Fund.

The Building Committee is pleased that the Kelly Memorial Building is serving the pharmaceutical associations and the profession of pharmacy in an excellent manner. It continues as an

outstanding, dignified and impressive headquarters of Pharmacy in Maryland.

I would like to thank the members of the Building Committee: John F. Wannewetsch; Frank J. Macek; Frank L. Black; H. A. B. Dunning; Gregory W. A. Leyko for taking time from their affairs to inspect the building from time to time.

REPORT OF THE TRADE RELATIONS COMMITTEE

Aaron M. Libowitz, Chairman

The Trade Relations Committee has tried to bring you, at each regional meeting, a complete program of new ideas for retail selling. The latest promotions were presented with suggestions on increasing your sales by displaying items that are advertised nationally. By making full use of counter and floor stand material furnished by the manufacturer. Most manufacturers as they introduce new items have these displays "tied in" with national advertising for easy identification by the consumer. Consequently, more sales. The wholesaler has a tremendous amount of information along these lines and would be delighted to assist the dealer in merchandising his store properly.

The wholesaler and the independent pharmacy store owner are partners in the gigantic enterprise of distribution and retail selling. The wholesaler needs you, and you need the wholesaler. Both of you need the manufacturer.

Q-Tip Plan

The Q-tip Plan enabled you to give a special service that educated your customers to the importance of aseptic, hygiene medication. The entire prescription department service program was yours at no extra cost.

The sanitary napkin business will be \$180,000,000 this year. At present the retail druggist is not capturing his share of this profitable business. Kimberly Clark Corporation, at a regional meeting offered you Fashion Fling Sweepstakes free promotional material to aid your selling job. I received a letter from Bob Sharp, of Kimberly Clark Corporation thanking us very much for all your cooperation in making Fashion Fling Sweepstakes a success.

Vitamins

Last year \$340,350,000 was spent for vitamins. The average drug store in the United States sold \$4,663 of vitamins for the year or \$13 a day—seven days a week—throughout the year. Yet last year the vitamin business in drug stores went down due to (1) Bargain Counter Vitamins. (2) Vitamins sold by radio advertisement by unknown manufacturers. (3) Mail-order vitamins. (4) Door to Door Peddlers who take away business from the pharmacy.

Many manufacturers are fighting back to make the drug store vitamin headquarters. E. R. Squibb and Sons has made available

leaflets, pamphlets, invoice stuffers, windows, interior display, clerk training material and backed this up with magazine and T.V. advertising of an institutional nature. This program can help to stem the tide of non-drug vitamin competition. Through the courtesy of E. R. Squibb and Sons, a set of signs that can be used in your vitamin department or in a window display was given to every one present at our Easton Regional Meeting. They were smart and timely. Remember, where displays of vitamins are good, sales are good.

Eli Lilly & Company has published a booklet in color that is now being placed in every doctor's waiting room called "Should you take Vitamins."

It tells the public what vitamins are. To the question—Do I need vitamins? It says: "Let your doctor be the judge. Then do as you would with his other drug prescriptions. Follow his recommendations faithfully. You'll save money in the long run and be healthier for it."

Finally it points out that vitamins are medicine, and medicine should be prescribed by a physician.

Return Goods

Return Goods have become a growing problem for the Retail Pharmacist. With sales up 53% since 1950, the volume of returns has jumped 91%. Last year for every \$100.00 in sales \$3.07 came back to the wholesaler as returned goods. Returns are also a mounting problem for the manufacturer. They represent an economic waste and add to the cost of distribution. There are many causes for this situation. Some new products fail to meet market expectations or become obsolete by newer, improved products.

Nor is the retailer entirely blameless. Improper buying, inadequate stock control are major causes of returns at the retail level. Your wholesaler can not always accept all merchandise for credit.

For your benefit we obtained from Warner-Chilcott Laboratories as a public service through the courtesy of the American Druggist, a reprint of the Returned Goods Policy of 134 Drug Industry Companies.

This folder in your cosmetic department alone can save you money. It was made available to you free.

Operation Bootstrap

Operation Bootstrap was planned as the result of two startling statements—First, the average supermarket rings up \$3.54 in sales for every customer entering the store, while the average drug store collects only \$.65. The average supermarket has fewer customers than the average drug store.

A story of how 45 average retail druggists during April and May 1959 proved that sales and profits could be pulled up by their boot straps.

1. By taking maximum advantage of existing store traffic.
2. By getting customers to buy more items and spend more money.

All this was accomplished by using special displays strategically located near the store entrance, so that every person coming in could see them and be reminded to buy.

45 retail druggists in stores located throughout the country in 5 different areas, volunteered to serve as "guinea pigs." A cross section of average drug stores was used with annual sales volume ranging from \$50,000 to \$200,000. 30 of these 45 stores became test stores in which 125 selected products were grouped and displayed. The remaining 15 stores were control stores which operated as usual during the period of the story. The special display of these 125 products did not replace the "test" stores usual display of the same products, but rather was used as a supplement.

It has been determined that 125 different products, by size and brands, represent the real core of items purchased-used and re-bought by both men and women customers of the average drug store. These items are the products of 33 manufacturers who spent millions of advertising dollars pre-selling their products to customers before they even enter the drug store.

The 125 fast turnover items displayed in "Operation Bootstrap" were:

| | |
|--------------------------|----------|
| Antacids | 6 items |
| Baby Products | 9 items |
| Dental Products | 10 items |
| Deodorants | 5 items |
| First aid Products | 9 items |
| Permanent Wave Kits | 5 items |
| Shampoos | 9 items |
| Other Hair Preparations | 11 items |
| Vitamins | 1 item |
| Hand & Face Preparations | 4 items |
| Headache Remedies | 5 items |
| Laxatives | 4 items |
| Mouth Washes | 2 items |
| Shave Preparations | 5 items |

Results—Sales of 125 items during April and May 1959:

| | |
|----------------|-----------------|
| Control stores | decreased 1.1% |
| Display stores | increased 10.5% |

There was no expenditure of money for special display fixtures. The only expenditure was the time required to re-arrange the products used during the test.

The druggists have been lax or complacent in merchandising for a number of years and with this program we can take greater

advantage of existing traffic in our stores. Increased sales means more profit.

It has been proven time and again that if you have the right merchandise, well displayed and promoted, it will sell. Discount prices without the necessary large increase in volume and store traffic means loss of profit and eventual bankruptcy.

Operation Bootstrap was presented at the last N.A.R.D. Convention and was shown in Baltimore by the combined wholesalers. Everyone in the state was invited to attend.

Rebate Insurance

Several wholesalers have instituted a simplified method for handling rebate invoices.

The new method assures you of receiving all the rebate and bonus goods to which you are entitled in any given deal.

Under the old system the retailer was required to return his invoice to the manufacturer before he was able to receive his rebate or bonus goods. It was discovered that 40% of such invoices failed to be returned.

Analysis of invoices to be mailed to manufacturers show that 22 companies request that the invoice be returned to the manufacturer for bonus.

The new system eliminates this problem, the wholesaler sends the original invoice directly to the manufacturer. The retailer will receive a duplicate invoice and a notice advising him that the original has been sent to the company offering the deal.

Wholesalers

Whether a store is large or small, the retail drug business is a complex one. Your wholesaler can be of tremendous help, with services which help the retailer sell more merchandise.

The wholesaler's salesman has a mint of information and is delighted in assisting the retailer in merchandising his store properly. Ask him to set up an advertising calendar in your store. Tie it in with national advertising. A promotion program should be set up.

Recognizing these problems, the wholesaler is constantly striving to "take some of the load off the druggist's back" by converting his buying time into selling time, assistance in merchandising, display, store layout, promotion, clerk training, are some of the many services he offers the retail pharmacist.

Calvert Drug Company publishes a weekly bulletin that is very complete. Loewy Drug Company Incorporated publishes a weekly Drug Digest, and Henry B. Gilpin publishes a weekly Gilpin Tips. Many of you receive at least one of these publications. Read them carefully. They contain valuable information. Training more efficient employees is very necessary. Many of you have a right hand man, or a right hand lady who takes a lot of responsibility away from you by helping to run other departments of your store. Many times

this person is not fully up to date with changes and products, pricing and demand. Your wholesalers are to be thanked for initiating a school for retail clerks. Henry B. Gilpin Sales Clinic gave expert advice on cosmetics and photography. Shulton held a training school for color cosmetics for the hair. Gilt Edge Photo Service presented representatives, at a regional meeting from Technicolor, Poloroid, Eastman, and General Electric to tell how to make the most of the great interest in photography. They furnish a magazine every two months called **Photo Merchandising** and Calvert Drug Company had a Clairol Hair Dye schooling for their members and clerks.

Magazine Survey Questionnaire

This survey was a project of the Trade Relations Committee of the Maryland Pharmaceutical Association and had the full support of the Baltimore Metropolitan Pharmaceutical Association.

The purpose of the survey was to determine the extent of complaints regarding the distribution of magazines, and to use the information to improve methods of distribution.

The questionnaire was mailed to every pharmacy in Maryland. Close to 400 replies were received. The questionnaire had 15 questions which could be answered by a check mark, but space was left for comments. There were 429 comments made by pharmacists. Much interesting and informative material was obtained. Questions asked were:

1. Do you sell magazines?
2. How often do you receive service?
3. Do you pay a service charge?
4. Do you order the magazines you want?
5. Do you get the number of magazines you request?
6. Are you satisfied to receive types and quantity of magazines at the distributors discretion?
7. Have you received consumer complaints on any types of magazines or books displayed?
8. Do you sell so called "pocket books?"
9. Who checks magazine deliveries and prepares returns in your store?
10. Have you adopted a magazine return form?
11. Do you receive credit for returns promptly?
12. Are you satisfied with distributor's method of checking magazines?
13. Have complaints to the distributor been adjusted to your satisfaction?
14. Do you take subscriptions for magazines?
15. How often do you see a publisher's representative?

We found that 18 magazine distributors service Maryland and that pharmacists pay a service charge of 25c to \$1.25.

Correlating these questionnaires, we found one magazine distributor sold magazines to over 50% of those who complained. The

complaints were directed against this company. Credits for returns, and objectional magazines were the most common complaints.

We called a meeting with the owner of the magazine distributor and met in his office. Joseph Cohen, Jerry Stiffman and myself attended a 2½ hour meeting. Also present was a magazine publisher's representative.

We found the distributor cooperative, and anxious to correct any justified complaint. Many facets of the publishing and distributing of magazines were discussed. We have the solution for many of your complaints. The distributor will furnish you, on request, a pad of return slips. When you make up your returns, fill in the form and return with your bundle. When credit is issued, the original and the company copy will be returned to you for comparison. By using this system, errors will be greatly reduced.

A tremendous amount of complaints in our questionnaire stated that the distributor sent magazines the stores did not want. The distributor claims only three complaints were received by his office in the past six months and these were satisfied. Many of you, it seems, complain to the route man and get nowhere. This is wrong. If there are any magazines that you do not want, write a letter or post card to the office of the distributor and it will be taken care of promptly. A record is kept in the office as to what magazines a store wants, or does not want. Eliminate extra work of returning magazines you do not want to handle. A few minutes time to write a letter will save you much aggravation.

Many complained that they did not receive enough "better type" magazines. The distributor showed us his records. If you sell out of an issue, the next month you will receive additional copies, if your returns are more than 20%, you will receive less magazines the next month. The distributor has agreed to try for the next six months an experiment in increasing sales of better magazines for pharmacies near food and drug chains. The pharmacies picked for this experiment should cooperate and give all "class" magazines prominent display.

Remember, you can get the magazines you want. You do not have to take any trash or sexy magazines, you do not want.

Many thanks to the Trade Relations Committee consisting of Lyndon B. Myers, Mt. Airy; Milton Sarubin, Ellicott City; Donald Fedder; W. A. Braden, Silver Spring; Louis Davidov; Edward H. Fisher, Ocean City; Peyton N. Horne, Easton; Elwin H. Alpern, Odenton; Irving I. Cohen; Alfred L. Aaronson; Jerome A. Stiffman; Hershel Cohen; F. Harold Lewis; William Sullivan, Cumberland; Charles E. Spigelmire. Added to the committee were William Harrison of H. B. Gilpin; David I. Estrin of Loewy Drug Company; John A. Crozier of Calvert Drug Company; Joe Muth of Muth Brothers; and James Davis of F. A. Davis and Sons.

Sincere appreciation to Roy Peterson of H. B. Gilpin for his cooperation and to Geraldine Novotny in the office of the Mary-

land Pharmaceutical Association for her work correlating the magazine survey questionnaire, also to our Secretary Joseph Cohen for his patience and help. Many thanks.

REPORT OF THE COMMITTEE ON THE SCHOOL OF PHARMACY UNIVERSITY OF MARYLAND

Frederic T. Berman, Chairman

Given by Stephan J. Provenza, Co-Chairman

The School of Pharmacy Committee of the Maryland Pharmaceutical Association held two meetings during the year that were very well attended with the net result of a definite scheduling of a refresher course to be given for graduate pharmacists this fall.

Since the School of Pharmacy Committee and the report of Dean Foss covers essentially the same subjects, we refer you to the report of Dean Foss for more complete details on the refresher course and the School of Pharmacy.

My thanks to my committee members for their excellent cooperation and attendance and for the full assistance and intelligent discussions at our meetings.

REPORT OF THE PROFESSIONAL RELATIONS COMMITTEE

Stephen J. Provenza, Chairman

The purpose of this committee is to encourage closer and better relations between pharmacy, dentistry, medicine and other members of the health team and also to promote better intra-professional relations.

Our first effort was cooperating with Dr. A. A. Silver, Chairman of the Medical and Chirurgical Faculty's Diabetic Committee in promoting the activities of this health project. In Baltimore there was no detection center and all publicity directed the public to have a test made by their family physician. In Easton, Maryland, a detection center was established and Pharmacist A. S. David cooperated in making this event successful. The following communication from Dr. A. A. Silver speaks for itself:

"On behalf of the Medical and Chirurgical Faculty, I would like to thank you for your assistance in the Diabetes Week Campaign, November 15-21. Especially would I like to thank you for attending the press conference on November 12 and for the assistance that the Maryland Pharmaceutical Association was able to render overall to the campaign.

"If the Medical and Chirurgical Faculty is ever able to assist your Association, please feel free to call on us.

Sincerely,

ABRAHAM A. SILVER, M.D.
Chairman, Committee on Diabetes"

The Maryland Diabetic Association has been established this year with Dr. Silver as its president. In the future we will have more aggressive publicity in this health program since its president realizes the importance of the retail pharmacy with its intimate contact with the public.

We were able to have a dinner meeting with the Medical and Chirurgical Faculty of Maryland. Various mutual problems were discussed and plans were made to have more frequent conclaves in the future. In May of this year we were given space at their annual meeting. An attractive booth in a high traffic location was installed and pharmacists were able to greet and talk to the 1,000 physicians who registered. Three Royal Doulton plates entitled "The Doctor" were won by the following physicians:

Dr. Conrad L. Acton of Baltimore

Dr. Page C. Jett, Prince Frederick, Md.

Dr. Lyle Gordy, 5106 Harford Rd., Baltimore.

The theme of our booth was "Your Pharmacist—Source of Drug Information." We all know that with the rapid advance of therapeutic agents the physician relies not on the U.S.P. and N.F. but on the Physicians Desk Reference (P.D.R.) and the manufacturers' representative. We displayed the various reference books contained in the pharmacists' library including the new S. K. & F. catalog. This latter volume contains all of this manufacturer's products with their therapeutic application, contra-indications, over-dosage, antidotes and means of identification. No doubt in the future this type of publication will become a standard for other manufacturers to emulate. We in pharmacy who are interested in providing a pharmaceutical service to the health professions can take advantage of the drug information that we now have available. I refer to the brochures that are now being enclosed with tablets, ampules, biologicals, etc. All we have to do is to read the information from these pamphlets to the practitioner when they call. It is also possible to send these enclosures to the physicians when they want specific information on the new pharmaceuticals. It is due to the efforts of the American College of Apothecaries that drug manufacturers were influenced to resume this practice. Most pharmacists have a list of the drug manufacturers' representatives who call on physicians and dentists. Frequently we as pharmacists can convey this information to the practitioner. In this particular instance all parties involved are benefited. As you can observe we as pharmacists have information that in many cases the physician does not have—therefore, I say again, let's take advantage of this situation and let the medical profession know that we can render this drug information service.

In the current issue of the Maryland State Medical Journal that reaches 3,000 Maryland practitioners there are two articles of interest that pertain to the pharmacist:

"Handwriting Problems? We all have them—So Does the Pharmacist"

"Mail-Order Prescription Schemes"

This latter article concludes — "If mail-order prescription hazards are to be fully recognized, the medical profession must join with other members of the health team by reacting quickly and in a positive manner. Otherwise the public will be misled into believing that an impersonal centralized mail-order method is an acceptable substitute for sound community medical-pharmaceutical service."

The Maryland State Medical Journal welcomes articles pertaining to regulations concerning drugs and pharmaceutical-medical problems. Dr. George H. Yeager is editor of this publication. Mr. John Sargeant is the executive secretary of the medical society and has always acted in a cooperative manner when we have a problem to discuss with him.

The American Medical Association's chemical laboratory staff is in the process of compiling information on the identification of American drug products, particularly tablets and capsules made by the various manufacturers. The ultimate aim is to make it an easy task to identify the product, by mere inspection. When this volume is completed, ample publications will be given to the medical and pharmaceutical professions.

We in retail pharmacy know the difficulty we are experiencing in getting suitable window displays for our pharmacies. What are mostly available are those promoting objectionable nostrums and liquor. This type window is poor public relations for pharmacies. We should attempt to keep our windows professional. There is a pharmacist in New Jersey that makes eight or nine professional displays available each year. The cost is nominal and all you have to do is to provide for the installation. His address is as follows:

Professional Advancement Plan
1134 Main St.
Paterson, New Jersey

On the national level, the National Association of Retail Drug-gists and the American Pharmaceutical Association have created a committee to meet with the American Medical Association to discuss periodically what course to take in reference to the hundreds of bills that effect the health of the United States. With millions of veterans eligible for medical care and certain congressmen trying to expand the scope of the Social Security law to cover geriatric sicknesses, the private practice of medicine is in constant jeopardy.

Dental Relations

It is important to remember that 20% of the 16.4 billion dollars spent on health in the United States is for dental care. This means more money for the pharmacist for dentifrices, brushes, denture adhesive and dental medications. Since the advent of antibiotics, tranquilizers, sulfa drugs, vitamins, new agents to combat edema and trismus, new local anesthetics and sedatives, there is a definite reason for dentists to write prescriptions. Our American population is going to the dentist more frequently than heretofore. Therefore,

we as pharmacists, must let the dental profession know that the proper place to buy dental needs is in the retail pharmacy.

We were invited to address the graduates of the University of Maryland Dental School on prescription writing, dentifrices and dental-pharmaceutical relations. An automatic projector, using slides made by pharmacist Robert E. Theiss, showed "How to Write a Prescription" and showed various prescriptions on relief of pain, sedation, treatment and prevention of infection, drugs used for local effect, antihistamine therapy and vitamin therapy. In all of our contacts with the dental profession, our committee tells the dentist to consult his pharmacist for information on the new drugs as they appear on the market. We have often heard that the dentist does not know how to write a prescription. In many instances that is true—therefore, it is our duty as pharmacists to show them how to do it.

Copies of the Maryland State Dental Journal were given to each member of this graduating class. I wish to thank Dr. Edward C. Dobbs, Professor of Pharmacology, School of Dentistry, University of Maryland, for his many courtesies extended to our committee. Also thanks to the Colgate-Palmolive Company for providing generous amounts of their dentifrice and to the Oral B Company of San Jose, California for the gross of toothbrushes that were passed out to the dental students.

During the last year the Kefauver investigation brought out much distorted information regarding drug prices on the manufacturers' level. Pharmaceutical preparations have become a tremendous factor in our national health set-up. Of the 16.4 billion dollars spent in the United States on medical care, more than 25% was paid for drugs and appliances. Twenty firms account for 80% of drug sales. Senate probes have brought out that many people on pensions (\$127 is the maximum for social security) spend \$40 to \$50 a month on drugs. The Senate committee has only investigated on the manufacturers level and maybe later on go into the retail level where there is no uniformity of prices.

According to the Wall Street Journal, "most people's dealing with ethical drugs, of course, consists merely of handing an unintelligible prescription to the pharmacist who after mysterious rites behind a high counter, hands back a small bottle bearing only the directions for use and the pharmacist's name. For the most part, the patient has little notion of what the drug is, where it came from, or whether the price is fair."

What the result from this investigation will have on the public's thinking can have an effect on the private practice of medicine and pharmacy. We, in the public health professions must be on the alert and fight back with facts and figures.

The work of this committee is very time consuming and extensive. Without the cooperation of Aaron M. Libowitz, this program could not have been accomplished. Also I would like to thank one of the younger members, Robert E. Theiss, for his cooperation at the dental school; Charles E. Spigelmire, Chairman of the Public

Relations Committee, David Lebson, Victor H. Morgenroth, H. Nelson Warfield, John F. Neutze, Joseph Cohen, our executive secretary, Milton A. Friedman and Samuel J. Sheller.

I thank you for your kind attention and if there are any questions I shall be glad to answer them.

REPORT OF THE LEGISLATIVE COMMITTEE

Albin A. Hayman, Chairman

Given by Victor H. Morgenroth, Jr., Co-Chairman

As a Co-chairman of the Legislative Committee and because of the enforced absence of chairman Albin A. Hayman, I have been asked to make a report to this convention of the activities of the Legislative Committee for the year 1959-60.

As you well know, our Legislative program for the 1959 Legislature did well as we had hoped it would. And as you also know, the 1960 legislature was a strict budgetary and fiscal one for the state. So it was decided not to foster or introduce any legislative matters for the association. With this in mind the Legislative Committee met early after the 1959 convention to map a program for 1961.

After several preliminary meetings, a full scheduled, formal meeting of the committee was held at the Kelly Building on November 19, 1959. At this time the chairman of the Pharmacy Laws Committee announced the results of the referendum on the Pharmacy Laws proposed changes. The association was in effect committed to the results of the referendum as its legislative program.

At this meeting, Mr. Robert M. Brown, Chief of the Bureau of Environmental Hygiene, Maryland Department of Health, our attorney, Mr. Joseph Kaufman, and the chief of Drug Control, Maryland Department of Health were present. Mr. Brown was asked and did comment comprehensively on S.B. No. 373 and expressed the willingness to cooperate with all parties concerned in developing a package of law reforms acceptable to all concerned. Mr. Hayman, the chairman, asked Mr. Brown if he would meet with a subcommittee to review and improve, if possible, S.B. No. 373 including all problems desired by the Health Department. Acquiescing to this, Mr. Hayman, then appointed a subcommittee with Victor H. Morgenroth, Jr. as chairman and consisting of Messrs. Golditch, Block, Leyko, Libowitz and Zentz to meet with Mr. Brown. On November 20, 1959 Mr. Hayman wrote Mr. Brown introducing the committee to him.

On December 4, 1959, Mr. Brown wrote Mr. Hayman setting December 17, 1959 as the first meeting date between the subcommittee, Mr. Brown and Mr. Balassone. This meeting was held at the appointed time and a general discussion of all the problems facing all of us, and ideas of how to approach them were discussed. With the approach of the holidays and the fact that the Legislature

was meeting to discuss only budgetary and fiscal matters, the committee merely marked time and assumed a watchdog attitude.

On April 7, 1960, the Legislative Committee met at the Kelly Building under the gavel of co-chairman Henry Golditch, due to illness of Mr. Hayman. A complete review of the previous meeting was held. The referendum was again discussed at great length. Several newer suggestions were offered. Proof that the function of the State Board of Pharmacy as autonomous of any other State Department was elicited. Other functions having to do with control of drugs as such are the responsibilities of the Drug Commissioners. With the new approach it was decided to meet again with Mr. Brown and the subcommittee.

On Tuesday, May 17th, the subcommittee met with Mr. Brown after President Mouat and the subcommittee met with him informally on two occasions prior to the meeting for the purpose of setting an agenda. At the meeting we again reviewed the Legislative problems and proposed solutions. We aimed at delineating the immediate and long range problems. As a result of this meeting, which in my humble opinion was the most friendly and productive ever conducted, a steering group was formed for the sole purpose of getting 'first things' first. This group consists of four men. One from the State Department of Health, Mr. Francis S. Balassone. One from the State Board of Pharmacy, Mr. Alexander J. Ogrinz, Jr. One from the Maryland Pharmaceutical Association, Mr. Victor H. Morgenroth, Jr., and one from pharmacy and pharmacists at large, Mr. Aaron M. Libowitz.

But the profound problem facing the pharmaceutical group was the referendum and its position in the scheme of things. However, a regularly scheduled meeting of the Maryland Pharmaceutical Association was to be held at the Chestnut Ridge Country Club on May 19, 1960. At this meeting it was duly moved and passed by the body of the association to temporarily table the referendum results, to allow the recently formed Steering Committee an opportunity to get a workable, acceptable, comprehensive legislative program prepared for the 1961 Legislature.

In closing, I would like to tell you that this committee has had the occasion to meet once. The harmony that abounds is refreshing and results of just one meeting COULD provide a legislative program. But only when we are agreed 100% and ALL the facts have been studied, shall we proceed.

This new and untried approach which delineates entirely whose responsibilities are whose and what aspects of the law changes are paramount, bids fair to be the successful attempt at which we are all striving. Effective, Reasonable and Comprehensive Laws.

It has been a distinct pleasure for me and an esteemed honor to be asked to render this report for our ailing chairman, Albin Hayman. The report though not definitive as yet, is bordering on enthusiastic acceptance of all facets of the profession who acknowledge any responsibility.

Respectfully submitted for Mr. Albin Hayman and the Legislative Committee.

REPORT OF THE MEMBERSHIP COMMITTEE

Norman J. Levin, Chairman

Given by James A. I. Parker

The Membership Committee is able to make a favorable report at this time.

Personal solicitation was continued after the 1959 convention, and letters were sent to all delinquent members before the end of the calendar year urging payment of dues.

It should be remembered, dues are paid on a calendar year basis—January 1st to December 31st, whereas the fiscal period of the Association ends May 31st. The Membership Committee therefore continues to function after the Convention. This also accounts for showing membership status at Convention time and at the end of the calendar year.

At the end of December, two letters were mailed with dues bills included—one type of letter to members and another type to non-members. Reminder letters were sent in March, April and May.

Lists of delinquent and non-members have been prepared for distribution to members of the Membership Committee. Solicitation of members shall continue on a District basis.

As has been the custom, the Association presented complimentary Associate memberships to the graduating class of the University of Maryland School of Pharmacy for the balance of the year.

We are pleased to report the following membership figures:

| | <i>Active</i> | <i>Associate</i> | <i>Affiliate</i> | <i>Totals</i> |
|------------------------|---------------|------------------|------------------|---------------|
| Convention 1959 | 537 | 223 | 14 | 774 |
| December 31, 1959..... | 569 | 244 | 16 | 829 |
| Convention 1960 | 512 | 244 | 18 | 774 |

Please note that the total membership for this time this year is exactly the same as last year—774, however, there are 25 less Active members.

Baltimore City, Baltimore, Anne Arundel, Prince Georges and Montgomery Counties account for a large number of delinquent and non-members.

It is estimated, there are approximately 1500 pharmacists in Maryland. On this basis, our membership represents about 50%. In my opinion, this should be 90%. Such a low figure reflects upon professional interest and stature.

It should be pointed out that by February 1 of each year about 50% of the members have paid their dues, which of course is payable in advance. About 25% pay by May 1, and the remaining 25%

during the balance of the year. There would be a great saving in time, effort and expense if all would remit their dues promptly, upon receipt of their dues bills.

The Membership Committee and the Association staff needs the assistance of all officers and members at large to contact every pharmacist to join the Association. In addition, executives of firms calling upon pharmacies should be solicited for Affiliate membership. The representatives of firms calling upon you are eligible for Associate membership.

My sincere thanks to all of you who have worked on behalf of the Association membership and the office staff.

REPORT OF THE COMMITTEE ON PUBLIC RELATIONS

Charles E. Spigelmire, Chairman

Mr. President, Guests, Fellow members of the Maryland Pharmaceutical Association, and you charming ladies who always bring a bright ray of sunshine to these meetings:

Today I conclude my seventh year as chairman of your Public Relations Committee, and I beg your kindness and indulgence if my annual report should sound a bit repetitious to some of you. I can sincerely assure each of you this situation is one of necessity rather than one of choice. All of you can rest assured that your Public Relations Committee did all in its power to bring to you, the independent pharmacist, and to the glorious profession of pharmacy, all the sincere recognition both of you so justly deserve. We did this through constant repetition of your supreme importance to the public.

By definition, pharmacy is the science which treats of medicinal substances. It embraces not only a knowledge of medicines and the art of compounding and dispensing them, but also their definition, identification, selection, preservation, combination, analysis, and standardization. This definition, though it clearly states the scientific realm of pharmacy, does not lend itself easily to defining the professional responsibilities associated with all that the practice of pharmacy entails.

It is easily shown that the pharmacist has great legal and moral responsibilities towards the public and towards his fellow practitioners in the diversified fields of public health. For example, being legally entrusted with the dispensing and sale of narcotic drugs, the pharmacist is responsible for upholding and conforming to the laws and regulations governing the distribution of substances of this character. Also, since the pharmacist holds the health and safety of his patrons to be of first consideration, he assumes the responsibilities to make no attempt to prescribe or treat diseases or strive to sell drugs or remedies of any kind simply for the sake of profit.

Professional ethics of pharmacy are based upon the solid foundation that what is right and just is to be upheld at all times. The

heritage of pharmacy from the first years of its existence which extend to the earliest days of the world has been to have high ideals. Once again, we see that the rational nature of man choose an ideal as an end to be obtained and all his actions are directed to its attainment.

Surely you will agree, that man is a marvelous creation: he can choose the profession of pharmacy, he can choose to act according to its ethical principles, and in so doing he chooses happiness for time and eternity.

During the past year, your committee has tried continuously and vigorously to emphasize the importance of the independent pharmacist to the public. We have worked on the theory that if you say a thing often enough, long enough, and loud enough, the majority of the people will listen to it.

We realized fully well that there have been tremendous inroads made in our business and patronage during the past years without stern retaliatory publicity measures being taken. It must be remembered that we felt the best results could be obtained for the independent pharmacist by trying to fight this competition by publicity emanating from a city and state level.

At the city and state level your committee felt it could control efficiently any type of publicity action we decided to take. Your committee realized that the methods of important publicity for the independent pharmacist were limited. The sources of available publicity were radio, television, newspapers and magazines.

Knowing fully well that the great audio and visual audiences of today were primarily interested in radio and television, we decided to explore these fields of publicity and entertainment in an effort to have our publicity emanate from these media.

Through the efforts of this committee your association has two radio programs and one television program devoted exclusively to the independent pharmacist. All of these programs are interesting, dramatic, and hard hitting. Each one striving to tell the public that the friendly independent pharmacist, is truly their best neighbor.

On radio station W-I-T-H, through the initiative of the Baltimore Metropolitan Pharmaceutical Association, we enjoy one of the most complete and comprehensive radio coverages of any pharmaceutical association in the United States. Through the courtesy of their public service department we receive two five minute, dynamic newscasts every day Monday through Saturday. We are given five informative, identification spots a day Monday through Saturday. W-I-T-H also provides two very excellent 15 minute musical shows a week between 7 P.M. and 8 P.M. at whatever time is available. They also supply one, one minute spot for seven days a week on Radio Station W-I-T-H, F.M. All of this brilliant radio publicity is yours, and yours alone because it specifically tells your customers that you the pharmacist is their true friend when a helping hand is needed most.

W-I-T-H also prints a monthly news bulletin for the Baltimore Metropolitan Pharmaceutical Association. Copy for which is supplied by the members of the B.M.P.A. It is mailed to you as a service of the B.M.P.A.

W-I-T-H has been most cooperative and generous, with their time, talent, and resources. These programs on W-I-T-H have been given to us through the kindness of Mr. Jake Embry and Mr. Jack Parks.

All they ask of you for this generosity is that we display in our stores the special drug items they feature on W-I-T-H each month.

Radio Station W-C-A-O gives us a ten minute radio program once a week, usually Sunday morning from 9:15 A.M. to 9:20 A.M. This program tries to acquaint our public with "Your Friendly Independent Pharmacist." This program is developed with a two pronged effect in mind. The beginning of the program usually has an interesting story about some phase of our profession. Then we end with a sincere appeal to the customer to patronize your store for one specific type of merchandise.

At the present time we do not enjoy the privilege of a regular television program. During the past year we were given television time for special events and activities. These programs were presented by members of your Public Relations Committee. It has always been your committee's fondest and most sincere desire to create a closer relationship between the pharmacist and the physician. We presented a television program during the past year that went a long way toward accomplishing this objective. During Pharmacy Week one of our vice-presidents, Victor H. Morgenroth, Jr. was invited to participate in a television program with Dr. Walter Anderson, President of the Maryland Academy of General Practice.

I should like to call to your attention the unusual phases of this program. It was a program of one half hour duration, which, length of time gave our pharmacist representative Victor Morgenroth, Jr. plenty of time to explain in great detail the close relationship between the physician and pharmacist. The fact that the program was under the auspices and sponsorship of the Baltimore City Medical Society, made us feel that at last the physicians were beginning to realize that you were professional men and you have made great major accomplishments in which we should take pride, we have nothing to hide, and nothing for which we should apologize. As this program was presented during Pharmacy Week it gave us another opportunity to tell the public that you were still "Their Best Neighbor."

A word of explanation is due all of you why we did not have a regular television program last year. We were to receive television time on W-J-Z Channel 13 beginning the first of January. This was to be a weekly program and was to be presented by members of your Public Relations Committee. As the time approached for our first program, we were informed our program would not be of

a definite time format and presented exclusively by your committee members. These programs were to be unrehearsed and of a spontaneous question and answer variety. Can anyone in this room think of a more explosive, dangerous, or controversial type of program? We felt we had worked too hard and diligently to create good will for you and our profession, to take the chance of jeopardizing them by creating some bitterness or ill will by appearing on this type of television program. So in the best interests of you and your association your Public Relations Committee refrained from accepting this television time.

Discouragement is not one of the characteristics of your Public Relations Committee because at this very time we are negotiating with another television station in a sincere effort to tell and show your customers that you are still "Their Best Neighbor."

Your Public Relations Committee can tell the people all of the many good things about pharmacy not boastfully, but proudly, because pharmacy is a profession of which the whole world can justly be proud. The people do not know unless we tell them. We can tell them by our actions in serving them each day in our stores. We can tell them as we talk to them. There is no need to glorify pharmacy. The honest story itself is enough. But we must do the telling, for if we do not, who will?

During the past year, your Public Relations Committee was called upon at frequent intervals to make telephone calls in an effort to insure the success of some particular meeting or activity. The telephone calling work was always handled by members of this committee during their spare time and at their personal expense. Never once did one of these men complain that they were being imposed upon, but they gave generously of their time and effort in making the hundreds of calls necessary. We did our best to demonstrate that the independent pharmacist could function as a cooperative and cohesive unit.

For a long time it has been the ambition of your association to form a speakers bureau which would function through your Public Relations Committee. The sole purpose of this group being to go forth among the people and spread the gospel of pharmacy. It is a real pleasure for me to inform you that a speakers group has been formed and began to function this year. It is quite true we are in our infancy and have much to learn, but we feel these factors will be overcome by our sincere desire to tell the public what a brilliant profession pharmacy really is.

Since we have begun to function, Victor H. Morgenroth, Jr. has spoken to the Mountain Road Kiwanis Club, in Anne Arundel County, and the West Baltimore Lions Club, about prescription prices. His talks were most informative and enlightening on this timely subject and we were most delighted with the warm and cordial reception he received from these people.

I had the opportunity to appear before the Mother's Club of Saint Williams Catholic Church and gave a talk on "Accidental

Poisoning In The Home." I was fortunate in having my good friend Vic Morgenroth assist me with this program, as it was one which entailed the showing of colored slides and required the use of many different visual props. The program lasted one hour and was followed by a question and answer period for audience participation. We were both delighted with the warm hospitality and thanks we received from the good ladies of Saint Williams Mother's Club. These few appearances amazed me with the fact of how anxious people are to learn more about the profession of pharmacy which has been helping all of them since their eyes saw the first light of day.

In addition to radio and television publicity, your committee has always been able to secure ample newspaper publicity for any meeting or affair whenever the occasion required this medium of coverage.

Your committee has tried its best to obtain every bit of favorable publicity for the independent pharmacist and our association. It is quite true many may question our results, but we feel our methods are above reproach, because hardly a day passes that some other large organization, manufacturer, or industry does not adopt the same publicity policy we have been following during the past year.

Our work during the past year, was not that of any one individual, but rather the culmination of a cooperative effort of many, many wonderful people. It has had its headaches and heartaches but the magnificent spirit exhibited by this committee made the heavy burden seem light. The brilliant results obtained in our work were due to the untiring efforts of everyone who gave unstintingly of their time and ability whenever they were called upon to help. For his ideas and encouragement, I want to particularly commend our Secretary Joseph Cohen. For their kindness and cooperation, I sincerely thank Patricia Piontek and Geraldine Novotny.

Your Public Relations Committee feels that the intelligent aggressive and continuous publicity will help to give pharmacy the high professional rating it so justly deserves.

Just keep on going and the chances are that you will stumble on something. Perhaps, when you are least expecting it. I have never heard of anyone stumbling on something sitting down.

Thanks to all of you for being so nice to me.

REPORT OF THE FAIR TRADE COMMITTEE

Simon Solomon, Chairman

Actually it is very difficult to give a report on the status of Fair Trade, because of the different opinions rendered by the high state courts in many states, and what is law today may not be law by the time this report is published.

We shall endeavor to give you only the highlights and important court decisions to be decided later by the United States Supreme

Court, the outcome of which could have an important bearing upon the future of Fair Trade.

Since our last convention we have witnessed plenty of action regarding Fair Trade violations, particularly in Montgomery and Prince Georges counties, and although some manufacturers have taken legal action and a retailer-retailer suit has been upheld by the Maryland Court of Appeals, a chaotic situation still prevails.

We wish to commend very highly the retail pharmacists in both Montgomery and Prince Georges for their extreme patience in holding the line despite the cut throat competition that has taken place over the past few years in those sections, and because of the recent high court decision, we certainly hope that many manufacturers will become more active in enforcing their Fair Trade contracts.

On the other hand, we should ask ourselves as retail pharmacists, who are tremendously benefited by Fair Trade, whether we are doing our part by cooperating fully to make Fair Trade successful.

Do we have any right to ask any manufacturer to police and enforce his Fair Trade contract at a tremendous expense both in time and money, unless we are willing to carry out our part of the bargain?

Is our job finished just because we are observing Fair Trade minimum prices? No, it is not.

Fair Trade is a two way street. If we as retailers want Fair Trade to continue, then we must be loyal to those manufacturers who are endeavoring through Fair Trade to see that we earn legitimate profit not an excessive one on their products. Remember, your cooperation will give the manufacturer increased volume and the greater his volume, the lower will his price be to the consumer and the retailer.

Many manufacturers have complained that they are being penalized by enforcing their contracts while their competitors who give only lip service to their enforcement policy are receiving better cooperation from the retailers.

We can only survive by helping those who help us. Let us support those manufacturers fully and wholeheartedly who are sincere and honest in their enforcement policy.

What Is The Manufacturer And Retailers Responsibility To Fair Trade?

There are some manufacturers who believe that price cutting of their identified products is good business for them. Therefore, such manufacturers do not or should not engage in resale price maintenance practices. Fortunately, there are others who think quite differently. They believe that the effect of price cutting on their products will be disastrous. Through no fault of their own, they rightfully believe they will be deprived of the distribution of their goods in the community. They realize fully that their market will be taken away from them for no reason, except that their reputation

is good and their products are in demand, of recognized value, and known to be worth the retail price established by them, or else these products would not have become popular and in demand. Should these manufacturers be penalized because of the sincerity and honesty of their policy to the consumers, as well as wholesalers and retailers? They have learned by experience that persistent price cutting is bound to be ruinous to their business because it tends to concentrate the sale of goods in very few hands and takes them out of the hands of thousands of small dealers who will not handle them because they can not sell at the established price in the face of cut price competition and will not sell at the prevailing cut price because they yield no profit which is absolutely essential to remain in business. As an example, let us look at what happened to a leading appliance manufacturer a few years back just prior to going off Fair Trade. In the non Fair Trade area of D.C. 20 discount houses took over 80 per cent of the company's sales while 600 small retailers dropped the product or placed it under the counter. As a result, the sales of this company's products dropped 15% in D.C., although in the country as a whole where the products were sold under Fair Trade, sales rose 11%. The only one that gains is the predatory price cutter who switches the customer to an inferior private brand product at an exorbitant profit. The answer is that the public is deprived of a quality product at a legitimate price, the manufacturer's reputation is damaged and the producers and small dealers reputation for fair dealings are questioned.

We believe to a great extent that if Fair Trade passes out of the picture, small independent retailers will have themselves to blame, because from our observation we do not believe they give wholehearted support to those manufacturers who have proven their sincerity in enforcing their Fair Trade contracts. A manufacturer is interested in Fair Trade only to the extent that it protects his volume, and rightly so, but when he sees that his volume is dropping and the volume of a competitor who is not enforcing his Fair Trade policy is increasing then there is only one answer, and that is lack of support by those who are mostly benefiting by Fair Trade, the thousands of small retailers. It is not our purpose to criticize our fellow retailers, but we feel it is our duty to make you realize your obligation to those who are trying to do a job to help you survive. On the other hand, it is very evident that many manufacturers operating under Fair Trade are pulling their punches when it comes to enforcing Fair Trade against powerful giant outlets and such manufacturers ought not to play both ends for the middle, but should have courage enough to enforce their Fair Trade contracts alike to all or go off Fair Trade.

National Fair Trade Act

What will happen to the National Fair Trade Act is anybody's guess? What we do know is that Congress has failed to pass a National Fair Trade Law in 1959 and again in 1960, and judging from

the past, as for example to Capper-Kelly Resale Price Maintenance Bill, and also the fact that states righters and others have forced so many amendments to the present bill it is the writer's opinion that the attitude and indifference of the members of Congress towards this type of legislation means that a National Fair Trade Bill will be difficult to enact that will prove beneficial to the independent retailers.

The fact that the Administration and many of the different departments of the government, especially the Federal Trade Commission and Department of Justice were opposed to the National Fair Trade Bill will be responsible for its defeat more than any other opposition to HR 1253, although labor and the farm bureau were very influential in having many Senators and Congressmen lean unfavorably towards this legislation.

The Justice Department argued that if this legislation was enacted there would be more pressure on the Federal Trade Commission to enforce fair trade and this would mean increased governmental regulation of business. The result asserted Mr. Bicks, representing the Department of Justice, would be creation of a new bureaucracy.

It would seem that we have delayed too long and have placed too much emphasis on a national bill whereas we should have given our attention to those states in which fair trade laws have been invalidated by the high state courts and this should have been done when only a few states had fair trade thrown out by the high courts.

Would it not be wise to have the entire drug industry give thoughtful study to the wisdom of seeking legislation in each of the affected states which would follow the general pattern of HR 1253, National Fair Trade Act, similar to a bill passed recently in Ohio. Let us forget for the time being about national legislation and fight for suitable state fair trade legislation which will restore fair trade advantages to those states in which the courts, not the legislatures have destroyed fair trade laws.

The entire drug industry might as well brace itself for the return of dog eat dog days, which many of us still remember prior to pre-fair trade days, unless we take off our coats and fight as we have never fought before to perpetuate the fair trade principle and objectives which have proven so beneficial to us during the past three decades. Let us not delude ourselves into believing that without fair trade we can survive the terrible onslaught that will follow ruthless competition of the predatory price cutters such as we are witnessing in D.C. today and also Montgomery and Prince Georges counties.

This legislation is necessary if the small businesses of America are to have a chance to survive and make their indispensable contribution to our economic and social growth.

It is important to point out that with the exception of two or three states, every other high state court has invalidated the fair

trade act on the grounds that the non-signer clause violates the due process provision of the state constitution. Therefore, if we eliminate the non-signer clause in attempting to enact new fair trade legislation as has been done in Ohio, then it is reasonable to assume that high state courts might look more favorably upon this legislation.

Many prominent authorities feel that the fair trade movement is the only one which gives any promise of holding predatory price cutters in line and give the small fellow a fair and decent break.

Retailer—Retailer Suit

The outcome of this suit by one retailer against another retailer in the Circuit Court for Montgomery County was unfortunately against the Plaintiffs (persons who instituted the suit). The Plaintiffs brought the suit specifically under the part of Section 107 of Article 83 of the Code; which states that violations are "actionable at the suit of any person damaged thereby."

Perhaps we should state some of the highlights of the decision of the Court (Judge Pugh).

1. The defendants admit that they have been advertising, offering for sale and selling the items which the plaintiffs allege were offered, advertised and sold below the retail fair trade minimum, but the defendants (Dart and Peoples) claim as their defense that the plaintiffs (who stand in the shoes of the manufacturers) have failed to make reasonably diligent effort to enforce their fair trade contracts and therefore such prices have been abandoned.

2. Manufacturers know there is no fair trade law in D.C. and that there are many discount drug stores in the District of Columbia just over the Maryland District line, all of whom are selling their merchandise far below the prices established by these manufacturers under their fair trade contracts in Maryland. Therefore, such manufacturers are duty bound to be more alert and aggressive here than in other parts of the State. The evidence in this case shows that the manufacturers have been passive and indifferent towards enforcement in this area.

3. A Court of Equity is a Court of Conscience and injunctions are issued by it in clear cases. The continued delay in taking action to prevent price cutting can only lead to one result, the eventual bankruptcy of the independent drug store. The Court does not believe that these four manufacturers have acted with reasonable diligence. If they had the plaintiffs would not have filed suit, they would have done so themselves. The manufacturers are saying they have acted with "reasonable diligence" because several suits are now pending in the United States District Court in Baltimore and in one State Court in Baltimore City. In none of these cases has the Court issued an interlocutory injunction, yet the cases have been pending as long as two years and some for three years.

4. There seems to be a don't care attitude on the part of these manufacturers and an over anxious tendency to try to avoid litigation, a tendency to play along with the violator. This attitude is too passive. Often prolonged discussions and a desire to compromise on the part of the manufacturer are taken advantage of, and then after much delay a law suit is filed. The filing of a law suit is not enough. Such law suits should be prosecuted vigorously, promptly and with as little delay as possible. While these suits are pending, others are injured.

5. The evidence in this case shows a passive, lax and indifferent attitude on the part of the manufacturers to compel compliance with their contracts. It does not prove reasonable diligence on their part.

6. The Court is convinced that it would be an abuse of the sound discretion required of it to issue a permanent injunction on the evidence of this case. It is for this reason that the Court will not issue a permanent injunction.

Judge Pugh actually said that the problem of enforcing fair trade contracts is the manufacturers responsibility.

Since the decision, Johnson & Johnson has entered suits against Dart Drug and other retailers who insist in violating their fair trade prices, thus proving their sincerity in fair trade and should be highly commended for their enforcement policy over the years.

This case has been appealed to the Maryland Court of Appeals by the plaintiffs and as yet no decision has been handed down.

(1) The Appeal rested entirely upon whether or not there has been reasonable diligence on the part of the manufacturers to enforce adherence to their fair trade prices. Judge Pugh in the lower court ruled there had not been, and therefore dismissed the bill.

While it is true, said the high court that more could have been done by the four manufacturers (Bristol-Myers—Johnson & Johnson—Mead Johnson and Miles Laboratories) than was done to enforce their contracts, that is not determinative of the case. The question is whether enough has been done, that is, whether or not there has been reasonable diligence by the manufacturers in the enforcement of their fair trade prices.

The high court said that Judge Pugh in the present case adopted flatly the view that because of the proximity of the Washington suburban area to the non-fair trade area of the District of Columbia the manufacturers are duty bound to be more alert and aggressive than in other parts of the State of Maryland. No authority said the Court of Appeals is cited in support of this statement.

Although the manufacturers themselves did not institute the suits, it appears they were well satisfied to let the Gadols take the initiative but on the other hand it is a fair inference from the record that the Gadols have had rather full cooperation from these

manufacturers, at least in assembling and presenting the evidence in this case.

(2) The Maryland Court of Appeals disagreed with the reasoning of Judge Pugh of the lower court, that the four manufacturers whose products were involved did not use reasonable diligence in enforcing their fair trade prices, because of failure to do more to police their prices and mainly on their failure to institute court action. But the high court did say that evidence shows what action these four manufactures did take and its general efficacy in obtaining compliance in cases of reported violations was in the light of existing circumstances, sufficient to show reasonable diligence in enforcement, not withstanding the fact that these manufacturers failed to take some action which they well might have taken (such as that, largely by way of intensification, which Johnson & Johnson has in fact taken since the decision of this case by the Circuit Court).

The high court concluded that despite their temporary lack of aggressiveness there was sufficient effort and successful effort in accordance with established patterns of enforcement as to negate a waiver or abandonment of fair trade prices on their part, or such lack of diligence as would bar relief.

In this case we think said Judge Brune, speaking for the high court, that Judge Pugh drew an erroneous legal conclusion from the evidence before them as to what constituted reasonable diligence and that the order of dismissal should therefore be reversed.

Eli Lilly vs. Sav-On Drugs, Inc.

In a very important decision the result of which could have very grave consequences as to the future of Fair Trade was when the State Supreme Court of New Jersey upheld a lower court ruling that denied an injunction requested by Eli Lilly & Company. The court said that no manufacturer can enforce fair trade agreements unless it registers as a New Jersey corporation and thereby pays New Jersey corporation taxes.

It is the contention of Eli Lilly that the registration law was unconstitutional if it would bar Lilly from enforcing fair trade agreements. Judge Scherer ruled however that the registration law was constitutional and that any corporation which does not file in New Jersey should not be permitted to take advantage of the laws of this State which promotes its business, such as the fair trade act.

If the United States Supreme Court should uphold this decision then many fair trade manufacturers would be compelled to register as a New Jersey corporation in order to take action against a fair trade violator. If many manufacturers should decide to go off fair trade rather than pay corporation taxes in New Jersey because of the expense involved, then what would happen to fair trade not only in New Jersey but also other states which might have a similar set-up or enact a similar law.

According to many lawyers, once a company has registered, it has accepted business citizenship in the state and state taxes may hit it hard.

The conclusion: Many a company may be unwilling to pay this price for the privilege of enforcing fair trade in New Jersey.

Fortunately, Eli Lilly will appeal to the United States Supreme Court the recent ruling of the Supreme Court of New Jersey, to the effect that an out of state corporation that is not registered in that state cannot use the New Jersey Courts to enforce fair trade minimum prices.

Parke Davis & Company

In a 6-3 decision, the United States Supreme Court reversed a lower court decision which had dismissed a government Anti-Trust complaint against Parke Davis & Company. While the majority of the Court insisted that the Colgate decision of 1919 still stands, the minority contends that the majority had reversed a decision of more than 40 years standing.

The Colgate case held that the manufacturer has the right to decide to whom he will sell, and has a right to sell only to those who will abide by the suggested retail price established by the manufacturer and upon refusal of the merchant to abide by this established price the manufacturer can legally refuse to sell direct to such merchant.

Briefly, this is what happened. In 1956, Parke Davis & Company refused to sell some drug stores who were selling some of their products below the price established by the company. These stores were located in Virginia and Washington, D.C. which at the time had no fair trade law (Virginia has since enacted a Fair Trade law). Because of the Colgate decision the company evidently assumed it had the right to follow a plan of telling wholesalers that it would not sell them any merchandise if they sold to those retailers who were cutting prices on their products. Then all retailers who were cutting prices were told they would not only be unable to purchase the company's products direct, but the wholesalers also would be instructed not to sell them Parke Davis products. It is because of this method pursued by the company that the Court ruled it was illegal. (In fairness to Parke Davis it should be stated that counsel for the company stated in the lower court that Parke Davis had sometime ago refused to sell the five price cutters, but later had decided to sell direct to all but Dart Drug Company. However, Dart could still purchase Parke Davis products from wholesalers in D.C.).

What will the future bring as to whether a manufacturer can legally enforce his minimum resale price on his products? Will the Court apply this doctrine in Fair Trade states making it impossible for a manufacturer to enforce maintenance of his established minimum prices by using economic pressure? While some legal minds feel this could happen, many others do not agree. It is generally agreed that the Court's decision would not prevent any manufacturer

from instituting legal proceedings in a Fair Trade state to seek an injunction against price cutters.

It is apparent that while it is legal for a manufacturer to refuse to sell directly to any retailer who violates his Fair Trade prices in a Fair Trade state, the refusal must be an absolutely unilateral act. It is entirely the responsibility of the manufacturer who believes in Fair Trade to seek a court order to force a retailer to abide by his minimum resale price.

Now the question arises as to whether the Colgate Doctrine has been completely destroyed by the United States Supreme Court decision in the above (Parke Davis) case. It is the opinion of many legal experts, especially, those identified with the drug industry over many years that while the Colgate doctrine has not been completely nullified, it has been greatly narrowed as far as enforcement is concerned.

In its decision the United States Supreme Court ruled that Parke Davis & Company's action violated the Sherman law, but gave Parke Davis the option to contest the issue of whether an injunction should be issued against the practice it had already abandoned. Parke Davis has picked up the option.

It is most likely that Parke Davis will fight the case by presenting its defense before the District Court and win or lose, it is most likely that the case will again be appealed and the United States Supreme Court will thus again be in a position to rule on the Colgate doctrine.

As the Colgate doctrine now stands a manufacturer can still refuse to sell to any retailer direct who refuses to abide by the suggested retail price established by the manufacturer and that the manufacturer could legally institute proceedings in a Fair Trade state to seek an injunction against price cutters. But if this same case again appears before the high court with the same Justices there is every possibility that the Colgate doctrine will be rendered inoperable for all intents and purposes.

February 3, 1960

Sav-Mor Drugs of Bethesda, Maryland was found in contempt in federal Court by Judge Watkins and Revlon, Inc. was awarded \$600 for Sav-Mor's violation of an injunction restraining the sale of Revlon items below Fair Trade price levels.

The preliminary injunction against Sav-Mor was issued December 15, 1959 and Judge Watkins warned the defendant company that continued violations might bring criminal contempt proceedings.

November 5, 1959

Judge S. Ralph Warnken entered an injunction against Luskin's—4900 block Park Heights Avenue for cutting fair trade prices of a shampoo manufactured by Glamorene, Inc. The evidence showed continued price cutting by Luskin in advertisements for this product at prices below fair trade. Luskin attempted to prove that the company had not used reasonably diligent efforts to enforce its con-

tract, but the Court held actions to enforce minimum resale prices by the manufacturer proved otherwise and that Glamorene had not abandoned its established price levels.

Filed - 1/19/60

Johnson & Johnson vs. Dart Drug Co.

Despite the fact that Dart Drug admitted sales below the fair trade prices, it alleged that it was justified in making such sales because Johnson & Johnson had waived and abandoned any rights with respect to fair trade prices by acquiescing in and condoning price cutting, by failing to take effective measures to enforce its fair trade contracts. The Court responded by saying that plaintiff (J. & J.) in 1959 spent some \$11,000,000 in advertising its fair trade products in national magazines, T.V. programs and on regional radio broadcasting. That the sale of fair traded merchandise in Maryland in 1959 was in excess of \$1,000,000 and that the good will of some \$215,000,000 is directly involved in the present litigation. The Court said that it believes and finds that Johnson & Johnson is sincere in its protestations that it intends vigorously to enforce fair trade in Maryland. The amount of time and money spent since November 10, 1959 evidences a current vigorous enforcement policy.

On the whole record, the Court is satisfied that the plaintiff is exercising and probably in the future will exercise reasonable diligence to prevent price cutting violations. The Court will therefore grant a preliminary injunction.

Judge Watkins In Federal Court

3/19/60

Johnson & Johnson vs. Thomas F. Connor trading as Park Pharmacy; action for preliminary injunction; motion denied.

Johnson & Johnson vs. William F. Albrecht trading as Albrecht's Pharmacy; action for preliminary injunction; motion denied.

Johnson & Johnson vs. Connecticut Knowles Pharmacy, Inc.; action for preliminary injunction; motion denied.

3/16/60

No. 193—Ellis Gadol et al etc.—vs. Dart Drug Corporation of Maryland et al; appeal from the Circuit Court of Montgomery County; was argued by Joseph S. Kaufman for appellants; argued by William B. Kempton for Peoples Service Drug Stores, Inc., one of the appellees, argued by J. E. Bindeman (of D.C. Bar) for Dart Drug Corporation of Maryland; other appellee.

2/5/60

Law Motions

Johnson & Johnson vs. Rockville Drugs Inc.; hearing on petition for preliminary injunction.

3/15/60

No. 193—Gadol et al vs. Dart Drug Corporation of Maryland.

1/13/60

Eli Lilly & Company vs. Peoples Drug Stores, Inc. alleged violation of State Fair Trade Law etc.—Jesse Slingluff for plaintiff.

12/5/59

Proceedings

Revlon, Inc. vs. Sav-Mor Drugs, Bethesda, Maryland hearing on order to show cause why temporary injunction should not be issued; temporary injunction issued.

12/29/60

The Parker Pen Company vs. Tower of Dundalk, Inc. alleged violation of Fair Trade Act of Maryland, J. Cookman Boyd, Jr., and George Chapman for plaintiff.

10/23/59

Olin Mathieson Chemical Corporation (Squibb) vs. Dart Drug Corporation of Maryland; hearing on petition for contempt.

Revlon, Inc. vs. Sav-Mor Drugs, Bethesda, Maryland complaint to recover for alleged damages for violation of the Maryland Fair Trade Law—Needle & Melnicove for plaintiff.

12/11/59

Johnson & Johnson vs. Dart Drug Corporation of Maryland; hearing on order to show cause why preliminary injunction should not be issued.

Whatever success we have had in the enforcement of fair trade would not have been possible without the wholehearted cooperation of the entire drug industry, particularly the retail pharmacists whom we must depend upon to give us information relative to price cutters.

The committee is exceedingly grateful to Secretary Joseph Cohen who has given us invaluable assistance during the year, without whom it would have been almost impossible to carry on. As Chairman, I want to express my sincere thanks to the Co-chairman, Al Ogrinz and President Gordon Mouat who made many sacrifices during the year by giving of their valuable time when called upon to discuss matters pertaining to fair trade and also by attending many conferences that concerned fair trade. The committee also wishes to thank both Melnicove and Kaufman for their advice and counsel.

We wish to extend our thanks also to the retail pharmacists of Montgomery and Prince Georges counties who are doing a tremendous job under the most unfavorable circumstances.

As Chairman I also want to express my deep appreciation to the members of the committee for their support during the year.

REPORT OF THE PUBLICATIONS COMMITTEE**Mario Sama, Chairman****Given by Joseph Cohen**

The Publications Committee is concerned with the publication of "The Maryland Pharmacist", official organ of the Maryland Pharmaceutical Association.

Methods of improving the Journal are constantly sought so that it may be of maximum service to the Association and its membership as a source of information as well as a source of revenue through advertising.

Although meetings of the Committee were not held, some of the members of the Committee were in close contact with the Editor of the Maryland Pharmacist, Joseph Cohen.

Effort was made during the past year to encourage more news of a local, professional and specialized nature. We still experience the difficulty of obtaining news items of interest, and getting those articles we do receive in on time. President Mouat has lent his personal effort in this behalf. Delay in submitting news and receipt of advertising copy continues to delay publication. This report was written on June 23rd; news from a major contributor was not yet received for the June issue. The deadline was June 10th.

There was an approximate \$2000.00 loss in advertising revenue over the previous year. Printing costs were only \$650.00 less, because space devoted to news took the place of advertising space. We mention this, because there are some that feel that the Journal carries too many ads. Ads account for the revenue to provide space for news. One can not exist without the other—you can not "eat your cake and have it too". These ads were not curtailed by us. Some advertisers have discontinued their ads while others have reduced their schedule. A sincere effort will be made to obtain new advertisers.

"The Maryland Pharmacist" ranks high in editorial and informational quality among State Pharmaceutical Association Publications. It merits greater cooperation and support from the membership at large. Send in news promptly and show the advertisers you appreciate their consideration by sending them notes of thanks as well as giving your personal thanks to their representatives who call on you.

The financial status of "The Maryland Pharmacist" is included in the Treasurer's Report.

In conclusion, I want to express my appreciation to the members of the Committee, the editorial contributors, and the advertisers for their interest in "The Maryland Pharmacist."

REPORT OF PHARMACY WEEK COMMITTEE**Milton A. Friedman, Chairman**

National Pharmacy Week has been observed annually on a country-wide basis for the past 35 years. The Maryland Pharmaceutical Association has participated in this effort since its inception in 1925. In fact, Maryland enjoys a championship record of national awards, having sponsored the First Prize Winner in the Retail Pharmacy Competition six (6) times!

The purpose of National Pharmacy Week is too well known to all of us to require exposition. Suffice it to say that this represents the best public relations effort that American Pharmacy makes in selling itself and the profession of Pharmacy to the public at large.

Maryland can well be proud of its role. Our committee worked hard, purposefully and with enthusiasm throughout the state to tell the story of our profession and of its services in the public welfare.

Proclamations designating October 4 to 10 as Pharmacy Week were issued by Governor J. Millard Tawes, and by the Mayors of many of our communities throughout the State. The Journal of the American Pharmaceutical Association selected for publication the photograph of Governor Tawes signing this proclamation.

Editorials, pictures and advertisements were carried by the Democratic Ledger and the Havre de Grace Record; The Morning Herald (Hagerstown); The Salisbury Times; The Jeffersonian (Towson); The Parkville Reporter; The Morning Herald (Hagerstown); The Easton Star-Democrat (Easton); The Belair Road Booster; The Daily Mail (Hagerstown); and the Baltimore papers.

In addition, numerous public window displays were arranged in public libraries, banks, travel agencies and other public buildings. There were many local store window displays installed throughout the State.

There was state-wide coverage given by radio stations as a public service throughout the week. Station WCAO repeatedly played tape recordings made in advance by our own local members. These spot announcements were warm and personal, and brought the retail pharmacist directly into the homes of his neighbors. The committee deserves special recognition for its efforts in obtaining such publicity for Pharmacy.

There were 30 photographs submitted that qualified as entries in the state-wide contest. Other entries were received which did not comply with all the rules and had to be disqualified. One county group held its own local competition and submitted its "winner" too late for consideration. The photos of the windows of the other contestants from this county were never received, and hence could not be considered at all. The committee feels that such local groups should maintain closer liaison with its committee so as not to disqualify themselves from the judging.

The judges this year were: Dean Noel E. Foss, Mr. Dean Leavitt (of the Faculty of the School of Pharmacy), Mr. John Sargeant (Executive Secretary, Medical and Chirurgical Faculty of Maryland), Miss B. Olive Cole (who needs no identification), and Mr. Charles Neun (of Morgan & Millard).

The judges selected the following state winners:

First prize—Read Drug & Chemical Company

Second prize—M. L. Cooper

Third prize—Aaron M. Libowitz

In accordance with the American Pharmaceutical Association rules, the first prize winner became our entry in the national judging.

I am pleased to report that the entry selected by the judges for the Maryland Pharmaceutical Association was also judged to be the first-prize in the National Pharmacy Week Contest. As chairman of the State committee, I wish to award the "Blue Ribbon with Palms" to all those who again made possible this national recognition for Maryland!

CONCLUSION

President Mouat concluded the First Session with a commendation to all Chairmen and their committee members for the excellent work accomplished and for the fine reports rendered. The President emphasized the importance of participation and prompt attendance at all meetings. He announced that "Early Bird" attendance prizes would be awarded promptly each morning. He requested as many as possible to attend the Second Session which was being devoted to the current problems confronting Pharmacy. He also requested that badges be worn at all times.

The First Session was adjourned at 5:45 P.M.

SECOND SESSION

Tuesday, June 28

The Second Session of the 78th Annual Convention of the Maryland Pharmaceutical Association was called to order in Kerry Hall by President Mouat at 10:30 A.M.

President Mouat asked those present to rise for the Invocation by Victor H. Morgenroth, Jr.:

"Let us thank our Heavenly Father for this assemblage this morning and pray for complete success of this convention. Our Father, who art in Heaven, hallowed be thy name. Thy kingdom come, Thy will be done on Earth as it is in Heaven. Give us this day our daily bread and forgive us our trespasses, as we forgive those who trespass against us. Lead us not into temptation but deliver us from evil. Amen."

Louis Handelman was the winner of the "Early Bird" attendance prize.

President Mouat introduced Dr. Swain who wished to make some remarks about the First Session:

"Mr. President and Friends, all I wanted to do was to pay my respects to the nature of yesterday's program. Undoubtedly there would be some here this morning, both among the membership and the guests who were not here yesterday. I think the program yesterday was a particularly impressive one and particularly to a person like myself who has an interest in association activities, but by the very nature of things I can not keep in pace with them because of my absence from the State.

Nevertheless, I was particularly impressed with the nature of the committee reports. They showed a tremendous amount of detail, devotion to the purpose of the committee, and dedicated to overall problems. It is a pity that the entire membership could not be here on these opening days because it is on the opening day that the association action is portrayed.

As to the various committee reports, I was particularly impressed with those reports yesterday that I have marked here. The Treasurer's report was most impressive. The report of the Secretary, Joseph Cohen, the report of the Trade Relations Committee by Aaron Libowitz, the Professional Relations Committee by Stephen Provenza, the Public Relations Committee by Charles Spigelmire, not to mention others, impressed me as indicating a real dedication to the work of the Association. I was particularly impressed all day. By the very nature of things, my membership in the Association has to be largely in absentia. And, as I return to these meetings, I get my view as it were, at Association activities from the reports as they were given yesterday.

I think the attendance yesterday was remarkably good considering the first day. It is unfortunate that the membership as a whole could not be present so they could see first hand the blueprint, as it were, of the Association in action. I think every report given here yesterday, looked at from my standpoint, was an impressive one and indicates that it involves a tremendous amount of work being done for the benefit of Pharmacy in this State.

I was particularly impressed with Joe Cohen's report because I know something about the activities of the Secretary in an Association like this. I know he has to have his fingers on practically every Association activity and it is perfectly apparent from the nature of the reports given yesterday that Joe does know what is going on and that he is an active participant in practically every aspect of the Association's activity.

Of course, to me, the highlight of this meeting yesterday apparently was Si Solomon's report. From the very early days of Fair Trade in Maryland, it was my good fortune to work shoulder to shoulder with him. Over the years we developed a very, from my standpoint at least, and I hope from his too, sincere and understanding friendship. Of all the men in America, who have been

active in behalf of Fair Trade philosophy and Fair Trade principles, I do not believe there is one, and I say this advisedly, who can match him in knowledge of the cause and devotion to its principles and who has worked almost every hour of the day for the last 25 years to make Fair Trade an active, workable, instrumentality for the benefit of Pharmacy, not only in Maryland, but throughout the country as a whole.

All the committee reports indicated to me that the Association is active, is in excellent hands and I think the membership is entitled to congratulations for the constructive work Joe is carrying on with the aid and assistance of the committee members.

As a man who holds his membership somewhat in absentia, I considered yesterday a great privilege to be here and to see the Association activities detailed, explained and elaborated in such an effective way. I just want you to know that while I am a member in absentia, I try my level best to maintain close relations with Pharmacy in Maryland and nothing pleases me more than to get back on an occasion such as this and to see at first hand the attention, the drive, the thought that is being given to pharmaceutical improvement in this State. It is a great joy to me not only to be here, but to see that the pharmaceutical affairs are being handled in such a constructive, and I think, a rather satisfactory way. Thank you, Mr. President."

At the conclusion of Dr. Swain's remarks he was given an ovation in appreciation for his comments.

President Mouat then called for a Report of the Board of Pharmacy which follows:

**ANNUAL REPORT
OF THE
MARYLAND BOARD OF PHARMACY
1959 1960**

In compliance with the provisions as set forth in Section 258 of Article 43 of the Annotated Code of Maryland, this report is submitted to His Excellency J. Millard Tawes, Governor of Maryland, and to the Maryland Pharmaceutical Association. This is the fifty-seventh report to the Governor of the State and the forty-seventh to the Association, and covers the activities of the Maryland Board of Pharmacy for the fiscal year ending June 30, 1960.

Personnel

During the year, the Board held twelve meetings, six of which were held at the School of Pharmacy of the University of Maryland for the purpose of conducting examinations for registration of pharmacists.

At the first meeting, the Board reorganized and re-elected Mr. S. Earl Webster president, and Mr. F. S. Balassone, secretary-

treasurer. The other members of the Board were: Messrs. Arthur C. Harbaugh, Alexander J. Ogrinz, Jr., and Norman J. Levin.

At the annual convention of the Maryland Pharmaceutical Association, held at the Galen Hall Inn, Wernersville, Pennsylvania, on June 29, 30, and July 1, 2, 1959, the Nominating Committee submitted to the Association the following names to be recommended to the Governor for membership on the Board to succeed Mr. Alexander J. Ogrinz, Jr., whose term would expire on April 30, 1960:

Alexander J. Ogrinz, Jr., Baltimore
 Solomon Weiner, Baltimore
 Frank J. Macek, Baltimore

On April 28, Governor Tawes reappointed Mr. Alexander J. Ogrinz, Jr. as a member of the Board for a term of five years.

Examination

The Board conducted two examinations during the fiscal year. They were held at the School of Pharmacy of the University of Maryland on November 2, 3, and 4, 1959, and on June 20, 21, and 22, 1960.

There were ten candidates who filed applications for the November examination. Two did not appear for the examination, one of whom was refunded the examination fee because there was a misunderstanding about the dates of the examination and, for this reason, he did not appear for it. Five of the eight candidates passed; three failed.

Forty candidates, who had passed their theoretical subjects at previous examinations, took the practical examination. Of this number, thirty-eight passed and two failed.

Sixty-three candidates took the June examination. Ten were eligible for both the theoretical and practical examinations. Fifty-three took the theoretical subjects, but will not be eligible for the practical pharmacy examination until after they have acquired four months of practical pharmacy experience subsequent to graduation.

There were two candidates for the practical examination who had previously passed their theory.

The subjects assigned at the November and June examinations were as follows:

| | |
|----------------------------------|--------------------------|
| Pharmacy and Jurisprudence | Norman J. Levin |
| Materia Medica and Pharmacognosy | Arthur C. Harbaugh |
| Chemistry | Alexander J. Ogrinz, Jr. |
| Chemical and Pharmaceutical | |
| Mathematics | F. S. Balassone |
| Practical Pharmacy | S. Earl Webster |

Record Of Examinations Held

November 2-3-4, 1959

| | | | |
|------------|--------|----------|--------|
| Applicants | Passed | Withheld | Failed |
| 8 | 5 | 0 | 3 |

June 20-21-22, 1960

| | | | |
|------------|--------|----------|--------|
| Applicants | Passed | Withheld | Failed |
| 63 | 10 | 48 | 5 |

Total Number Examined for Registration as Pharmacists

| | | | |
|------------|--------|----------|--------|
| Applicants | Passed | Withheld | Failed |
| 71 | 15 | 48 | 8 |

The following table shows the number of pharmacists who were registered by examination during the past ten years:

| Year | Number of Pharmacists |
|-----------|-----------------------|
| 1950-1951 | 41 |
| 1951-1952 | 63 |
| 1952-1953 | 65 |
| 1953-1954 | 77 |
| 1954-1955 | 50 |
| 1955-1956 | 96 |
| 1956-1957 | 60 |
| 1957-1958 | 53 |
| 1958-1959 | 79 |
| 1959-1960 | 61 |

Reciprocal Registration

Maryland continues to attract pharmacists from other states for reciprocal registration, many of whom are pharmacists who are in the armed forces and stationed in military bases in this State.

On several occasions, applicants for reciprocal registration who are in the armed forces, as well as those who are taking graduate work from other states at the School of Pharmacy of the University of Maryland, have not been in a position to comply with the regulation that one year must elapse since the time the applicants acquired licenses by examination in other states. In this connection, the Board has been compelled to require those applicants to take a practical pharmacy examination conducted by this Board. There were eight such applicants for reciprocal registration to take the practical pharmacy examination at the June examination.

All applicants for reciprocal registration must appear before the Board for personal interviews, and no applicant is accepted until he has been approved by the entire Board. They must sign an agreement to comply with the laws, rules, and regulations surrounding the practice of pharmacy in this State.

The following table shows those granted registration by reciprocity:

Registered By Reciprocity

| Name | Certificate | | State |
|---------------------------|-------------|----------------|-------------------|
| | Number | Dated | |
| Dunning, James Warren | 5947 | Sept. 15, 1959 | Georgia |
| Nobel, Louis Nicholas | 5948 | Sept. 15, 1959 | Dist. of Columbia |
| McClarren, Richard Monroe | 5949 | Sept. 15, 1959 | Ohio |
| Easton, James Orrin, Jr. | 5950 | Sept. 15, 1959 | Pennsylvania |
| Bercovici, Bernard S. | 5951 | Oct. 15, 1959 | Dist. of Columbia |
| Manian, Albert Ardashes | 5952 | Oct. 15, 1959 | Massachusetts |
| Boyd, Patricia Germek | 5996 | Dec. 31, 1959 | Indiana |
| Vasper, David Robert | 5997 | Dec. 31, 1959 | Pennsylvania |
| Cohen, Allan Ira | 5998 | Dec. 31, 1959 | Pennsylvania |
| Matchett, Jeremy Alyn | 5999 | Dec. 31, 1959 | Kansas |
| Rogers, William Earl | 6000 | Dec. 31, 1959 | Indiana |
| Deutschman, Barry Howard | 6001 | Dec. 31, 1959 | Dist. of Columbia |
| Boggs, Dorothy Jane | 6002 | Dec. 31, 1959 | Indiana |
| Feroli, Ernest Robert | 6003 | Dec. 31, 1959 | Massachusetts |
| Dorcas, Ramona Smith | 6004 | Jan. 31, 1960 | Ohio |
| Foss, Noel Elmer | 6005 | Jan. 31, 1960 | South Dakota |
| DeRosa, Salvatore Jack | 6006 | Jan. 31, 1960 | Dist. of Columbia |
| Koutras, Louis Anest | 6007 | Jan. 31, 1960 | Dist. of Columbia |
| Reiner, Frank | 6008 | Jan. 31, 1960 | Pennsylvania |
| Monroe, Robert James | 6009 | June 30, 1960 | South Dakota |
| Berry, Robert Alden | 6010 | June 30, 1960 | Dist. of Columbia |
| Bilodeau, John Rowan | 6011 | June 30, 1960 | New Hampshire |
| Katzoff, Annette Kendall | 6012 | June 30, 1960 | Georgia |
| Dunehew, Glenn Dale | 6013 | June 30, 1960 | Missouri |
| Levin, Julian Edwin | 6014 | June 30, 1960 | Dist. of Columbia |
| Miller, Jack Wessel | 6015 | June 30, 1960 | Dist. of Columbia |
| Weinstein, Michael L. | 6016 | June 30, 1960 | Pennsylvania |
| Wolford, Keith Harlow | 6017 | June 30, 1960 | West Virginia |
| Steinberg, Oscar Herman | 6018 | June 30, 1960 | Kentucky |
| McLaughlin, Jack McDowell | 6019 | June 30, 1960 | North Carolina |
| Wolinsky, Leon Herman | 6020 | June 30, 1960 | Pennsylvania |
| Topakas, George Alexander | 6021 | June 30, 1960 | Dist. of Columbia |
| Ingber, Louis William | 6022 | June 30, 1960 | Pennsylvania |
| Zettoonian, Carl Leon | 6023 | June 30, 1960 | Massachusetts |
| DeSantis, Henry Angelo | 6024 | June 30, 1960 | Connecticut |
| Hirz, Bernard Bennett | 6025 | June 30, 1960 | Pennsylvania |
| Brink, Joseph William | 6026 | June 30, 1960 | Pennsylvania |
| Pitchney, Irving J. | 6027 | June 30, 1960 | Pennsylvania |
| Berry, Robert Earl | 6028 | June 30, 1960 | Pennsylvania |
| Rotter, Joseph William | 6029 | June 30, 1960 | Dist. of Columbia |
| Ceccorulli, Donald John | 6030 | June 30, 1960 | Connecticut |
| Finn, William James | 6031 | June 30, 1960 | Vermont |

| Name | Certificate | | State |
|-------------------------|-------------|---------------|-------------------|
| | Number | Dated | |
| Schneider, Harold | 6032 | June 30, 1960 | Dist. of Columbia |
| Shapiro, Leonard Jay | 6033 | June 30, 1960 | Dist. of Columbia |
| Shevitz, Bertram Marion | 6034 | June 30, 1960 | Virginia |
| Thorne, Charles Frank | 6035 | June 30, 1960 | Wyoming |

The following table shows the number of pharmacists granted registration by reciprocity and the number who were certified to register in other states by reciprocity over the past ten years:

| Year | Reciprocity | Certified for Registration in Other States |
|-----------|-------------|--|
| 1950-1951 | 49 | 17 |
| 1951-1952 | 47 | 16 |
| 1952-1953 | 53 | 16 |
| 1953-1954 | 60 | 15 |
| 1954-1955 | 62 | 23 |
| 1955-1956 | 64 | 16 |
| 1956-1957 | 58 | 26 |
| 1957-1958 | 51 | 21 |
| 1958-1959 | 46 | 17 |
| 1959-1960 | 46 | 19 |
| Total | 536 | 186 |

The above table shows that Maryland has gained 350 pharmacists by reciprocity in the past ten years.

Pharmacy Permits

As of January 1, 1960, 745 permits were issued to pharmacies and 24 to hospital pharmacies in the State, making a total of 769.

There was an increase of seven permits issued over the previous year. In 1959, there were 381 county and 357 Baltimore City permits issued, compared with 391 county and 354 Baltimore City permits this year.

The following table shows the number of pharmacies in the counties of Maryland and Baltimore City:

| | | | | | |
|--------------|-----|-----------------|----|--------------|-----|
| Allegany | 19 | Dorchester | 5 | Queen Anne's | 4 |
| Anne Arundel | 31 | Frederick | 10 | Saint Mary's | 4 |
| Baltimore | 114 | Garrett | 2 | Somerset | 5 |
| Calvert | 0 | Harford | 10 | Talbot | 7 |
| Caroline | 4 | Howard | 4 | Washington | 11 |
| Carroll | 11 | Kent | 4 | Wicomico | 10 |
| Cecil | 6 | Montgomery | 63 | Worcester | 6 |
| Charles | 6 | Prince George's | 55 | | |
| Total | | | | | 391 |

| | |
|----------------------|-----|
| Baltimore City | 354 |
| Total | 745 |

The following table shows pharmacies opened, change of ownership, and those closed during the year:

| Year | Opened | Change of Ownership | Closed |
|----------------------|--------|---------------------|--------|
| Baltimore City | 5 | 20 | 10 |
| Counties | 26 | 19 | 6 |
| Total | 31 | 39 | 16 |

The following table shows the number of pharmacies opened, change of ownership, and those closed in the past ten years:

| Year | Opened | Change of Ownership | Closed |
|------|--------|---------------------|--------|
| 1950 | 24 | 24 | 7 |
| 1951 | 22 | 19 | 14 |
| 1952 | 22 | 16 | 8 |
| 1953 | 26 | 13 | 12 |
| 1954 | 36 | 32 | 24 |
| 1955 | 23 | 19 | 11 |
| 1956 | 28 | 20 | 18 |
| 1957 | 26 | 30 | 14 |
| 1958 | 28 | 24 | 19 |
| 1959 | 31 | 39 | 16 |

Manufacturers' Permits

There were 117 permits issued to manufacturers of drugs, medicines, toilet articles, dentifrices or cosmetics. Applicants for original permits are required to appear before the Board and furnish all information that is considered pertinent to the conduct of such operations.

The fee for a manufacturer's permit was refunded inasmuch as the applicant, after filing his application, decided to change his formula from a toilet article to a general household detergent. The Board does not require a permit to cover the manufacture of the product.

PRESCRIPTION SURVEY—1959

Baltimore

| | | |
|--|-----------|-----------|
| Average Number New Prescriptions Filled in 145 out of 359 Pharmacies | 7,686 | 11,831 |
| Average Number Prescriptions Refilled in 145 out of 359 Pharmacies | 4,145 | |
| Average Price of Prescriptions in 145 out of 359 Pharmacies | \$2.60 | |
| Estimated New Prescriptions Filled in 359 Pharmacies | 2,763,836 | 4,254,547 |
| Estimated Prescriptions Refilled in 359 Pharmacies | 1,490,711 | |

Counties

| | | |
|--|-----------|-----------|
| Average Number New Prescriptions Filled in 161 out of 384 Pharmacies | 12,155 | 19,085 |
| Average Number Prescriptions Refilled in 161 out of 384 Pharmacies | 6,930 | |
| Average Number Prescriptions Refilled in 161 of the 384 Pharmacies | \$2.85 | |
| Estimated New Prescriptions Filled in 384 Pharmacies | 4,637,929 | 7,282,168 |
| Estimated Prescriptions Refilled in 384 Pharmacies | 2,644,239 | |

State

| | | |
|--|-----------|------------|
| Estimated New Prescriptions Filled in 743 Pharmacies | 7,401,765 | 11,536,715 |
| Estimated Prescriptions Refilled in 743 Pharmacies | 4,134,950 | |

Cooperative Activities

The Board maintained membership in the National Association of Boards of Pharmacy. The annual meeting of the Association, to be held in conjunction with the annual convention of the American Pharmaceutical Association, will be held August 15-16, 1960, at Washington, D.C. The Board will be represented by Mr. Alexander J. Ogrinz, Jr., Mr. Norman J. Levin, Mr. Arthur C. Harbaugh, and Secretary-Treasurer F. S. Balassone.

The Board also maintained membership in the Conference of Boards and Colleges of Pharmacy of N.A.B.P. District Number Two, comprising the States of New York, New Jersey, Pennsylvania, Delaware, Maryland, the District of Columbia, Virginia, and West Virginia. The annual meeting was held at Pittsburgh, Pennsylvania, on October 22-23, 1959. The Board was represented by Mr. Alexander J. Ogrinz, Jr. and Secretary-Treasurer F. S. Balassone.

Finances

All funds of the Board of Pharmacy are deposited to the credit of the Treasurer of the State of Maryland, and disbursements covering the expenses of the Board are paid by voucher by the State Comptroller.

MARYLAND BOARD OF PHARMACY

Statement of Receipts and Disbursements for the Period from July 1, 1959, to June 30, 1960

| Receipts | | | |
|-----------------------------------|----------|-----------|-----------|
| Balance with Comptroller, | | | |
| July 1, 1959..... | | 32,243.66 | |
| Students' Registration Fees..... | 90.00 | | |
| Examination Fees | 1,825.00 | | |
| Reciprocal Registration Fees..... | 2,300.00 | | |
| Certification Fees | 19.00 | | |
| Duplicate Certificate Fees..... | 35.00 | | |
| Manufacturers' Permit Fees..... | 605.00 | | |
| Pharmacy Permit Fees..... | 2,564.00 | 7,438.00 | 39,681.66 |
| | | | |
| Disbursements | | | |
| Salaries and Wages of Employees.. | 3,062.92 | | |
| Communication | 204.00 | | |
| Travel | 1,102.29 | | |
| Contractual Services | 640.55 | | |
| Supplies and Materials..... | 526.86 | | |
| Fixed Charges | 140.73 | | |
| Refunds | 30.00 | 5,707.35 | |
| | | | |
| Balance with Comptroller, | | | |
| June 30, 1960..... | | 33,974.31 | 39,681.66 |
| | | | |

At the conclusion of Mr. Balassone's report, Mr. Morgenroth commented on the average price of a prescription in Baltimore of \$2.60 in comparison to the national average approaching \$3.25. Mr. Morgenroth pointed out that the difference in price indicated that pharmacists in Maryland were not pricing prescriptions realistically. He stated that the difference was primarily due to the fact that professional fees were not considered in prescription pricing. He further stated that pharmacists as professional people are entitled to a professional fee for their knowledge and responsibility.

Mr. Portney inquired if Mr. Balassone had a breakdown on Medical Care prescriptions. Mr. Balassone replied that he does not have a separate breakdown on Medical Care prescriptions, but the figures states included such prescriptions. President Mouat suggested to Mr. Balassone that he consider Mr. Portney's suggestion to include Medical Care prescriptions in future reports.

President Mouat then introduced First Vice President Harold Goldfeder who in turn called on President Mouat to deliver his president's address which follows:

"Ladies and Gentlemen, frankly I feel a bit strange in standing before you as President of this Association. I have been a member of the Maryland Pharmaceutical Association for many years. I have been honored by it in many ways and I have been the recipient of countless courtesies at the hands of the members themselves. In return, I have honestly tried to serve this Association to the best of my ability and to do all that I could to advance the interest of Pharmacy. I am a member of the pharmaceutical profession, and it is my responsibility as well as yours, to do all that we can to improve its standards and to augment its worth. I am not looking upon this presentation as a formal address, but rather as an informal chat. You have intrusted certain duties to me as a member of the family. I want to talk them over with you and give you my impressions as to what has been done and what needs to be done in the future. I have grouped the topics under appropriate headings simply as a matter of convenience."

Sound familiar Dr. Bob? That was Dr. Swain's address in the year that he was our president. I had already written my address and went back to see what Dr. Swain had to say. It sounded so much like the way I thought, that I thought it was me too. I just want to read you his conclusion out of his same address:

"I can do no more than to close this address with the assurance that I shall avail myself of every privilege in the future as I have in the past, to serve the Maryland Pharmaceutical Association to the best of my ability." I think the years since his address has proven that. Thank you Dr. Bob.

Frankly, I have no reason to read this address. It was not my thinking when I came to this Convention to read it. You all have copies of my remarks. It has been brought to my attention, however, that possibly the only way you will ever hear it is if I read it because

I know that there have been some addresses in the last 30 years that I have not read either. My other reason for not reading the President's address is I believe, it is only a culmination of a year's work of men who have worked for him. I actually have been, let's say, the figure head. You heard the work that has been done, yesterday. But since it has been customary to have the Presidential address read, I am going to read it anyway. I want you to know that I did write it and you are stuck with it.

PRESIDENT'S ADDRESS

Gordon A. Mouat

Fellow Pharmacists and Friends:

It has been my good fortune and honor to have held the reins of office in the Maryland Pharmaceutical Association for the past year. I have always believed that the greatest honor a person's contemporaries can bestow upon that person is to put him in a position of leadership. For this reason, I am grateful to you all.

In many ways it has seemed to me that, for the past year, our field of pharmacy closely parallels the general conditions of the world today. I am not certain if we are in a period of peace following the storm, or just the lull preceding rougher sailing. I would guess that in both instances the future will depend upon strong, sure, and sincere leadership and a willingness on everyone's part to give a little and take a little.

This being an election year in our country, we must make every effort to elect a president that we can be confident will make the proper decisions and whose reputation is such that our allies as well as our dissidents, not liking to use the term enemies, will know that he, as our leader, will stand behind the decisions that we make. I am sure this Convention considered the same qualities when the slate of officers was chosen. Our need in pharmacy is just as great as our need nationally.

I do not believe there should be "Yalta Agreements" in either world society or in our Association. It is my conviction that decisions are to be made by the body and these decisions used by our leaders as a guide for all their work.

I presume "Summit Meetings" have some value if the lines of procedure and actions follow the dictates of the body. It is possible in this area that there be a compromise as long as the final accomplishment remains in the frame-work of the wishes of the majority.

I have previously mentioned a period of peace; I use this term in regard to our Association merely because in the past year, I know of no single piece of work that has been finalized.

Many of our problems are not just current, but are ones that have existed for a long period of time and still require much work and sound thinking.

I would like to mention a few of these problems so that our body as a whole realizes the fields in which your executive family has been directing its attention.

Possibly one of the most important things to happen in the drug field since the Tydings-Miller Enabling Act, that allowed the establishment of Fair Trade, has been the Kefauver Investigation.

To this present time the investigation has not actually invaded the retail field, but when prices are quoted at crude drug level and compared to price to consumer, the retail field is being brought into the picture.

I must confess, I believe Senator Kefauver has had some very bad advice. This is the only reason I can think of, that would be an excuse for a national figure and past candidate for nomination to the presidency of this country to conduct such a one-sided and unfair investigation. This has not been an investigation of a cross section of the drug industry in a democratic manner which this country expects, but one that was completely biased and for lack of a better word, I will say "framed".

It is one thing to have witnesses that are unbiased, and statesmen preparing charts that are fair, and then hearing both sides of an argument; but it is another to have hand-picked witnesses that will testify in a way desired, and statisticians that will prepare charts that show one side of a picture only, but are presented as being a true over-all picture.

We have seen and heard stories of 1000 and 2000 per cent profit in the drug industry, but the facts used to illustrate these figures are ridiculous. My information is that there is between \$50.00 and \$75.00 of crude material used to produce an automobile, but certainly none of us would compare this cost with the selling price of the shiny, new, and improved automobile with which we replace our 1955 vintage, but actually this comparison would be as silly.

Would one of the staff of the investigators want his doctor to prescribe aspirin and bed rest if he or one of his family had pneumonia or subacute bacterial endocarditis? The chances are instead of accepting this long and probably fatal treatment, he would get another doctor that would utilize the modern advances in the drug industry, thus almost insuring a cure and a very short period of convalescence. Are the costs of these modern drugs high? Perhaps they would seem so if we do not consider all angles. In the case of pneumonia I previously mentioned, in most cases \$15.00 worth of the antibiotics plus two visits of the doctor, and at most, ten days off work and you have recovery. Compare this with the previous treatment; you stayed home, had several \$.75 prescriptions filled, daily visits from the doctor, and generally died. If you were in the upper financial bracket, you went to the hospital, acted as a guinea pig hoping one of the vaccines of the many pneumonia strains would be effective. If you were one of about 20% so treated, you would go home a month later, stay home another month, and then back to work; of course, the other 80% died. This is not an unusual example; most of the diseases that have been conquered are just as fantastic in the actual costs compared to the treatment of yesteryear.

I believe after an unbelievably bad start, the pharmaceutical industry has recovered its composure and has tried to present a good case under very adverse conditions. Most of the many facets of the industry have joined together and presented a united front, including the retail field. Most of the members of the drug industry which have presented unfavorable testimony seem to have a personal reason for so doing.

The public would have to look far to find an industry that lowers the price of its product as spectacularly as in our field. Can you still remember, during the last war, when penicillin was released to the public for \$20.00 for 100,000 units? The same dosage is now about \$.10. There are many items that have dropped in price in the same ratio—the sulfas, insulin, many of the vaccines. True, the research and clinical costs of new drugs is very high per selling unit, but when one is successful, the cost and selling prices tumble rapidly.

We know in many instances, the drug industry is at fault, particularly in its policy of inter company sales, sales to clinics, and the seeming vast discrepancy in costs to governmental agencies and the regular retail trade. I believe the Kefauver Investigation will do much to make the drug industry see its faults, and I am sure they will soon clean their own house.

Medical Care has become quite an issue in the last several years, and in this coming election year, the extension of Medical Care for the aged is becoming a good political issue. The Forand Bill has been showing over the horizon for quite some time, but with the strong lobby against it, never seemed to quite make much of an impression on the legislatures. It now seems that suddenly the politicians have discovered that the people in our country over the age of 65 are fast becoming a large group that can become a large bloc of votes.

There is no question that we must consider the medical needs of this large group of people and see that they are satisfied. There is also no question that the handling of this problem be approached **sensibly**. It goes without saying that the needy should be cared for, but certainly a whole age group should not be subsidized merely because they happen to be over a certain age of life. If they financially cannot care for themselves, and those to whom they are near and dear cannot, or will not, care for them, then I believe the course of the government is very clear. The mechanics of this operation will of necessity be complex. Is it to be an extension of our present Social Security System, which is already at the point that it is a hardship on the employer? Is it to become just another facet of our tax dollar where either the local or federal government, or a partnership of each, will funnel some of the general tax funds into another source of expenditure? Would it not be better if there were a system whereby the individual himself would help to prepare for his day of need by contributions during his productive time of life with the tax dollar being utilized to augment his own effort? This latter seems to me to be the most democratic,

where the government is just an adjunct to our own efforts. To say we can completely anticipate our own needs is impractical; with the changing standards of living and rises in cost of living, none of us can see far enough in advance to evaluate our needs.

Whatever the final conclusion, we in pharmacy must be ready to do our share. As in Maryland's present Medical Care Program, pharmacy is sharing the load along with the other professions, and must continue to do so in whatever system is adopted to care for the medically indigent who may not have reached a welfare state level.

With the mention of our State Medical Care Program, I would like to congratulate our pharmacists for the job they are doing toward the conservation of their community's health disregarding their small financial remuneration; and at the same time thank our state and local authorities for their past aid and consideration shown the pharmacy profession.

The status of new or improved pharmacy laws in our state are a little indefinite at this time. Most all of you are now familiar with our problems of last year. At that time, we attempted to revise our general pharmacy laws but because we were a house divided, nothing was accomplished. After most of our confusion has subsided, a referendum was mailed state-wide and the results tabulated.

During the past year, the legislative and law committees have worked hard endeavoring to chart a practical course for our legislature future regarding new or revised laws, keeping within the frame-work of the referendum. I am led to the belief that the results of their labors will be brought to this Convention for the approval of this body.

I hope we all will gravely consider any legislature that we are asked to support, asking ourselves first are they for the good and welfare of the public; secondly, will they help the profession of pharmacy and help to raise us all in the esteem of the layman; then and only at this time, will they help us individually, be it financially or ethically.

Any of us who read the daily papers and the top-rated magazines know of some of the bad publicity we have gotten. Much of this can be eliminated if our laws are strong enough and the enforcement bodies are given enough authority to make them stick.

Another great issue concerning both ourselves and the general public is a more thorough control of the sale of drugs. This is an issue that is certainly not localized in any section of our country, but is a national problem. How to conclude this issue has been considered by many of the best brains in pharmacy. Many of their decisions have been too radical; many too much concerned with our economics. The most logical conclusion seems to be the classifications of drugs into three categories: 1) General household remedies needing no supervision, 2) O. T. C. drugs with warnings and safeguards on the labels, to be sold in drug stores only, and 3) Truly prescription drugs handled only by the pharmacist.

I do not know what conclusion your committees have reached, but I am sure you will all adhere to their decision.

I have left the most controversial, and to me, the most important problem, as my last thought, namely, Fair Trade.

My statement regarding the importance of Fair Trade is probably motivated by the thought of the vanishing "corner drug store." In my mind, this is merely a result of economic conditions. The rising overhead, both of the tax and labor situations, along with the outmoded 33-1/3% profit picture still utilized by the manufacturer, has squeezed the profits to such an extent that the retail pharmacy field no longer is attractive to the high school graduate as a way of life. The only way the profit margin can be expanded at present is for the proprietor to work a 60 hour or longer week, and with the current wages being paid even to the laborer or factory worker without benefit of college training, one must have the attitude of a true philanthropist to desire the retail pharmacy field.

If it is possible to imagine today's retail pharmacy short profit period being still further squeezed by lack of price controls, initiated by Fair Trade, you can see only ruination of independent pharmacy. This statement can best be illustrated by the fact that our immediate neighbor, Washington, D.C., has not had a drug store opened by an independent pharmacist for three years. When you remember that in Washington there is no Fair Trade and the business is controlled by giant chains whose volume is gotten from merchandise that is not even related to the drug field, you must see the "writing on the wall" if such conditions existed nationally. This situation is not just true in the pharmaceutical field, but also in the independent hardware, jeweler, grocer, appliance dealer, etc. Yet, despite this, pharmacy seems to be carrying most of the load in the fight for Fair Trade.

Our efforts to preserve Fair Trade in our state have probably been as great, if not greater, than anywhere in the country. We have been very fortunate in having our state law upheld whenever it was contested and possibly one of the most important victories of the year was when the ruling of the Circuit Court of Montgomery County was reversed in the retailer-retailer suit.

To my knowledge, there have been at least a dozen suits in the courts since our last Convention, and I believe in all, our Fair Trade Law has been found sound. With proper diligence and cooperation on the parts of both the retailer and the manufacturer I feel sure we can retain and improve this picture.

It is a little hard to understand the opposition to Fair Trade in our Congress. Without exception, all Congressmen say they are in favor of aid to the small business man, but are very hard to convince Fair Trade can be the very core of this aid. Many say that this is class legislation, but when one considers farm subsidies, minimum wage, controls on the railroads, etc., are they not class legislation? Are they not actually Fair Trade? Our request is not for subsidies, not for prices to hurt the consumer, but just to

protect our business against the unscrupulous giants with their "loss leader" promotions.

The status of our attempt for a Federal Fair Trade Act, at the time of this writing, is uncertain. As you know, an attempt was made to get a national law enacted last year, but when the Senate Interstate Subcommittee voted to take no action on Senate Bill S-1083 in the 1959 session, the legislation was dead. This action by the Senate was really dictated by the action of the House Rules Committee in refusing to act on H.R.-1253. At this writing, as a last resort, Representative Oren Harris has introduced a House Resolution No. 5 to attempt to have the bill taken from Committee and brought out for a vote on the floor. Since this procedure requires the signatures of 219 Representatives, much work is necessary in all small retail enterprizes to contact and convince their Representatives that this legislation is essential for survival.

I have tried to put a few of my thoughts in this short message, realizing that on many of the items I have touched briefly, books have been, or could be, written.

I close my year with the plea that all in pharmacy join together and mutually try to solve our problems. Merge all of our small groups and present a united front in an effort to make pharmacy a field that attracts the best from our high schools, and places us at the top of the professions because of our ethics, our behavior, and our business "know how".

Perhaps being close to the picture, I have lost some of the outline, but I feel I have not accomplished a great deal in the past year, and I have left too much for your new officers. I feel sure they are quite capable of the challenge and with your help will continue to assault all obstacles.

Any work I have done in the past year could not have been accomplished without your help which has been forthcoming through the efforts of the many committees.

I must thank all my committees, particularly the chairmen who must institute the committee activity. The help of the executive family has been tremendous, and the help of the office force under our able Executive Secretary has been all that could be desired.

Again, may I express my grateful and humble thanks for the honor that you have bestowed upon me.

Vice President Goldfeder complimented President Mouat on his address and the audience gave him a rising round of applause. The address was referred to the Executive Committee for further consideration. Mr. Goldfeder then returned the gavel to President Mouat.

Before continuing with the speaking program of the day, a short recess was called for coke and crackers.

President Mouat announced there would be a discussion period at the conclusion of the entire speaking program for the day. He

urged all to write down questions to be asked during the discussion period. The first speaker of the afternoon was Mr. Russell Vollink, Field Administrative Executive of the Bulman Corporation. His subject: "Mass Merchandising and Store Modernization."

MASS MERCHANDISING AND STORE MODERNIZATION

**Russell Vollink, Administrative Assistant
The Bulman Corporation**

The revolution in retailing methods which has taken place during the past several years has been variously referred to as "self-service," "self-selection," "quick-service" and so forth. As applied to the retail drug field, we feel that none of these designations is appropriate, in fact, it is not possible or even desirable, to effect complete self-service in a drug store. We believe that "mass merchandising" best describes this most effective way to move the maximum amount of merchandise from manufacturer to consumer quickly and at a minimum of expense.

Mass production has long been a household phrase in this country. Mass distribution was made possible by the services of hundreds of jobbers and distributors throughout this country who supplied the thousands and thousands of retailers whose stores blanket the nation, making every conceivable type of merchandise readily available. The host of items available through mass production and distribution requires mass-purchasing. The motivation for this was achieved by a lavish outpouring of advertising and sales promotion dollars from the budgets of manufacturers.

This mass production, mass distribution, mass merchandising, mass-motivation—to purchase complex had a prominent part in establishing and prolonging our unprecedented prosperity which provided customers with pockets full of cash or ample credit. But there was a weak link in this manufacturer-to-customer chain—the stand-pat attitude of many retailers in their reluctance to break with conventional retailing methods. Mass display of their products at points of sale was a vital need of brand-name manufacturers. This was necessary in order to take full advantage of the millions of dollars spent in pre-selling their products and in making these products household words.

Many druggists refused to co-operate. Some were reluctant to do so because of the lower percentage gross profit on some such merchandise, as compared with less well known similar products. Much time, money and effort was expended in training sales people in face-to-face selling of substitutes for nationally known, brand-name merchandise. In many cases brand-name merchandise was kept out of sight, and was sold only on the insistent demand of the customer. In the meantime, super markets were attracting more and more attention.

Mass merchandising methods were proving highly successful in solving the problems of rugged competition, slim profit margins and ever-higher sales personnel costs. Eventually some super mar-

ket operators, convinced that mass merchandising technique could be applied to almost any type of retailing, decided to try it out in drug stores. The first such stores were patterned after the usual super market lay-out of that period. The prescription department occupied about the same relative position as the meat department, and regular drug store accommodation merchandise was placed near the check-out, while clerk-serviced departments, such as cosmetics, were placed in locations corresponding to that of the produce departments of the super markets.

Attracted by the considerable success of such drug stores, super markets decided to add non-food items to their lines, paying special attention to the well-advertised, brand-name, pre-sold drug store products. At first the super markets had some difficulty in finding sources of supply for this merchandise, for the druggists shouted "There ought to be a law" and threatened to boycott any manufacturer or jobber found guilty of supplying such outlets. But economic vacuums always find avenues of relief sooner or later. In this case the relief came from a new type of supplier, the Rack Jobber. Rack Jobbers furnished the super markets with drug store merchandise and the "racks" upon which such merchandise was displayed. The first such racks were units about four feet in length, containing five or six shelves. These departments grew rapidly until their average length was about thirty-two feet, displaying about 150 of the very best known brand-name drug store merchandise. The rack jobber kept the shelves well stocked and invoiced the super market at competitive retail prices, less a discount that appeared generous to the grocer.

Eventually the volume became so lusty that the business was recognized as legitimate, and manufacturers were soon vying for the privilege of selling such volume outlets direct, druggists' threats and complaints notwithstanding. It may be said to the credit of most all of your regular service jobbers that very few entered this field, despite the strong temptation to do so, considering the fact that super market volume in brand-name drug store merchandise immediately shot upward, and was in a few years to pass, the \$500,000,000.00 mark yearly.

In reviewing the history of the evolution of mass merchandising, it is interesting to note that trained super market operators met with more success when they invaded the drug field with their mass merchandising ideas than did the first druggists who partially converted their conventional drug stores over to this new method of retailing. This initial lack of success by these first druggist experimenters had a retarding effect on the whole idea, as applied to the retail drug field, but as more and more of the proper technique was learned, the number of mass merchandising drug stores increased rapidly. Usually these converted stores were successful in direct proportion to the extent that they were willing and able to profit from lessons previously learned by successful operators of such stores and from store engineers of experience in design and layout of this type of operation.

"To hold fast to that which is good" certainly does not apply to old methods and old fixtures which changing times and new conditions have made obsolete. The re-working of old fixtures often proved to be a case of glamorizing past mistakes. Roller-bearing automobile wheels on a farm wagon will make it run more smoothly, and will be easier on the horse, but the vehicle will still be a horse-and-wagon conveyance. Much more is involved than merely trading old fixtures for new ones. So, with the foregoing as a background, we will try to give you a general idea of the prime factors involved in planning a successful mass merchandising drug store.

Because of the physical restrictions which may limit you in your present location, for our purpose here, let us consider an entirely new project. Your first and primary consideration then is location. Many will insist that personality is the most important factor involved in the successful operation of a retail drug business, but most of you know of successful drug operations which are successful because of excellent locations, in spite of lousy personalities involved. We repeat, location is the most important factor involved in the successful operation of a drug store. Since most shoppers use their automobiles on all shopping trips, even though living only a block or so from the store, accessibility of your location is of utmost importance. The building should be so located that access to and from major highways, as well as local residential streets, is convenient, easy and safe. If located on a super highway, or on a high-speed, one-way street, it is well to keep in mind that special attention should be given to the design of approaches and exits, if any considerable number of customers are to be diverted from this traffic to your store. For this purpose, store front design is very important, but we will treat the subject of store fronts more later.

Parking

Ample parking space, conveniently located in relation to entrances, is imperative. The modern version of an old saying goes like this: "Build a better mousetrap and patrons will beat a path to your door" . . . provided you have a good location with ample parking space. Side parking is good, but front area parking is best of all. This is especially true for drug stores because so many customers have in mind the purchase of only one or two items, and so are apt to stop at the first store which offers the most conveniently accessible parking space. The minimum size of the off-street parking space for new building projects is usually set by the building code, and such minimum is apt to be adequate for the needs of a drug store, unless preempted by customers of other merchants. This situation is not unusual, and should be given due consideration beforehand.

Size Of Store

Many factors should be considered in determining the size of the new store building. It should be large enough to adequately

serve the community currently and in the foreseeable future. A store which is too small to handle the potential volume is uneconomic and an open invitation to future competition. A store may be said to be too large only when, with adequate equipment, stock and good management, insufficient volume is obtainable to justify the fixed over-head expenses. Another important factor in determining the size of the store is the size and location of the plot of land on which the store building is to be located, and the amount of help which may be expected from other merchants in attracting traffic to the area. A large, general-store type of operation all alone on a large plot of land may have enough merchandising attractions to make a go of it, whereas, a little 1200 square foot project would not attract enough attention to get along. It is well to keep in mind the fact that stores of up to 8000 square feet in area, properly designed and fixtured, may be operated with almost the same personnel expense as some conventional stores in half that area.

Entrances

Entrances should be inviting in appearance and conveniently located in relation to the parking area, but the size and shape of the store, and traffic control within the store, must also be taken into consideration. This is especially true if it is found that two entrances are needed. Certain high-volume departments can have a bearing on the location of the second entrance, and vice versa. If it is determined that a second entrance is needed, it must be no less inviting than the first. Each entrance should be so placed that they will not interfere with proper store lay-out, and facilitate store traffic control with use of a minimum number of sales people.

Store Fronts And Exteriors

Store fronts and exteriors are designed primarily to attract customers into the store. Most any new front will stand out like a beacon in a block of out-dated, drab structures, but in new developments, where all store fronts are apt to be modern and similar, it is well to consider the value of using a front of striking design. Color may also be used effectively to add attractiveness and invitation. This is especially important when the location is adjacent to a heavily traveled highway.

Color Styling

After many years of research and practical application of what has been learned about color, authorities agree that here is a sales tool whose importance has not been fully appreciated and has too often been grossly misused. The use of color therapy in the treatment of disease, especially mental disorders, in hospitals and other institutions, has indicated that there is a real psychological value in the intelligent use of color in both trade and industry.

Certain designers of radical tastes, with their black walls and red ceilings and shockingly brilliant hues, have mistaken audacity for originality. The more practical and scientific designers

approach the subject with a desire to take full advantage of the knowledge gained by practicing psychologists and psychiatrists in the use of color as a therapy.

When it is shown that yellow-green in an airplane aggravates nausea; that large areas of ultramarine blue may cause dizziness, by tending to make the eyes near-sighted; that strong light reflection from lemon-yellow walls may induce a psychological form of jaundice; and that too much white may so constrict the eyes as to cause sharp head pains, then it naturally follows that certain other colors, and combinations of colors, may have an opposite and palliative effect. Thus has been established the importance of expert color styling and co-ordination, not only from the standpoint of the mood and comfort of the store's customers, but also the comfort, morale and enthusiasm of the store personnel.

Perhaps you may recall stores in which you are ill at ease, fidgety and uncomfortable, while being at a loss to understand why. Other stores may seem to radiate an atmosphere of relaxation and well-being. Shopping such stores can be a pleasant experience of browsing around with a feeling of contentment and serenity. Proper use of color styling and co-ordination can make the difference.

The approach should be toward achieving an effect which will be in harmony with average preferences. Most druggists are merchandising to the masses whose tastes in style, color and design tend to be simple. For this reason, too great a departure from mass acceptance in color and styling should be avoided. If one has a yen for a highly individualistic color treatment, it should be used at home, where it may not have a disastrous effect on store volume.

In color styling, unfortunately, it is hard to lay down hard and fast rules which may be applied under a variety of circumstances. As color is affected by the quality and intensity of the prevailing light, one of the first factors to be considered is the amount and quality of daylight illumination your store receives. This will be partially determined by the areas of unrestricted window space and the direction of exposure. Under certain conditions, eastern and western exposures may fair best under different color treatment, while it is readily apparent to even the uninitiated that the amount and quality of daylight illumination in a store with a southern exposure, compared to one with a northern front, is such that it may be advisable to reverse the color styling in each case.

Then there is the size and shape of the room to consider. You may find it advisable to "shorten" the length of a long, narrow room by the use of an appropriate dark tone at the far end; or to lengthen a too-short room with a light color; or to "lower" a too-high, or cluttered, ceiling by the judicious use of a charcoal color along with proper lighting treatment.

The quality and type of artificial illumination must always be taken into consideration. If there is too much glare, walls and ceilings may be painted in colors which will reduce the glare by absorbing some of the light. The reverse may be necessary, in which case,

the effectiveness of the lighting may be increased by the use of colors of more light-reflecting quality.

If fluorescent lighting is used exclusively in areas where the merchandise should be displayed in a manner which will show daylight color values, it may be necessary to add some yellows and reds to nearby reflecting surfaces, or to use a combination of fluorescent and incandescent lighting, for true fluorescent are deficient in reds and yellows.

What Is A Fair Rental?

In the past it has been the custom of at least one super market chain to sign a lease on a new building calling for the payment in rent over a ten-year period of an amount equal to the cost of the building. Thus, if the building cost \$60,000.00 to build, the rental payment would be \$500.00 per month. Today, \$60,000.00 should build a store building of from 4000 to 6000 square feet in area, depending upon the type of construction and local wage scales and working conditions.

A flat rent payment of \$500.00 per month would mean that you would have to do \$300,000.00 yearly to get your rental cost down to 2%; \$200,000.00 for 3%; \$150,000.00 for 4%. In considering a flat rental charge, bear in mind in the long run, such a lease may be the most desirable, but in this connection you must take into consideration your cash position. Very few locations take off at a profitable volume right from the start; from six months to two years is usually required. Some landlords will allow for just such a contingency by asking for a smaller rental payment for a given period of time, or until your volume has attained a stipulated amount. However, if he is willing to do this, he may suggest that you should be willing to pay an added percentage of your gross sales over a specified figure.

Bear in mind that it will cost the builder about the same amount of money to build the building, regardless of the value of the ground on which it rests. But, as far as you are concerned, the real value of the land and building is determined by the amount of profitable dollar volume of business you are able to do there. Therefore, while it may not cost the builder any more to build, a suitably located building may become, because of its location, of much more value than a corresponding building less satisfactorily located. This is why an equitable lease usually calls for a flat rate minimum low enough to allow the leasee enough time for a volume build-up, and provides for the payment of a percentage on all volume over a specified amount. Some leases call for a maximum rental payment, regardless of the volume eventually attained. Of course, conditions, as well as landlords, vary considerably, but the above formula may serve as a basis for intelligent discussion of the problem. Bear in mind, however, that once you have signed the lease, you have committed yourself to one fixed expense which you cannot do very much about except to pay as agreed.

Store Layout

After all the factors calculated to make it easy and convenient for your customers to get to, and into, your store is solved; a no less important problem must be approached; that of inducing them to do an all-out job of shopping the entire store. This involves store lay-out and customer traffic control. In the larger stores, it is sometimes advisable to use magic-carpet-type one-way gates in order to better direct store traffic. Traffic control, however, involves also the placement of fixtures, location of departments, and the placement of merchandise within those departments.

Certain departments, adequately merchandised, are store traffic magnets, drawing customers to look and to purchase. In some locations, a good fountain and luncheonette department is hard to beat as a traffic builder. An adequate greeting card department, magazines, utility bill collection, and money order windows, and sometimes branch post offices, are examples of traffic control departments. Such departments should be located in such a manner as will help in assuring traffic flow to all areas of the store. Mass displays of baby goods are always effective customer magnets. Such departments contain a large percentage of brand-name pre-sold merchandise, displayed in proper relation within the department, which gives the druggist the best assurance of success in "leading" the customer through the store as a do-it-yourself salesman. The packaging of such merchandise has been scientifically designed to help make the article sell itself to your customers. It has been conclusively proven that, when merchandise is properly displayed in adequate quantities, customers will sell themselves more brand-name merchandise than they will buy from clerks, and this applies especially to economy sizes, when such sizes are in fact an economy buy.

The Prescription Department

Dr. Rufus Lyman is quoted as having said that, "A Pharmacist should be one who knows more about drugs than anyone else." And Dr. Elliott, "The Pharmacist must be a professional man who understands thoroughly what he is doing, who comprehends the scientific basis of drugs and drug action, who is able to evaluate critically the products he handles, who is competent to advise physicians and other members of the health professions concerning drugs and their uses, who works at his profession creatively and advances his services."

Since we must agree with the good Doctors' definition of a Pharmacist, then it naturally follows that the prescription department, the laboratory of the Pharmacist, should be the very heart of the Pharmacy, and be equipped in keeping with this high concept. The location and design of this most important department should be such that the general activities of the store are at all times under the visual control of the Pharmacist, while at the same time affording adequate privacy to him in the discharge of his professional duties.

Given these conditions, the Pharmacists who are proud of their profession, then a professional atmosphere is assured.

The actual location of the prescription department within the store will depend a great deal upon the type of operation, and the size and physical characteristics of the building, but, in any event, whether fifty or five hundred scrips are filled each day, this department should be adequately highlighted and situated in such a manner that the Pharmacist, the most important man in your store, is readily available to the customers.

The Prescription Department should sparkle with the cleanliness of a laboratory in which the Pharmacist may rightfully take pride in rendering professional service to members of the medical profession and their patients. Let's be done, once and for all, with this ducking behind a solid wall into a prescription room hide-away which, too often in the past, had the appearance of a cross between a cluttered office, a medicine man's tepee and a boar's nest.

The actual amount of space allotted to the Prescription Department naturally will be determined by the total amount of space available, the anticipated potential and the wishes of the management. The smaller the area available, the more necessary it is to use methods and equipment which will best utilize the available space. Equipment which makes possible the orderly arrangement of bottles and packages on dust-free, out-of-sight shelves, with open shelves for the more attractive and professional appearing containers, is a most desirable combination. Glass enclosed units may be used for new products as they appear on the market.

It is well to always bear in mind the fact that your prescription department is your reason for being in the drug business. Without it, you would be operating just another patent medicine store. Your overall success as a retail merchant may very well be determined by your ability to take full advantage of your professional status by effectively dramatizing your prescription department. The larger the store, the more important does this become. A valid criticism of some of the larger drug stores has been that they have lost their personal touch. This need not be so, it may be overcome by the proper approach in store layout, so that the activities of the Pharmacist are carried on in an area where his presence will add that vital, personal touch to the more important transactions.

The Soda Fountain Question

For decades the drug store has been noted for its soda fountain almost as much as its prescription department. In some cases, the soda fountain has even pre-empted its dominant position in the public's eye. What about the soda fountain?

We believe the idea that ice cream alone may be dispensed at a drug store soda fountain at a profit, or that such a fountain operation is a traffic builder, is largely a myth. When combined with food, in a fountain-luncheonette operation, the picture can change.

Even then, however, the question as to whether or not your store should include a fountain-food department, still rates an "if" and "but" answer. Before deciding either way, we believe that the druggist should give careful consideration to the following points:

1. Is your location right for a fountain-food operation? Type of trade? Parking facilities? Amount of space available in store? Competition?
2. Assuming that a fountain-food operation would be an asset to you as a traffic builder, would it show a net profit equal to what could be realized by adding a new department, or expanding a present one in the area such an operation would occupy?
3. If conditions favor the installation of a fountain-food department, would you be willing and able to take the time to assure proper management control over this department? This point is extremely important. Few druggists are making a direct net profit out of the operation of their fountains, but a fairly comprehensive survey has shown that those few fountain operations which do show a profit are doing so more because of close management control over fountain operations expense than because of a larger gross margin of profit.
4. How extensive the luncheonette should be will be determined by obvious factors, but it should be extensive enough to take care of the needs of the location without depriving other departments of profitable space.
5. A mass-merchandising drug store is really a group of merchandise and service departments. Each department is supposed to help every other department. It is therefore unfair, and often inaccurate, to say that, based on its share of overhead against sales, the fountain department is a money loser. Taken alone, some other departments would not make a very good showing either.
6. **LOCATION OF FOUNTAIN.** If the decision is finally in favor of having a fountain-food department, the question of its location in relation to other departments becomes important. If the operation will be active enough to require full-time service from the employees in that department, then it should be located in that portion of the store which ordinarily would be at least active. The shape of the store building, such as an "L"-shape or one with an alcove, will also have a bearing on your decision. If high school students will account for a large portion of your volume, then this fact should be taken into account so that their noisy congregating shall interfere as little as possible with other departments.

An important fact to remember in considering the fountain-food question is that your problem is an individual one. Every related factor and circumstance should be taken into full considera-

tion before a final decision is made. Buying habits, and eating habits, have changed considerably since the first soda fountain was installed in a drug store. Your problem is to determine the most profitable use of the available space in your store.

The Cosmetic Department

For purposes of our discussion, the cosmetic department may be divided into two categories of merchandise: those items such as full treatment lines, which require trained personnel if one is to secure an adequate volume; and the many other items which are best sold by mass-merchandising methods.

There are relatively few drug stores in locations which are right for a large treatment line cosmetic potential. Where the location is suitable, a profitable volume may be attained only with trained, competent sales help. In addition, adequate space should be allotted to this department, and such a department should be designed and equipped in a manner which adds glamour and accent to the entire area. This is strictly a promotion department and must be so regarded every day of the year.

In the majority of drug stores, the conditions are such that they can derive a more satisfactory dollar profit in stocking only the best selling items from each of the best-known treatment lines, even at a shorter gross margin. This does not mean that the department should not be adequately equipped and high-lighted, but it should be geared as much as possible toward a mass-merchandising operation, without the added expense of a highly trained cosmetologist.

The Check-Out

In mass-merchandising operations the primary purpose of the check-out is to speed the process of making sales. Anything which interferes with this function creates an undesirable bottle-neck. Furthermore, nothing so irritates a customer as to have to stand, merchandise in hand, waiting for someone to take his money. Only accommodation merchandise, which requires no sales help, should be stocked in this area, unless additional sales people are provided. A replacement should be available at all times when the regular cashier must take a break. As a matter of fact, unless you have a properly located and efficiently organized check-out, you cannot take full advantage of mass-merchandising opportunities. With the clerk-service bottle-neck broken, more volume per sales person is possible. This should result in a more attractive net profit. Pilferage will always be with us, but check-outs properly used act as an effective barrier against the shop-lifting of the larger items. Also, the shop-lifter of small items, hidden in his clothing, is never quite sure that he will not be discovered at the check-out.

Sales People

While his role may vary from store to store, the salesperson will always have a vital position in the mass-merchandising drug store.

His responsibilities may be altered somewhat, but the contributions he can make to more profitable operation are many.

Established, conventional stores are usually operated with the minimum number of sales people. In such cases the change-over to mass-merchandising methods may or may not reduce the number of employees. But in the larger mass-merchandising operations there is no question that proportionately fewer employees are needed. This is just another way of saying that the ratio of personnel expense to dollar volume will be reduced. We do not mean to imply that face-to-face selling will be eliminated; actually, it may be increased in some cases, but it will become more selective and effective. More time will be available for face-to-face selling items which will show the best profit picture with more adequate personal selling effort. For instance, treatment line cosmetics require trained salesmanship, as do higher-priced cameras, if any adequate volume on such merchandise is to be obtained.

An important change in the duties of sales people in mass-merchandising stores stems from the fact that an over-all surveillance must apply not only to pilferage, but to shelf-stock shortages, customers' need for guidance, information or sales help. Clerks must be alert for the frustrated customer, who cannot find the article he seeks. But the approach must not be in a manner which will re-cast the clerk back into the old role of "waiting on" the customer. The approach should not be, "May I help you?", but rather, "Did you find what you wish?". Suppose that the customer replies, "No, I am looking for a light bulb." The clerk should politely direct the customer to the proper department and suggest that there may be other electrical items which he may wish to pick up. This approach allows the customer to continue his shopping at his leisure, and the clerk to proceed with his multiple duties. On the other hand, such a situation could result in an opportunity for some profitable personal selling. Suppose that the customer replies, "No. I am looking for one of those 89c shoe shine kits." By showing the customer to the proper department, the clerk has the opportunity of pointing out the advantages of the \$6.50 DeLuxe Kit which is displayed beside the 89c one. Remember, that there is no self-serve or mass-merchandising project which cannot be improved by the intelligent application of a little adroit salesmanship.

Departmental Responsibility

Definite departments, or areas, of the store should be assigned to each clerk as his personal responsibility in the matter of house-keeping, especially as it pertains to the appearance of the merchandise on the shelves. Shelves should at all times be kept fully stocked and the merchandise plainly marked. A shelf which is stocked chock full of a brand name article of universal appeal will account for many times more volume than a thinly-stocked shelf. Ragged, thinly-stocked shelves have no place in the mass-merchandising store. Items which, by their very nature, have small mass appeal and limited sale, should be stocked on shelves of least display

value with other merchandise which does not lend itself to mass display or must be clerk-serviced. The inevitable "cats and dogs" may be treated in much the same manner.

Displaying Merchandise

Many factors must be given consideration if your merchandise displays are to do the kind of a job that is required in today's highly competitive markets. We have previously touched on the importance of proper color styling. Color styling is primarily used as an added tool in making merchandise displays more effective themselves. Here we refer not only to the background colors on the walls and ceiling, but also to the colors on the fixtures.

The better the job of color styling, the less apparent will individual colors appear. Gaudy and so-called dynamic colors are apt to detract from the attention you wish focused on the merchandise displayed.

This same criticism may apply to fixtures which are too much in evidence, either because of faulty design, color or materials. The best fixtures are those which are least in evidence when properly loaded with merchandise. This dictates that the ideal fixture should be highly flexible in practical use, equipped with shelves which may be used in a flat position, tilted up, or tilted down, or left out entirely, in which case, with peg board backs, fittings may be used to accommodate a variety of items of merchandise.

Shelves should be packed full of merchandise but still give the appearance of orderliness and "good housekeeping". Show related merchandise displayed in proper sequence in each department, and then go one step further and relate department to department, as far as is practical. This practice will not only increase impulse sales, but will also help control the flow of traffic in an orderly tour of your store. Strive to create in the minds of your customers the idea of orderly displays of an immense amount of merchandise in seemingly endless variety.

Store Designers And Engineers

We believe that in the foregoing we have touched upon enough of the many factors involved in setting up a successful modern drug store, that you should have a very good idea of what you should expect in advice and counsel from anyone calling himself a store engineer and designer. This should help you to appreciate more fully the importance of assuring yourself of the adequacy of the knowledge, intelligence and broad experience of the man that you employ for your project. Under his advice and counsel, you may spend thousands of dollars and have to live with the results for years to come. Be sure these results will produce profits for years to come.

At the conclusion of Mr. Vollink's presentation, President Mouat thanked Mr. Vollink for a most enlightening talk. He reminded the audience to jot down questions to be asked later.

Second speaker of the afternoon was Mr. George J. Abrams, President of The Hudnut-Du Barry Division of the Warner-Lambert Pharmaceutical Company. Mr. Abrams' subject was "The Amazing World of Charmaceuticals."

"THE AMAZING WORLD OF 'CHARMACEUTICALS'"

**George J. Abrams, President
Hudnut-DuBarry Sportsman Division
Warner-Lambert Pharmaceutical Corp.**

I appreciate the invitation of your committee and Ellis Myers to be a part of your 1960 convention. We cosmeticians aren't invited as much as we'd like to be to august proceedings of this kind, and you can be sure we aren't going to miss an opportunity like this to glorify our corner of the drug store.

The drug store, or the corner druggist, I knew as a boy was quite different from the one I see today, and you more than anyone else are not only most aware of the change, but probably influenced its transition down through the years.

The druggist in those post-war twenties was more than just a druggist. He was pharmacist, doctor, and friend. We took our teary eyes filled with cinders to him, and an occasional bloody nose, and we sought his advice on everything from openly apparent ailments to those which had to be whispered about behind the prescription counter.

And right across the street, or perhaps next door, was the grocer whose shop confined its business to its chosen wares—with its coffee bin, its stacks of canned goods, and its rows of cereals.

The character of both of these noble retail institutions began to change in the thirties and is still changing today.

I passed a chain drug store in New York City not too long ago, and I must admit I was hard pressed to find drug products in the windows. The windows were hard-sell, merchandising windows, and they contained toys and flashlights and picnic equipment, and housewares, and even life rafts. I knew it was a drug store, because the sign said so, and I knew it carried cosmetics because they were one of our DuBarry franchised accounts, but something was wrong I thought to myself—perilously wrong—when a store loses its basic identity this way.

Then I thought of my visit to a food market, and the analogy registered with force. For, as I entered the market, here was a stand of magazines, and my next glimpse caught a gondola filled with health and beauty aids, and as my eye swept the panorama, I picked out a liquor department, a record stand, and a section devoted to waxes, polishes, and insecticides.

If we could span years with physical jumps as we can with our minds, what a shocking transition this would be from the retail stores of the twenties! To travel from the highly ethical and well-regarded pharmacist to the druggist dealing in pots and pans, or

from the highly aromatic food store to the supermarket cluttered with its varied, non-food departments, can only leave you with one overall impression—the specialist in retailing has again reverted to the *General Store* we knew at the turn of the century.

Sure, the fixtures are more modern and the handlebar moustache of the *General Store* proprietor is gone, but the wares are there and the assortment is the same.

Where is it leading? What will the character of your stores be in the future? How will some speaker at this same rostrum regard your drug outlet a decade or two from now?

Somehow the world has always moved in cycles and we are at the closing point of a giant circle now. That is my opinion. The *General Store* flourishing, then declining, then being replaced by the retailing specialist, and gradually returning in a newer form. Perhaps it will last through the Sixties, but I make the prediction now that the Seventies will see the return of the Specialist—the retail outlet clearly stamped as a *Drug Store* or a *Food Store* or a *Liquor Store*. And these will be well thought out, beautifully designed stores, with a character of their own. And I think the public will respond to this idea, because somehow the public has more confidence in the specialist—the expert in a chosen field.

But, recognize this, that at the same time your drug stores will be reverting to form, the products you sell will be changing in character, too; just as your prescription items have undergone vast changes in the last twenty years. The changes will be as gradual and as interesting as those which have occurred in the cracker industry, where the cracker barrel was replaced by the tin, and the biscuit tin by the carton, and the carton, in turn, supplemented by the individual packs hygienically sealed.

This is product transformation as it occurs and as you may expect to see it in your stores.

And let me show you how it applies in the field of cosmetics—how it is already changing—and what these changes mean to you.

Much as we Americans would like to take credit for everything, we still must yield to France as the fountainhead of cosmetics. And France, particularly Paris, is already pointing the way for the future cosmetic items you will market.

The great cosmetic houses of France—firms like Dr. Payot and Orlane—today are marketing many products still unheard of in these United States. From the research laboratories of Paris have come the serums, the hormones, the placentine, the polyunsaturates, the marine algae preparations we are gradually getting to know.

From these laboratories we are seeing the skillful blending of the art of the cosmetic scientist with that of the pharmacologist. Cosmetics that do much more than enhance the appearance or make the woman more attractive.

Emerging from these laboratories and filtering into your stores is a new type of cosmetic which I call "CHARMACEUTICALS" . . . cosmetics which *treat* the skin as they give it the desired softness,

radiance, or loveliness women desire. Some of these products are in ampule form, some are produced as suppositories. Many are in tubes or capsules. It is a new kind of cosmetic world—the amazing world of “CHARMACEUTICALS.”

As a retailer these new cosmetics have importance to you.

In the first place, they are product improvements. The customer who buys and uses these products will be a more satisfied customer, and properly grateful to you for dispensing it.

Secondly, they are more expensive than the general run of cosmetics—which means that your unit sale, and your profit, are being traded up instead of down.

Third, these products require a certain amount of explanation. They can be pre-sold by advertising up to a point, then you or your cosmetician must take over, explaining the directions for proper use. It is pharmacy in a new form.

Fourth, these products do not lend themselves to the food outlet. They are too high priced, they are not “impulse” purchases, and they plead for instruction. This gives you and the department stores a virtual exclusive on their sale. How long since you’ve been able to claim that privilege?

Now, what has been our own experience in this area of “CHARMACEUTICALS”?

It has been astonishing!

In recent years, we had felt our way tenderly, marketing cosmetics containing polyunsaturates, royal jelly, or placentine. The response was good, but certainly far from sensational. Even the learned beauty editors of America disagreed with each other on the merits of these unique ingredients. And some very frankly admitted that words like “bio-energizer” or “squalene” were outside of the beauty vocabulary, and smartly by-passed them in the articles they wrote.

Then, in early 1960, the breakthrough occurred for us. In one instance, a face cream which had been developed in 1958—two years ago—reached its final point of consumer testing, and passed with flying colors. This cream, a nutrient night cream, surpassed even the most expensive creams in every category—texture, feel, absorption, fragrance, and result. What was the secret behind this product?

Our scientists, after two years of constant experimentation, had at last developed a natural oil replacement formula—as close a match to the human oils of the skin, which are lost with age, as had ever been found. Then, to this formula, they added experimentally three “wonder” ingredients already proven in the field of “CHARMACEUTICALS” . . . placentine, from the source of life itself; polyunsaturates, to help retain the skin’s natural moisture; and panthenol, to pamper flaky, roughened skin.

The end result was as perfect a face cream as has ever been developed. It contained no heavy oils, no useless wax, no thickening bulk. It left no greasy, sticky film on the face or the pillow. It maintained its fluffy texture and freshness after a full year of

shelf testing. Unlike other creams, no separation or rancidity occurred!

You might have thought we had discovered penicillin the day the final consumer report came in!

If ever there was a moment when cosmetic people felt like pharmacologists, it was this moment when we felt we had the perfect face cream.

Well, our job was only starting from his point forward. We had to give the baby a name. We had to clothe it in dignified wrappings. We had to price it, distribute it, and advertise it.

We had discovered that a little of this cream did a lot. And from this came the theme and the name. We called our face cream "Creme Paradox," and added the simple phrase "so little does so much." We introduced the product in a price range from \$2.50 to \$12.50 . . . and then waited for the consumer response.

I know you have watched new products come and go for years. Some, you'll recall, literally marched off the counters, others built gradually to lasting acceptance. And too many never made the grade.

We learned this about our new product—the pharmacist, the the druggist is a pretty good judge of his customers wants.

Even before the advertising commenced, "Creme Paradox" was moving across the counter, and when the first advertisement broke with a three-page spread in the fashion magazines, the movement accelerated with lightning speed.

I think what amazed us more than anything else were the number of dealers willing to stock our luxurious \$12.50 jar. And they were right—for even small independent drug stores moved this item. Do you realize how many 60c jars of face cream you'd have to sell to equal just one \$12.50 dollar sale? Druggists liked this experience, and they wrote and told us so!

This product, a true "CHARMACEUTICAL," came out of our own laboratories, but still another came straight from Europe, and is even more amazing in concept and result.

Just off Trieste, in the waters of the Adriatic, an unusual form of marine algae grows in long, sinewy strands. By purifying the alginates, then combining the algae with a number of additional ingredients, a white powder is formed. When water is added to this powder and it is applied to the skin, an unusual experience begins to happen.

Within minutes after its application, your face undergoes a heat treatment, the pores are opened and cleansed. Suddenly, you feel a gentle, relaxing warmth. There is a soothing sensation which women have described to us as "tranquilizing the skin." This is followed by a cooling action which helps stimulate the circulation and tone up the skin.

By now, the masque has "set," and you lift it off in one sweeping motion. As you do, the skin feels fresher, softer. A pinkness creeps into the skin and it glows with a natural color. Small lines and wrinkles have actually disappeared!

When this product first came to our attention, we had good reason to be skeptical. On the package, written in both German and French, was this line: "With the Dory Beauty Masque each woman looks ten years younger." Need I say that such a statement would never be permitted by either the Food & Drug Administration or the F.T.C.

Then we started to pass out packages of Dory to our own employees, asking their frank reactions—good or bad.

Within days, we knew we had a fascinating product on our hands. Our small supply of test packages began to disappear. Girls came by asking for additional treatments. We sent a few samples over to VOGUE Magazine for an opinion. The Beauty Editor used it, loved it, wrote an article about it, and asked for a dozen more.

And then, finally, I met Dr. Emil Jansik, the man who had brought Dory Masque to America. Dr. Jansik is a man in his seventies, yet he looks twenty years younger. He has used the Dory Masque regularly for the past two years. A walking testimonial for his own product.

Next, we hired Benson & Benson, a Princeton, N. J. research firm, to test the masque on average consumers. They established a panel of housewives and visited them regularly, recording their impressions of the masque. After the third application, the women were given their choice of a dollar or another package of Dory. They unanimously chose the masque instead of the money.

Is the idea appealing to American women? Listen to this case history. One of our St. Louis demonstrators was invited to appear on a daytime television program, the "Charlotte Peters Show," on station KSD. She was given fifteen minutes to talk about any DuBarry product, but she could not mention the name. If a woman was interested in the product, she had to telephone or write the station.

Within hours after the program went off the air, 735 phone calls had been received, and far more had been disconnected through the switchboard's inability to handle the calls. The next day several hundred letters arrived asking for the name of the masque.

I have gone into this detail to make one important point.

The market—your customers—are responsive to new ideas. They are even more responsive to "CHARMACEUTICALS." They will react quickly, and they will spend generously.

There is nothing more important to your female customer than the way she looks and the doors of your store can be the "Open Sesame" to her self-preservation of beauty.

At this moment, we have women consumer-testing a dozen new "CHARMACEUTICALS" which may eventually, or may never, see the light of day. For instance, we have under clinical test the most remarkable nail polish ever developed—a true blending of pharmacology and cosmetic science. Discovered by two doctors, this nail polish was tested at a leading hospital on the hands of nurses and arthritic patients. Within four weeks, the nails were longer,

stronger, healthier. Nails that had perforations, ridges, or splitting were remarkably improved.

This is the kind of step forward we are seeing in the cosmetics industry, and which you are going to increasingly experience as time goes by.

And there is still another area which you will find most interesting—the creation of new cosmetic items through a blend of engineering and cosmetic skills. We cannot call these “CHARMA-CEUTICALS,” but the products are most unique, and in many respects superior to the competitive brands they seek to replace in the market.

You have already witnessed in this decade what two engineering ideas—the aerosol and the roll-on—have meant to the changing character of hair preparations, shaving creams, and deodorants.

This past year, Richard Hudnut applied the roll-on principle to lipsticks, and within two months “Lip Quick” had become the second largest selling brand in America.

Since that time, we have also developed a completely new type of face powder compact and a radically different type of hair spray—each a combination of packaging engineering with basic cosmetic research.

This doesn't mean, by a long shot, that the simple cosmetics we've known for so many years will disappear. Nor does it mean that each new cosmetic product marketed will be a glamorous concoction of rare herbs or a Rube Goldberg-type invention.

As a case in point, let me mention an interesting experience we had just three months ago in test marketing a new item.

One of our employees had come forward with a suggestion for a new type of face cream. It should be mentholated to provide coolness, but without the medicated odor. It should be a mint-green color to convey the idea of feeling cool on the skin.

A good face cream was developed. It contained no mysterious, Parisienne ingredients, but it did a good job of cleansing the pores and removing makeup. We called it “Cool Glow,” and we designed for its package a clean white opal jar, throwing on a few mint leaves for good measure.

We test market, as well as consumer test, almost every item. The consumer tests showed the product performed and was well-liked. But what happened in the three test cities was something no marketing man could ever have predicted.

Within two weeks of being placed on sale, this face cream outsold **every**—that's right, I said **every**—face cream, facial lotion, facial liquid. In the highly competitive facial cleanser category, “Cool Glow”—an unknown—stepped in and captured as much as a 27% share of the market. And it was priced at \$1.25, almost double the price of the largest selling creams.

How do you account for it?

Oh, you can rationalize. You can say that the ads were stimulating, that the name was appealing, that the package was attractive, that the idea was new, that the display was magnetic.

Or, you can say, "God bless women." They think through their hearts rather than their heads.

They are unpredictable, impulsive, changeable. And, I might add, wonderful.

We, who spend our every waking hour trying to motivate women to buy our products, soon despair of finding a simple selling formula. There is none.

We try to figure them out, and sometimes we succeed; and, just as often, we fail. When, for example, we decided to run our first color promotions for lipstick this year, we looked at the range of competitive lipstick advertising. And we discovered there was a sameness to it—whether it was Revlon, Arden, or Rubinstein—the ads all had a look-alike quality. Well, how could we be different?

Any newspaperman will tell you that three photographic subjects will always win high readership—babies, dogs, and cheesecake. Well, Revlon ads already had the cheesecake, so that was out. That left us the dogs and the babies.

In our first color promotion for "Lip Quick," we literally "went to the dogs." We named one shade, "Pinkinese" and the other shade "Peach Poodle." We said in our ad, "It's puppy love all over again!" And then we laughed all the way to the bank as women "barked" their demands for "Pinkinese" and "Peach Poodle" at cosmetic counters from coast to coast.

For DuBarry, we went the other route—children. We named our lipstick color "Pink Is For Girls," and we showed a little girl watching her older sister smooching in the gazebo in the garden. The ad was filled with pink ribbon and phrases like "not a tot pink, but a sweet and hot pink." You get the idea—and so did the women. They made it the most successful shade promotion in DuBarry's history!

Wouldn't it be wonderful if you, the druggist, had time to analyze your customers the way we do each time a marketing strategy must be planned. But the average druggist is a pretty busy guy, and he must take his customers as they come.

Recognizing your busy-ness, how can we—the cosmetic manufacturer—help? What can we do to make your job simpler, to help you sell more, to increase your profits? After all, whatever helps you that way, helps us, too—so this is a true mutual admiration society!

Let's start with our mission in life—which is to sell, through you, to the consumer. We obviously can't sell through you if you get in the way. And let's face it, realistically—there are times when you can be your own worst enemy in trying to make money through the sale of cosmetics.

Just as you often complain about a manufacturer not delivering merchandise on time, how often has that same manufacturer's

carton been sitting unopened in your warehouse or basement? How often has that expensive display he's so carefully designed and developed, been tossed aside because it was either too time-consuming to put up or too space-consuming to display.

How often have you taken the time to read the literature which accompanied a new product, or have you answered a customer's query with a quick dismissal, saying "Oh, they're all alike. One's as good as another!"?

How often have you studied your own counters in determining profit per square foot? You've heard about this basic philosophy of retailing, I know, and you recognize its merits as it applied to the five and tens and the super market racks, but what about your own store?

Look at some of the assorted junk you give space to on your counters, and be your own best critic. Unknown, unadvertised brands. Slow turnover merchandise. Cats and dogs of all kinds.

How often have you looked at your stocks of merchandise and told the clerk to send it back, rather than try to move it out with one creative marketing idea? Not your job, you say. It's your merchandise, we say, once you buy it. Did it ever occur to you how much harder you would have to think in creative marketing terms if no manufacturers took back returns?

How many times do you overlook promotional opportunities—Father's Day, graduation month, Fourth of July weekend, National Foot Health Week? These aren't just dates on a calendar—they're marketing opportunities which can bring you volume, if you capitalize on them.

As a company, we have no real complaint with the American druggist.

He has been our friend and selling companion for eighty years, and he has been there to help us when we needed help. Many of you, through the years, have formed lasting friendships with our salesmen, and some have even married our saleswomen.

We feel a great sense of obligation to the druggist. Richard Hudnut, himself, was a druggist, and started from the most humble beginnings. We understand your business, and like to feel that we are part of your business—a sort of silent partner who extends you credit, dresses your stock, puts it on display, and helps you move it.

Now that we are in this fresh, new age of "CHARMACEUTICALS," we feel even closer to the pharmacist. We hope you feel that way too.

Thank you.

Mr. Abrams' talk was enthusiastically received. President Mouat expressed appreciation to Mr. Abrams on behalf of the Convention.

The Third and final speaker of the day was Mr. William M. Mapes, President of The Federated Supply Corporation. His subject was: "Merchandising The Tobacco Department."

MERCHANDISING THE TOBACCO DEPARTMENT

**William M. Mapes, President
Federated Supply Corporation**

If operated properly, the tobacco department can substantially improve the profit picture for the modern drug store. The department itself can be run on a paying basis by offering consumers a full range of tobacco and allied products effectively displayed to attract impulse sales.

But of equal importance is the fact that the well-run tobacco department can substantially increase an outlet's "customer count" and hence expose these customers to the wide range of products sold in other departments of the store.

In "merchandising the tobacco department," we must be realistic. This does not mean that the merchant must immediately think of applying the newest developments or gimmicks to his operation. It is undoubtedly interesting to note that the nation's largest department store will soon experiment with a vending machine that dispenses men's T shirts and shorts and makes change from currency up to \$5. This is merely the first indication of a merchandising trend of the future. Today, the drug store proprietor must think in terms of upgrading his merchandising with the tools that are now at his disposal.

When we speak of the tobacco department, we must think in term of cigarettes, cigars, tobaccos, pipes, candy and sundries. It is impossible for any authority to come up with a panacea that could prove applicable to every type and size of tobacco department in all drug stores. There are, however, certain basics that hold true regardless of the product line. Uppermost is service. A reputation for service is of overriding importance to the independent druggist. It is a potent tool in meeting competition.

This concept of service takes many forms. Obviously the very fact that the independent druggist normally offers free delivery service is a factor in his favor. But when a merchant carries a complete line of cigars, pipes and smoking tobacco, for example, he becomes a service retailer with a reputation for catering to the smoker's every preference. In essence, he is offering a personalized service that the customer recognizes and appreciates.

Since a well-run tobacco department will become the focal point for customer traffic, it is doubly essential that the drug store merchant enhance his reputation for service. In that way he lays the foundation for building a steady, year-round business . . . found dollars, so to speak . . . and the key to increasing his gross profit picture. It should be remembered that without service, merchandising efforts are of no avail.

With service as a background, the following basic merchandising methods are applicable to a drug store's tobacco department regardless of its size.

Merchandising Cigarettes

With the ever-growing assortment of types, brands and sizes, it is logical to assume that the merchant who carries all brands will attract more customers. A sign, simply stating "we carry all brands" will prove an effective traffic-stopper.

Obviously, the merchant will want to push cigarette carton sales. Again, a sign atop the cash register or on the counter that suggests "buy 'em by the carton" has proven highly profitable.

Merchandising Candy

Statistics show that approximately \$11 per person is spent each year on all types of candy and confectioneries. Since everybody likes candy, a definite amount of space should be set aside in the tobacco department for a mass display of the various types of candies handled—bars, bags, boxes, etc. It is axiomatic that mass displays spells mass buying. This is true for candy or any other impulse commodity.

Since box candy is definitely a fast-selling gift item, plan candy promotions for holiday times throughout the year. A counter sign stating "Make This a Candy Holiday" will help a great deal.

Merchandising Cigars

More cigars are sold in drug stores than in any other type of retail outlet.

Since 55% of cigars are bought in units (two or three at a time), 53% in the increasingly popular pocket packs, and 10% by the box, it is important to cater to all three.

Attractive, well-arranged cigar displays lend character and individuality to a cigar section and add prestige to the store. Do not overlook the fact that cigars require proper humidification. Stale cigars irritate customers.

A practical suggestion for increasing cigar volume is to print Cigar Gift Lists and hand them out. These serve as reminders to customers that, at one time or another, most men like to smoke a cigar and, hence, cigars make an ideal gift.

Merchandising Sundries

Here is the section of the tobacco department that should greatly increase the druggist's profit picture.

In general, the power of suggestion sells sundries best. The customer who, for example, buys a cigarette lighter will also buy fluid; or the man that purchases a razor can be sold blades. The woman who purchased a Telechron clock, or Timex watch might have had no special gift in mind before walking into the store. Suggest sundry items: You'll sell sundry items. This approach allows the druggist to continually trade up his sale. If a customer is interested in a \$1.98 billfold the druggist has the opening to sell that man or woman a \$2.98 billfold . . . hence trade up the sale.

If the tobacco department carries bigger-ticket sundry items, it is important to note that approximately 60% of sundry gift sales

are made in November-December—thus the period to promote such products as Timex watches, Westclox clocks, Amity wallets, Fedella nylons, etc. Successful sundry merchandising lies in knowing what season of the year each sundry sells best; the most effective way to display that line; and the sales arguments needed to move those items. Sundries can't be sold haphazardly; each has a special consumer appeal.

Fast Movers

It is almost impossible to discuss ways and means of merchandising all the sundries handled. Highspotting a few of the faster-moving items will suffice, for the merchandising principles are applicable to a majority of the sundries sold in the drug stores tobacco departments.

(a) Lighters—Styling, design, ingenuity and competition have produced lighters for all purposes. Windproof lighters for the sports minded, highly styled lighters for the home, smartly-designed lighters for formal and informal wear . . . all in a variety of colors and finishes. Lighters are sold best when the customer can see and feel them—thus feature self-service lighter displays.

(b) Razors and Blades—A man buys razors and blades for any one of three reasons . . . when he needs them, when they're suggested to him, and when they're attractively displayed for impulse purchasing. A mass display (no matter how small) on counter or table will push these items. Of course, shaving creams and lotions are profitable tie-ins.

(c) Pens and Pencils—Once again, the power of suggestion sells pens and automatic pencils. A practical approach to increasing volume on these products is to set up "spot" displays on counters or shelves, emphasizing that these products make ideal year-round gifts. Ball-point manufacturers have developed displays with such point-of-sale impact that, frequently, the product almost sells itself. Scripto's Service-Station efforts along these lines is a fine case in point.

(d) Pipes—Pipe smokers are selective . . . they know what they want (no matter what the price). For a profitable pipe business, it is important to note that a representative display of at least \$1, \$1.50 and \$2 pipes are carried. Half-empty case or card displays will often kill a sale (true for all other items too). Obviously tobacco should be suggested with every pipe purchase. In this connection it is interesting to note that pipe smokers no longer shy away from the higher priced imported tobaccos. A case in point is the growing popularity of Amphora tobacco, retailing for 40c per package . . . once again, a golden opportunity for the druggist to "trade up" his sales of pipe tobaccos.

Regardless of the product, there are basic principles of aggressive merchandising that must be applied if the tobacco department is to be operated successfully. Firstly, complete visibility of product is a "must". Secondly, floor and/or counter space be utilized as

economically as possible. Lastly, each display must do an effective selling job for self-service merchandise.

At the conclusion of Mr. Mapes' remarks, President Mouat also thanked him for an excellent presentation. Mr. Mouat commented that all three talks were exceptional in that they covered merchandising the front of the store and gave good sound methods in how it should be done. He then proceeded to ask for questions from the floor.

Question: If you were opening a new pharmacy, would you install an up-to-date soda fountain?

Answer: Mr. Vollink: It would depend entirely on the location of the pharmacy.

Question: Should the prescription department be in the front or back of the store?

Answer: Mr. Abrams: I feel that the prescription department should be placed in the back because in that location, it draws traffic through the entire store as well as giving the prescription department an air of privacy.

Question: What is your opinion of the tobacco department being placed in the back of the store?

Answer: Mr. Mapes: I think that the tobacco department in the back of the store to the right is an excellent idea. In that way, the customers who come in only for tobacco items are drawn through the entire store.

Question: What is your opinion of self-service type wall cases for cosmetics as opposed to the clerk behind the counter service?

Answer: Mr. Abrams: I do not feel that it is successful at all. The personal touch is necessary in a drug store.

Question: If a color engineer can scientifically determine the color combinations which influence mood, what effects should he try to establish? One, stimulation two, relaxation, three, completely neutral?

Answer: Mr. Vollink: Relaxation is most important plus some stimulation. This makes the customer feel comfortable.

Question: Does your company consult with retailers regarding packaging, pricing, and merchandising new products?

Answer: Mr. Abrams: Yes, package design, merchandise displays and pricing are all consulted with the retailers.

Question: What is the average percentage loss by shoplifters?

Answer: Mr. Vollink: There is no actual percentage, however, losses through shoplifting are taken care of through mark-up. This is the procedure usually followed.

Question: Why doesn't Hudnut provide window displays for druggists?

Answer: Mr. Abrams: Network TV plus local newspapers and magazines cost Hudnut approximately \$30,000.00 a day. We do not believe window display would help nearly as much as TV.

Question: Do you think you can do a better cosmetic job if you stick to one line?

Answer: Mr. Abrams: Small stores do a good cosmetic job, but need more than one line, otherwise they will jeopardize their customers.

Question: How can you select one wholesaler to supply you with everything?

Answer: Mr. Mapes: One wholesaler will carry everything except maybe three or four brands of cigars. Also if you stick to one wholesaler you will receive better service.

Question: In nationally advertising a product, have you overcome the distribution problems of letting the little corner store know that such a product is available before the national advertising breaks on the product?

Answer: Mr. Abrams: That's not an easy question to answer because even with the biggest name brands, the small independent has inadequate distribution as compared to the chains which means that the wholesaler or wholesaler salesman has not gotten into the smaller stores. We provide the wholesaler with the tools, we give them selling sheets and the advertising schedules, but in many cases it is still up to them to call on the independent stores. I don't know of any easy solution to this. We have recently taught our organization about sending announcements to independent stores. At least he has received some announcement about the new product. In addition to that we have generalized advertising.

Question: Is there a service available for a store who does not want to buy a lot of equipment to modernized his store? I have never had anyone come into my store who is willing to work with what I have.

Answer: Mr. Dalinsky: In our case, we will do whatever we can with the fixtures you already have, but in most cases some new fixtures have to be added.

This concluded the question and answer period. Mr. Mouat again thanked the speakers and invited them to remain as guests of the Convention. He also acknowledged that the hard working photographers were Herman and Leo Bloom of the Paramount Photo Service in Baltimore who were contributing their services to the Convention.

President Mouat announced the entertainment features for the afternoon and evening.

A meeting of the Nominating Committee was announced for Wednesday afternoon following the afternoon session.

Concluding prize drawings were made for the day and the Second Session was adjourned at 2:00 P.M.

THIRD SESSION

Wednesday, June 29

The Third Session of the Seventy-eighth Annual Convention was called to order at 10:30 A.M. by President Gordon A. Mouat.

President Mouat thanked the Ladies Auxiliary for the excellent Bathing Beauty Show on Tuesday afternoon at the pool. He also complimented the Travelers Auxiliary on their entertainment by saying, "I think T.A.M.P.A. gave us one of the most excellent shows that I could remember seeing. They have done a good job for us all these many years, but I think they just outdid themselves last night and I would like it on the record that way."

President Mouat announced that First Vice President Goldfeder would conduct the Third Session, thereby introducing Mr. Goldfeder as chairman for the day.

The first order of business was the drawing of the Early Bird prize which was won by John F. Wannenwetsch.

Dr. Noel E. Foss, Dean of the University of Maryland School of Pharmacy was introduced and called upon to give a report on the School of Pharmacy which follows:

REPORT OF THE SCHOOL OF PHARMACY

By Dean Noel E. Foss

This report deals with the fiscal year of the University of Maryland, namely, July 1, 1959 to July 1, 1960.

Enrollment

The enrollment at the beginning of the 1959-60 fiscal year was as follows:

| | |
|----------------------------|-----|
| Freshmen | 77 |
| Sophomores | 62 |
| Juniors | 47 |
| Seniors | 44 |
| | |
| Total Undergraduates | 230 |
| Specials | 1 |
| Graduates | 28 |
| | |
| Total Enrolled | 269 |

The total number of veterans enrolled the first semester was fourteen.

The number of undergraduate girls enrolled was twenty-six, of whom twelve were in the freshman class.

Recruitment Of Students

The Student Recruitment Committee of the Alumni Association, under the able assistantship of Mr. H. Nelson Warfield, continued its splendid work during this past year. Although the number of high

schools visited was somewhat less than the previous year, we did visit a number of schools to which we had not previously had the opportunity to present our program.

The School deeply appreciates the continued support and cooperation of the many members of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association for their assistance in this matter.

Scholarships and Loans

The School of Pharmacy would again like to express its appreciation for the continued support of the donors of the respective scholarships, namely, Alumni Association of the School of Pharmacy, Alumni Association of the University of Maryland, Maryland Pharmaceutical Association, Noxzema Foundation, Read's Drug Stores Foundation, Inc., Carroll Chemical Company, the Prince Georges-Montgomery County Pharmaceutical Association, and the A. M. Lichtenstein Scholarship. You may remember that last year I announced that the Lichtenstein Scholarship would be the interest from a bequest of \$10,000 from Mrs. Lichtenstein in memory of her husband. I am most happy to report that subsequently we received another \$30,000 so that the total amount of money in the Lichtenstein Scholarship is approximately \$40,000, the interest of which is to be used as a scholarship for a student from Allegany County, home of the Lichtensteins.

The number of applications for scholarships has continued to increase and it is evident that the publicity and recognition extended the recipients will stimulate even greater interest among other students so that they may qualify for the respective scholarships.

The Rose Hendler Memorial Fund established by L. M. Hendler and family, was again used to assist students in need of financial assistance.

The University of Maryland, along with many other universities and schools, participated in the National Defense Education Loans established by the Federal Government for worthy students in need of financial aid. I am pleased to report that the students in the School of Pharmacy were able to participate in these loan funds.

Wagner Memorial Fund

We are most pleased to announce that the Manuel B. Wagner family has established a memorial fund in memory of the late Manuel B. Wagner and Howard Wagner, both of whom were loyal alumni of our School, and were always interested in the improvement of pharmaceutical education and the profession of pharmacy. The interest from the principal of this fund will be used annually to promote a specific project to be announced later.

Faculty

Dr. F. M. Miller, Associate Professor of Chemistry, returned to the School of Pharmacy in September 1959 after having been in

Germany for a year on sabbatical leave. Dr. Miller spent most of the year at the University of Heidelberg studying in the field of organic chemistry. We are most happy to have him back with us in view of his excellent abilities as a teacher and in research work.

Mr. Charles S. Kumkumian, Instructor in Pharmaceutical Chemistry, is resigning at the end of this academic year to continue his doctoral work at Temple University.

With the initiation of the five year program, we will not be offering any courses in foreign languages, and only advanced courses in English and mathematics during the next academic year. Dr. Ballman, Assistant Professor of English, will remain with us as a part time teacher for the offering of English for advanced students, while Dr. Richeson, Professor of Mathematics, and Dr. Schradieck, Assistant Professor of Foreign Languages, are transferring to the College Park division of the University in order to retain full time positions with the University. All of these people have rendered valuable service to the school for a number of years, and we regret to lose their services and assistance.

Dr. Hatif Jalil, who earned the Ph.D. at our school in 1958, rejoined the school this past fall as a post-doctoral fellow in pharmaceutical chemistry.

Dr. Kenneth Kerridge, who earned his Ph.D. at the Chelsea College of Science and Technology in London, and has been engaged in industrial research in England joined us in January as a post-doctoral fellow.

The addition of these two persons makes a total of three post-doctoral fellows in the Department of Pharmaceutical Chemistry.

Graduate Program

The total enrollment in the Graduate Division in 1959-60 was 28 students. Six students completed the requirements for the M. S. degree and one for the Ph.D. degree during the year. The graduate program in pharmaceutical chemistry has continued to receive substantial financial aid from sources outside of the University. In addition to the fellowships provided by Dr. H. A. B. Dunning and the Noxzema Foundation, additional fellowships were provided by the National Institutes of Health, the Sterling-Winthrop Company, Smith, Kline & French Laboratories, and the American Foundation for Pharmaceutical Education.

Faculty Activities

Dean Noel E. Foss attended the Annual Convention of the Maryland Pharmaceutical Association at Galen Hall in July 1959.

Dr. Leslie C. Costello, Assistant Professor of Zoology and Physiology, attended the meeting of the American Institute of Biological Sciences at Pennsylvania State University in early September 1959.

Dr. Frank J. Slama, Professor of Pharmacognosy, attended the Plant Science Seminar in Chicago in August 1959.

Dr. Slama, Dean Foss, and Dr. C. T. Ichniowski, Professor of Pharmacology, attended the annual meeting of the American Association of Colleges of Pharmacy and the annual meeting of the American Pharmaceutical Association in Cincinnati in August 1959.

Dean Foss and Dr. Ichniowski represented the School of Pharmacy at the meeting of District No. 2, Boards and Colleges of Pharmacy, in Pittsburgh on October 22-24, 1959. Dean Foss was elected Secretary-Treasurer of the organization at this meeting. Mr. F. S. Balassone was elected Chairman for the Boards for 1959-60.

Mr. Earl Becker, formerly laboratory technician in microbiology, and Mr. Robert Kokoski, formerly Junior Instructor in Pharmacognosy, were promoted to full instructorships at the beginning of 1959-60 academic year. Mr. Arvind Shroff was advanced from a Graduate Assistant to Junior Instructor in chemistry.

The School of Pharmacy was represented by the following faculty members at the various Regional Meetings of the Maryland Pharmaceutical Association:

Dr. Slama and Mr. Dean E. Leavitt at the meeting at Urbana in October.

Dean Foss, Mr. Leavitt and Dr. Slama at the meeting at Indian Springs Country Club in January 1960.

Dean Foss and Dr. Slama at the Spring meeting held in Easton in April.

Dean Foss attended the Remington Medal Presentation Dinner in honor of Dr. Justin L. Powers in New York in December 1959.

Dr. A. W. Richeson, Class Advisor, accompanied the juniors and seniors to Philadelphia for a tour and inspection of the plant and laboratories at Smith, Kline & French Laboratories, in February 1960.

Dean Foss represented the School of Pharmacy at the U.S.P. convention in Washington, D. C. in March.

Dr. Donald E. Shay, Professor of Microbiology, represented the School of Pharmacy at the Annual Meeting of the Society of American Bacteriologists in Philadelphia in early May.

Dean Foss represented the School of Pharmacy at the Testimonial Dinner for Dr. Robert L. Swain held in New York City on May 12, 1960.

Student Activities

Activities in the fall commenced with the Freshman Orientation held on September 14th under the supervision of Dr. Ralph F. Shangraw, Freshman Class Advisor.

On February 14, 1960, a panel of four students from our School was featured on the television program, "To Promote Good Will."

Other activities included a dance at the Forest Manor Hall on January 9, 1960; the annual picnic at Herring Run Park on May 4th; and the Senior Prom on May 31st at the Sheraton-Belvedere Hotel.

The Seventh Annual Convocation of the School of Pharmacy was held in the auditorium of the new Health Sciences Library on

June 2nd, followed by the Annual Alumni Banquet and Dance in the new Baltimore Union Building.

The seniors visited the Headquarters Building of the American Pharmaceutical Association in Washington, D. C. and the Pharmaceutical and Research Laboratories of the National Institutes of Health at Bethesda, Maryland. The senior class also visited the Henry B. Gilpin Company to observe the operations of a wholesaler.

The Alumni-School of Pharmacy Joint Activities For Students

The Alumni Association sponsored the 13th Annual Frolic in November 1959 at the Straus Auditorium, and the annual Alumni Dance in February 1960. All students and faculty were invited guests of the Alumni Association for the dance. On June 2nd the Alumni held its Annual Banquet and Dance at the Baltimore Union Building, to which members of the graduating class and their escorts were invited as guests of the Alumni Association. The School is very appreciative of these activities sponsored by the Alumni Association.

Student Government Alliance

The Student Government Alliance, under the able leadership of its president, Mr. Martin Shargel, and the other officers of 1959-60, had a very good year. Through their efforts identification cards were obtained for all students at the school. All of the class and Alliance officers have been most cooperative with the administration and faculty of the School of Pharmacy.

Buildings

The Baltimore Union Building was completed in May, and the Inter-Professional School Senate held a tea to which the faculty and students were invited for a tour of the building. Many of you saw the building when you attended the Alumni Banquet on June 2nd. It is expected that the food facilities of the building will be opened sometime in July. Although only a few students are living in the dormitory accommodations during summer school, the entire dormitory accommodations will be open for the fall semester 1960. The living accommodations will be for male students only at a charge of \$150 per semester for two students in a room. There are a few single rooms at a substantially higher rental rate.

The new million-dollar Health Sciences Library was completed in May, and those of you who attended the Convocation had an opportunity to see the accommodations of the auditorium. The Libraries of the Schools of Dentistry, Medicine, Nursing and Pharmacy are presently being consolidated and being moved into the new building, and it is expected that they will be in full operation by the beginning of the fall semester.

Five Year Curriculum

Beginning in September 1960 the University of Maryland School of Pharmacy will inaugurate a five year program. The new program

will conform with the regulations of the American Council on Pharmaceutical Education that all colleges of pharmacy in the United States must initiate a compulsory five year program by 1960 in order to remain eligible for accreditation. At the University of Maryland, this program requires the satisfactory completion of two years of prescribed pre-professional academic training and three years of professional academic training at the School of Pharmacy in Baltimore. The two years of pre-professional academic training may be obtained at the College Park campus of the University or any other accredited institution. Academic work is required both in the fields of liberal arts and the basic sciences. The increase in the obligations of the pharmacist of the future makes it necessary that he have a more adequate foundation in the liberal arts and humanities as well as the basic sciences upon which the scientific aspects of pharmacy rest. He must be able to successfully discharge his civic, moral and social obligations. In view of all of his professional relationships, the pharmacist needs to understand the social and economic environment in which he practices the profession of pharmacy.

The objective of the School of Pharmacy is to prepare its graduates to assume with dignity and honor the intellectual, legal, civic and moral responsibilities of the profession of pharmacy. Every motivation and every act of the pharmacist must be to the interest of the public. His relationship with the physician, his capacity as a consultant to the public, his constant availability for the dispensing of important drugs in times of emergency, are but a few examples of his dedication to the health, welfare and safety of the public. Such dedication is not acquired through accident. It is the result of careful planning and systematic inculcation of highest ethical and moral standards throughout his entire curriculum in the School of Pharmacy.

We are pleased to report that approximately 80 students have applied for and are being considered for admission to the pre-pharmacy program of the University of Maryland at College Park.

Conclusion:

I want to express my sincere thanks and deepest appreciation to Mr. Frederic T. Berman and Mr. Stephen J. Provenza, Chairman and Co-Chairman respectively of the Committee on the School of Pharmacy, as well as to the respective committee members, the officers of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association, and especially their Executive Secretary, Mr. Joseph Cohen; the President, Mr. Victor H. Morgenroth, Jr., and the officers of the Alumni Association, and particularly its secretary, Dr. Frank J. Slama; the Maryland Board of Pharmacy, and particularly its secretary, Mr. Frank S. Balassone; for their assistance and cooperation this past year.

At the conclusion of the School of Pharmacy report, Chairman Goldfeder reviewed briefly the speaking program of the preceding day for the benefit of those who were not in attendance.

Mr. Goldfeder announced the speaking program for the Third Session would be devoted to the professional aspects of the drug store. The same procedure regarding questions and answers would be followed as established the previous day.

He then introduced Mr. W. M. Monday, Director, Trade Relations, Roche Laboratories, whose subject was, "It Takes Two To Tango":

IT TAKES TWO TO TANGO

**W. M. Monday, Director, Trade Relations
Roche Laboratories**

I hope you will forgive me for labeling my talk with what appears to be a facetious title. Naturally, I didn't intend it to be so.

But, in thinking about the pharmacist-physician relationship, I couldn't help but reflect on that well-known song title which so aptly describes—not only a basic necessity in performing that delightful tango—but also the philosophy that must of necessity guide the pharmacist-physician relationship.

Today more than ever there is a need for togetherness between these two great professions.

Fortunately, certain events within recent months have made both groups realize this and I believe an era of mutual understanding and greater cooperation is at hand.

In order to find out some of the major weaknesses and strengths—attitudes and opinions which exist among pharmacists and physicians toward each other, my firm engaged a marketing research firm to survey members of both groups.

The material to be presented in this talk was obtained through the use of questionnaires sent to pharmacists and physicians in seven states picked at random. They were Colorado, Delaware, Iowa, Maryland, Mississippi, Oregon and Rhode Island.

The questionnaires were sent out during the week of May 9-13 to every sixth pharmacy as listed in the Hayes directory and to every fifteenth physician under the age of 65 as compiled by one of the leading mailing houses.

Tabulations were made on returns received up until June 9 from 23% of the 568 questionnaires sent to pharmacies and 24% of the 810 questionnaires sent to physicians.

Pharmacist Returns

| | | | |
|----------------------|-----|-----------|-----|
| Independent Pharmacy | 86% | Owner | 78% |
| Chain | 5% | Non-Owner | 7% |
| No Answer | 9% | No Answer | 15% |

As this table indicates, 78% of the returns were received from owners of independent pharmacies. These numbered 86% of the total number of stores that responded to the survey.

5% of the stores were chain stores—7% of the respondents were non-owners.

The majority of the pharmacies do between 25-35% of their total sales volume in prescriptions.

Physicians Visit The Prescription Department of a Pharmacy

| <i>Frequency</i> | <i>Pharmacists</i> | <i>M.D.'s</i> |
|------------------|--------------------|---------------|
| Often | 29% | 30% |
| Occasionally | 39% | 50% |
| Seldom | 27% | 17% |
| Never | 5% | 3% |

From this table you will note that about the same percentage of pharmacists and physicians agree on the frequency of physicians visiting a pharmacy. About 30% of both pharmacists and physicians indicated that physicians visit a drug room often.

Generally speaking, pharmacists indicated that the reason for physicians visiting a pharmacy centered about three major areas.

One for a social reason—in other words, to visit, relax, to be friendly or to socialize.

The other two reasons were—

1. To obtain information or purchase drugs
2. To obtain information about new products

The physicians' answers to the same question were—

1. To discuss drugs and to find out whether or not they are available
2. To visit and socialize
3. To purchase office supplies or items for the family

It is interesting to note that physicians, particularly those who visit the prescription department of pharmacies, more often tend to place greater emphasis on the personality of the pharmacist and his clerks and the socializing aspect than do pharmacists.

Pharmacists tend to think of the reason for physicians visiting their stores as being for the purpose of purchasing drugs.

A number of physicians mentioned that they drop by a store to look about and observe the ability of the pharmacist; while others simply stated that they stop by because "they like the people who work in the store."

Three questions were asked both pharmacists and physicians concerning their attendance at interprofessional meetings.

First—Do you attend?

Second—What subjects do you believe should be discussed?

Third—What should be the purpose of the meeting?

As might be expected, responses indicated that three times as many pharmacists attend interprofessional meetings than do physicians. The ratio was 12 to 35% physicians to pharmacists.

On the other hand, twice as many physicians never attend such meetings. The score was 24% for pharmacists and 49% for physicians.

About 26% of both pharmacists and physicians attend interprofessional meetings "occasionally."

It was interesting to note that a significant number of physicians and pharmacists—about 12-15%—indicated that interprofessional meetings are never held in their areas.

An important point came out of this survey regarding interprofessional meetings.

A sizeable number of physicians indicated that if such meetings were to be held, it would be up to pharmacists to initiate them.

Without going into all percentage figures received, you will be interested to know that about 25% of both pharmacists and physicians were in agreement on the subject matter.

1. Interprofessional relationships
2. Problems concerning mutual understanding
3. Allied problems
4. Prescription pricing and costs
5. New Drugs

The final part of the question concerning the purpose of interprofessional meetings indicated that about 65% of pharmacists and physicians feel that such meetings should be attended to develop—

1. Mutual understanding
2. Better relations
3. Discussions on common problems
4. Better cooperation

Some of the typical responses received from pharmacists are:

"Promote better understanding in difficult areas and in areas of confusion"

"Better understanding on sore spots"

Some of the typical responses received from physicians are:

"To improve relations—make it easier for each side to please the other"

"To foster mutual understanding, foster mutual interests"

"Should be better understanding of any problem—especially public relations"

The question was asked of pharmacists and physicians whether or not it is appropriate to give Christmas gifts to physicians and their families.

About 50% of both groups agreed that it is okay to give gifts to physicians.

Only 25%, however, agreed that gifts should be given to a doctor's family.

It is interesting to note that among the pharmacists who give Christmas gifts, some do not believe it is correct or right to do so. Nevertheless, they do give Christmas gifts and this is probably because they feel obligated to do so and perhaps because of competitive pressures.

Among the items frequently used as gifts are candy and other edibles, liquor, office gifts, cigars and cigarettes.

There is general agreement among physicians and pharmacists that when a physician calls a pharmacist for drug information, he usually wants to know the dosage. Approximately $\frac{1}{3}$ of the physicians and pharmacists who answered the questionnaire indicated that this was the initial reason for physicians calling their pharmacists.

Other, and less important areas mentioned in the survey included price, cost and availability of drugs.

Very few physicians indicated that they phoned their pharmacists to inquire about contraindications or side reactions of drugs. It might very well be that physicians do not consider such information to be in the pharmacists' domain; but it is something that he, the physician, should know. If he does not know it, he is not willing to admit it.

Another question asked of physicians only, was "Physicians have difficulty in obtaining product information from pharmacists on ____."

It is interesting to note that the majority of physicians said that they have no such problems. In other words, in most cases, when a physician does phone a pharmacist, he usually obtains the information concerning drugs that he requires.

Do you have a new product section in your prescription department?

The answers to this question indicate that both pharmacists and physicians believe that a new product section in a prescription department is useful.

The pharmacist, however, tends to over-emphasize its importance to the physician by generally referring to it in more positive and stronger terms than the physician.

Quotes received from pharmacists are as follows:

"Useful in helping them keep up on and recognizing the many new drugs"

"Quite necessary in light of the variety of new products"

"Professional promotion of products and highly interesting"

Quotes received from physicians are as follows:

"Helpful in becoming acquainted with new medications"

"Medical Journals, medical meetings and not a prescription department, are where I have always learned about new drugs"

"Not adequate, usually intermingled under old drugs"

When the physician was asked about physician attitudes in general toward his relationship with pharmacists, and the pharmacist was asked about the pharmacists' relationship with physicians, we find a major difference in opinions and significantly enough, dissatisfaction on the part of the pharmacist.

Physicians generally feel that their relationships with pharmacists are very good and usually describe pharmacists as being a great help or ally, cooperative, friendly, cordial, excellent.

He feels that there is a mutual responsibility or inter-dependence between them.

A careful psychological analysis of the responses from physicians revealed few signs of a "condescending" attitude on his part. On the other hand, a small number of responses were critical of the possible encroachment by the pharmacist into what the physician feels is his domain, namely, the practice of medicine.

I think we can say that the major finding that emerged from an analysis of this particular question is that doctors tend to think of pharmacists as a help, an ally, one who is cooperative and friendly, and helps the doctor by being a professional aid to him.

Responses from pharmacists however, when asked about their relationships with physicians, indicated a far different story.

Many feel their relationships are good, and they enjoy the respect of the doctor and working with him. They agree that they are dependent on the physician and should serve him.

A significant portion of the pharmacists, however, feel that they are subservient, inferior or belittled. They are critical of physicians, and some expressed a note of defiance or "we are just as good as they are" attitude.

It is implicit throughout this survey and logically so, that the doctor is the key figure in the practice of medicine. He realizes and wants this status to continue. The pharmaceutical manufacturer, the pharmacy profession, and a host of other allied fields center around the physician. After all, it is the physician who makes the diagnosis and prescribes treatment for the patient. Based on this survey, it would appear that a professional yet friendly—helpful and cooperative, but not subservient—and an awareness of each other's role and responsibility—would be the most favorable attitude or frame of reference for the pharmacist to have in his relationship with the physician.

You will be interested in some of the typical responses from both physicians and pharmacists.

M.D. responses

"An honest and reliable pharmacist is a great help in practice"

"Our job are complementary and necessary for each other"

"It is brotherly and professional as well as personal"

Pharmacists responses

"He is below him and feels obligated"

"The M.D. wants everything and gives nothing"

"He is a poor relative—a second-class citizen—a yes man"

Now—to the question concerning the individual pharmacist's relationship with the physician as answered by the pharmacist and also by the physician.

In this question we asked him specifically about his relationship to physicians. Note the differences in the patterns of response. In the first case he did not feel he was answering about himself and therefore could write down what he felt; while in this case the answer is tied to him specifically.

This is typical in projective question—asking about someone else or a typical or average man will often bring out hidden attitudes and opinions.

As a check, the physician was again asked in the latter portion of the questionnaire about the pharmacist-physician relationship.

Once again, the physician describes his relationship with pharmacists in very positive terms.

Pharmacists tend to be more critical of their profession than the doctor does. And when they express themselves, they use much stronger and emotional words to convey these feelings.

Most of the negative comments received from physicians concerned the aspect of over-commercialization in pharmacy.

Pharmacists negative comments were concerned with the need for better public relations; or "the profession doesn't offer enough" or pharmacy is a lost art because of the change from compounding to a manufactured product; the possibility of socialized medicine.

Pharmacists are concerned with the ever-present uncertainty about his future as either a professional man or more of a merchant. He is not sure which hat he will eventually end up wearing.

Typical responses of physicians were:

"Is a necessary adjunct to medicine"

"Is a responsible and honorable profession"

"Has become too highly commercialized"

Typical responses of pharmacists were:

"Has deteriorated because of lack of self-assurance"

"It's going to the dogs"

"Is a lost art. Everything is ready made, very little compounding"

Approximately 2 out of every 3 physicians indicated that pharmacists do not call on them during office hours. The other 30% indicated that when pharmacists do call for them, the subjects they discuss are special services which the store makes available to patients and the medical profession or to introduce themselves especially to new physicians who have moved into the neighbor-

hood. And finally, to check on a refill or prescription for which the doctor has written.

It is interesting to note from this survey that relatively few pharmacists call on physicians to give them new product information and similarly, few physicians claim that pharmacists call on them for this reason.

The conclusion reached is that not much detailing is done by pharmacists on new products.

You will be interested in this table which shows the percentage number of pharmacists who give courtesy discounts to physicians, medical secretaries and nurses.

| | Physicians | Nurses | Medical Secretaries |
|--------------------|------------|--------|---------------------|
| Always | 92% | 43% | 16% |
| Often | 1% | 22% | 8% |
| Occasionally | 4% | 19% | 21% |
| Never | — | 7% | 25% |
| No Answer | 3% | 9% | 30% |

When physicians were asked on what items they and/or their families received courtesy discounts, the following items were listed:

| | |
|--|-----|
| Drugs | 34% |
| Cosmetics | 15% |
| Proprietaries (Toothpaste, etc.) | 16% |
| Office Supplies | 10% |
| Other Merchandise | 5% |
| All Five Listed Above | 17% |
| No Answer | 3% |

The following question was asked of both pharmacists and physicians:

"In your area, how many physicians recommend a particular store to their patients?"

| Category | Pharmacist |
|--|------------|
| Location | 5% |
| Personnel, Personality, Courtesy, Confidence | 23% |
| Services Rendered, Stock | 30% |
| Cleanliness, Appearance, Professional | 9% |
| Reputation, Quality, Reliability | 12% |
| Kick Backs, P.M.'S, Payola Special Favors .. | 8% |
| Prices | 6% |
| All Others | 1% |
| No Answer | 6% |

About 1/3 of the pharmacists said that services and a complete and adequate stock of drugs are the leading factors which lead a physician to prefer one pharmacy over another for his patients.

Another 25% of the pharmacists stated that the personality of the store and its clerks, the courteous treatment that they give

their customers, and the confidence physicians have in a store are other leading factors.

Only 5% of the pharmacists believe that the location of the store is important. But, twice that number feel that the reputation and reliability, as well as the quality of merchandise a store sells, are important factors. Others listed are cleanliness, appearance of the store and special prices.

| <i>Category</i> | <i>M.D.'S</i> |
|--|---------------|
| Service, Stock | 20% |
| Personality, Friendship | 9% |
| Courtesy | 8% |
| Prompt, Efficient | 11% |
| Honest, Ethical | 10% |
| Dependable, Reliable, no Institution | 13% |
| Location | 5% |
| Appearance | 2% |
| Fair Prices | 12% |
| All Other | 5% |
| No Answer | 5% |

When the physicians were asked the same question, about 20% of them indicated that services and a complete stock of drugs were the principal factors which led a physician to prefer one pharmacy over another for his patients.

Another 11% voted for promptness, and efficiency in filling prescriptions as being important.

13% said that dependability and reliability are important while 12% said that Fair prices are an important factor.

Other factors listed are friendship, personality of the pharmacist and courteousness of the clerks.

Like pharmacists, only 5% of the physicians believe that a location of the store is important.

Finally, both pharmacists and physicians were asked how many physicians recommended a particular store to their patients, 10% of the pharmacists said that all physicians do so. Only 2% of the physicians agree with this statement.

On the other hand, 21% of the physicians believe that most of their colleagues recommend a particular store to their patients.

About 80% of the pharmacists and 60% of the physicians agree that few doctors recommend a particular store to their patients.

It is interesting to note that 60% of the doctors believe that the prices pharmacists charge for prescriptions are "normal, fair, reasonable." Only 14% believe that prescription prices are "too high or excessive." And another 5% believe that they are "occasionally too high." Another 3% believe that prices are "not uniform from store to store."

A relatively low percentage, 25%, of the pharmacists explain to physicians who inquire about prescription prices the cost of

operating the drug store and the percentage profit made on the investment.

Another 30% tell physicians that manufacturers set the price of drugs and these, in turn, are controlled by the high cost of research. A small 6% of the pharmacists discuss the use of prescription-pricing codes which they use as a basis for charges on prescriptions.

Unfortunately, almost 30% of the pharmacists apparently do not explain to the doctor anything about prescription prices, or at least they didn't indicate in the survey that they do.

| | Pharmacists | | M.D.'S | |
|--|-------------|-----|--------|-----|
| | Yes | No | Yes | No |
| A physician should mention the approximate price of a prescription to his patients. | 35% | 65% | 73% | 27% |
| A physician should explain to his patient the type of medication in his prescription. | 78% | 22% | 90% | 10% |
| A detailman should tell the doctor the approximate price of a R drug for his patients | 59% | 41% | 94% | 6% |
| The pharmacist, and only the pharmacist, should be responsible for informing patients of cost of a prescription..... | 56% | 44% | 32% | 68% |

One of the most controversial subjects for an interprofessional meeting discussion between physicians and pharmacists would most certainly concern the necessity, (or lack of it depending on whether one is a pharmacist or physician), for a physician telling the patient the approximate price he would pay for a prescription.

The following set of questions deals with the promotion of the prescription department and special services offered by pharmacies. It was interesting to note from the survey the high regard physicians hold for special services such as emergency and after-hour deliveries as compared to the attitude toward new product departments which we spoke of before.

This is probably true because a new product department carries the connotation of promotion while special services are thought of as enhancing the reputation of the stores and as being more professional in nature.

This approximates the doctor's own experience as a professional man because, he, too, has to meet emergencies and be available after hours.

In a general sense, responses from both pharmacists and physicians were quite similar. Each would like the other to act as a professional man and to be friendly and cooperative.

The pharmacist shows considerable concern about physicians dispensing and also feels quite strongly about the doctor letting the patient go to the drug store of his own choice to have his prescription filled. The physicians, on the other hand, are concerned with the reliability of the pharmacist and the accuracy with which

he fills prescriptions. Naturally, physicians feel unkindly toward pharmacists who counter-prescribe.

Another thing about which physicians are concerned is the price of prescriptions, particularly for costly drugs which may vary in price from one store to another.

Percentagewise, 16% of the pharmacists indicated that they would like M.D.'s to prescribe—not to dispense or own pharmacies. Another 16% asked that M.D.'s be considerate, fair, polite and courteous—14% want M.D.'s to support their efforts as pharmacists and to be cooperative; while 10% want the patient to select his own pharmacy.

From the physicians' viewpoint, 13% expect pharmacists to be precise, accurate and competent.

8% expect them to be ethical and professional and another 8% expect cooperation. 9% expect cheerfulness and helpfulness from pharmacists and another 5% don't want them to prescribe.

The following questions were asked of M.D.'s only. They again are open-ended questions which probe for the physicians' attitude toward pharmacists and the profession of pharmacy.

"In what ways can pharmacists be of more help to physicians?"

Sixteen per cent of the M.D.'s believe the pharmacist should "keep up on his knowledge of drugs" and an equal number thinks the pharmacist "is fine just as he is." Ten per cent would like to see more cooperation; while 8% would like the pharmacist to stop counter-prescribing. Four per cent want the pharmacist to stock a full line of R drugs and the same number see a need for inter-professional meetings. A high 18% expressed the need for accurate compounding of R's.

"Basically, pharmacists are _____"

Again, M.D.'s have described pharmacists in a highly complimentary manner. 92% of the M.D.'s said that pharmacists are—

1. Professional and well-educated professional men
2. Honest, sincere, ethical and skilled technicians
3. Fine people

"The educational requirements necessary to become a pharmacist are _____"

50% of the doctors believe the educational requirements necessary to become a pharmacist are adequate and sufficient: 12% believe they are too high and extensive while 5% believe just the opposite. More than 20% know that pharmacists go to pharmacy school but they don't know for how long.

"An ideal pharmacist should _____"

The question is simply another way of asking the M.D. what pharmacists are. And as expected, the "ideal" pharmacist is just like the pharmacist the doctor is now dealing with. He is —

1. A professional man, responsible, courteous, friendly, cooperative, honest, kind, reliable, trustworthy, has nice appearance and charges a fair price for prescriptions.

"Physicians feel that the role of pharmacy in the future will—"

Our final question concerns the role pharmacy will play in the future in the opinion of M.D.'s.

About 30% of them believe pharmacy, as a profession and business, will remain just about as it is now. Another 10% believe it will expand in scope and become more important as a profession; while another 10% believe it will become more professional in nature.

5% believe it will become smaller and more limited in nature and operation and the same number believe it will become more commercial.

And now if I may, I should like to close by saying that in analyzing the findings of this survey, we must realize that these questions were answered in a climate where there is increasing public or governmental awareness of medical affairs.

Pharmacists and physicians are concerned about the possibility of socialized medicine—future congressional drug hearings—the trend toward drug chains with large non-prescription departments or what the physician interprets as over-commercialization in pharmacy.

As I said, the physician is concerned about these trends and, so is the pharmacist.

It is a challenge but it also presents an opportunity, for with the changing climate of national attitudes and opinions, the physician is undoubtedly more aware and more willing to get together with the pharmacist to work on common problems and to work toward mutual understanding—because in doing so both physicians and pharmacists can present a united front.

Mr. Goldfeder thanked Mr. Monday for a very informative talk. He urged all to jot down questions on Mr. Monday's talk to be asked later.

The second speaker was introduced. He was Frazier Cheston, Director of Distribution, Smith, Kline and French Laboratories, whose talk was entitled, "Nothing Less Than The Best":

NOTHING LESS THAN THE BEST

G. Frazier Cheston, Director of Distribution
Smith Kline & French Laboratories

You will find the subject of this talk an extremely simple theme: in matters of health, you can settle for **nothing less than the best**. And to be sure of the best, you and the physician must accept only **quality preparations** from manufacturers who have **earned** your trust.

In Washington an attention-getting inquiry is being made into the workings of the pharmaceutical industry. The hearings first of all have indulged in financial arithmetic that has misled the public into believing we mark up our products by thousands of percents. The impression has been created that patients could save consider-

able sums if physicians would simply write for—and pharmacists dispense—so-called “generic equivalents” of trademarked specialties.

This is not a new suggestion. You have all heard it before. But in the current climate, this handy, so-called “solution” is finding increasing favor.

So, you may be expecting me to advocate one side or the other in the war Between Generic and Brand Names. I have no intention of fighting such an ill-considered and meaningless war. If nothing else, I want to clear away the fog of confusion that has settled over Congress, medicine, and pharmacy by the ridiculous idea that there is some economic and therapeutic magic in the word “Generic,” or in the word “Brand.”

This is simply not the issue. Consider it a moment.

To begin with generic names in themselves are entirely necessary—or else official compendia would be meaningless. And it is well known that several reputable manufacturers market certain of their products under generic names. The real debate must center around so-called “generic equivalents.”

To the outsider, who has not benefited from experience within the world of pharmacy, the entire generic-prescribing idea sounds delightfully simple. Big manufacturers are painted as robber barons who flay the consumer with a tightly-controlled, brand-tagged product; in the other corner, sitting nobly under a bright halo, is the “generic equivalent,” supposedly of equal quality and fantastically lower price. If the physician will but cast his eye with favor upon “generic equivalent” products—so the story goes—the pharmacist will be able to save the patient a lot of money.

This idea on the surface is so attractive, in fact, that the welfare departments in several states are adopting regulations pressuring physicians and pharmacists into the “generic equivalent” prescribing system.

To the insider, on the other hand, the idea is bewildering. Questions arise which seem starkly elementary, but, who has bothered to answer them? . . . questions such as—

- are so-called “equivalent drugs” truly equivalent, and how can the physician and the pharmacist be sure?
- do the standards of official compendia (USP, NF) automatically guarantee quality or clinical effectiveness of a given product?
- is Federal enforcement able to protect the pharmacist and the patient from jeopardy?
- can retail pharmacy continue to provide its essential services if public pressure forces it into cheap, guess-work products?
- what about the non-trademarked brands that cost as much or more than the original trademarked brand? Conversely, what about the dirt-cheap “equivalent” masquerading under a tradename?

No, gentlemen, the battlefield cannot be simply divided into two camps, one called Generic, the other Brand. Instead, we are dealing here with some old-fashioned virtues—**quality, identity, and responsibility.**

These virtues are unglamorous and often expensive. But they are the foundation upon which the modern ethical pharmaceutical industry has been built. They are the only code to which you can justly adhere.

I want to convince you of this, gentlemen, for the stakes are high: the well-being of the patient, the effectiveness of the physician, and the continued functioning of our matchless system for ministering to the sick—all these depend upon **your** firm conviction that you must know and insist upon the reliability of manufacturers to deliver to you products of uncompromising integrity, so that the doctor and patient truly get nothing less than the best.

I ask you, how can the physician control his patient's cardiac condition if the brand of digitalis dispensed contains 30% less active medication than indicated? How does he answer the overweight hypertensive whose capsule of 15 mg. of d-amphetamine sulfate—supposedly sustained release—is absorbed totally within 30 minutes of ingestion? How does the pharmacist face the family who developed alterations in secondary sex characteristics because a vitamin product was apparently contaminated with estrogen?

These things happened. They don't happen with the products of reliable manufacturers. But they happen:

A recent survey by Smith Kline & French disclosed that the active ingredient content of so-called "generic equivalents" of one of its prescription specialties fell outside the extremes of tolerance established by the USP in 35 percent of the cases.

And a study by H. L. Flack, Director of Pharmacy of Jefferson Medical College Hospital, revealed that in a random sample of 15 purchases from different suppliers of Ascorbic Acid Injection, USP, almost 47 percent failed to meet the USP minimum standard.

How is the pharmacist to protect himself? Of what value is the USP when a court action overwhelms him? I think you will find the answer before I conclude. . .

Ironically, the campaign which is striking at the heart of product integrity draws its force from the era of modern medicines. Their creation is costly, and we in the pharmaceutical field can well understand that the amazing advances—which for the first time possess real and measurable value in therapy—must somehow be paid for. We must also understand that the human animal never likes to pay anything for anything, and has been deluded by governmental paternalism and deficit financing into believing that costs can be eliminated with the wave of a vote. But the costs are not whim. They are real, and they are important.

It is understandable that the consumer believes the cheaper product is truly a bargain because it costs less. What he cannot seem to realize is that with the product of the great research houses,

he is not only buying a drug and a cure, he is buying discovery, progress, innovation—the life and health of the future.

The tiny little tablet that cost 25c or 50c shocks the consumer who pays the same thing for a milk shake. He does not realize that with that 25 or 50 cents he is buying an army of scientists, all working to improve his health. The tablet looks small. The milk shake looks large.

So, what I am saying is that when legislators, or state welfare departments, or individual patients, focus on the cost of a prescription, they must recognize that they are concerned not merely with the product itself, but what is behind it. And behind the modern ethical pharmaceutical specialty is a value that far exceeds its apparent cost. With your specialty prescription, you are buying the Era of Modern Medicine.

Now, what about the reverse side of the coin? If you are getting more with the reputable trademarked specialty, you may be getting shocking less with the cheap imitation.

Let us think about this by answering those bewildering questions we initially posed as we considered the lure of generic prescribing.

First, are so-called "equivalent drugs" truly equivalent, and how can the physician and pharmacist be sure?

A subcommittee witness at the Senate drug price hearings expressed his doubts about equivalence, after censuring the industry for excessive promotion of brand names, by admitting: "At present I would not be happy with a generic named drug if I did not know what company made it."

And no less an authority than Dr. Lloyd Miller, Director of Revision of the U.S. Pharmacopeia, declared: "My opinion, sir, is that it (unspecified generic name prescribing) is unsafe because there is not sufficient policing of our standards at the present time . . ."

A cheap "equivalent" may be chemically equal to a high-quality product yet have a significantly different therapeutic pattern.

Disinterested clinical studies have shown, time and time again, that the inert ingredients that go into prescription drugs—the excipients, the preservatives, the binders—can cause wide and possibly dangerous degrees of dose availability in the human organism, even though the proper amount of active chemical was put into the product in the manufacturing process. The journals of pharmaceutical science are filled with articles noting, for instance, the differences between release of topical antibiotics in water-miscible and grease-type bases, the binding effect of talc preventing eluting of Vitamin B¹², the failure of Vitamin A to release in the gut when certain fatty waxes are used as core vehicles, the influence of suppository bases upon the rectal absorption of acetylsalicylic acid, a decline in the absorption of tetracycline with use of dicalcium phosphate, a commonly used excipient.

The amount of pressure used to punch out a tablet can mean the difference between effective and ineffective treatment. And particle size is extremely important with some medications, including some estrogens, the sulphas, and others. Stability is frequently dependent upon very subtle matters of pH and moisture content.

When the pharmacist was in the prime role of prescription compounding, his personal knowledge of the art—his personal skill—regulated these subtle but significant factors. Today, however, 90% of all prescriptions are compounded by manufacturers. The art and the science—and secrets—of compounding are no longer privy to the pharmacist. Where in a pharmacy is there room for a well-equipped analytical control laboratory? Where in normal overhead is there room for such capital and labor costs?

No, on matters of quality, the pharmacist must rely on the manufacturer. For, the reputable manufacturer not only knows how to compound an effective preparation on a mass production basis, but also employs rigorous controls to insure that it meets exacting specifications. In this connection, it is interesting to note that 99% of the legal actions resulting from violations of the Federal Food and Drug Act occurred with firms other than the 28 major companies whose annual ethical sales exceed \$6 million.

From the physician's point of view, also, the role of the manufacturer has increased dramatically since the days the doctor studied *materia medica* and devised most of his own prescriptions in detail. In that era he shared in the prescription manufacturing process with the pharmacist.

Given pure ingredients, they could put together a prescription tailor-made to the individual patient. Admittedly, the resources they could call on were slim. At best, the prescription was palliative or placebo; at worst, a simple waste. The curative power, and the physiological consequences, were minimal.

Today, however, the power of the physician is immense, as he calls forth a cornucopia of therapy. But he too exercises this control indirectly—he too relies upon the science and integrity of the manufacturer.

When he learns that Manufacturer A's product, with certain characteristics, does an effective job on Patient Jones, his work is jeopardized if the patient receives Manufacturer B's product with different characteristics. For another patient, B might be fine, but the physician is no longer guiding the therapy if *he* does not know which product is being dispensed. Behind each product is a different pattern of pharmaceutical ingenuity, with potentially different clinical significance.

Question No. 2. *Do the standards of official compendia (USP, NF) automatically guarantee quality or clinical effectiveness of a given product?* This question is like asking, do traffic laws guarantee that the roads will be free of speeders? First it must be made clear that official compendia such as the USP do not themselves enforce standards of purity and potency, although they are used by enforcement agencies, particularly the FDA. They are like traffic

laws, which do not prevent people from speeding but must be enforced.

During the hearings George P. Larrick, Food and Drug Administration Commissioner, pointed out that labelling alone cannot assure that a drug complies with the standards of potency, quality and purity set forth in the compendium. "The standards", he declared, "serve a purpose only if they are complied with."

Beyond this, however, lies the fact that even if products in good faith contain the amount of active chemical required by USP standards, failure to observe good pharmaceutical manufacturing practice can result in wide differences in medication available to the body.

If a manufacturer fails to appreciate the physical characteristics of the drug itself, the physical and chemical composition of the vehicle, or the method in which he compounded the preparation, the therapeutic variability can be great, even though the product can pass a chemical assay.

FDA tests of the drug products of *major* pharmaceutical firms revealed only one composition violation out of 2,094 samples tested. This is .05 percent. The ratio for all other firms was one out of eighteen, or 5.61 percent.

Because it falls upon agencies of government to police drug quality, we next must ask: *is Federal enforcement able to protect the pharmacist and patient from jeopardy?*

The FDA is a valuable and busy agency, no doubt about it. They make more than 20,000 factory and commercial warehouse inspections in a year, and analyze almost 30,000 domestic and imported samples. They have some 360 inspectors in the field, backed up by 1,400 other employees, and a budget now of almost 17 million dollars a year. They make seizures leading to about 150 judgments annually.

The drug industry has strongly endorsed FDA pleas for personnel expansion, for we recognize that private industry is not in a position to police the irresponsible, and their removal will not only benefit the consumer, but will put competition on a fair and equitable basis.

But even with the most luxurious budget the United States Congress might dream up, enforcement cannot begin to be complete. Dr. Albert Holland, until recently the Medical Director of the FDA, had this to say last summer:

"The naive belief that if a product was not good the FDA would prohibit its sale is just not realistic. FDA labors long and diligently to protect the public, but the fact of the matter is that it is completely impossible for FDA to check every batch of every product of every manufacturer that is marketed. Hence the integrity and reputation of the manufacturer assumes unusual significance where drugs and health products are concerned.

There you have it, the only realistic approach to the problem—the integrity of the manufacturer.

Let's turn to the cold facts of economics for a minute and review our fourth question: *Can retail pharmacy continue to provide its essential services if public pressure forces it into cheap, guess-work products?*

Few people fully realize or appreciate what a truly miraculous system of drug distribution we have in this country. The cornerstone, of course, is the retail pharmacy where today's amazing range of medications is available on practically a moment's notice to every neighborhood in the nation. Such a system understandably costs money—which must be borne by the public. Yet their return on their investment is large, for the most expensive drug is the one that is not available when needed.

And what of other services the pharmacist provides the public—his professional knowledge and judgment for instance. Should these simply be treated as commodities to be bartered out of existence in a bargain hungry market? Or should the pharmacist steadfastly hue to his right to remuneration commensurate with his professional position?

The answer is obvious! To achieve this remuneration he must realize a suitable profit on his business enterprise. This holds just as true today as it did almost 200 years ago when Adam Smith made the following statement in his book the *WEALTH OF NATIONS*:

“Apothecaries profit is become a byeword, denoting something uncommonly extravagant. This great apparent profit, however is frequently no more than the reasonable wages of labour. The skill of an apothecary is a much nicer and more delicate matter than that of any artificer whatever; and the trust which is reposed in him is of much greater importance . . . His reward ought to be suitable to his skill and his trust, and it arises generally from the price at which he sells his drugs . . . Though he should sell them for three or four hundred, or at a thousand per cent profit, this may frequently be no more than the reasonable wages of his labour charged, in the only way in which he can charge them, upon the price of his drugs. The greater part of the apparent profit is real wages disguised in the garb of profit.”

Now what effect will the “generic equivalent” prescribing concept have on these points I have just raised? Although at first blush it might seem to give the pharmacist a financial break, this is not necessarily so.

For instance, let's take a single prescription. Even if the pharmacist dispenses a low-cost product for, let's say, two dollars rather than three, he could possibly increase his gross margin on a percentage basis. However, he might actually be decreasing it on a dollar basis. And with operating expenses per prescription relatively

constant, any dollar decrease in gross margin will reduce or eliminate net profit.

The real concern, however, is not with how many dollars you can earn today or tomorrow. It really is whether pharmacy can continue to render its vital services to the community. If pharmacy is forced to forfeit its important service function, inevitably third parties will step in.

We have seen that there is a rumbling in behalf of a misleading concept, generic-prescribing and dispensing, but that the real issue is the quality of the product, insured by the identity and responsibility of the manufacturer.

Failing to understand this issue, welfare departments in Connecticut, Ohio, and New York are adopting procedures requiring or encouraging "generic prescribing." In Connecticut, for instance, the organizations of medicine and pharmacy initially were asked to sign away their professional prerogatives by endorsing regulations of this sort for welfare patients. But the professions would not agree to the premise that welfare patients were second-class citizens deserving only second-class medicine. Because of their strenuous objections, the regulation was rewritten "urging" rather than demanding "physicians to prescribe in generic terms whenever possible." Further, the crucial qualification was added that whenever this was done *quality must not be sacrificed*. In other words, they reaffirmed the basic rule that in health there can be no compromise.

Without a doubt, this outcome can be attributed entirely to the cooperative effort of the professional groups involved, and I cannot stress enough the importance of this "professional togetherness." Generic name proposals are cropping up in several states. For instance this is a major issue in Michigan right now. The only hope for a sound solution to these problems is an alert and cooperative health team.

We, as drug manufacturers, can ask no more than that there be no compromise with quality and effectiveness. We believe that pharmacy is just as resolute on this point. Whether the physician should prescribe our trademarked specialty or a high-quality so-called "equivalent", we will not attempt to argue if he knows what he is doing. But he can only be amazed and shocked if he gives up this choice—this responsibility—to a colleague who is not in a position to judge clinical effectiveness.

Likewise, if the pharmacist receives a generic prescription, we can ask no more than that he allow *himself* no compromise in quality as he fills the prescription. But if the burden of responsibility for choosing a brand of potent medication is placed entirely upon him, he must be prepared to bear the consequences and liabilities of this position.

Considering all this, I am confident that sanity will prevail—that physicians will maintain their standards and prerogatives.

Indications are they will . . . Here is what the American Academy of General Practice believes:

"Any action to discourage the use of trade names in prescription writing would tend to interfere with the growth and advancement of pharmaceutical research and progress in medical treatment."

Let us all affirm our belief in the quality product, identified and guaranteed by the responsible manufacturer, so that we may always treat life and health with nothing less than the best.

The chairman thanked Mr. Cheston for an excellent and timely address.

The third and final speaker of the Third Session program was introduced. He was Dr. William S. Apple who chose for his topic, "What Price Professional Survival?"

"WHAT PRICE PROFESSIONAL SURVIVAL?"

**Dr. William S. Apple, Secretary,
American Pharmaceutical Association**

I wish that my first address to you as Secretary of the American Pharmaceutical Association might have been one of reassurance that all is well in Pharmacy, that the profession is on the right course and that we should relax in the complacency of the future, but we have not the time to indulge ourselves in this luxury of daydreams. You have heard some of the challenges by the other speakers. And I say to you, fellow pharmacists, that grim challenge is truly that which lies before us. But to discuss the future of pharmacy in any contest requires that we establish that pharmacy does not need have a future worth discussing. And the conditions must be met to insure that future. I say to you that we have a tremendous professional future ahead of us, if we only stop to think that in a matter of a few years we will be selling approximately twice as many prescriptions in the United States as we are today, you can project a professional opportunity that lies ahead for pharmacists.

Although any complete discussion of the future should be based on the past, I am not going to dwell on the problems we have had over the years. You all know what they were and you all know what many of them are today. Let us take a look. Where are we today? Let us be realistic, let us be self-examining and as critical as we dare to be.

We find splinter organizations arising within the profession to diminish the overall strength of established national groups. We find that the Kefauver hearings have tossed a major public relations problem in our laps. We find mail-order prescription schemes imperiling the future of community pharmaceutical service. I am going to return to the subject of mail-order merchandising of

prescriptions later on. We find more pressure being brought to bear to provide special government programs for special classes of our citizenry.

We find the Justice Department initiating actions against one of our State Associations. We find that there is a threat of increased governmental encroachment in the manufacturing, and even in the distribution of pharmaceuticals. We find many states considering closed panels for drug distribution. We find many unions considering the idea of operating their own pharmacy. We even find one union speaker suggesting that the union establish its own manufacturing plant. But these are only festering sores. They really have not come to a complete head as yet. And as gigantic as they may become, they are small now. They are small in comparison to the overall problems we face as a profession.

To put the situation in focus for you, let me summarize the circumstances that brought American pharmacy together in the first place. A century ago, there was no organization of pharmacy in the United States. There was no real regulation of drug distribution throughout the country. Inferior drugs were being dumped into the United States unchecked by any effective enforceable laws. The educational system in pharmacy was in its infancy. Licensure and code of practice were of local origin and only sparsely evident. Moreover, there was no means of communication between the various interests concerned with pharmacy. So the founding fathers of that day took action to meet the needs of the time and the American Pharmaceutical Association was born in 1852. As time went by, with the encouragement and assistance of the A.Ph.A., the specialized facets of pharmacy developed their organizations in order to exchange ideas and information within their respective areas.

I am amazed in my travels across the country to find in talking to pharmacy groups that people do not recognize and have not been told, or somewhere in their education they missed the understanding that the A.Ph.A. gave birth to just about every organization that we have in American pharmacy today, and that includes such groups as the A.C.A., the A.S.H.P., the N.A.R.D., the A.A.C.P., and we could go on at length. In 108 years we have accomplished a great deal, if people will only recognize what has been done.

Now there were attempts, from time to time, to bring about a coordinated effort between the A.Ph.A. and these other organizations, but the pace of the times did not produce sufficient evidence for this. The last two decades in health developments have moved so fast that we are now forced to face up to the question, "Have we kept pace with modern times?" The answer is no. Perhaps the problem has been one mainly of uncoordinated communications among the very specialized interests in pharmacy. There has been no physical focal point. There has been no common basis of identification from an organizational standpoint.

All too often when pharmacy has been faced with problems by uninformed or misinformed legislators or the lay public, there has

been an immediate trumpeting, a gnashing of teeth, and an eventual lapse in the traumatic cure. The trumpeting has usually been accompanied by a rush to writing letters to editors, legislators, and virtually anyone else who will listen, but there has been little coordination of effort.

I am sure that some of you must wonder how did we achieve the great military victory in World War II. Many of you served in the Armed Forces I know, and although it was a number of years ago, you will recall that a military commander must first decide what is his objective. When he knows his objective, his next assignment is to gather all the intelligence involved with his operation. He is not only concerned with what he knows about his own forces, but he spends an equal effort determining the intelligence of the enemy position and situation. He evaluates that on the basis of the forces available to him for the operation and then reaches a decision as to how to deploy his forces. While simultaneously recognizing that he must supply the effort he undertakes or he is doomed to defeat. This is the kind of coordination that wins military victories.

It is the kind of coordination that can win victories in pharmacy. Let me use the mail-order problem to give you an idea that at times we do show some signs of maturity, we do show signs of mobility in carrying on a coordinated effort. It was about a year ago this very week when we first learned of the prospect of a mail-order operation in Washington, D. C. It was immediately brought to the attention of the American Medical Association and the N.A.R.D. We had a meeting with a group of representatives who were discussing the problems of the health professions. At this meeting, it was strange to all of us and after the meeting, it appeared that nobody considered it a major problem and was going to let it be a sleeping dog.

The American Pharmaceutical Association decided otherwise. It decided to invest in the effort to gain the intelligence about the situation. And the more we looked into it, the more we recognized that here was the beginning of a new concept of merchandising which could destroy community pharmaceutical service. We were met in our efforts to secure information from people in our own profession with a basic response, well that is only a little operation down there in the District of Columbia, it does not affect me out in California, why should I be concerned? There were people all over the country that said: "Well, it is a little thing, do not get excited about it." And as we looked into it, we found it went from a little operation on Wisconsin Avenue into a four story warehouse. We found that others were getting the idea. We found that a major mail-order house in the United States was watching this development with considerable interest. They had always considered prescriptions a professional activity, they said, but inasmuch as pharmacists were now considering them a merchandising activity that perhaps they too should be concerned as they were experts in merchandising.

We attempted to gather the information, then last November we made the information available to all the state associations and state boards and said: "We alert you." There began to be a feeling in the profession that perhaps there was something to this problem. Perhaps not today, but what it could be ten years from now. We decided to take a stand today. We called a special conference last January and we attempted to get the thinking of our leaders in pharmacy. We attempted to get as much information together as possible. Simultaneously, we are continuing to dig, dig, dig; simultaneously, since last June, we were meeting with the Food & Drug Administration, we were asking for cooperation, we were attempting to alert them to the situation, but they have limited resources.

One mail-order house in New York was offering antibiotics to the victims of Cystic Fibrosis through an arrangement with the Cystic Fibrosis Foundation at less than wholesale cost. When the F.D.A. looked into the matter they came back with the reply, which in essence said that this is a wonderful philanthropic effort. It is a wonderful thing, Mrs. Eisenhower is honorary chairman and therefore they could see nothing wrong with it. It took the New York Board of Pharmacy to require this mail-order operator to obtain a license as a wholesaler, to obtain a license as a retailer, and to employ a registered pharmacist; and what is more, to stop people from merely writing into this mail-order house and saying send me the following Legend drugs without the benefit of a physician's prescription. This went on in the United States. It went on in New York. If a pharmacist hands Legend medication to a patient without a physician's prescription the practice is illegal.

We had other meetings with the American Medical Association last February, and finally we took the position that this was a problem that affected medicine as much as it does pharmacy because the merchandising of prescriptions is not in the public health interest. Whether it is done by mail-order, or whether it is done by discount, or whether it is done by any other subterfuge. The merchandising of professional service is not becoming to a profession. The climax of this came, at least in phase one, when a few weeks ago on a Friday evening I received a telegram from the American Medical Association saying: "'We are concerned to the extent of putting this item on the agenda of our Board of Trustees meeting. Can you be present at 11:30 o'clock to tell us what this is all about, that is, tell our trustees.'" Now the American Pharmaceutical Association could have gone down to that meeting and carried out this assignment, but it did not go alone. On receipt of this invitation, the N.A.R.D. and affiliate organizations were contacted.

We put the problem to everybody and said do we want to send 1, 2, 3; how many people? Who should go? In a cooperative and in a united way it was decided that the Chairman of the Executive Committee of the N.A.R.D. would accompany the Secretary of the American Pharmaceutical Association. If you read your trade

journals, if you kept up with things, you will know that the A.M.A. House of Delegates passed a resolution condemning the merchandising of mail-order prescriptions. This is a victory. It is a moral victory for pharmacy. Medicine will stand with us on this issue. Will it stop the mail-order operator? The answer is no. We will not eliminate the threat that can come about through the merchandising by mail-order prescriptions until each and every pharmacist in this country takes the time and makes the effort to inform the community physicians that this is the official position of his organization and here are the reasons why the doctor ought to support his own professional society position in this matter. I say to you that this threat lingers on and you will see more about it in several publications in the next few months. You are going to see more discussion on the mail-order operation and the idea of trying to sell it to the American public. This is the kind of environment the Kefauver hearings have created that lend opportunity to this kind of operation and puts doubt in the public mind as whether or not they should do business with their community pharmacists.

So you see, there are times when we show this maturity and coordinated effort and really make some progress, but I say to you, we have not learned to work a project through from beginning to end. What is more important we do not have the resources with which to do it.

Now, all of us who are pharmacists like to describe ourselves, and our friends in the industry who are not pharmacists, like to describe pharmacists as members of a profession, members of the healing arts. They look up to us because they do consider us as members of a profession. Let us stop and think about that for a minute. Simply nailing the word profession under the terms describing the work of more than 115,000 people in this country does not automatically give their activities the stature they need or deserve. The word profession presupposes at least three things: First, special academic training; next an enforceable code of professional practice; and finally a complete voluntary participation of those bearing the title in and for the profession.

Let us see where pharmacy comes out in these requirements. Our academic system is firmly established and continuing to develop on a basis comparable to the other medical professions. We do not in 1960, have to apologize for pharmaceutical education in the United States.

Although improvement is needed, especially in enforcement and tools that bring enforcement about, we do have a code of professional practice. Let me just set an example of what I mean by that. I was recently in the State of Tennessee speaking at their state Association convention and the secretary of the State Board reported that for the 15th consecutive year, the State Board of Pharmacy had operated on a budget of \$21,000. He was making the 16th annual report and there was not anybody in that audience who said, now

see here, can you do your job with that kind of money? Do we not have to think about this? We must not just look to the people who have the responsibility and say you go find your own tools to do the job we assign to you. We have to take cognizance that if we as a profession want to be self-policing, we as a profession have to pay the bill for the policing. We have to have adequate license fees. We have to have adequate inspectors in office forces in our State Boards of Pharmacy. Now the third thing is that we have to have a code, a code of professional practice. We have one, but do we not seem not to live up to it too well at times.

Now let us take this matter of complete voluntary participation. Doing something because you want to do it and recognizing a responsibility of accepting the privilege of doing. In this instance, pharmacy is found woefully lacking. You want to make some comparisons? I can make them with you. We look up to some of the other health professions. We frequently do it with envy when really we should recognize that their stature and their position came about because the people in it wanted to accept their responsibility. Let us take a look at the American Medical Association for a moment with approximately 150,000 in dues paid members representing almost 70% of the practicing physicians in the United States. Most of them who do not belong are in government service. Last year the A.M.A. operated on a budget of \$15,000,000 a year. When they finished their operation at the end of the year and looked at their books, they discovered they had an operating surplus of more than one-third of a million dollars. When it comes to doing things in their Chicago office, they have a staff of over 700 people and they have the money to add hundreds of other people on a consulting basis and on special projects to undertake the work that they have to do. We say in pharmacy well there is a big club over the physician's head if he wants to belong to his county medical society or to practice in a hospital, there is a tie-up there. Let us buy that for a minute and forget it then, and say let us look at the dentist. He does not have to have membership in his county dental society to practice. He is like the pharmacist, once he gets his license, he can establish his own practice as the pharmacist can establish his own pharmacy.

Last September when the American Dental Association celebrated its centennial anniversary in New York City, it had as a goal 95,000 members in the A.D.A. That is a lot of members. Not as many as medicine of course in the A.M.A., but 95,000 is a lot of people to have on your team when you stop and think that there are less than 100,000 practicing dentists in the United States today. In other words, this is acceptance in a voluntary way of professional responsibility. And what did it yield to the A.D.A. It gave them a budget of over 3½ million dollars to operate on last year. They too, had a surplus of more than ½ of a million dollars and they have more than 200 employees in their Chicago headquarters.

Now let us look at the other health profession, Pharmacy. The American Pharmaceutical Association has approximately 21,000 active dues paying members, of which about 2,000 are continuously delinquent. This constitutes about 17% of the practicing pharmacists in the United States. We did not operate on a \$15,000,000 budget last year. We operated on less than a half million dollar budget. Yet, you want us to represent you on equal footing with medicine and dentistry. We did not have an operating surplus last year. We had to use some red ink. Whatever we have accomplished during this past year, has been done with a staff of less than 40 people, from the janitor to the secretary. This is the equipment the pharmacists in the United States have made available to their professional society to carry on a job. Disappointed? Something we can all surely think about. But looking backwards is not going to resolve this situation. It is not going to give us the manpower, it is not going to give us the ability to cope with the terrific problems we have today, to cope with dynamic moving situations.

There is no state borders in our profession. What happens in one state can be occurring in another state. We need a communications system that is spontaneous in informing people. It is important for Joe Cohen to know exactly what action the Justice Department filed in Arizona last Friday was. It is important that all American pharmacy recognize the Justice Department is now taking a position that pharmacy is not a profession. Are we going to let Arizona fight this battle alone? I have offered help. I said, the American Pharmaceutical Association stands ready to come in and help you.

So let me offer a positive approach for pharmacy. We have got to bring together all pharmacists in membership, not only in their national professional society, because what I described to you is equally true of State Associations. They do not have 75% membership, they do not have 60% membership, and in many states they have only 20% and 25% membership. Pharmacy is full of free-loaders. We have got to develop the coordinated communications system so that the abilities and potential we have individually can produce the maximum results for pharmacy as a whole. We must, as Dr. Swain said 25 years ago, as he dedicated the American Institute of Pharmacy Building, develop an accepted physical focal point for pharmacy. We have got to have a physical rallying point and everybody connected with pharmacy has got to be part of it. Today, you and your colleagues who are members of the A.Ph.A. and who are members of your State Association, take part in it. Pharmacists everywhere must assume the responsibility for advancing the cause of the profession they have chosen to follow.

Next comes the need for a more coordinated system of communications that I have emphasized, among the very specialized interests in pharmacy. Today, the public and legislative body of our nation are confused, they do not know who to listen to. Who is really the spokesman for pharmacy? I just got a letter yesterday

from the under secretary of H.E.W. inviting the American Pharmaceutical Association to the White House Conference On Aging to represent the profession. When I go there, I have got to represent everybody in the profession, members of every State Association. It is important that they know what goes on. Joe can tell you we have already started to lay the ground work to inform people about the problems and activities of the day. I am not proposing greater power for the A.Ph.A. There has got to be represented opinion, there has got to be room for decent communication.

I sincerely believe this is a two way street. I generally do not like to talk as long as I have because I prefer to have you talk in terms of asking me questions so I can learn what you think the problems are. I like to know how you would resolve the problems of the day, what approaches you would take, because **you** are American pharmacy. But, there comes a time when we are called front and center to represent pharmacy and we have to do it for everybody. All specialized interests serve under one flag when we represent pharmacy in the public interest. I do not recall that I have ever known a person who has stood high in his profession, or even business for that matter, who was not actively affiliated with organizations, attended meetings and read journals concerned with his affairs. These seem to be the ways in which people keep us up to date and alert to the new things which are going on. I should dislike to trust myself or any member of my family to the careless physician who does not belong to his county, state and national medical association, who does not read professional journals nor go to professional meetings. I would equally dislike to think that the public is being served by pharmacists who are not sufficiently interested in their own profession to secure the scientific information and professional inspiration that comes from such organizational activity. In pharmacy today, too few carry the problems of too many. If we cannot rise to the level of our needs, how in the world do we expect those without our concern to have our concern?

You know, it is better to have and not need, than to need and not have. I think I have presented the challenge to you. I can assure you that the A.Ph.A. will do all in its capacity, and you are the one that will determine the capacity of the A.Ph.A., to cope with the problems of today, the problems of tomorrow, and recognize them sufficiently in advance that we can be victorious in our battles. It will take time and effort; yours, mine, and that of all the members of the profession. Pharmacy's fight for status as a profession and as an integral part of the American Health Team has not been an easy one. Having achieved this status, let us not forfeit it by standing guilty of a charge of non-support at the moment of our greatest challenge and opportunity.

What price Professional Survival? Twenty-five cents a day will pay for membership in every association that the pharmacist should support. National, professional, store owner, his interest in special-

ized pharmacy, in his State Association, his county association, and to pay an adequate license fee so his Board can carry on the work they must do. It amounts to 25c a day in money for Professional Survival, but that 25c, fellow pharmacists, will not be enough, It must be accompanied with 25 minutes of your time, *your* time. You have to think about these things, because the action taken by those you have employed to carry on these activities will only show results from the policy you help to formulate. What Price Professional Survival? Only you can answer that.

Dr. Apple received a standing ovation of applause at the conclusion of his remarks.

Chairman Goldfeder stated, "Speaking for myself, after listening to a very interesting talk, I can tell you that you have just recruited another active member in the A.Ph.A. Speaking for the pharmacists in the State of Maryland, I can assure you that we are behind you 100%."

The discussion period began with the following questions and answers:

Question: What is the best way to get the Medical Profession to cooperate with pharmacists in holding inter-professional meetings?

Answer: Mr. Monday: The best possible way for this to be handled would be for the officers and secretaries of both the Medical and Pharmaceutical Associations to have meetings.

Question: Has North Carolina found the solution to mail-order prescriptions? What has been their results?

Answer: Dr. Apple: North Carolina has found a solution through a Board of Pharmacy ruling in which they do not recognize prescriptions filled in another state as complying with the laws of North Carolina. They have made more progress than any other Board in the country.

Question: Why are druggists charged more for drugs than the hospitals?

Answer: Mr. Cheston: Hospitals are subject to quantity discounts because of the large amount of drugs they use and are able to purchase at one time, otherwise they are subject to the same price schedules as applies to drug stores.

Question: What is the difference between "Generic Drugs" and "Any Related Brand"?

Answer: Mr. Cheston: As far as I can see there is no difference in the two terms. Related brands may indicate an area of closeness rather than sameness.

Question: The Armed Forces Medical Services buy and dispense drugs on the generic name basis. They also maintain high standards for these drugs. Is this not indicative that generic drugs can be used with confidence under certain circumstances?

Answer: Mr. Cheston: I most certainly agree. The main concern in the supply of generic drugs is that they should be obtained from reputable firms that maintain high standards of laboratory testing and control.

Question: Detail men often quote prices of medication to physicians. A pharmaceutical that lists at \$5.00 per hundred tablets will be quoted as costing \$.05 each on a prescription. This causes confusion and embarrassment to the pharmacist because the physician when writing a prescription for 10 tablets tells the patient the prescription will cost \$.50. We all know it is impossible for such a prescription to be filled for \$.50. What is the policy of your company in this practice?

Answer: Mr. Monday: The policy of Roche is not to offer resale prices of prescriptions. However, the detail man is sometimes forced into a discussion with the doctors. If he finds that he cannot avoid a price discussion, our representative will give a price range instead of an exact figure with the explanation of the factors involved.

Question: Since, according to your questionnaire, doctors do not seem to feel that it is in the pharmacists' domain to render information on side effects and dosage and since the education of pharmacists is being planned to render this information, what is the solution to this problem? Also, since only 30% of those asked, answered the questionnaire, perhaps only those who cared about this answered and therefore the sample may be biased. Don't you think?

Answer: Mr. Monday: I think the solution is to encourage doctors to use your drug store as a source of information. According to the doctors who answered the questionnaire, doctors consider the pharmacist as a tremendous help. They also consider the pharmacist as their advisors.

Question: Why do Medical representatives consider Legend Drugs as items of commerce when pharmacists are educated to the effect that they are dealing in professional items?

Answer: Mr. Cheston: I cannot answer for other firms, but Smith Kline and French do not consider their products as items of commerce. I cannot conceive of other firms practicing such a policy because it is completely contradictory.

Question: What is being done about the manufacturers who supply prescription drugs to mail-order houses?

Answer: Dr. Apple: A mail-order operator called the American Pharmaceutical Association and said the manufacturer had cut him off because we were pressuring him. He threatened to go to Kefauver. This of course is a legal problem. No Association has the right to tell anybody anything—only to suggest. In that way the Anti-Trust Laws are not violated.

Question: At the interim meeting of the A.Ph.A. House of Delegates, it was disclosed that pharmacists were responsible for the exclusion "mail-order restriction" from the Durham-Humphrey Bill.

Has the A.Ph.A. made any attempt to have the F.D.A. amend the Durham-Humphrey Bill to include this restriction which had the original blessing of the F.D.A.?

Answer: Dr. Apple: This happened in 1952 and was supported by all of pharmacy including the N.A.R.D. They were not against the mailing of prescriptions, because it was not good legislation. This restriction would destroy bona fide physician-patient-pharmacist relationship. Present mail-order practices are not the same as when a drug store mails a prescription to a patient who he knows and can identify.

Question: When you report that 40% of so-called off brand merchandise did not come up to strength as stated on the label, what do you do about it as far as government agencies are concerned? Does anyone push prosecution of the violators?

Answer: Mr. Cheston: The F.D.A. does the best they can with what they have to operate with, both finances and personnel, however they are not fully equipped to handle these situations. Therefore, the drug industry in most instances take matters into their own hands.

Question: Why do the prime producers of a trade name product sell to another company so cheaply that the second distributor can sell the same product under the generic name at less than half the price?

Answer: Mr. Monday: The prime producer does not sell the finished product, but raw materials. This is often done under licensing procedures. The difference in price of the finished products therefore depends on the factors involving production and marketing. Generically, the ingredients may be the same, but that does not necessarily say that the finished products are the same.

Question: When you discussed joint inter-professional meetings, you reported that both the pharmacists and the doctor thought prices should be discussed. Did this mean that both the pharmacist's fee and the doctor's fee should be reviewed or **only** the fee of the pharmacist?

Answer: Mr. Monday: The survey indicated the prices for patients. The common discussion and what the doctors really wanted to know was if the price was fair to their patients.

Question: Would not the merger of the N.A.R.D. and the A.Ph.A. raise the professional status of all pharmacists as well as unite all branches of the profession, thus helping all of us?

Answer: Dr. Apple: I do not think that a merger would solve the problem. Many A.Ph.A. members are also N.A.R.D. members. Our biggest problem however is that the majority of pharmacists are not members of either organization and do not pay their way at the expense of the few who do.

A discussion was held between Simon Solomon and Dr. Apple regarding the Dr. Welch incident. It was disclosed that Dr. Welch

as a public official with the F.D.A. was also being employed and receiving large sums of money from a magazine and an outstanding drug manufacturer. Mr. Solomon pointed out this was a reflection on the drug industry as well as the F.D.A. and did not do any good at a time like this.

In summing up the discussion, Mr. Monday stated it was a pleasure to appear on the program. He remarked that it was the most enlightening meeting he had ever attended. He was impressed by the quality of the questions asked indicating, "You are a thinking man's audience."

Mr. Cheston agreed with Mr. Monday and expressed his appreciation for being invited to participate. He regretted it was not possible to answer some of the questions more fully and hoped he would have the opportunity to discuss them individually after the meeting. He expressed a sincere desire by industry to adjust distribution problems involving hospitals and mail-order schemes. He felt the Kefauver investigations would result in a unification among the professions, and a very strong communication between the professions and industry.

Dr. Apple congratulated the audience for their patience. He was impressed by the excellent attendance which spoke well for the overall interest in Pharmacy demonstrated by Maryland pharmacists through the years. He spoke of the leaders Maryland had contributed to Pharmacy. He expressed his appreciation for the excellent relationship established with Dean Foss, Frank Balassone and Joseph Cohen in their respective capacities since becoming Secretary of the A.Ph.A. He invited all to attend the 107th Convention of the A.Ph.A. in Washington, D.C. the week of August 14th.

Mr. Goldfeder again thanked the speakers for taking their valuable time to address the Convention and invited them to remain as guests of the Association.

Announcements of entertainment events for the balance of the afternoon and evening were made, prizes were drawn, and the Third Session of the Convention was adjourned at 2:10 P.M.

FOURTH SESSION

Thursday, June 30

The Fourth and final Session of the Convention was called to order at 10:30 A.M., in Kerry Hall, by President Mouat.

Joseph U. Dorsch won the Early Bird prize.

President Mouat announced the meeting would open with Memorial Services for those pharmacists who had passed away since the last Convention.

MEMORIAL SERVICES

Sam A. Goldstein began the services with the reading of the 23rd psalm.

Charles E. Spigelmire followed with the Necrology:

EMBRAY E. ADAMS
 GEORGE A. BUNTING
 JAMES W. DUDLEY
 ARTHUR C. ELDRIDGE
 KARL H. GRAHAM
 ORLANDO G. HALL
 ANDREW HECK
 HARRY C. HYDE
 JEROME H. JOHNSON
 J. GILBERT JOSEPH
 WILLIAM KARASIK
 LIQUORI J. KELLY
 WILLIAM WAYNE KEMBLE
 MRS. VIRGINIA MANKIN
 VINCENT W. MATTHEWS
 LOUIS SAPPERSTEIN
 ROBERT S. SCHER
 MILTON SISCOVICK
 CHARLES E. SONNENBURG
 L. E. STAUFFER
 WILLIAM A. STEINWEDEL
 STANLEY S. TAUB
 ARTHUR G. TRACEY
 A. W. VALENTINE
 WALTER WILLIAM VOGEL
 MANUEL BERNARD WAGNER
 WILLIAM HENRY WHITTLESEY
 FURN SUEY YEE

Victor H. Morgenroth, Jr. then offered the following memorial prayer:

Almighty Father, Author of life and death, we are met here at this moment to direct our hearts to Thee and to express our love for those who have been laid to eternal rest. Memories crowd upon us as we recall those who have gone before, who even in death are a benediction unto us. The lesson of our measured years is forcibly brought home to us, and the determination is strengthened within us to hasten the fulfillment of our resolution to live nobly in the spirit of our beloved dead, and to fulfill the obligations which we have accepted from their hands. At this moment, we seek renewal of strength for the struggles of life and increased courage to meet our tasks.

We realize our frailty even as we know that from Thee cometh strength. These silent sentinels call us back to Thee and to the recognition of our duty. They rouse us to do good while our brief day lasts, to bring relief to the distressed, sunshine where darkness now prevails, hope to those in despair and support for every worthy undertaking for human welfare.

With sorrowing hearts, we call to mind at this solemn hour our beloved ones whom death has removed from our midst. We thank Thee for the years which Thou didst grant unto them, years in which they brought help, joy and comfort to many a heart. Thou in Thy love gavest them unto us and Thou in Thy wisdom hast taken them from us.

We think of the time when they still moved among us, shared in our labors and bestowed their love and friendship upon us. Though slumbering in their eternal rest, they live in our hearts as lasting sources of inspiration leading us to good deeds and noble thoughts. In gratitude for all the blessings they brought to us, and to humanity, we dedicate ourselves anew to the sacred tasks they bequeathed unto us. Extend Thy healing balm unto the bereaved and grant eternal rest and peace to the souls which we remember now with tenderness and compassion.

Amen.

REPORT OF THE NOMINATING COMMITTEE

Frank Block, Chairman

There was an attempt made to hold Nominating Committee meetings before the Convention. This did not succeed, however. Only one meeting was held on June 29, 1960 at the Shelburne Hotel. The Nominating Committee submits the following slate for your consideration:

Officers

Honorary President - Lester R. Martin
 President - Harold M. Goldfeder
 1st Vice President - Norman J. Levin
 2nd Vice President - Victor H. Morgenroth, Jr.
 3rd Vice President - William A. Cooley
 4th Vice President - Solomon Weiner
 Treasurer - John F. Wannenwetsch
 Executive Secretary - Joseph Cohen - recommended for
 reappointment
 Secretary Emeritus - Melville Strasburger

Executive Committee

Chairman - Gordon A. Mouat - Baltimore
 1st District—Eastern Shore
 Albin A. Hayman
 George M. Schmidt

- 2nd District—Central
 Morris Lindenbaum
 Edward C. Maisenhalder
 Jerome Mask
- 3rd District—Southern
 Lester A. Batie
 James A. I. Parker
 Morris R. Yaffe
- 4th District—Northern
 Victor G. Mercer
 Lyndon B. Myers
- 5th District—Western
 Samuel Wertheimer
 Robert J. Martin
- 6th District—Baltimore City
 Frank Block
 Milton A. Friedman
 Simon Solomon
 H. Nelson Warfield
 Alexander J. Ogrinz, Jr.

Ex-Officio Members

- | | |
|----------------------|---------------------|
| Walter E. Albrecht | Gregory W. A. Leyko |
| Francis S. Balassone | Noel E. Foss |
| Lloyd N. Richardson | |

Recommendations for the Board of Pharmacy Appointment of One to be Made by the Governor Effective June 1, 1961:

ARTHUR C. HARBAUGH
 LYNDON B. MYERS
 VICTOR G. MERCER

These recommendations were unanimously approved by the Committee consisting of: Lloyd N. Richardson, Howard L. Gordy, George M. Schmidt, Lester R. Martin, Frank Block, Chairman.

Bernard Cherry recommended representation on the Board of Pharmacy should be changed to include two members on the Board from Baltimore City because of the number of drug stores in Baltimore. He felt this would be a more equitable representation on the Board. President Mouat stated the law now requires two members from Baltimore City and this requirement is met. Mr. Cherry felt that the Secretary of the Board should not be included as is now the case, but two members should be on the Board representing practicing pharmacists besides the secretary. Mr. Mouat felt this change would require a change in the law.

Mr. Cherry, as a point of information, asked if all nominees representing District 6, Baltimore City, were members of the Association. Secretary Cohen stated that all nominees listed were members. Mr. Cherry also asked if those nominated from Balti-

more City were members of the Baltimore Metropolitan Pharmaceutical Association. He was reminded by President Mouat that this was not necessary according to the Constitution of the Maryland Pharmaceutical Association. The Constitution of the M.P.A. had been complied with and the nominations were in order.

Upon calling for nominations from the floor, Mr. Libowitz put in nomination the name of Herman B. Drukman to represent District 6 on the Executive Committee. The nomination was seconded by Mr. Cherry.

A closed ballot vote was taken on six nominees for District 6, five to be elected. Sixty-four active members were present and 62 cast ballots. The five nominees presented by the Nominating Committee received the majority of the votes cast and were declared duly elected.

Secretary Cohen was instructed to cast a unanimous ballot for the slate of officers and executive committee presented by the Nominating Committee. This was done.

President Mouat explained the method followed in selecting names for the State Board of Pharmacy. All recommendations are reviewed by the Executive Committee before referring them to the Nominating Committee. All conditions stated in the Maryland law and the Association Constitution regarding appointments are followed.

A separate vote was taken on the three names recommended by the Nominating Committee, one to be appointed by the Governor. The three nominees were approved unanimously. The Secretary cast a unanimous ballot for the three names.

Mr. Goldfeder expressed his appreciation for the honor bestowed upon him for being elected as President of the Maryland Pharmaceutical Association.

REPORT OF THE RESOLUTIONS COMMITTEE

Dr. Noel E. Foss, Chairman

The Resolutions Committee received written resolutions before meeting at the Convention. All resolutions were fully considered by the Committee at its meeting held during the Convention on Monday night. Fifty-one resolutions were originally considered, over 40 are being presented for your consideration.

It has been suggested and approved that controversial resolutions be discussed individually after the non-controversial resolutions have been approved.

After thorough discussion, the following resolutions were duly adopted:

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urge its members to study the

advantages to the public of having drugs and medicines sold in retail drug stores as a professional service, and thus encourage the public to recognize the health character of such products, thereby making the drug store stand out as the safe, logical and dependable source of drug store products of all kinds.

RESOLVED, that it give all possible encouragement to retail pharmacists who seek through counter and window displays and all other practical means, to emphasize the professional character of retail pharmacy and thus identify the retail pharmacy with its relation to public health.

WHEREAS, as business is more competitive than ever before, which means the time has come when we must be realistic and progressive in our thinking, and

WHEREAS, many pharmacists do not give adequate attention to public relations, professional and inter-professional relations,

THEREFORE BE IT RESOLVED, that the incoming administration carry out a very aggressive program to help the independent retail pharmacist to survive by keeping him properly informed of events and proposals which may affect him.

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urges pharmacists to take an active part in urging the public to be vaccinated against poliomyelitis, and that the executive committee consider the feasibility of having a suitable poster prepared stressing the necessity of polio vaccinations, such posters to be distributed for display by all the drug stores of the state.

RESOLVED, that it recommend that all manufacturers be required to provide antidotes and toxicity information on the label or in the package of all products potentially dangerous or toxic whether for technical, household, internal or external use.

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, express its determined opposition to mail-order prescription schemes and to all plans for offering prescriptions on a cut rate or discount policy, as all such schemes lend themselves to unsafe practices and are highly detrimental to public health and safety.

RESOLVED, that it make every effort to have enacted state and federal legislation to place a curb on mail order organizations distributing or planning to distribute drugs because of substantial health hazards inherent in mail order prescriptions.

RESOLVED, that manufacturers, wholesalers and retail pharmacies should not sell legend drugs to industrial and utility firms,

nursing homes, etc., which are not under the proper supervision of a pharmacist or physician.

RESOLVED, that it condemn dispensing of prescriptions by hospitals to patients not being treated by a physician in the hospital, and that the Secretary be instructed to discuss this matter with the proper hospital and medical officials in the state.

RESOLVED, that it go on record with the American Pharmaceutical Association as opposing any outside regulations which would stifle the profession's and industry's incentive to further progress in research and development, militate against the welfare of our profession, restrict the free choice of drugs by physicians, regiment against good medical practice and undermine one of our nations most precious assets—the highest health standards in the world today.

RESOLVED, that while it is opposed to the Forand Bill or any other form of legislation based on a socialistic system of governmental medical care, we do feel that the Federal Government should seriously consider subsidizing a voluntary health insurance plan, including the costs of drugs, in cooperation with insurance companies for the protection of the aged in case of illness.

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, extend hearty congratulations to the members of the 1960 graduating class of the School of Pharmacy of the University of Maryland, and wish each and everyone a full measure of success and satisfaction as they enter the ranks of the profession.

WHEREAS, "physician owned pharmacies" may cause the public to look upon such partnerships or groups with suspicion and that they have been organized to enhance the financial income of all parties concerned to the detriment of general public interests,

BE IT RESOLVED, that it shall be considered unprofessional and unethical conduct for a pharmacist to associate himself as a pharmacist, as a partner, or as a "pharmacist in charge" of a "physician-owned pharmacy."

RESOLVED, that it give thoughtful consideration to ways and means by which our retail pharmacies may be more sharply identified with pharmaceutical education and thus more expressive of the basic health care obligations inherent in the profession.

RESOLVED, that it encourage retail pharmacists throughout the state to so inform themselves with respect to the five year pharmacy curriculum that they may aid in the recruitment of

pharmacy students and thus contribute effectively to assuring adequate pharmacy manpower in the years ahead.

RESOLVED, that all pharmacists, in the conduct of their prescription practices, should study their prescription pricing schedules so as to assure themselves and the public that such prices are in accord with sound professional principles and thus in the best interest of medicine, pharmacy and the public.

RESOLVED, that it appeal to all manufacturers to carefully consider the practice of duplication of products which imposes upon the retail pharmacists an unnecessary burden because of the potential unfair loss incurred by such duplication.

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, speaking for all pharmacy in the state, express its profound gratification at the successful outcome of the Retailer—Retailer Fair Trade Suit in Maryland, as manifested in the opinion of the Maryland Court of Appeals, as this case goes to the very heart of fundamental fair trade principles.

RESOLVED, that the pharmacists of the state be urged to give full-hearted cooperation and support to those manufacturers who have evidenced a true interest in fair trade by their sustained and vigorous enforcement of their fair trade contracts, as such manufacturers have earned the active cooperation of every distributor who seeks to make fair trade effective to all concerned.

RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, urge all retail pharmacists to note the names of the manufacturers who institute fair trade court action in the various states as reported in the pharmaceutical press, and that letters of appreciation be sent them as evidence of the sustained interest of pharmacists in the permanence of fair trade legislation.

RESOLVED, that it convey to Dr. John W. Dargavel the esteem and respect of all pharmacists in the state for his wonderful efforts to better the economic standing of retail pharmacy, for his sustained effort in behalf of the fair trade movement and for his vigorous leadership for the economic betterment of the profession through the programs and activities of the National Association of Retail Druggists, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to Dr. John W. Dargavel.

RESOLVED, that it express its profound concern over the progressive breakdown of state fair trade laws, and urge that special studies be conducted of various legal principles which might be called to the attention of state legislatures in the hope that they

might be useful in reenacting state fair trade laws in those states in which, for one reason or another, these laws have been invalidated by the courts.

RESOLVED, that it urge the National Drug Trade Conference to continue its studies of ways and means of resolving the Restrictive Sales Controversy of pharmaceutical products in a manner fair and equitable to all, and with due regard to the public safety, as this is involved in the distribution of drugs and medicines; and

BE IT FURTHER RESOLVED, that the Association recognize the necessity of a cooperative approach to a solution of this problem as obviously no solution can be arrived at without the whole-hearted and sincere efforts of all parties to the controversy.

RESOLVED, that it express, on behalf of all the pharmacists in the state, congratulations to Dr. William S. Apple, for the vigorous manner in which he is directing the affairs of the American Pharmaceutical Association and that the full cooperation of the Maryland Pharmaceutical Association be pledged to him in his magnificent effort for the advancement of pharmacy and the elevation of the profession in public appreciation and esteem, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to Dr. William S. Apple.

WHEREAS, the Pharmaceutical Manufacturers' Association has approved a plan for studying the cost of prescription drugs on the consumer level,

BE IT RESOLVED, that the Maryland Pharmaceutical Association in annual convention assembled, commend the Pharmaceutical Manufacturers' Association for planning to obtain this much needed data, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Executive Secretary of the Pharmaceutical Manufacturers' Association.

RESOLVED, that it extend its hearty elation and sincere good wishes to His Excellency, the Governor, upon his return home after a sojourn in the hospital, and

BE IT FURTHER RESOLVED, that we express the earnest hope that his recovery will be full and complete so that the State of Maryland may continue to enjoy the leadership which he is giving so generously to the conduct of public affairs and for the significant work associated with his high office.

WHEREAS, Dr. Robert Lee Swain has been a loyal and devoted member of the Maryland Pharmaceutical Association for more than forty years; and

WHEREAS, Dr. Swain served Maryland pharmacy with distinction as Chief of Drug Control Maryland State Department of Health; Secretary, Maryland Board of Pharmacy; Editor, Maryland

Pharmacist; and President, Maryland Pharmaceutical Association; and

WHEREAS, Dr. Swain has brought fame to Maryland through his outstanding leadership in the realm of world Pharmacy; and

WHEREAS, Dr. Swain has reached the pinnacle of pharmaceutical recognition as the Statesman of Pharmacy as Editor-in-Chief of Drug Topics and Drug Trade News; therefore

BE IT RESOLVED, that it elect Dr. Swain a Life Member in recognition of his achievements; and

BE IT FURTHER RESOLVED, that Dr. Swain be presented with an appropriate Life Membership Card at the 78th Annual Banquet of the Maryland Pharmaceutical Association.

RESOLVED, that it deeply feels the absence of Dr. and Mrs. H. A. B. Dunning from this convention being mindful of their attendance at many conventions of the Maryland Pharmaceutical Association, not only for HIS services, advice and counsel, but also for THEIR gracious presence and warm friendliness.

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. and Mrs. H. A. B. Dunning,

RESOLVED, that it express its profound gratitude to the President and the Board of Regents of the University of Maryland upon the erection of the new Health Sciences Library building in Baltimore and also for the new Baltimore Union building, thus adding greatly to the practical resources of the Baltimore Schools of the University and be it,

FURTHER RESOLVED, that a copy of this resolution be sent to President Elkins as an assurance of the confidence and respect of the pharmacists throughout the state.

RESOLVED, that it express its thanks and deep appreciation to the several members of the program, all of whom are nationally recognized experts in their respective fields, who presented such excellent addresses and messages, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the respective members of the program: Messrs. Russell M. Vollink, George J. Abrams, William M. Mapes, W. M. Monday, Frazier Cheston and Dr. William S. Apple.

RESOLVED that it express its sincere appreciation and thanks to Harold M. Goldfeder, Chairman, and other members of the Convention Committee, for the wonderful job they have done in planning and contributing to the success of the convention, and in gladly catering to the comfort of the persons attending this convention, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Goldfeder, the chairman of the Convention Committee.

WHEREAS, the T.A.M.P.A. and L.A.M.P.A. have been tireless in their efforts to do an outstanding job, and

WHEREAS, the president and secretary both of T.A.M.P.A. and L.A.M.P.A., with the assistance of their respective officers and members, did everything possible for the comfort and convenience of our members and guests,

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association express its profound gratitude to these organizations and their respective officers for their splendid cooperation which contributed so much to the success of the convention.

RESOLVED, that it express its deepest appreciation and thanks to the various contributors who have generously helped to assure the success of this convention, and

BE IT FURTHER RESOLVED, that an appropriate acknowledgment be forwarded to each of these companies and/or individuals.

RESOLVED, that it extend its sincere appreciation and thanks to Radio Stations WBAL, WBMD, WFBR, WITH, and WCAO in Baltimore, WTBO in Cumberland, WGAY in Silver Spring, and TV Station WBAL in Baltimore for their genuine cooperation and assistance in giving favorable publicity to the pharmacists in Maryland, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the managers of the respective stations as a symbol of appreciation by the Maryland Pharmaceutical Association.

RESOLVED, that it express its appreciation to the Baltimore Sun, the Baltimore Evening Sun, the Baltimore News-Post and any other newspaper in the state for the publicity given the Association during the convention and also for acquainting the public during the year with Pharmacy's many contributions and services to the public; and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the editors of these newspapers.

RESOLVED, that it express its heartfelt thanks to the management of the Shelburne Hotel for the many courtesies extended to our members and guests, and also for the excellent manner in which the management handled the many details which were largely responsible for making the convention a success; and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the manager of the Shelburne Hotel.

BE IT RESOLVED, that the length of service on the Maryland Board of Pharmacy by members actively engaged in retail pharmacy be limited to two (2) terms, of five years each, or a total of ten years, beginning with the next appointment. This limita-

tion of service shall not apply to the term of appointment or limit the service of the Secretary of the Maryland Board of Pharmacy.

WHEREAS, prescriptions for Class B Narcotics can be filled once only, and

WHEREAS, the majority of physicians insist on specifying a number of refills in violation of the narcotic laws,

BE IT RESOLVED, that it urgently request the Maryland Department of Health to notify by bulletin all prescribers of narcotics their responsibility and duty under the law.

WHEREAS, there is tremendous abuse in the distribution and handling of pharmaceutical samples,

BE IT RESOLVED, that all manufacturers curtail indiscriminate sampling of all specialty pharmaceuticals.

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the leading manufacturers of drug products.

RESOLVED, that it request all pharmaceutical manufacturers to instruct their representatives to make periodic calls on the retail pharmacists of the State of Maryland as a good will gesture, to discuss new products for detailing and to take care of those goods eligible for return.

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to each member of the Pharmaceutical Manufacturers' Association, and to the secretaries of all State Pharmaceutical Associations.

WHEREAS, there may exist accepted practices in one profession which conflict with accepted practices of another profession, and

WHEREAS, this conflict could lead to serious differences of opinion,

BE IT RESOLVED, that it urge establishment of an Inter-professional Health Council consisting of representatives of the Maryland Pharmaceutical Association, the Maryland Dental Association, the Medical and Chirurgical Faculty of Maryland, the Maryland Nurses Association, and the Maryland Veterinary Association for purposes of attaining compatibility and professional cooperation, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to secretaries of the respective associations.

WHEREAS, physicians in private practice are establishing offices in hospitals, and

WHEREAS, physicians not so established are directing patients to hospital pharmacies, and

WHEREAS, hospital pharmacies are operated on a relatively tax-free basis, and

WHEREAS, physicians are directing their patients to such hospital pharmacies implying that prescriptions can be obtained at reduced rates,

BE IT RESOLVED, that a protest against these practices be made to the Governor of the State of Maryland, to the Director of Maryland State Department of Health, and to each hospital administrator in Maryland.

Four resolutions not previously submitted to the Resolutions Committee were submitted from the floor. These are tabled with the suggestion that they be submitted to the Resolutions Committee in writing for further study.

Mr. Morgenroth expressed an opinion that resolutions should be limited to 15 in number.

President Mouat thanked the Resolutions Committee for a job well done.

OLD BUSINESS

1. PHARMACY LAWS COMMITTEE—Victor H. Morgenroth, Jr., Chairman

Mr. Morgenroth reviewed the Referendum that was conducted by the Association based on Senate Bill #373 of the 1959 Legislature. The results of the Referendum have been reported on numerous occasions at meetings of the Association. All of the sections of the Referendum were approved in various degrees of votes cast. At the Regional Meeting of the Association held at the Chestnut Ridge Country Club on May 19th, the results of the Referendum were tabled temporarily, in order to allow the Steering Committee that has been appointed by the Legislative Committee consisting of a representative of the State Dept. of Health. Mr. Balassone, a representative of the State Board of Pharmacy, Mr. Ogrinz, a representative from all of pharmacy and pharmacists as a group, Mr. Libowitz, and a representative from the Maryland Pharmaceutical Association, namely myself, to review legislative needs. This Steering Committee has already met and will continue to meet to formulate a definitive action for 1961 Legislature. All of these findings of course will be reported back to the Legislative Committee, the Executive Committee, and the body as a whole. From the spirit of friendliness and complete cooperation that I have so far experienced, I feel confident that a program will evolve that we can all be proud of and we will accomplish in unity.

2. MEDICAL CARE—Walter E. Albrecht, Chairman*

*Due to Mr. Albrecht's absence because of illness in the family, this report was given in absentia.

REPORT OF THE COUNTY MEDICAL CARE PROGRAM OF THE STATE DEPARTMENT OF HEALTH

The State Board of Health at its meeting on May 15, 1959, approved the new fees for pharmacy services as recommended by the Council on Medical Care. It was also pointed out that educa-

tional efforts to provide equitable services at a most reasonable cost had been extended to professional participants. It was considered equally important to educate patients to use the program in a proper way so that unreasonable demands would not be made. Patients should be informed of their obligations under the program as well as of their rights. The State Board of Health requested that the staff of the Bureau of Medical Services and Hospitals, in cooperation with the State Department of Public Welfare, develop such a statement to be given to patients as soon as they become eligible under the program. All eligible persons now receive a letter to this effect.

Professional participants under the County Medical Care Program receive the following payments proportioned to the various services as follows: pharmacy services 51.9% of the total expenditures; physician services 40%, dental services 8% and special services of 0.1%.

The Welfare rolls continued to rise and were, as of July 1, 1960, 15% above the number of people for whom the budget was appropriated.

The average cost per prescription, as of July 1960, was \$2.50 for the indigent and \$2.75 for the medically indigent, as compared with the corresponding period of last year of \$2.18 and \$2.50. However, when the increased fee for pharmacists is taken into consideration the actual increase in the average cost of prescriptions in either group was only about 10 cents.

Dr. Page Jett (1945-1959) and Dr. James T. Marsh (1949-1959) retired from the Council as of June 30, 1959. These two physicians who served as members of the Council rendered an outstanding service to the people of Maryland. They were most helpful to the Medical and Chirurgical Faculty which they represented, to the State Department of Health and to the Council on Medical Care. They represented their professional colleagues well. It is with great appreciation of their friendship and the long, rich experience in knowing and working with them that I can say unhesitatingly it has been a real pleasure for me to serve with Dr. Jett as Chairman and Dr. Marsh as Co-Chairman of the Council for so many years. It is with deep regret that I can no longer look forward to meeting with them in Council sessions and luncheons.

Dr. E. I. Baumgartner and Dr. J. Roy Guyther are the newly appointed members of the Council by the Medical and Chirurgical Faculty. It is the practice of the Council on Medical Care to invite to its meetings each of the County Health Officers in rotation. In this way, the Council is able to receive first hand information from the field.

At one of the Council's meetings, the State Auditor's Report on the Baltimore City Medical Care Program was discussed. Special emphasis was given to the question of a mandatory formulary and the advisability of authorizing telephoned prescriptions under certain circumstances, and various control measures. After referring the questions of the formulary and telephoned prescriptions to com-

mittees, the Council sent the following statement to the State Board of Health:

"It is the opinion of the Council on Medical Care that both medical programs are based on sound law and that the staffs of the State Health Department are constantly endeavoring to fulfill the intent of the law in the administration of the two programs."

It was also pointed out that Maryland's Medical Care Program has gained national recognition. The Council on Medical Care re-emphasized at the end of the session its opinion that no fundamental changes should be contemplated.

3. LLOYD N. RICHARDSON, MEMBER OF THE MARYLAND STATE BOARD OF HEALTH

Mr. Richardson did not have a written report, however he reviewed in detail the duties of the Maryland State Department of Health and the Board of Health and stressed those duties and services pertaining to Medical Care and the overall health of the community. He paid tribute to the work of Walter Albrecht on the Council on Medical Care and also complimented Mr. Balassone for the fine job he was doing as Chief of the Division of Drug Control. Mr. Richardson referred to the Kirkman report of the Committee on Medical Care of the State Planning Commission of which Victor H. Morgenroth, Jr. served as a member of the sub-committee. It concerns policies of financing Medical Care. Mr. Richardson also referred to the Yeager report on the reorganization of the State Department of Health and Hospital Units. Mr. Richardson stated that he was unfamiliar with the plans of reorganization and first learned about them through an article published in The Sun Paper, on June 14th. He strongly urged that complete study be made of these various reports and plans of reorganization to protect the position of pharmacy as a member of the Health team. He also indicated that pharmacy was not spelled out in the reorganization plan as now exists. He mentioned that the Yeager report will be taken up by the Legislative Council. He recommended that conferences be held with the Governor and others to state the case of pharmacy and to emphasize the importance of pharmacy representation on policy-making bodies regarding matters of health. He referred to the activity of the Board of Health regarding care for the aged, nursing homes, radiation control and many other problems not related to pharmacy, but regarding the overall health of the community.

4. REPORT OF THE ASSOCIATION COUNSEL— Joseph S. Kaufman

Mr. Kaufman representing the law firm of Needle & Melnicove reported on the legal activities of his firm in representing the Maryland Pharmaceutical Association. He gave a favorable report on the status of Fair Trade in the state of Maryland, as supported by a recent decision by the Court of Appeals upholding the Mary-

land Fair Trade Act. He cited the Retailer—Retailer suit brought in Montgomery County, Gadol vs. Dart. Mr. Kaufman advised the Convention that no legislative program was considered for the 1960 short session of the legislature. He reported on the Ruling obtained from the Attorney General that only the physician may dispense prescriptions or prescription drugs *personally* in his office. This eliminates the practice of office personnel dispensing prescriptions in doctors offices. He also reported on the mail-order prescription problems and advised that ways and means to control mail-order prescriptions were being studied. Medical Care prescription abuses were taken up and discussed with those concerned and Mr. Kaufman felt that progress had been made in correcting such abuses. Mr. Kaufman advised that he had been consulted on the reorganization plan of the Health Department and that he was in contact with Dr. Yeager and Dr. Carl Everstine regarding the proposed legislation to reorganize the Health Department and that they were fully aware of pharmacy's feeling regarding their representation in the reorganization plan.

5. CONSTITUTIONAL AMENDMENTS

A. GRIEVANCE COMMITTEE—

The Amendment to Article XII under the By-Laws of the Constitution, standing committee #18 to be known as the Grievance Committee, was unanimously approved by voice vote.

B. AMENDING THE CONSTITUTION

The Amendment to Article V of the Constitution, to change the method of Constitutional Amendments as follows, changing the wording to read "until the next annual or duly constituted meeting", was unanimously approved by voice vote.

These two constitutional changes will be made and appear in the Constitution and By-Laws printed in this issue of the Proceedings Number.

6. REPORT ON THE CODE OF PROFESSIONAL PRACTICES Harold M. Goldfeder, Chairman

Mr. Goldfeder referred to a complete report of his committee that was published in the 1959 Proceedings Number. He reported that all activity of the committee was being held in abeyance because of a conflict that may arise in considering a Code of Professional Conduct at a time when a legislative program was being formulated.

NEW BUSINESS

1. AMERICAN PHARMACEUTICAL ASSOCIATION MEMBERSHIP

Mr. Morgenroth referred to Dr. Apple's address urging A.Ph.A. membership. He advocated a membership campaign in the State of Maryland. He further urged that an effort should be made to obtain at least 25 new members during the Convention. Applications were distributed.

2. PRICING FORMULA FOR PRESCRIPTIONS

Mr. Morton Schnaper explained that one of the greatest falacies of modern pharmacy was the inadequate pricing of prescription services. He proceeded to explain an appropriate method that could be applied to any type of drug store for the purpose of properly and profitably pricing prescriptions. At the conclusion of his presentation, a motion was made that Mr. Schnaper's report be referred to the proper committee for further investigation, clarification and recommendation. The motion was seconded and passed.

ANNOUNCEMENTS

Activities for the rest of the day were announced including the Cocktail Hour and the Dr. Swain Testimonial Dinner. A meeting of the newly elected officers and executive committee would meet immediately after adjournment in the Brady Room. The final attendance prizes of the Convention were drawn. Expressions of appreciation were made to the Calvert Drug Company for the daily bulletins provided; to the Henry B. Gilpin Company for the Sun-paper every morning; and to the many others who contributed prizes and services for the success of the Convention.

ADJOURNMENT

The Fourth and Final Session of the 78th Convention was adjourned by President Mouat at 3:00 P.M.

TESTIMONIAL BANQUET

in honor of

DR. ROBERT LEE SWAIN

Thursday, June 30

The Annual Banquet of the 78th Convention of the Maryland Pharmaceutical Association was held in honor of Dr. Robert L. Swain in recognition of his distinguished services and contributions to the profession of Pharmacy.

The Ballroom of the Shelburne Hotel was filled to capacity and included the members of Dr. Swain's immediate family, Mrs. Swain and Mr. and Mrs. Robert L. Swain, Jr. and their children.

The Banquet was preceded by a Social Hour provided through the combined courtesy of Calvert Drug Company, The Henry B. Gilpin Company, Loewy Drug Company and Muth Brothers and Company. The executives and officials of these companies served as hosts.

The Invocation was offered by Reverend Christian Schenck, Pastor, St. Andrews Lutheran Church of Atlantic City.

Following a most enjoyable dinner accompanied by delightful music, Chairman-Toastmaster Harold M. Goldfeder greeted the Banquet and expressed his appreciation for the cooperation of his

committee and the Auxiliaries in insuring a most successful and enjoyable Convention for the benefit and entertainment of all.

Toastmaster Goldfeder introduced the guests at the head table and in the audience during the course of the meal to conserve time for the presentations to Dr. Swain to follow.

President Mouat greeted the assemblage and voiced his appreciation for the cooperation and many courtesies he had received during his tenure of office as president of the Association.

Joseph Cohen was introduced to conduct the festivities honoring Dr. Swain.

President Mouat read the following Life Membership Resolution:

WHEREAS, Dr. Robert Lee Swain has been a loyal and devoted member of the Maryland Pharmaceutical Association for more than forty years; and

WHEREAS, Dr. Swain served Maryland pharmacy with distinction as Chief of Drug Control Maryland State Department of Health; Secretary, Maryland Board of Pharmacy; Editor, Maryland Pharmacist; and President, Maryland Pharmaceutical Association; and

WHEREAS, Dr. Swain has brought fame to Maryland through his outstanding leadership in the realm of world Pharmacy; and

WHEREAS, Dr. Swain has reached the pinnacle of pharmaceutical recognition as the Statesman of Pharmacy as Editor-in-Chief of Drug Topics and Drug Trade News; therefore

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it elect Dr. Swain a Life Member in recognition of his achievements; and

BE IT FURTHER RESOLVED, that Dr. Swain be presented with an appropriate Life Membership Card at the 78th Annual Banquet of the Maryland Pharmaceutical Association.

He then presented Dr. Swain with a Life Membership Card appropriately inscribed.

Dr. L. M. Kantner presented Dr. Swain with a framed Illuminated Citation which read:

TO

DR. ROBERT LEE SWAIN

YOUR CONTEMPORARIES IN THE PHARMACEUTICAL PROFESSION AND THE DRUG INDUSTRY LOOK UPON YOU AS ONE OF THE MOST INSPIRING FIGURES IN THE ENTIRE HISTORY OF AMERICAN PHARMACY.

RARE INITIATIVE, HIGH INTELLIGENCE, UNFAILING DEVOTION TO PHARMACY, AN UNUSUAL GIFT OF EXPRESSION AND A PASSION FOR INDIVIDUAL FREEDOM OF THOUGHT AND ACTION, ARE THE INGREDIENTS OF THE FORMULA WHICH HAS BROUGHT SUCCESS TO YOU IN YOUR ENDEAVORS AND IN THE MANY ALTRUISTIC PROJECTS WITH WHICH YOU

HAVE BEEN IDENTIFIED FOR THE BENEFIT OF PHARMACY

ON THE OCCASION OF THIS GATHERING OF MARYLAND PHARMACISTS AND THEIR GUESTS—REPRESENTING BUT A SMALL SEGMENT OF THE MANY THOUSANDS OF PHARMACISTS THROUGHOUT THE NATION WHO SEEK TO HONOR YOU FOR YOUR LEADERSHIP AND CREATIVE LABORS IN BEHALF OF OUR PROFESSION—WE SALUTE YOU AND EXTEND WARMEST CONGRATULATIONS AND SINCEREST BEST WISHES AS A DEMONSTRATION OF THE DEEP AFFECTION AND ADMIRATION YOUR FRIENDS HAVE FOR YOU.

PRESENTED AT THE 78TH ANNUAL CONVENTION BANQUET OF THE MARYLAND PHARMACEUTICAL ASSOCIATION

THE SHELburnE HOTEL, ATLANTIC CITY,
NEW JERSEY

THURSDAY, JUNE 30, 1960

An Annual Robert Lee Swain Pharmacy Seminar was established by the Association. This was presented by Dr. Noel E. Foss with the following statement:

Annual Robert Lee Swain Pharmacy Seminar

“In recognition of the many years you have devoted to the profession of Pharmacy, and to pharmaceutical education in particular; through your interest and participation as a Maryland health official, Secretary of the Maryland Board of Pharmacy, educator and member of the legal profession; through your painstaking labors on the American Foundation for Pharmaceutical Education, the American Council on Pharmaceutical Education, and the Committee on the Pharmaceutical Survey, for all of which you have been duly recognized by citation, medal and honorary degrees; the Maryland Pharmaceutical Association is proud to establish the Annual Robert Lee Swain Pharmacy Seminar to perpetuate the high ideals you have established for Pharmacy. The Seminar shall be planned and conducted on a high plane of interest to all segments of the profession. It shall be held at a time and place convenient to all who have a desire to attend. It shall always reflect the image of you, our most distinguished representative of Pharmacy, Dr. Robert L. Swain.”

Dr. Swain responded with warm expressions of appreciation. He spoke affectionately of his associates in Maryland and his early days in pharmaceutical activities. He concluded his remarks by saying no matter where he is, his heart remains in Maryland.

Those serving on the Awards Committee were: H. A. B. Dunning, Honorary Chairman; Lloyd N. Richardson, Chairman; Noel E. Foss, L. M. Kantner, Simon Solomon and John F. Wannewetsch.

President Mouat discharged the 1959-60 Officers and Executive Committee with remarks of appreciation for making his tenure of office a pleasant experience long to be remembered.

He then installed the new Officers and Executive Committee and presented the gavel to President Harold M. Goldfeder.

President Goldfeder presented the Past President's Medal to Mr. Mouat as his first official act.

On behalf of T.A.M.P.A., retiring President Albert Heydemann introduced the new Officers and Board members of the Travelers Auxiliary.

President Arlene Padussis of L.A.M.P.A. introduced and installed the newly elected Officers and Executive Board of the Ladies Auxiliary.

Milton A. Friedman, Chairman of the Pharmacy Week Committee made the following Pharmacy Week Awards:

First Prize in both the National and Maryland Window Display Contest—H. Nelson Warfield, Read Drug & Chemical Company, Baltimore

Second Prize—Morris L. Cooper, Cooper's Pharmacy, Baltimore

Third Prize—Aaron M. Libowitz, Libby's Rexall Drug Store, Baltimore

Prizes were drawn following acknowledgement of the many generous contributions to the success and enjoyment of the Banquet.

The 78th Annual Convention of the Maryland Pharmaceutical Association came to a happy conclusion with the Benediction given by Reverend Christian Schenck.

It was the concensus of those in attendance that the Convention was one of the best in attendance, programming, entertainment, fellowship and enjoyment.

T.A.M.P.A.

The important role of T.A.M.P.A. in the success of our Convention has become a Maryland Pharmaceutical Association tradition.

The officers and committees of the Travelers Auxiliary exerted every effort in assisting the Association in its program of entertainment.

In addition, T.A.M.P.A. members manned the registration desk, undertook many other responsibilities, and provided congenial fellowship.

To the officers and members of T.A.M.P.A., the parent Organization conveys its appreciation and gratitude for the labors and cooperation which insured the success of this outstanding Convention.

OFFICERS ELECTED 1960-61

At the Forty-Fourth Meeting of the T.A.M.P.A.

Shelburne Hotel, Atlantic City, N.J., June 27, 28, 29, 30, 1960

Honorary President—George S. Euler
President—Richard R. Crane
First Vice President—Edwin M. Kabernagel, Jr.
Second Vice President—H. Sheeler Read
Third Vice President—James A. Allen
Treasurer—John A. Crozier
Secretary—Thomas J. Kelly

Directors

| | |
|----------------------------|--------------------|
| Albert Heydemann, Chairman | John C. Cornmesser |
| Joseph A. Costanza | George B. Rider |
| William H. Harrison | Milton J. Timin |
| Kenneth L. Mills | B. Dorsey Boyle |
| Russell C. Eustice | Joseph B. Herron |

Maryland Pharmacist Committee

Wilson Spilker, Chairman

George M. Brandt Kenneth L. Mills

L.A.M.P.A.

The appreciation of the Maryland Pharmaceutical Association is also extended to the Ladies Auxiliary for the role they played in insuring the social success of the Convention.

The Association looks forward to L.A.M.P.A.'s actively participating in the Convention and other functions of the Association in the coming years.

L.A.M.P.A. OFFICERS FOR 1960-61

Officers

Honorary President—Dr. B. Olive Cole
President—Mrs. Samuel I. Raichlen
First Vice President—Mrs. Felix H. Kaminski
Second Vice President—Mrs. Norman J. Levin
Third Vice President—Mrs. Albert Rosenfeld
Treasurer—Miss Amelia C. DeDominicis
Recording Secretary—Mrs. H. Sheeler Read
Corresponding Secretary—Mrs. Maurice Wiener, 7622 Carla Road,
Baltimore 8, Maryland
Membership Treasurer—Mrs. William H. Harrison

Directors

Mrs. Anthony G. Padussis, Chairman

| | |
|---|--|
| Mrs. Milton A. Friedman | Mrs. Edward C. Maisenthalder, Bel Air |
| Mrs. Charles J. Neun | |
| Mrs. Albert G. Leatherman | Mrs. William A. Cooley, Cumberland |
| Mrs. Manuel B. Wagner | |
| Mrs. George M. Schmidt, Elkton | Mrs. Charles S. Austin, Honorary Board Member |
| Mrs. James A. I. Parker, Silver Spring | Mrs. Frank Block, Historian |

Past Presidents

| | |
|----------------------------------|---------------------------------|
| 1953-54 Mrs. Charles S. Austin | 1956-57 Mrs. H. Nelson Warfield |
| 1954-55 Mrs. Charles S. Austin | 1957-58 Mrs. Frank Block |
| 1955-56 Mrs. Sol Weiner | 1958-59 Mrs. Morris L. Cooper |
| 1959-60 Mrs. Anthony G. Padussis | |

In Memorium

EMBRAY E. ADAMS
GEORGE A. BUNTING
ARTHUR C. ELDRIDGE
KARL H. GRAHAM
ORLANDO G. HALL
ANDREW HECK
HARRY C. HYDE
JEROME H. JOHNSON
J. GILBERT JOSEPH
WILLIAM KARASIK
LIQUORI J. KELLY
WILLIAM WAYNE KEMBLE
VINCENT W. MATTHEWS
LOUIS SAPPERSTEIN
ROBERT S. SCHER
MILTON SISCOVICK
CHARLES E. SONNENBURG
L. F. STAUFFER
WILLIAM A. STEINWEDEL
STANLEY S. TAUB
ARTHUR G. TRACEY
FURN SUEY YEE
A. W. VALENTINE
WALTER WILLIAM VOGEL
MANUEL BERNARD WAGNER
WILLIAM HENRY WHITTLESEY

COMMITTEES

MARYLAND PHARMACEUTICAL ASSOCIATION

1960 - 61

Social Committee: Norman J. Levin, Chairman; Victor H. Morgenroth, Jr., Co-Chairman; David Newman, Havre de Grace; Sam A. Goldstein; Samuel Wertheimer, Cumberland; H. Nelson Warfield; Solomon Weiner; Morris R. Yaffe, Rockville; Victor G. Mercer, Frederick; Jay E. Levine, Hagerstown; Milton Feldman; Philip Levin; James W. Roberts, Jr.; John Francis, Jr.; W. L. Brunnett, Riverdale; John A. Crozier; Joseph P. Fitzsimmons, Washington; Joseph L. Muth; Ethel Raichlen; Richard R. Crane; William A. Cooley, Cumberland.

Building Committee: Herman B. Drukman, Chairman; John F. Wannewetsch; Frank J. Macek; Frank L. Black; H. A. B. Dunning; Frank Block; Gregory W. A. Leyko.

Trade Relations Committee: Aaron M. Libowitz, Chairman; Jerome J. Cermak, Co-Chairman; Morris Bookoff; Jerome Block; W. A. Braden, Silver Spring; Salvator J. Latona, Mt. Rainier; Alvin Geser; Nicholas A. Toronto, Upper Marlboro; William C. Hill, Easton; Louis Davidov; Irving I. Cohen; Isaac Kerpelman, Salisbury; Robert F. Tomsco, Cumberland; William C. Chatkin, Hagerstown; Hershel Cohen; Charles E. Spigelmire; Elwin H. Alpern, Odenton; John G. Magiros, Ellicott City; Donald O. Fedder, Dundalk; Thomas J. Hayman, Salisbury; Milton Sarubin, Ellicott City; Jerome A. Stiffman.

School of Pharmacy Committee: Frederic T. Berman, Chairman; Stephen J. Provenza and Samuel I. Raichlen, Co-Chairmen; Charles W. Feldman; Howard L. Gordy, Salisbury; Harry Bass; A. Lester Batie, Laurel; Bernard Cherry; Irving I. Cohen; Victor H. Morgenroth, Jr.; H. Nelson Warfield; W. L. Brunnett, Riverdale; Jerome J. Cermak; Henry G. Seidman; H. A. B. Dunning; Frank Block; Francis S. Balassone; Simon Solomon; John A. Crozier; John F. Wannewetsch.

Professional Relations Committee: Stephen J. Provenza, Chairman; Nathan I. Gruz, Co-Chairman; Robert J. Martin, LaVale; Jack Shalita; Milton A. Friedman; Aaron M. Libowitz; Milton A. Klepfish; Arnold L. Dickman; L. H. Kraus, Jr., Salisbury; Robert E. Thiess; Alphonse S. David, Easton; Arthur C. Harbaugh, Hagerstown; N. W. Chandler, Landover Hills; Fred G. Sullivan, Hyattsville; James P. Cragg, Jr.; David Lebson; George J. Stiffman; Charles E. Spigelmire; John F. Neutze; Carlton W. Hanks, Sr., Cumberland; Morton J. Schnaper, Bethesda; Albert Lindenbaum, Dundalk; Elmer C. Hillman, Jr., Bladensburg; Jerome Mask.

Legislative Committee: Victor H. Morgenroth, Jr., Chairman; Henry M. Golditch and James A. I. Parker, Kensington, Co-Chairmen; Walter E. Albrecht, Linthicum Heights; A. Lester Batie, Laurel; Albin A. Hayman, Salisbury; Morris Lindenbaum, Reisterstown; Lyndon B. Myers, Mt. Airy; Peyton N. Horne, Easton; Victor G. Mercer, Frederick; J. Ronald Reed, Hagerstown; Milton J. Fitzsimmons, Ellicott City; Howard E. Lamkin; Joseph Marmor, Frederick; James F. Salmon, LaVale; Milton Zentz; Robert E. Proudfoot, Oakland; Paul J. Snyder; Morris R. Yaffe, Rockville; Herman Taetle, Silver Spring; Bernard Cherry; Lloyd N. Richardson, Bel Air; Frank Block; Elmer W. Sterling, Church Hill; Howard L. Gordy, Salisbury; Aaron M. Libowitz; George M. Schmidt, Elkton; Simon Solomon; Halcolm S. Bailey, Ocean City; John F. Wannewetsch; Gregory W. A. Leyko; Cecil E. Guild, Westminster; William J. Connor, Centreville; Jerome Mask; Henry G. Seidman;

Carl Walker, Indian Head; Herman B. Drukman; Hyman Davidov; Arnold L. Dickman.

Auditing Committee: Jerome J. Cermak, Chairman; Solomon Weiner; Alexander J. Ogrinz, Jr.; Louis Davidov; Anthony G. Padussis; Herman B. Drukman.

Membership Committee: Solomon Weiner, Chairman; Anthony G. Padussis, Isaac E. Kerpelman, Salisbury; Melvin J. Sollod, Silver Spring, Co-Chairmen; Irving Folus, Hyattsville; Hyman Davidov; David Newman, Havre de Grace; George J. Stiffman; Salvatore J. Latona, Mt. Rainier; Louis L. Glaser; Myer Stoler; Howard L. Gordy, Salisbury; Arnold L. Dickman; Irving I. Cohen; Alexander M. Mayer; Henry H. Sellers, Cumberland; Frank B. Clark, Eilerslie; Raymond Sacks, Lexington Park; A. Lester Batie, Laurel; Frederic T. Bermand; Alvin Geser.

Finance Committee: Alexander J. Ogrinz, Jr., Chairman; Herman B. Drukman, Co-Chairman; H. A. B. Dunning; John F. Wannewetsch; Solomon Weiner; Gregory W. A. Leyko; Lyndon B. Myers, Mt. Airy; Morris Lindenbaum, Reisterstown; Charles E. Spigelmire.

Public Relations Committee: Charles E. Spigelmire, Chairman; Samuel Portney, Co-Chairman; Rebecca H. Davis; Charles W. Feldman; Donald O. Fedder; William C. Hill, Easton; Bernard B. Lachman; Milton Goldberg; Irvin Kamenetz; Howard S. Rice; Isaac E. Kerpelman, Salisbury; Milton A. Friedman; Joseph L. Combs, Jr.; Arthur C. Harbaugh, Hagerstown; Alphonse S. David, Easton; William Y. Kitchin, Annapolis; Sam A. Goldstein; Stephen J. Provenza; Irving Freed; William L. Pearlman; Louis Lindenbaum, Linthicum Heights; Henry J. Glaeser, Jr., Manchester; Henry W. Lawlor, LaPata; Morton L. Pollack; Ronald Schindler, Cumberland; Morton J. Schnaper, Bethesda; W. Harold Packett, Chevy Chase; Joseph Papermeister, Damascus; Isadore Singer, Laurel; S. W. Greenberg, Suitland, Nathan I. Gruz.

Fair Trade Committee: Simon Solomon, Chairman; Alexander J. Ogrinz, Jr. and Herman Taetle, Silver Spring, Co-Chairmen; Jerome Mask; Victor H. Morgenroth, Jr.; Melvin J. Sollod, Silver Spring; Isaac E. Kerpelman, Salisbury; John H. Dougherty, Jr., Laurel; Morris R. Yaffe, Rockville; Robert J. Martin, LaVale; Wilfred H. Gluckstern; Albert Lichtman; Morris Rendel; Robert F. Tomsko, Cumberland; Jacob L. Kronthal; Ellis Gadol; Silver Spring; Albin A. Hayman, Salisbury; Halcolm S. Bailey, Ocean City.

Publications Committee: B. Olive Cole, Chairman; Milton Sarubin, Co-Chairman; Joseph U. Dorsch; John F. Wannewetsch; Paul Reznak, Beltsville, Herman M. Kling; L. M. Kantner; Frank L. Black.

Pharmacy Week Committee: Milton A. Friedman, Chairman; H. Nelson Warfield, Co-Chairman; Arthur C. Harbaugh, Hagerstown; Victor G. Mercer, Frederick; Max S. Ansell; Aaron M. Libowitz, Morris L. Cooper; Jerome A. Stiffman; Thomas M. Payne, Easton; Eugene Judy, Cumberland; N. W. Chandler, Landover Hills; Robert F. Nierman, Cumberland; W. L. Brunnett, Riverdale; Irvin L. Kamanitz, Salisbury; Louis Levitis, Silver Spring; John E. Donaldson, Washington; Stanley J. Yaffe, Odenton; David Greenfeld, Nathan Schwartz, Annapolis; David Newman, Havre de Grace.

Pharmacy Committee: Wilfred H. Gluckstern, Chairman; Fred G. Sullivan, Hyattsville, Co-Chairman; Edwin C. Maisenhalder, Bel Air; Bernard Cherry; Harold D. Mondell; Joseph Freiman; George M. Schmidt, Elkton; Morton J. Schnaper, Bethesda; Howard L. Gordy, Salisbury; Alvin Rosenthal; Irving J. Gleiman; Lynn Sheetz, Cumberland; Samuel G. Block; Eli Fedder, Pikesville; Charles E. Pang.

Nominating Committee: Gordon A. Mouat, Chairman; Frank Block; George M. Schmidt, Elkton; Frank J. Macek; Hyman Davidov; Lester R. Martin, Cumberland; Albin A. Hayman, Salisbury.

Resolutions Committee: Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; Aaron M. Libowitz; Max M. Zervitz; Howard L. Gordy, Salisbury; Morris R. Yaffe, Rockville; Herman B. Drukman; James A. I. Parker, Kensington; Morton J. Schnaper, Bethesda; Walter E. Albrecht, Linthicum; John F. Neutze; John F. Wannewetsch; Francis S. Balassone; Frank Block; Frank L. Black.

Civil Defense Committee: Gregory W. A. Leyko, Chairman; Philip Richman, Annapolis, Co-Chairman; Morris R. Walman; Milton Sarubin, Ellicott City; Robert P. Keech, Cumberland; C. W. Englander, Oakland; Sydney G. Weinberg; Isaac Kerpelman, Salisbury; Ellis B. Myers; Simon Solomon; Noel E. Foss; Francis S. Balassone; Arthur C. Harbaugh, Hagerstown; S. Earl Webster, Cambridge; Norman J. Levin, Pikesville; William C. Hill, Easton; L. Heller, LaPlata; Milton J. Fitzsimmons, Ellicott City; L. H. Kraus, Jr., Salisbury; Edwin C. Maisenhalder, Bel Air; David Newman, Havre de Grace; Milton Waxman, Elkton; Walter T. Savage, Berlin; Elmer W. Sterling, Church Hill; James W. Truitt, Federalsburg; W. A. Braden, Silver Spring; W. D. Timmons, Cumberland; Victor G. Mercer, Frederick; Jacob H. Sapperstein, Cockeysville; Nathan Liss.

Grievance Committee: Gordon A. Mouat, Chairman; District No. 1: Albin A. Hayman, Salisbury; Peyton N. Horne, Easton; District No. 2: Morris Shenker, Glen Burnie; Edward J. Passaro; District No. 3: N. W. Chandler, Landover Hills; Herman Taetle, Silver Spring; District No. 4: Jay E. Levine, Hagerstown; Henry J. Glaeser, Jr., Manchester; District No. 5: Carlton W. Hanks, Sr., Cumberland; C. W. Englander, Oakland; District No. 6: Bernard Cherry; Anthony J. Petralia.

COMMITTEE FUNCTIONS

Social Committee:

To recommend a convention site to the Executive Committee
To promote the convention generally: Contributions, entertainment, attendance, publicity.

Building Committee:

To inspect the Kelly Memorial Building and grounds. To recommend repairs, maintenance and improvements.

Trade Relations Committee:

To improve trade relations between manufacturers, wholesaler and retailers particularly in out-front merchandise.

School of Pharmacy Committee:

To assist the School of Pharmacy, University of Maryland in promoting the School and forming a close relationship between the Faculty, Student Body and members of the Association.

Professional Relations Committee:

A liaison between Pharmacy, Dentistry and Medicine. To encourage closer and better relations between these professions
To foster meetings to discuss problems of common interest
To promote better intra-professional relations.

Legislative Committee:

To study all legislation affecting Pharmacy—local, state and federal. To take an active part in preventing harmful legisla-

lation and seeking beneficial legislation. To attend legislative sessions and hearings and participate in them if necessary.

Membership Committee:

To devise ways and means of improving the membership in the Association both numerically and qualitatively. Active participation to bring this about by mailing bills and calling on both delinquent and prospective members.

Finance Committee:

To study the financial needs of the Association for efficient operation. To prepare a budget and to recommend addition or deletion of expense items.

Auditing Committee:

To examine the books of the Association after the annual audit has been made.

Public Relations Committee:

To promote pharmacy through various medias—radio, television, newspapers, so that the public will have a better understanding and opinion of pharmacists and Pharmacy.

Fair Trade Committee:

To cooperate with the Fair Trade Service Bureau in the maintenance of Fair Trade in the State of Maryland, and to support legislation on both a State and National level pertaining to Fair Trade.

Publications Committee:

To examine the Maryland Pharmacist, official publication of the Maryland Pharmaceutical Association. To make editorial contributions, obtain advertisers and improve the publication generally.

Pharmacy Week Committee:

To assist the American Pharmaceutical Association in promoting National Pharmacy Week. To encourage participation in retail, hospital, school and public exhibits. To provide suitable awards.

Pharmacy Committee:

To promote professional Pharmacy and the good practice of Pharmacy.

Civil Defense:

To join with Civil Defense authorities on all levels to provide pharmaceutical service in case of an attack.

Grievance Committee:

To reconcile public, interprofessional, and/or intraprofessional complaints brought against the practitioners of Pharmacy.

Resolutions Committee:

To gather and prepare resolutions for presentation at the annual Convention.

Nominating Committee:

To present a slate of officers, executive committee and nominees for the Maryland State Board of Pharmacy to the annual convention for election as stated in the Constitution of the Association.

Executive Committee:

The governing body of the Association as stated in the Constitution.

INFORMATION ON THE FURNISHING OF PRESCRIPTIONS & MEDICAL REQUISITES TO VETERANS ADMINISTRATION BENEFICIARIES.

NOTE: This service is furnished by the Maryland Pharmaceutical Association to members of the Association only.

The Maryland Pharmaceutical Association (the Contractor) agrees to make available during the period from July 1, 1959 to June 30, 1960, all services outlined below.

1. **SERVICES:** The Contractor through the pharmacies of the State of Maryland, which are owned, managed, or operated by registered pharmacist members of the Association agrees to supply drugs and medical requisites on prescriptions to Veterans Administration beneficiaries entitled thereto.

2. **PRESCRIPTIONS:** For the purpose of this contract, an original written prescription on VA Form 10-2577, the physician's or dentist's regular printed prescription blank bearing the date written, the name and postal address of the patient and the signature of the prescribing physician or dentist to the statement "I am authorized to treat, and prescribe for the above-named Veterans Administration patient" will be considered proper authorization to a participating pharmacy. (Statement of authorization may be written, printed, typed, or stamped upon either side of the prescription blank.)

3. **MEDICAL REQUISITES:** Medical requisites will be supplied only on the original written prescription of a physician or dentist and will bear the same information and authorization statement as required for prescriptions for medication. Medical requisites as referred to herein are defined to include only the following listed items:

a. **ACCESSORIES**

1. Hypodermic (insulin or other) syringe and two (2) needles
2. Two (2) hypodermic needles
3. Atomizer
4. Nebulizer
5. Hot water bottle
6. Fountain syringe
7. Combination hot water bottle and syringe
8. Ice bag
9. Ice cap
10. Urinal
11. Bed pan
12. Enema can
13. Feeding tube
14. Ear and ulcer syringe
15. Urethral catheter

b. **DRESSINGS**

1. Gauze Bandages
2. Sterile Pads
3. Adhesive Tape
4. Sterile Absorbent Cotton

The items listed in subparagraph b. are for use only in connection with the application of medication prescribed for immediate needs following an authorized treatment, and are not intended for prolonged continuing use in chronic cases. They may be furnished on prescription in accordance with paragraph 2, only when such prescription is accompanied by a properly documented prescription for medication requiring the use of such accessory items for its application as prescribed. Quantities furnished by pharmacists will not exceed amounts prescribed and will not exceed in total value on any one prescription the schedule price of the accompanying prescriptions for local medication requiring such prescribed dressing.

Pharmacists are authorized to adjust downward, quantities of items furnished under b., if necessary to come within the above maximum cost limitation, certifying the quantity furnished and price charged, and obtaining the signature of receipt as provided under 4 b.

Prescriptions for dressings (3b) will be attached by the pharmacist to the accompanying prescription for local medication when submitted for payment.

4. **RECORD OF PRESCRIPTION:** a. The Contractor will require all participating pharmacies to file copies (or originals if required by State or Federal Laws) of all prescriptions filled for Veterans Administration beneficiaries and to maintain a list, by prescription numbers, of all prescriptions subject to this plan for the purpose of inspection.

b. The Contractor will require all participating pharmacies to submit to it monthly every **original** prescription (See paragraph 4c) filled under the provisions of this contract, for which claim for payment is made. Such prescriptions will be clearly marked in ink, or typewritten, with the date filled and fee established. Prescription will bear the signature of the Veterans Administration beneficiary for whom the prescription was written to the statement "I acknowledge receipt of prescription No. (or medical requisite— which must be described by common name) on (Date."

c. Certified copies of narcotic prescriptions will be accepted. However, such copies **must bear**, in addition to other statements and signatures, **the signature of the beneficiary** to the acknowledgment of receipt. Carbon copy of the veteran's signature on the true copy of the prescription will be acceptable for payment processing purposes provided the signature is legible. **Typewritten signatures will not be acceptable.**

d. When it is not possible to secure the signature of the beneficiary without hardship, the signature of a responsible adult representative of the beneficiary may be accepted. If neither can be obtained, certification to that effect may be accepted.

e. An itemized invoice must accompany all prescriptions forwarded to the Maryland Pharmaceutical Association for payment.

5. **FEES:** a. Fees for prescriptions will be in accordance with the prescriptions schedule, which is attached hereto, and made a part

of this contract, it being understood that such fees are not in excess of the rates charged for identical services to other persons who are not Veterans Administration beneficiaries.

b. Charges allowable for medical requisites will be the established Fair Trade minimum retail price, if in effect, for such articles. If Fair Trade is not in effect, the charges allowable will be the prevailing retail price of the participating pharmacy for such article to other persons who are not Veterans Administration beneficiaries.

**PRESCRIPTION SCHEDULE FOR VETERANS ADMINISTRATION
BENEFICIARIES EFFECTIVE JULY 1, 1958**

Average Price Includes Cost, Profit, Container (5) Charge & Professional Fee

| Volume or Weight | Internal Liquids (Dram or more per dose) | | External Liquids Lotions, Gargles, Injections, etc. | Handmade Ointments | Handmade Bulk Powders Calculate on Volume | Number | Handmade Capsules, Papers, etc. | Handmade Suppositories |
|------------------|---|------|--|--------------------|--|--------|------------------------------------|------------------------|
| | Avg. | Avg. | | | | | | |
| 1 dr. | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1-2 | 1.00 | 1.00 |
| 2 dr. | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 3 | 1.00 | 1.00 |
| 4 dr. | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 6 | 1.00 | 1.50 |
| 1 oz. | 1.00 | 1.25 | 1.00 | 1.00 | 1.00 | 12 | 1.25 | 2.25 |
| 2 oz. | 1.25 | 1.50 | 1.00 | 1.50 | 1.25 | 18 | 1.50 | 3.00 |
| 3 oz. | 1.50 | 2.00 | 1.25 | 2.00 | 1.50 | 20 | 1.75 | 3.25 |
| 4 oz. | 1.75 | 2.50 | 1.50 | 2.50 | 1.75 | 24 | 2.00 | 3.75 |
| 6 oz. | 2.00 | — | 1.75 | 3.00 | 2.00 | 36 | 2.75 | 4.25 |
| 8 oz. | 2.50 | — | 2.00 | 3.75 | 2.25 | 40 | 3.00 | 4.75 |
| 12 oz. | 2.75 | — | 2.25 | 4.50 | 2.50 | 50 | 3.50 | 5.00 |
| 16 oz. | 3.50 | — | 2.50 | 5.00 | 3.00 | 100 | 6.00 | 8.50 |

(If exact quantity called for is not listed, charge at rate of the average of the two nearest quantities given.)

Instructions

1. Above prices are AVERAGE and subject to modification where dose varies or where one or more ingredients are very expensive. In general, when the cost (1) of the amount used of any ingredient (2) equals or exceeds 1/5 of the Schedule price add the cost of the amount used of such ingredient, to the Schedule price.

2. In every case where calculated price is an odd number, adjust price to the nearest number divisible by 5. If more than one calculation is required, adjust number after each calculation.

3. For all Proprietaries or other manufactured products in original manufacturer's size or quantity cost (1) plus 66%, or prevailing over counter price, if any, whichever is lower.

4. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary (4) with wholesale cost of \$4.00 or less for the quantity dispensed charge Schedule price, or cost (1) of quantity dispensed plus 75%, whichever is higher. If in combination, follow Schedule (or cost of quantity dispensed plus 75%, whichever is higher) and Instruction 1. For less than manufacturer's size (3) of any liquid, solid or powder Proprietary with wholesale cost of more than \$4.00 for the quantity dispensed charge cost of quantity dispensed plus 66%.

5. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc. with wholesale cost of \$4.00 or less for the quantity dispensed, charge cost (1) of quantity dispensed plus 150% for all quantities up to and including one-fourth of manufacturer's size; charge cost of quantity dispensed plus 100% for all quantities up to and including one-half of manufacturer's size; charge cost of quantity dispensed plus 75% for all quantities greater than one-half of manufacturer's size. For less than manufacturer's size (3) of any Tablet, Pill, Capsule, etc., with wholesale cost for the quantity dispensed of more than \$4.00 charge wholesale cost of quantity dispensed plus 75%.

6. Minimum price for any prescription \$1.00.

7. Prescription prices will not exceed those charged nonveterans for identical prescriptions. If schedule prices exceed those on record in the pharmacy's prescription file for identical prescriptions for persons who are not VA beneficiaries, adjust price to lower figure.

- (1) "Cost means Wholesaler's price.
- (2) "Ingredient" does not include vehicle. No increase in price should be made for cost of vehicle unless such cost equals or exceeds one-half of Schedule price. In such cases add one-half the cost of the amount (of vehicle) used to the Schedule price.
- (3) "Size." Where more than one size is listed base price on cost of size nearest to quantity dispensed.
- (4) "Proprietary" includes all "Specialties," Trade Marked items, specific manufacturer's product, etc.
- (5) Best Quality and adapted to intended use of medicament, (e.g. dropper bottle, ophthalmic tube, etc.)

**ONLY THESE NARCOTIC PREPARATIONS MAY BE SOLD
ON ORAL OR TELEPHONED PRESCRIPTION**

The Federal Bureau of Narcotics has issued its list of narcotic preparations that can be sold on oral prescription.

The Maryland Law is now also in effect. Following is the Federal Bureau's oral prescription narcotic list:

(1) **CODEINE** (methymorphine): Codeine content of compound must not exceed eight grains per fluid oz. or one grain per dosage unit. *Codeine must be compounded with—*

- (a) "one or more active non-narcotic ingredients in recognized therapeutic amounts" (examples — Empirin Compound with

Codeine, A.P.C. with Codeine, Coricidin with Codeine, Trigesic with Codeine); or

(b) "an equal or greater quantity of any isoquinoline opium alkaloid or salt thereof" (example—Copavin).

(2) **DIHYDROCODEINONE** (Hydrocodone, Dicodeid, Hycodan) or any salt thereof: Dihydrocodeinone content of compound must not exceed one and one-third grains per fluid oz. or one-sixth grain per dosage unit. *Dihydrocodeinone must be compounded with—*

(a) "one or more active non-narcotic ingredients in recognized therapeutic amounts (examples—Bicotussin Syrup, Coditrate);

or

(b) "a *fourfold* or greater quantity of any isoquinoline opium alkaloid or salt thereof" (example—Dihydrocodeinone 4 mg. with Papaverine, 16 mg.).

(3) **DIHYDROHYDROXYCODEINONE** (Oxycodone, Eucodal) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dihydrohydroxycodeinone content must not exceed two-third grain per fluid oz. or one-twelfth grain per dosage unit. (example—Percodan, Nucodan)

(4) **DIONIN** (Ethylmorphine) or any salt thereof when compounded with one or more active *non-narcotic* ingredients in recognized therapeutic amounts. Dionin content must not exceed one and one-third grains per fluid oz. or one-sixth grain per dosage unit (example—Terpin Hydrate and Creosote compound with Dionin).

(5) **ANY ISOQUINOLINE ALKALOID OF OPIUM** or any salt of any such isoquinoline alkaloid, *alone* or in combination with other active non-narcotic medicinal ingredients. According to the Narcotics Bureau, the only isoquinoline alkaloids of opium currently on the market are: *Papaverine, Narcotine, Cotarnine, and Narceine.*

(6) **APOMORPHINE** or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients.

(7) **NALLINE** (N-allyl-normorphine, Nalorphine) or any salt thereof *alone* or in combination with other active non-narcotic medicinal ingredients. It is an antidote for morphine poisoning.

Oral Prescription Narcotic List Does Not Include—

(1) **Straight** Codeine, Dihydrocodeinone, Dihydrohydroxycodeinone, or Dionin. An effort was made to get straight Dionin included in the list for ophthalmic solutions, but was unsuccessful.

(2) **MORPHINE** or any of its salts or compounds, except when they are included in preparations that have previously been known as *exempt narcotics*. In fact, oral prescriptions can be accepted for any *exempt narcotic preparation*. This is logical because any *exempt narcotic preparation* can be sold *over-the-counter* without any prescription within the limits set by federal and state laws and regulations.

(3) **METHADONE COMPOUNDS** (Amidone, Adanon, Dolophine). Methadone compounds with other non-narcotic ingredients were proposed with certain dosage limitations, but were not included in the final list.

(4) **OPIUM COMPOUNDS** with other non-narcotic ingredients for topical application were proposed, but not included.

(5) **DEMEROL** (Pethidine, Meperidine): Dilaudid (Dihydromorphinone); Cocaine; Pantopon; Metopon; Dromoran; Isomethadone; Methadol; Nisentil (Alphaprodine); Heptazone (Thebaine); Phenadoxone.

Oral Prescriptions Must Be Reduced To Writing And Filed; No Refills

Like oral prescriptions for non-narcotic drugs under the Food and Drug Administration's Durham-Humphrey (D-H) law, and under our own Maryland Law, (the dangerous drug law) narcotic oral prescriptions must be reduced to writing promptly by the pharmacist and must be filed. The oral prescription narcotic law specifically requires that prescriptions be kept for two years.

Oral prescriptions can be accepted from any physician or other practitioner who has a narcotic registration. The practitioner must supply the pharmacist with the same information required for a written narcotic prescription.

Unlike FDA's Durham-Humphrey law, and our own harmful drug law, refills cannot be authorized on either a written or an oral narcotic prescription (except, of course, in the case of *exempt narcotic* preparations). A new prescription must be obtained each time.

There Are Now Three Classes of Narcotic Preparations

So far as the physician and the pharmacist are concerned, the new federal law and list issued by the Federal Bureau have the effect of creating three classes of narcotic preparations:

(1) **WRITTEN PRESCRIPTION NARCOTICS**: All narcotic preparations that do not fall in either of the next two categories still require the presentation of a written prescription before the pharmacist *can deliver* the drug.

(2) **ORAL PRESCRIPTION NARCOTICS**: Oral prescriptions can be accepted by the pharmacist for preparations on the Federal Bureau's list in those states where such oral prescriptions are legal under state law (Maryland). Oral prescriptions can be accepted for prescriptions that require compounding by the pharmacist as well as those available in pharmaceutical specialty form.

(3) **EXEMPT NARCOTICS**: No prescription is required for exempt narcotics which can be sold over-the-counter, but federal law requires a written record of each sale in a registration book.

Except for the simple fact that oral prescriptions are authorized for a limited list of narcotic preparations, the new federal law and regulations do not change anything else with regard to the responsibilities of physician and pharmacists in the handling of narcotics. For example—

Even if the physician supplies a pharmacist with a prescription, the latter cannot sell him narcotics for use in his office or other practice. The physician is not supposed to get any narcotics for these purposes unless he uses his official narcotics order form. If a pharmacist is registered as a "wholesaler," he can supply a physician via an official order form.

NOTE:

A number of narcotics, which are considered exempt under Federal Law, are not exempt under State of Maryland Laws. Only a narcotic specifically cited by Maryland Law as an exempt narcotic may be so sold.

ARTICLES OF INCORPORATION

Know all men by these presents, That we, M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith, Columbus V. Emich, Albion J. Corning, John T. Thomsen, D. C. Auginbaugh, Edwin Eareckson, William Simon and J. Walter Hodges, being citizens of the United States, and a majority of whom are citizens of the State of Maryland, do hereby certify that we do, under and by virtue of the General Laws of this State, authorizing the formation of corporations, hereby form a corporation under the name of "The Maryland State Pharmaceutical Association of Baltimore City."

We do further certify, that the said corporation, so formed is a corporation for the purpose of bringing together the reputable Pharmacists, Chemists and Druggists of the State, that they may by thorough organization and united effort advance the science of Pharmacy, promote scientific research, and in the interest of the public strive to have enacted just, stringent laws, to prevent the adulteration of food and medicines, and to confine the compounding and sales of medicines to regularly educated Pharmacists: that the term of existence of said corporation is limited to forty years; and that the said corporation is formed upon the articles, conditions and provisions herein expressed, and subject in all particulars to the limitations relating to corporations, which are contained in the General Laws of this State.

We do further certify, that the operations of said corporation are to be carried on in the State of Maryland, and that the principal office of the said corporation will be located in Baltimore City.

We do further certify that the said corporation has no capital stock.

We do further certify that the said corporation will be managed by the officers, and that the said M. L. Byers, David M. R. Culbreth, Joseph B. Garrott, E. M. Foreman, John W. Geiger, Samuel Mansfield, J. Charles Smith and Columbus V. Emich are the names of the Officers who will manage the concerns of the said corporation for the first year.

IN WITNESS WHEREOF, We have hereunto set our hands and seals this twenty-sixth day of November, in the year eighteen hundred and eighty-nine.

| | | | |
|-----------------------------|--------|-------------------|--------|
| M. L. BYERS | (Seal) | COLUMBUS V. EMICH | (Seal) |
| DAVID M. R. CULBRETH, M. D. | (Seal) | JOHN T. THOMSEN | (Seal) |
| JOSEPH B. GARROTT | (Seal) | D. C. AUGHINBAUCH | (Seal) |
| E. M. FOREMAN | (Seal) | EDWIN EARECKSON | (Seal) |
| JOHN W. GEIGER | (Seal) | WILLIAM SIMON | (Seal) |
| SAMUEL MANSFIELD | (Seal) | J. WALTER HODGES | (Seal) |
| J. CHARLES SMITH | (Seal) | A. J. CORNING | (Seal) |

A CODE OF ETHICS

For the guidance of members of this Association and all pharmacies of the State who may wish to follow the higher practice of their profession.

RESPECTING THE PHARMACIST HIMSELF

First—He should, by study, experimentation, investigation and practice, thoroughly qualify himself to fully meet and competently transact the daily requirements of his vocation.

Second—He should possess a good moral character and should not be addicted to the improper use of narcotic drugs nor the excessive use of alcoholic stimulants.

Third—He should constantly endeavor to enlarge his store of knowledge; he should, as far as possible, read current pharmaceutical literature; he should encourage all such pharmaceutical organizations as seen to be helpful to the profession, and so deport himself as not to detract from the dignity and honor of the calling this Association, especially is trying to elevate.

Fourth—He should accept the standards and requirements of the United States Pharmacopoeia and the National Formulary for the articles of *Materia Medica* and the preparations recognized by these publications, and, as far as possible, should promote the use of these and discourage the use of proprietaries and nostrums.

RESPECTING THE PHARMACIST'S RELATION WITH THOSE FROM WHOM HE MAKES PURCHASES

First—He should deal fairly with these, all goods received in error or excess, and all undercharges, should be as promptly reported as are shortages and overcharges. Containers not charged for and not included in the charge of contents should be carefully returned, or, if used should be credited to the party to whom they belong.

Second—He should earnestly strive to follow all trade regulations and rules, promptly meet obligations, closely follow all contracts and agreements, and should not encourage or sanction any division of quantity purchases not contemplated in the terms of sale.

RESPECTING THE PHARMACIST'S RELATION WITH HIS FELLOW-PHARMACIST

First—In this relationship he should, especially, "do as he would be done by." He should not make any comment or use any form of advertisement that will reflect upon a member of the profession, generally or specifically. Nor should he do that which will in any way discredit the standing of other pharmacists in the minds of either physicians or laymen.

Second—He should not obtain, surreptitiously, or use the private formulas of another, nor should he imitate or use another's preparations, labels or special forms of advertising.

Third—He should not fill orders or prescriptions which come to him by mistake. Prescription containers with copies and labels of another phar-

macist upon them may be filled by him upon request but he must invariably replace the labels with his own, thereby assuming proper responsibility.

Fourth—He should never request a copy of a prescription from another pharmacist; the owner of the prescription, being alone entitled to a copy, is the proper person to ask for it.

Fifth—He may borrow merchandise from another pharmacist, provided the practice is reciprocal and equally agreeable to both parties; but the better form is to pay a sum for the desired article equal to the cost and half of the profit to be obtained.

RESPECTING THE PHARMACIST'S RELATION WITH PHYSICIANS

First—He should positively refuse to prescribe for customers except in case of urgent emergency.

Second—He should not, under any circumstances substitute one article for another, or one make of an article for another, in a physician's prescription without the physician's consent.

Third—He should refuse to re-fill prescriptions or give copies of them when so instructed by the physician.

Fourth—He should not put advertisement of any kind on prescription blanks furnished to the physician, including the name and address of the pharmacy or pharmacist.

Fifth—He should not place copies of prescriptions upon containers unless ordered to do so by the prescriber, even though the patient should request it. Nor should he use any word or label, like "For External Use," "Poison," "Caution," etc., with due regard for the wishes of the prescriber, provided the safety of the patient and family is not jeopardized.

Sixth—Whenever there is a doubt as to the correctness of the physician's prescription or directions, he should invariably confer with the physician in order to avoid possible mistakes or unpleasantness; changes in prescriptions should not be made without such conference.

RESPECTING THE PHARMACIST'S RELATIONS WITH HIS PATRONS

First—He should seek to merit the confidence of his customers, which, when won, should be jealously guarded and never abused by extortion or misrepresentation.

Second—He should supply products of standard quality only to patrons, excepting when something inferior is specified and paid for by them.

Third—He should charge no more than fair, equitable prices for merchandise and prescriptions; but the time required for the proper preparation of prescriptions should be duly considered and paid for.

Fourth—He should hold the safety and health of his patrons to be of first consideration; he should make no attempt to treat disease nor strive to sell nostrums or specifics simply for the sake of profit.

Fifth—He should consider the reckless or continued sale of drugs to habitues and the illicit sale of abortive medicines or poisons to be practices unbecoming a gentleman, a pharmacist and a member of this Association.

CONSTITUTION AND BY-LAWS

Revised and Adopted June 28, 1956

Preamble

WHEREAS, to promote progress and to guard the well-being of our profession within the State, Pharmacists should be thoroughly organized, and

WHEREAS, the relations existing between Pharmacists, Chemists, Drug Wholesalers and Manufacturers are, and ought to be, of the most intimate and confidential character, and

WHEREAS, there exists great necessity for the enactment of just, and stringent laws in the interest of the public, to guard against the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and dispensing of drugs and medicines to those who are thoroughly competent and duly licensed. Therefore, be it

Resolved, that we, the Pharmacists, Chemists, Drug Wholesalers and Manufacturers of the State of Maryland in convention assembled do hereby organize ourselves into a permanent association and adopt the following Constitution and By-Laws.

CONSTITUTION**ARTICLE I.**

This Association shall be known as the MARYLAND PHARMACEUTICAL ASSOCIATION INCORPORATED.

ARTICLE II.**OBJECT OF THE ASSOCIATION:**

The object of this Association is to bring together the reputable Pharmacists, Chemists, and Allied Members of the drug industry of the State, that they may, by thorough organization and united effort, advance the science of Pharmacy promote scientific research and, in the interest of the public, strive to have enacted just, and stringent laws conforming to state and federal regulations, and to prevent the adulteration, abuse and misrepresentation of drugs and medicines and to confine the compounding and sale of drugs and medicines to duly educated and licensed pharmacists.

ARTICLE III.**TYPES OF MEMBERSHIP:**

Section 1. This Association shall consist of active, associate, affiliate, honorary and life members.

Section 2. ACTIVE MEMBERS: Any registered pharmacist in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one years, shall be eligible to active membership in this Association, upon subscribing to the constitution and by-laws of this Association and payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association. Applications shall be made on the form prescribed by the Executive Committee and

shall be approved by the vote of a majority of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

Section 3. ASSOCIATE MEMBERS: Any registered pharmacist who does not have a proprietary interest in a drug store or pharmacy, any registered assistant pharmacist; pharmacy interne; educator; or any person of an allied profession or calling in the State of Maryland, of good moral character and professional standing, who shall have attained the age of twenty-one, shall be eligible to associate membership in this Association, upon subscribing to the constitution and by-laws of this Association and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 4. AFFILIATE MEMBERSHIP: Any non-registered pharmacist in the State of Maryland or others who have a proprietary or managerial interest in a drug store or pharmacy; any owner, members of a corporation or executive of an allied business or calling in the State of Maryland, of good moral character and standing, who shall have attained the age of twenty-one, shall be eligible to affiliate membership in this Association, upon subscribing to the constitution and by-laws of this Association, and the payment of dues for the current year, and shall be entitled to all the rights, privileges and benefits of the Association, except the right to vote or hold office in the Association.

Section 5. LIFE MEMBERSHIP: Any active member who has paid at least twenty-five years continuous dues, may pay ten years current dues in advance to the Treasurer and shall be a life member. Life members shall have all the rights and privileges of active members, including the right to vote, but are not required to pay the annual dues, thereafter.

Section 6. HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared honorary members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

ARTICLE IV.

OFFICERS AND EXECUTIVE COMMITTEE:

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, and Baltimore City, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts and three members for Baltimore City, regardless of store population. After adoption of this Constitution, any of the five districts and Baltimore City shall be entitled to one extra member on the Executive Committee on the basis of one member for every twenty-five dues paid members in the district or Baltimore City. Representation shall not exceed five members to the Executive Committee from any one district or Baltimore City.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford and Howard.

District 3: Southern. To include the following counties: Calvert, Charles, Montgomery, Prince Georges and St. Marys.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western. To include the following counties: Allegany and Garrett.

District 6: Baltimore City. To include the corporate city limits.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

ARTICLE V.

AMENDMENT OF CONSTITUTION:

Every proposition to alter or amend this Constitution must be submitted in writing, and, after being read at a duly constituted meeting shall be referred to the Executive Committee, and lie over until the next annual or duly constituted meeting of the Association, when, upon receiving an affirmative vote of two-thirds of the members present, it shall become part of this Constitution.

ARTICLE VI.

QUORUM:

Twenty-five members shall constitute a quorum for the transaction of business.

BY-LAWS

ARTICLE I.

DUTIES OF THE PRESIDENT:

The President shall preside over all meetings of this Association; he shall decide all questions of order, subject, however, to an appeal. He shall appoint all committees, unless their appointment is otherwise ordered by the

Association and shall be ex-officio, a member of the Executive and each standing committee. He shall present at each annual meeting a report and shall make such suggestions as may seem to him suitable to promote the interest and better carry out the objects for which this Association has been organized. He shall authenticate all proceedings by his signature.

ARTICLE II.

DUTIES OF THE OFFICERS:

In the absence of the President, or his inability to act, his duties shall devolve upon the Vice-Presidents in their order of rank.

ARTICLE III.

DUTIES OF THE EXECUTIVE SECRETARY:

The Executive Secretary shall make and keep correct minutes of the proceedings and conduct all the correspondence of the Association. He shall be ex-officio, a member and Secretary of the Executive and each Standing Committee. He shall carefully preserve on file all reports and papers of every description, and it shall be his duty, under direction of the Executive Committee, to edit the Maryland Pharmacist, publish and distribute the Proceedings of the Association, countersign all orders upon the Treasury and shall be paid an annual salary of a sum to be determined by the Executive Committee.

ARTICLE IV.

DUTIES OF THE TREASURER:

The Treasurer shall collect and safely hold all dues and other funds belonging to the Association, to the order of the Executive Committee. He shall report to the Executive Committee the status of membership of the Association. He shall at each Executive Committee meeting render a statement of his accounts showing all income and expenditures. He shall at each annual meeting render a statement of his accounts to the Executive Committee for audit and report a copy of the same to the Association. He shall be ex-officio, a member of the Executive Committee. He shall keep a separate account for the monthly journal, charging all expenses and crediting all receipts, setting out this account separately in his annual report. He shall countersign all orders upon the Treasury.

ARTICLE V.

DUTIES OF THE EXECUTIVE COMMITTEE:

The property and affairs of the Association shall be managed by the Executive Committee, consisting of the President, the four Vice-Presidents, the Chairman, who is the immediate preceding president, and members representing the districts of the State as determined in the Constitution. To the extent that the corporation laws of this State permits, the Executive Committee shall be the governing body of the Association and shall have and be entitled to exercise all the power of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death

of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new committee member shall hold office until the election and qualification of his successor.

The Executive Committee shall meet at such times and places as the committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the committee.

No member of the Executive Committee shall receive any compensation for his services as such.

Ten members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of the Executive Committee.

ARTICLE VI

MEETINGS:

This Association shall hold its meetings annually at such time and place as the Executive Committee may name and shall give thirty days written notice thereof to the membership. Special meetings shall be called, upon the written application of ten members, directed to the President; said written application before being acted on must be submitted to the Board of Trustees, and receive the approval of a majority of said Board of Trustees, and at least fifteen days notice be given of the time, place and object of meeting in special session. Regional meetings may be held at such place as the President may designate which the officers and chairman of committees especially shall attend.

ARTICLE VII

BOARD OF TRUSTEES:

The officers of the Association shall constitute a Board of Trustees for the transaction of any business that may be intrusted to it.

ARTICLE VIII

FISCAL YEAR:

The fiscal year of this Association shall be the calendar year.

ARTICLE IX.

FINANCIAL ADMINISTRATION:

All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee, provided such papers be signed by the Treasurer with the approval of the President or such other officer designated by the President.

All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary after approval, shall first have been given by the Executive Committee and shall include such signature or signatures of officers as may be required or designated by the Executive Committee.

All active and affiliate members in order to maintain their status as members in good standing are required to pay dues in the amount of Twenty-five dollars a year, payable January 1st of each year, in advance.

Two dollars of each active and affiliate members dues collected shall be earmarked for "Kelly Memorial Building Maintenance, Only."

All Associate members in order to maintain their status as members in good standing are required to pay dues in the amount of Five dollars a year, payable January 1st of each year, in advance.

Any member, whose dues shall be in arrears for one year shall, after due notification from the Treasurer, lose his rights as a member.

The Executive Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine for his services.

An annual audit shall be prepared by a certified public accountant, who has been approved by the Executive Committee, at the close of business on May 31st each year. A full and true report of the annual audit shall be given at the annual meeting of the Association.

ARTICLE X.

ORDER OF BUSINESS:

The Executive Committee shall furnish the order of business for each regular and annual meeting and shall furnish the Executive Secretary a draft of progress at least thirty days before the date of such meetings.

ARTICLE XI.

APPOINTMENT TO STATE BOARD OF PHARMACY:

A list of members of the Association, in good standing, being skilled and competent pharmacists who have had at least five years active pharmaceutical experience in compounding and dispensing physician's prescriptions, shall be submitted by the executive committee to the nominating committee, which latter named committee shall recommend at the annual meeting of the Association, a list of three eligible members for each vacancy to be filled by appointment of the Governor of the State of Maryland to the Maryland Board of Pharmacy. None of the candidates may be connected with the School of Pharmacy, either as a teacher, instructor, or a member of the Board of Trustees. The Board of Pharmacy shall consist of two members of the City of Baltimore, two members of the Counties of the State, and one member of either the City of Baltimore or the Counties of the State. The appointment shall be for a period of five years. In case of any vacancy or vacancies, whether from expiration of term, resignation, death or otherwise, the Governor shall appoint a successor from a list of Pharmacists of three times the number of vacancies to be filled, said list to be submitted by the Maryland Pharmaceutical Association. The said Commissioners shall, after notification of their appointment each subscribe to the oath prescribed by the Constitution of the State of Maryland and shall hold office until the appointment and qualification of his successor.

ARTICLE XII.

STANDING AND SPECIAL COMMITTEES:

The following Standing Committees shall be appointed annually by the President and approved by the Executive Committee:

- | | |
|---------------------------------|-------------------------------------|
| 1. Social Committee | 5. Professional Relations Committee |
| 2. Building Committee | 6. Legislative Committee |
| 3. Trade Relations Committee | 7. Membership Committee |
| 4. School of Pharmacy Committee | 8. Finance Committee |

- | | |
|--------------------------------|-----------------------------|
| 9. Auditing Committee | 14. Pharmacy Committee |
| 10. Public Relations Committee | 15. Civil Defense Committee |
| 11. Fair Trade Committee | 16. Nominating Committee |
| 12. Publications Committee | 17. Resolutions Committee |
| 13. Pharmacy Week Committee | 18. Grievance Committee |

The President shall also appoint such other special committees as he may, from time to time deem necessary or advisable. The number of members serving on Standing and Special Committees and the duties and responsibilities of all committees shall be determined by the Executive Committee and a report of all committees shall be submitted in writing at regular, special or annual meetings of the members.

ARTICLE XIII.

TRAVELERS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Travelers' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Auxiliary shall pay seven dollars and fifty cents in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Travelers' Auxiliary in matters pertaining to the program of entertainment for the annual meeting of the Association.

Section 5. (Powers) The Travelers' Auxiliary and Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XIV

LADIES AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of the Ladies' Auxiliary of the Maryland Pharmaceutical Association to be a permanent organization to aid in the entertainment of the Association.

Section 2. (Membership) Membership of the Auxiliary shall comprise of wives of pharmacists, teachers and all representatives who sell to the pharmacists and to the drug trade in general.

Section 3. (Dues) Each member of the Ladies' Auxiliary shall pay two dollars in annual dues to the Treasurer of the Auxiliary, or any designated amount.

Section 4. (Function) The Social Committee of the Maryland Pharmaceutical Association shall devise with the Ladies' Auxiliary in matters pertaining to the program of entertainment for its annual meeting of the Association.

Section 5. (Powers) The Ladies' Auxiliary and the Social Committee of the Maryland Pharmaceutical Association shall have control of the entertainment features of the Maryland Pharmaceutical Association at its meetings.

ARTICLE XV

STUDENTS AUXILIARY:

Section 1. (Authorization) The Maryland Pharmaceutical Association hereby authorizes the organization of a Students' Auxiliary of the Maryland Pharmaceutical Association.

Section 2. (Membership) Under-graduate students who are members of the second, third, and fourth year classes, respectively, of the School of Pharmacy of the University of Maryland shall be eligible for active membership in the Students' Auxiliary.

Section 3. The Students' Auxiliary is hereby empowered to adopt a constitution and by-laws which constitution shall be approved by the Maryland Pharmaceutical Association before taking effect.

Section 4. The Students' Auxiliary is empowered to elect such officers and appoint such committees as provided for in the constitution and by-laws, including an Executive Committee. The President of the Maryland Pharmaceutical Association shall be a member ex-officio and without vote, of the Executive Committee of the Students' Auxiliary, and the President of the Students' Auxiliary shall be a member, ex-officio and without vote, of the Executive Committee of the Maryland Pharmaceutical Association.

Section 5. The Students' Auxiliary of the Maryland Pharmaceutical Association shall send three delegates to the annual convention of the Maryland Pharmaceutical Association, such delegates to be appointed in accordance with the by-laws.

Section 6. The members of the Students' Auxiliary of the Maryland Pharmaceutical Association shall be entitled to receive "The Maryland Pharmacist" for each month of the college year, upon the payment to the Publications Committee of the Maryland Pharmaceutical Association the sum of one dollar (\$1.00) per member.

ARTICLE XVI

AMENDMENT OF BY-LAWS:

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE XVII

ORDER OF BUSINESS:

The Order of Business at the annual meeting and special meetings where appropriate shall be as follows:

1. Call to order
2. Roll Call

3. Reading of Minutes of Previous Meeting
4. Reading of Communications
5. Reports of Officers and Committees
6. Unfinished Business
7. Election of Members
8. New Business including election of Officers and members at large of the Executive Committee.
9. Adjournment

ARTICLE XVIII

RULES OF ORDER:

Roberts Rules of Order shall prevail in the meetings of this Association.

**CONSTITUTION AND BY-LAWS
TRAVELERS' AUXILIARY
MARYLAND PHARMACEUTICAL ASSOCIATION
(T. A. M. P. A.)**

(Revised and Adopted April 2, 1960)

PREAMBLE

In accordance with the authority contained in Article XIII of the By-Laws of the Constitution of The Maryland Pharmaceutical Association, this organization shall be known as the Travelers' Auxiliary of the Maryland Pharmaceutical Association.

CONSTITUTION

ARTICLE I.

The object of this Association shall be to co-operate with the Maryland Pharmaceutical Association in promoting the general welfare of the drug trade and to be a permanent organization to aid in the entertainment of the parent Association.

ARTICLE II.

This Association shall meet regularly on the FIRST Saturday of each month, except July and August, unless otherwise ordered by a two-third vote of members present or by recommendations of the Governing Body.

The ANNUAL meeting shall be held during the time and the place of the Annual Convention of the Maryland Pharmaceutical Association.

ARTICLE III.

EXECUTIVE OFFICERS

The Governing Body of this Association shall be composed of Active Members only and shall consist of a PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, a Board of Directors consisting of nine members and the IMMEDIATE Past President who shall act as Chairman of the Board.

ARTICLE IV.

All officers of this Association shall be elected at the Annual Convention meeting. The PRESIDENT, FIRST VICE-PRESIDENT, SECOND VICE-PRESIDENT, THIRD VICE-PRESIDENT, SECRETARY, TREASURER, shall

be elected for a term of one year. Three DIRECTORS shall be elected for a term of three years each.

In the event of any officer not being able to perform any duties pertaining to his office, each following officer will perform the duties of the next highest office until the next ANNUAL CONVENTION.

The candidates for President, First Vice-President, Second Vice-President, Third Vice-President, Secretary, Treasurer receiving a majority of votes cast shall be declared elected to their respective office.

The three candidates of Directors receiving the largest number of votes cast shall be elected as Directors.

ARTICLE V.

The PAST PRESIDENTS shall constitute a permanent group to be known as the ADVISORY COMMITTEE.

ARTICLE VI.

This Association shall consist of ACTIVE MEMBERS, ASSOCIATE MEMBERS and HONORARY MEMBERS.

ARTICLE VII.

Twenty-five members (ACTIVE) shall constitute a quorum for the transaction of business.

ARTICLE VIII.

Every proposition to alter or amend this constitution must be formally submitted in writing to the membership and the Secretary must notify each member in writing at least thirty days prior to action thereon.

A two-thirds vote of the ACTIVE MEMBERS present is necessary for adoption at the next regular business meeting.

ARTICLE IX.

The By-Laws may be suspended at any regular meeting of the Association by a unanimous vote of the members present. Amendments to the By-Laws may be proposed by public announcement at any regular meeting. They must be presented in writing at that meeting and voted on at the NEXT regular meeting and will be accepted or rejected by a two-thirds vote of the ACTIVE members present.

ARTICLE X.

HONORARY PRESIDENT

To be elected at Annual Meeting for a term of one year.

BY-LAWS

SECTION I.

Duties of Officers and Committees

PRESIDENT—It shall be the duties of the President to preside at all meetings of the Association and its Governing Body and to perform such other duties as ordinarily pertain to his office. He shall also call a meeting of the Chairmen of the various committees at least twice a year.

VICE-PRESIDENTS—In the absence of the President or his inability to act his duties shall devolve upon the Vice-Presidents in the order of their

rank. The Vice-Presidents shall each be assigned with the responsibility to supervise the activities of the Committees assigned to them by the President.

SECRETARY—It shall be the duties of the Secretary to keep a record of all transactions of the Association and make a complete report, in writing, at the first regular business meeting following the Annual Convention.

TREASURER—It shall be the duties of the Treasurer to keep a record of finances of the Association and to deposit all funds in the name of the Association in a bank acceptable to the Governing Body and to make a complete report, in writing, at the first regular business meeting following the Annual Convention. Checks to be signed by the Treasurer but in his absence may be signed by, either the President or Secretary, whose signatures are on file with Depository.

GOVERNING BODY—This Body shall be charged with the transaction of all business not covered specifically by these By-Laws and shall hold meetings at the discretion of the President to transact any necessary business and to hear the detailed report of the Secretary and the Treasurer as to finances and membership.

SECTION II.

All officers shall assume the duties of the offices to which they are elected at the first regular business meeting following their election. At this meeting, the President shall appoint the following PRINCIPAL and STANDING committees (except AUDITING, NOMINATING and CONVENTION committees which shall be appointed at a meeting prior to the ANNUAL meeting and any others deemed necessary.

ATTENDANCE
 CUSTODIAN
 EMORY G. HELM MEMORIAL FUND
 LUNCHEON
 THE MARYLAND PHARMACIST
 MEMBERSHIP
 PROGRAM
 PUBLICITY
 WELFARE

SECTION III.

Duties of Principal and Standing Committees

Chairman of each Committee shall call a MEETING of his Committee members at least twice a year and shall submit a report to the President.

ATTENDANCE—It shall be the duties of this Committee to keep a record of and to promote attendance at all meetings.

CUSTODIAN—It shall be the duties of this Committee to see that an American Flag, the T.A.M.P.A. Banner and any equipment of the Association is available and displayed at all meetings and be protected at all times.

EMORY G. HELM MEMORIAL FUND—This Committee's responsibility will be to perpetuate the Emory G. Helm Memorial Fund and create

the funds and administer them for Charitable purposes, in the memory of Emory G. Helm, who served this Association faithfully for a period of thirty years as Secretary-Treasurer.

LUNCHEON—This Committee shall arrange menus for all Meetings, shall sell tickets at the door and see that all present are being served.

THE MARYLAND PHARMACIST—It shall be the duties of this Committee to cooperate with the Editor of the Maryland Pharmacist in supplying information, news of interest, activities of the T.A.M.P.A. Such information to be in the hands of the M.P.A. Editor not later than Monday following the Saturday of the regular monthly Meeting.

MEMBERSHIP—This Committee shall thoroughly investigate the character and eligibility of all applicants.

PROGRAM—This Committee shall arrange all programs for all regular meetings.

PUBLICITY—It shall be the duties of this Committee to furnish news of our activities to the press or any other medium.

WELFARE—It shall be the duties of this Committee to call on the sick and the families of the deceased and make a report at each regular meeting and also render any assistance within the power of the Association.

Duties of Special Committees

ADVISARY—This Committee shall act at the request of the President.

AUDITING—This Committee shall consist of three Past Presidents whose duties it shall be to audit the books annually and submit a written report, at the Annual Meeting.

CONVENTION COMMITTEES—The Convention Committees shall be selected and function at the discretion of the President.

NOMINATING—This Committee shall consist of three immediate Past Presidents, whose duties it shall be to suggest a complete roster of officers to be elected at the ANNUAL Meeting. This roster to be presented when called for by the President. Additional nominations may be made from the floor.

SECTION VI.

Membership

Active membership in this Association shall be limited to men calling on or affiliated with the Drug Trade, who are acceptable to the Governing Body of the Association.

Application for membership shall be in writing on the prescribed form and endorsed by two ACTIVE members and accompanied by one year's dues.

All applications or names of prospective applicants shall be furnished to the Secretary, who shall submit the prospective member's name, firm represented, and length of time employed by said firm, to the Membership Committee. The Membership Committee will be responsible for verifying applicants eligibility and for further determining his qualifications. They shall

submit their report to the Secretary. If a favorable report is received, the Secretary shall announce the name or names in his written communication to the membership for action at the next regular business meeting.

Upon acceptance by two-thirds vote of ACTIVE members present the person or persons whose name was acted upon shall be notified by the Secretary, in writing, of his election, and his name will be inscribed on the rolls of the Association.

This Association shall have the power to expel a member by a vote of two-thirds ACTIVE members present at a regular business meeting, providing a trial is held for conduct against the best interests of the Association, but no person shall be expelled until he has been notified of the charges against him and given opportunity to present his defense.

Associate Members

An Associate Member of this Association shall be a member who by reason of change of occupation shall cease to qualify in the opinion of the Governing Body, as an Active Member but who desires to remain in the Association for its social contact. He will pay the regular dues but may not vote.

Honorary Members

The Governing Body may nominate for Honorary Membership. Members who in their opinion have rendered such services to the Association as to deserve this recognition. All such nominations to be subject to election by a two-thirds vote of the membership present at a regular or Annual Meeting. Such membership to carry no voting privilege and also to be exempt from the annual dues.

Dues

The annual dues of the members of this Association shall be seven dollars and fifty cents (\$7.50) and shall be payable in advance on January first, of each year, and shall be considered in arrears, if not paid by the time of the Annual Convention, and such members shall be automatically dropped from the rolls. New members joining the Association after September first, dues are paid for the following Year.

OFFICERS 1960

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

President—GREGORY W. A. LEYKO
1st Vice President—SAM A. GOLDSTEIN
2nd Vice President—JEROME J. CERMAK
3rd Vice President—AARON M. LIBOWITZ
4th Vice President—EDWARD J. PASSARO
Secretary—JOSEPH COHEN
Secretary Emeritus—MELVILLE STRASBURGER
Treasurer—CHARLES E. SPIGELMIRE
Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman—HERMAN B. DRUKMAN
MARION B. CODNICKI
IRVING I. COHEN
JOHN F. NEUTZE
JEROME A. STIFFMAN
Ex-Officio
FRANCIS S. BALASSONE
ALL PAST PRESIDENTS

**CONSTITUTION AND BY-LAWS
OF
BALTIMORE METROPOLITAN PHARMACEUTICAL
ASSOCIATION**

AMENDED AND NAME CHANGED FROM BALTIMORE RETAIL
DRUGGISTS ASSOCIATION ON DECEMBER 5, 1957.

ARTICLE I

MEMBERSHIP

SECTION 1. Membership in the Association shall be divided into four classes: ACTIVE MEMBERS, LIFE MEMBERS, HONORARY MEMBERS, and ASSOCIATE MEMBERS.

(a) ACTIVE MEMBERS: All registered Pharmacists who are or were actively engaged in the practice of retail pharmacy in Metropolitan Baltimore as owners of retail drug stores, are eligible to become active members. Applications shall be made on the form prescribed by the Executive Committee and shall be approved by the vote of a majority of the Active Members present at regular annual meetings or in the interim, by a majority vote of the Executive Committee. None of the above qualifications shall change the status of any Active Member at this time.

(b) LIFE MEMBERS: Any Active Member who has paid dues for fifteen years, may pay the sum of \$100.00 to the Treasurer and shall be a Life Member and shall be presented with an appropriate certificate by the President. Life Members shall have all the rights and privileges of Active Members, including the right to vote, but are not required to pay the annual dues, thereafter.

(c) HONORARY MEMBERS: Professional men, physicians, pharmacists, chemists, scientists and other persons of merit, not actively engaged in the

practice of retail pharmacy, shall, upon the vote of 80% of the Executive Committee, be declared Honorary Members and shall be entitled to all the privileges of the other classes of members except the right to vote and to hold elective office. They shall not be required to pay annual dues.

(d) ASSOCIATE MEMBERS: Any Pharmacist or other person actively engaged in industries allied to the profession, who do not meet qualifications of Active Membership, may by paying such dues as determined by the Executive Committee be eligible to all rights and privileges of the Association, except to vote and hold office.

MEETINGS

SECTION 2. MEETINGS:

(a) ANNUAL MEETINGS: The annual meeting of the members for the election of officers and members of the Executive Committee of the Association and for the transaction of any other business that may be before the meeting shall be held in December of each year in the City of Baltimore at a time and place designated by the Executive Committee.

(b) SPECIAL MEETINGS: The Special Meetings of the members may be called by the President or a majority of the Executive Committee, upon five days written notice. Petitions requesting special meetings, signed by not less than twenty-five active members, addressed to the President, shall make it mandatory for such special meetings to be called.

SECTION 3. QUORUM: Twenty-five members who are entitled to vote shall constitute a quorum for the transaction of any business at any annual or special meeting.

ARTICLE II

EXECUTIVE COMMITTEE

SECTION 1. The property and affairs of the Association shall be managed by the Executive Committee consisting of ten members; the President, the four Vice-Presidents, the Chairman, (the immediate preceding President) and four members at large. To the extent that the Corporation Laws of this State permit, the Executive Committee shall be the governing body of the Association and shall have, and be entitled to exercise, all the powers of the members. The Chairman and members at large of the Executive Committee shall be elected by ballot at the annual meeting of the Association, and shall hold office until their successors are elected and have qualified. In case of resignation, removal or death of any member of the Executive Committee, the vacancy shall be filled by the remaining members of the Executive Committee, and the new Committee member shall hold office until the election and qualification of his successor.

SECTION 2. The Executive Committee shall meet at such times and places as the Committee may determine. Special meetings of the Committee may be called at any time by the President or by a majority of the Committee.

SECTION 3. No member of the Executive Committee shall receive any compensation for his services as such.

SECTION 4. Six members of the Executive Committee shall constitute a quorum for the transaction of any business at any regular or special meeting of

the Executive Committee, except as provided for in Article I, Section 1, paragraph (c).

ARTICLE III

OFFICERS

Section 1. The officers of the Association shall consist of a President, four Vice-Presidents, a Secretary and a Treasurer. Such officers shall be elected by the Active and Life Members at the regular annual meeting, and shall hold office for one year or until their successors are elected and qualified.

Section 2. The Executive Committee may, from time to time, appoint such other officers and agents with such powers and duties as the Committee may deem advisable.

Section 3. Any vacancy in any office shall be filled by majority vote of the Executive Committee.

Section 4. Any officer, or employee, may be removed at any time with cause by the affirmative vote of a majority of the Executive Committee or by any superior officer upon whom such power of removal may have been conferred by the Executive Committee, and such action shall be conclusive upon the officer or employee so removed.

Section 5. The officers shall perform such duties as may, from time to time, be designated by the Executive Committee.

ARTICLE IV

OFFICIAL SEAL

The official seal of the Association shall be inscribed thereon the name of the Corporation and the words "Incorporated 1958 Maryland."

ARTICLE V

FINANCIAL ADMINISTRATION

Section 1.

(a) All checks or orders for payment of money shall be signed by such officer or officers as may, from time to time, be designated by the Executive Committee provided such papers be signed by the Treasurer, with the approval of the President or such other officer designated by the President.

(b) All other contracts, obligations and documents of all kinds shall be executed by the President, whose signature shall be witnessed by the Secretary, after approval shall first have been given by the Executive Committee and shall include such signature or signatures of other officers as may be required and designated by the Executive Committee.

Section 2. The fiscal year of the Association shall be the calendar year.

Section 3. All Active Members, in order to maintain their status as Active Members, are required to pay dues in the amount of \$10.00 per year payable on January 1st of each year, in advance. Any Active Member who is in default in the payment of his annual dues for one year shall automatically cease to be an Active Member of the Association.

Section 4. The Secretary and Treasurer shall each receive a salary in such amount as the Executive Committee may determine, for his services.

Section 5. A full and true statement of the affairs of the Association shall be submitted at the annual meeting of the members, and filed within twenty days thereafter at the principal office of the Association.

ARTICLE VI

STANDING COMMITTEES

Section 1. The following standing committees shall be appointed annually by the President, and the President shall be a member ex-officio of all such committees:

1. Social Committee.
2. Pharmacy Committee
3. Building Committee
4. Publicity Committee
5. Membership Committee
6. Committee on Attendance and Arranging Meetings
7. Ethical Practices Committee
8. Committee on Professional and Public Relations
9. Civil Defense Committee
10. Legislative Committee
11. Prescription Survey Committee
12. Good and Welfare Committee
13. Auditing Committee

The Executive Committee may also appoint such other special Committees as it, from time to time, may deem necessary or advisable.

The number of members serving on standing and special committees and the duties and responsibilities of all committees shall be determined by the Executive Committee, and a report of all committees shall be submitted, in writing, at the annual meeting of members.

ARTICLE VII

AMENDMENTS

These By-Laws may be amended by the affirmative vote of two-thirds of the members in attendance, at any regular meeting of the members or a special meeting called for that purpose; provided that notice to members, in writing, of the proposed changes be given at least fifteen days before the meeting.

ARTICLE VIII

ORDER OF BUSINESS

The order of business at the annual meeting and special meetings, where appropriate, shall be as follows:

1. Call to order
2. Roll call
3. Reading of minutes of previous meeting
4. Reading of communications
5. Reports of officers and committees
6. Unfinished business
7. Election of members
8. New business, including election of officers and members at large of the Executive Committee; and
9. Adjournment.

REGISTERED PHARMACISTS IN MARYLAND

The following list of Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Aarons, Hillel R.
 Aaronson, Alfred I.
 Abarbanel, Judith
 Aberbanel, Morton
 Abelsky, Abraham
 Abelson, Abraham A.
 Abrahams, C. S.
 Abrahams, N. H.
 Abrams, Arthur M.
 Abrams, Marvin H.
 Abrams, Lawrence M.
 Abrams, Rosalie G.
 Abramson, Aaron
 Abramson, Alfred
 Abramson, Daniel J.
 Abramowitz, Manuel
 Abramowitz, Robt. N.
 Aceto, Mario D. G.
 *Adams, Embray E.
 Adams, James H.
 Adamson, Robert W.
 Adelson, Morton J.
 Adkins, Robert T.
 Albert, Ada Celeste
 Albert, Irvin J.
 Albrecht, Walter E.
 Albrecht, William F.
 Aldrich, Clayton B.
 Alessi, Alfred Henry
 Alessi, Edward J.
 Alexander, Horace L.
 Alexander, Latimer B.
 Alexander, Lydia B.
 Alexander, T. W.
 Alexander, Wm. A.
 Allaband, Edgar R.
 Allen, Anthony, III
 Allen, Benjamin F.
 Allen, E. B.
 Allen, Claris M.
 Alliker, Morris J.
 Alpern, Elwin H.
 Amarant, Emil
 Amoia, Henry
 Anders, W. Raymond
 Anderson, B. W.
 Anderson, Chas. D.

Anderson, Chas. R.
 Anderson, Don R.
 Anderson, J. Erroll
 Anderson, Solon Lee
 Andrews, Marvin J.
 Angster, Jerome
 Angorn, Richard A.
 Anoff, Bernard
 Ansell, Max S.
 Anshell, Marvin
 Anstine, Clarence L.
 Antal, Gyula
 Anthony, Arthur F.
 Anthony, John P.
 Apitz, Fred W.
 Appel, William J.
 Applestein, Frank
 Applestein, Harry A.
 Arapian, Ansel G.
 Arch, Edward K.
 Arcnambault, Paul J.
 Archer, Fletcher W.
 Archer, Theodore
 Armstrong, Chas. L.
 Aronson, Donald
 Arrington, H. S.
 Artigiani, Filiberto
 Artsis, Morris
 Asbill, J. Lewis
 Ashbury, Howard E.
 Ashby, James H.
 Askey, Wilbur G.
 Atlas, Harvey H.
 Atwell, Daniel S., Jr.
 August, Henry John
 Aursliff, Carl
 Austerlitz, John S.
 Austraw, Geraldine L.
 Austraw, H. H.
 Austraw, Richard F.
 Avedisian, Paramaz
 Avent, T. E.
 Avinger, Noel S.
 Avis, James L.
 Axelrod, Stuart
 Ayd, John Joseph
 Ayd, Joseph M.
 Aytes, Chester Ray

B

Baer, Philip C.
 Bachman, Fenton L.
 Bachrach, M. E.
 Baer, Adolph
 Bahr, Raymond D.
 Baier, John Cletus
 Baikstis, Anda A.
 Bailey, Grafton D. P.
 Bailey, Halcom S.
 Bailone, Wm. A., Jr.
 Bair, Schafer B.
 Bakas, James A.
 Baker, Daniel S.
 Baker, G. F.
 Baker, Harley E.
 Baker, Israel
 Baker, J. Elmer
 Baker, William
 Balassone, Francis S.
 Balcerak, Eugene P.
 Balcerzak, A. E.
 Baldwin, G. Mitchell
 Baldwin, James S.
 Balje, Richard A.
 Ballet, Woods D.
 Balmert, Clemens A.
 Balotin, Louis Leon
 Baltz, George E.
 Bambrick, Vincent C.
 Bank, Albert
 Bankard, Jesse C.
 Barbacoff, Alec
 Barcus, Glenn W.
 Barke, Daniel S.
 Barke, Sheldon Saul
 Barker, C. W.
 Barlow, Sara A. LeV.
 Barlow, Robert J.
 Barnes, Forrest P.
 Barnett, Edward J.
 Barnett, Ruth Ella
 Barnett, William M.
 Barnett, W. P.
 Barnstein, Fred S.
 Barnum, Charles W.
 Barone, James A.
 Baroti, Ethel
 Barrett, A. G.
 Barrett, Harvey W.

- Barrett, Henry H.
 Barrett, Sister Agatha
 Barrett, William H.
 Barrie, Louis C.
 Barron, Frank R.
 Barry, Wilbur Ford
 Barshack, Irwin S.
 Barshack, Jack
 Barsky, Samuel
 Bartlett, Fitz James
 Barton, Cynthia LaL.
 Bartoshesky, Louis H.
 Basik, Harvey E.
 Bass, Benjamin
 Bass, Harry
 Bassett, Irving A.
 Bastable, Edward J.
 Batalion, Abraham L.
 Batchison, Joseph C.
 Batdorf, John B.
 Batease, John Charles
 Bate, A. Lester
 Bauer, John C.
 Bayer, George
 Baylus, Meyer Milby
 Baylus, Joseph
 Beal, Agnes A. K.
 Beall, Clara
 Beall, R. B.
 Beall, W. W.
 Beam, John H.
 Beam, Merlin A.
 Beatty, Annie K.
 Beatty, Charles E.
 Beck, Herbert
 Beck, John G.
 Beck, Samuel D.
 Becker, John Wilbert
 Becker, Louis
 Becker, Stanley L.
 Beckley, J. Harry
 Bectem, C. H.
 Beer, Donald Richard
 Behrman, Bernard F.
 Beistle, Mathew J.
 Beitler, Ben
 Beitler, Leonard
 Belbot, Emma N.
 Belford, Joseph
 Bell, Abraham P.
 Bell, David W., Jr.
 Bell, Frank Kelly
 Bell, L. J.
 Bell, Raymond M.
 Beller, John R.
 Bellerman, L. A.
 Bellis, Walter S.
 Bellman, Frank A.
 Belt, James F.
 Bender, Maurice
 Benfer, Benjamin D.
 Benkovic, George J.
 Bennett, C. W., Jr.
 Bennett, Howard S.
 Bennett, Lester Leroy
 Bensel, Robert John
 Benson, Charles M.
 Bentheme, James A.
 Benton, Luther B.
 Bentz, William A.
 Bercovici, Bernard S.
 Bercovitz, Leon J.
 Berger, Abraham A.
 Berger, Alan Burton
 Berger, Charles J., Jr.
 Berger, George W.
 Bergner, Samuel W.
 Bergstein, Robert S.
 Berkowich, Melvin I.
 Berman, Abraham S.
 Berman, Frederic T.
 Berman, Gilbert S.
 Berman, Maurice J.
 Berman, Mitchell
 Bernabo, Albert C.
 Bernardini, Jose R.
 Bernas, Albert Earl
 Berngartt, Elmar B.
 Bernhardt, Henry
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 Bernstein, Alvin S.
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 Berkowitz, Samuel
 Berlanstein, Joseph
 Berlin, Alvin
 Berlin, Jerome
 Bernstein, Edwin E.
 Bernstein, Joseph C.
 Bernstein, Nathan
 Bernstein, Stanley
 Berry, M. B.
 Berry, Robert Alden
 Berry, Robert Earl
 Berry, Robert M., Jr.
 Berryman, C. H.
 Bettigole, Philip
 Betts, A. Parran
 Beyer, Jane
 Beyer, Robert Ernest
 Bialek, Samuel M.
 Bialek, Ted
 Bickle, John C.
 Bickel, Louis M.
 Biggs, John Gregory
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 Bilodeau, John R.
 Binok, Edw. J.
 Bierley, Roy Murray
 Binau, A. M.
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 Bishop, Davis N.
 Bitner, Glen R.
 Bixler, Richard S.
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 Blaine, Edw. I., Jr.
 Blair, Ralph Diener
 Blake, Andrew B.
 Blankman, Albert J.
 Blanquette, Louis E.
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 Blatt, Thomas H.
 Blattstein, Flora
 Blechman, Charles
 Bleu, Barnett T.
 Blitz, Louis
 Block, Frank
 Block, Jerome
 Block, John Fred.
 Block, Samuel
 Bloom, Eli H.
 Blough, Myron Earl
 Blue, Barbara M.
 Blum, Abraham
 Blum, Joseph Sydney
 Blum, M. B.
 Blumberg, Eli T.
 Blumson, Samuel S.
 Bobbitt, Alex M.
 Boden, Edwin
 Boeder, Leo
 Boeliner, Otto K., Jr.
 Boeren, John Gilbert
 Boessel, Martin E.
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 Boggan, Robt. F.
 Boggs, Dorothy Jane
 Bogen, Ellis B.
 Boisfeuillet, Frank S.
 Bomstein, Solomon
 Bonanno, Placido A.
 Bondareff, Erwin A.
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 Boone, John W. H.
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 Borcharding, Wm. H.
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 Bosserman, Charles
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 Bowers, Wm. W.
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- Boyd, George W. F.
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 Bratten, Blanche R.
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 Braude, Monique C.
 Brault, Paul Robert
 Braunstein, I. M.
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- Brodsky, E. M.
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 Chodnicki, Marion R.
 Chow, Jean
 Christopher, Joseph
 Chupnick, David
 Chyatte, Eli Isaac
 Citrenbaum, Morris
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 Claney, William J.
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 Carmel
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 Clayton, Guy W.
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 Clerget, Lyle L.
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 Coakley, Andrew J.
 Cobots, Jeanette
 Cockey, Charles
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 Cohan, Nath. Tolbert
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 Cohen, Allan Ira
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 Cohen, Bernard C.
 Cohen, Bernard I.
 Cohen, Bernard J.
 Cohen, Estelle G.
 Cohen, Gerald Ivan
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 Cohen, Harry C.
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 Cohen, Jules
 Cohen, Lawrence J.
 Cohen, Louis James
 Cohen, Maurice D.
 Cohen, Max Hurston
 Cohen, Morton B.
 Cohen, Philip
 Cohen, Ronald A.
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 Cohn, Alexander
 Cohn, Edward
 Cohn, Melvin
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 Colbert, Alberta C.
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 Colclough, John J.
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 Cole, S. Charles
 Coleman, Mary Ann
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 Coleman, W. S. E.
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 Collins, C. W.
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 Collins, Hugh Fenton
 Colston, Richard J.
 Colucci, Nicholas Jos.
 Colvin, Ralph
 Combs, Joseph L., Jr.
 Comegys, N.
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 Connor, William J.
 Conrad, Chas. T., Jr.
 Conrad, Marlene E.
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 Conroy, T. L.
 Conway, George W.
 Constantine, Chris G.
 Contarsy, Simon
 Cook, Frank E.
 Cook, Herbert Clark
 Cooley, William A.
 Coombs, William D.
 Cooper, Abraham S.
 Cooper, H. H., Jr.
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 Cooper, Howard E.
 Cooper, James
 Cooper, June Craven
 Cooper, Morris L.
 Cooper, Samuel J.
 Copeland, Harry T.
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 Corkle, Donald B.
 Corn, Charles
 Cornblatt, Edmond A.
 Cornell, Fred. B., Jr.
 Corrick, Lester S.
 Cotlin, Joseph A.
 Cottel, Joyce Adair
 Cotter, Charles J.
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 Covington, George W.
 Cox, George T., Jr.
 Cox, Percy P.
 Cragg, James P., Jr.
 Craig, B. H.
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 Cramer, Robert D.
 Crandall, Chas. R.

Crane, Frank T.
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 Creamer, John J.
 Creswell, Lee D.
 Crispens, Gordon M.
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 Crocamo, Ralph J.
 Crofton, Wilbur E.
 Cronehardt, J. C.
 Cross, John Milton
 Crouse, James Earl
 Crowell, Thomas A.
 Crunkleton, Chas. L.
 Crystal, Howard
 Cummings, Maurice
 Cunzeman, John
 LeR., Jr.
 Currey, Tracey A.
 Currier, Calona Dail
 Curtis, Alfred Duane
 Custis, Daniel P.
 Custis, Harry J., Jr.
 Cwalina, Gustav E.
 Czapiewski, Eugene
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D'Adamo, Pasquale J.
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 Daily, Louis J. E.
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 Damasiewicz, W. Jr.
 Damazo, Herbert S.
 Damico, Samuel
 Dammeyer, C. F. W.
 Dannettel, Frank E.
 Danoff, Abe
 Danziger, David Gerd
 Darlington, R. G.
 Daubon, Ramon L.
 David, Alphonse S.
 David, Irvin
 Davidov, Arnold Lee
 Davidov, Benjamin
 Davidov, Hyman
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 Davidov, Vivian S.
 Davidson, Meyer
 Davidson, Saul David
 Davies, Burton T.
 Davies, Donald W.

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 Davis, Alfred L.
 Davis, Edwin B.
 Davis, Eugene H.
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 Davis, George A., Jr.
 Davis, J. Edward
 Davis, Lee H.
 Davis, Louis D.
 Davis, Paul E., Jr.
 Davis, Rebecca H.
 Davis, S. S.
 Davis, Samuel
 Davis, Sydney V.
 Davis, William B.
 Dawes, Thorpe T.
 Dawson, George R.
 Dawson, Harold M.
 Dawson, Leroy O.
 Dawson, Thomas C.
 Day, Harold Lewis
 Dayton, LeRoy E.
 D'Ambrosio, J. E.
 Dean, Cloyd Chas.
 Deans, John
 Debnam, George R.
 DeBoy, John Michael
 Debus, Albert
 Decker, Allan Irwin
 Dechter, Gerald Y.
 Deems, John T., Jr.
 DeGele, George Oscar
 Deitch, Erwin
 DeJulio, Luigi
 Delcher, C. Rodgers
 Delgado, Frank A.
 Del Vecchio, Frank
 Demarest, Dudley A.
 Dembeck, Bern., Jr.
 Dembeck, Walter D.
 Dembiec, Walter J.
 Dembo, Julius L.
 Deming, Martin E.
 DeMino, Leonard J.
 Denhard, Frederick
 Denhard, Fred
 Denison, Macel M.
 Denny, Lucy J.
 Dent, F. J.
 DeReeves, A. Eugene
 Derickson, L. L., Jr.
 DeRoca, Salvatore J.
 Derr, Samuel
 Derry, Harold T.
 DeSantis, Henry A.
 Deutschman, B. H.
 Devan, William
 Dewing, Arthur A.M.
 Dezenhall, Mervin B.

Diamond, Frank
 Dickerson, Enoch W.
 Dickinson, E. Newton
 Dickinson, James M.
 Dickinson, Harvey J.
 Dickinson, James A.
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 Dickman, Arnold L.
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 Dickman, L. H.
 Dickson, I. C.
 Dickstein, Benjamin
 Diener, Nelson G.
 Diener, Samuel
 Dietel, Hermon, Jr.
 Dietrich, F. A.
 Diering, W. L.
 Dietrich, Jos. Wm.
 Dichter, Jack C.
 DiGiovine, John J.
 DiGristine, Mary R.
 Dinges, Frank C., Jr.
 Dittich, Theodore T.
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 Doane, Allan H.
 Dobropolski, A. J.
 Dobrowskyj, Myron
 Dobson, H. Clay, Jr.
 Dodd, Wm. Anthony
 Dodson, C. M.
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 Dolejs, Gerald T.
 Dolgin, Daniel
 Domsy, Bessie
 Donahoe, Walter
 J. A.
 Donaldson, John E.
 Donato, Vincent F.
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 Dorcas, Ramona S.
 Doren, Gerald S.
 Dorfman, Joseph Sol
 Dorsch, Joseph U.
 Dorsey, Frank
 Dosch, Philip Paul
 Doty, Elmer C.
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 Doughrety, John
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 Dougherty, Leon P.
 Douglas, J. Edward
 Douglass, Dolores Z.
 Dow, Harry
 Downes, C. E.
 Downs, Grant, Jr.
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 Downey, Fred. W.

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Doyle, John P.
Drabnis, A. J., Jr.
Drapkin, Leon I.
Drennen, James H.
Driskill, R. Hayes
Drukman, Herman B.
Dudley, F. E., Jr.
*Dudley, James W.
Dreizen, Sidney
Dreyer, Frederick, Jr.
Driscoll, Raymond F.
Dubner, Hillel
DuBois, Norman
Duda, Walter J.
Dudley, Helen S.
Dudley, N. S.
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Duffey, Roger Wm.
Duffy, Arthur L.
Duffy, William T.
Dugan, Frederick P.
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Dukes, L. Reyner
Dull, Joseph E.
DuGoff, Albert M.
Dunbar, Ruth
Duncan, Chester A.
Dunehew, Glenn Dale
Dunkel, Lawrence
Dunker, Melvin F.W.
Dunn, Charles G.
Dunning, H. A. B.
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Durdin, Anna T.
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Durdin, I. B.
Durm, Noel Elton
Dvorak, Geo. James
Dyott, William H.
- E**
- Eagle, Philip T.
Eakle, Roy S.
Earhart, J. H. F.
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Eason, Frederick B.
Easton, James O., Jr.
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Edelen, James Adrian
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- Edmonds, Edmund H.
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Efros, Ida
Eger, W. M.
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Eichberg, Daniel M.
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Eidelman, Nathan
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Eise, Arthur H.
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Eisentrou, H. G., Jr.
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Elliott, T. C.
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Emison, James Mack
Emory, Thomas B.
Endo, Kikuo R.
Engberg, John Jos.
Engel, Ralph
Englander, C. W.
Enten, Harry
Enterline, Jo Anne S.
Epley, William
Epstein, Arnold
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Etzler, S. Alvin
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- Eubanks, John V.
Evald, Gunnar N. G.
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Evans, W. Roland
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Exler, Samuel H.
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Eyler, Maurice E.
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 Fulus, Irvin H.
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 Freitag, H. Homer
 French, Wm. Henry
 Frentz, Herman N.
 Frey, Lewis Leslie
 Fribush, Robert
 Fribush, Sidney
 Fried, Burton
 Friedlander, Paul M.
 Friedlander, S. A.
 Friedmann, Aaron J.
 Friedman, Albert
 Friedman, Albert J.
 Friedman, Arnold M.
 Friedman, Charles S.
 Friedman, Gilbert I.
 Friedman, Herbert
 Friedman, Howard
 Friedman, Irvin
 Friedman, H. M.
 Friedman, Jerome S.
 Friedman, Julian M.
 Friedman, Marvin A.
 Friedman, Melvin
 Friedman, Milton A.
 Friedman, Nathan
 Friedman, Nathan J.
 Friedman, Samuel L.
 Friedman, Saul B.
 Friedman, Sheldon
 Frierson, Ethan O.
 Frieman, Jack
 Friesen, Irvin A.
 Frishberg, Kenneth
 Frishman, Samuel E.
 Frohman, Isaac
 Frontera, Victoria R.
 Frye, Wordley D.
 Fuld, Manes E.
 Full, David E., Sr.
 Fuller, Albert Irwin
 Fulmer, Verne R.
 Fulton, David H.
 Furbee, Arza
 Futeral, Nathaniel
 Futrovsky, Charles
 G
 Gaber, Jerome
 Gaboff, Benjamin
 Gadol, Ellis
 Gaetz, Edward F.
 Gagne, Joseph
 Gagnon, Henry J., Jr.
 Gagnon, Lester R.
 Gaine, Jerome
 Gakenheimer, Albert C.
 Gakenheimer, H. E.
 Gakenheimer, W. C.
 Gallagher, Chas. T.
 Galloway, Louis E.
 Galley, Roland P.
 Galperin, Irving O.
 Galt, Jennie E.

- Gann, Jack
 Ganter, Chas. J. H.
 Garache, Joseph J.
 Garden J. Harry
 Gardner, C. W.
 Gardner, Michael F.
 Gardner, Robert H.
 Garfinkel, Meyer
 Garner, Elliott Quinn
 Garner, Sister Mary
 Florence
 Garrison, Frederic
 Garrott, E. Mortimer
 Gaskin, Patricia H.
 Gass, Chas. B.
 Gates, Earl A.
 Gaver, Herman S.
 Gaver, Paul G.
 Gaver, Paul G., Jr.
 Gawthrop, Alfred J.
 Gavlinski, John E.
 Gazda, John Joseph
 Gearhart, James H.
 Geber, Isidor J.
 Geesey, Alton Luther
 Gehring, Otto
 Geiger, Edward B.
 Geiger, George B.
 Geist, Gene N.
 Gelb, Edward
 Gelblum, Samuel
 Gellman, Paul
 Gelman, Martin S.
 Gelrud, Jack
 Gendason, Harry B.
 Geoghegan, J. R., Jr.
 George, Theodore
 Geraghty, James T.
 Gerber, David
 Gergel, Stella F.
 Gerlach, Alexander
 German, J. W.
 Gerstein, Charles
 Geser, Alvin N.
 Getka, Joseph F.
 Getka, Milton S.
 Gettleman, Harry
 *Getz, David B.
 Giampietro, Vincent
 Giannetto, Paul
 Gibb, Thomas Edw.
 Gibbs, Hiram H.
 Gibbs, Jocelyn L.
 Giffen, Robert C.
 Gilbert, Theodore
 Gilbertson, K. G.
 Gildea, William J.
 Giles, Emily Julia
 Gilkeson, J. G.
 Giller, Morris
 Gillespir, Julian M.
 Gilliece, Owen J.
 Ginaitis, A. S.
 Ginsberg, Samuel H.
 Ginsberg, Benjamin
 Ginsburg, B. H.
 Ginsburg, Harry
 Gissel, Elmer Andrew
 Gitomer, Betty
 Gitomer, David J.
 Gitomer, Louis
 Gittleson, Ralph L.
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 Glaeser, Henry J., Jr.
 Glantz, Frank A.
 Glascock, Arthur B.
 Glaser, Abraham E.
 Glaser, Louis Lester
 Glashofer, Sidney
 Glass, Abraham L.
 Glass, Julius Albert
 Glass, Larry Paul
 Glass, Louis J.
 Glassband, Herman
 Glassner, Frank
 Gleiman, Irvin J.
 Gleiman, Theodore
 Glenn, William A.
 Glenn, Matthew
 Glennan, Harry E.
 Glick, Harry
 Glickman, Shirley M.
 Glissmeyer, M H.
 Glover, Douglas
 Glover, Douglas D.
 Gluck, Julius
 Gluckstern, W. H.
 Glushakow, Jacob
 Goashgarian, Karekin
 Goden, Stanley
 Godfrey, John
 Goldberg, Alvin
 Goldberg, Harry Joel
 Goldberg, Irving
 Goldberg, Jack
 Goldberg, Leonard
 Goldberg, Marvin B.
 Goldberg, Marvin H.
 Goldberg, Milton
 Goldberg, Stanley L.
 Goldberg, Victor
 Golden, Leon E.
 Goldfeder, Harold M.
 Goldin, Harold H.
 Golditch, Henry M.
 Goldman, Abram
 Goldman, Benjamin
 Goldman, Harold K.
 Goldman, Louis C.
 Goldman, Sue C.
 Goldsmith, A. R.
 Goldsmith, Chester
 L.
 Goldsmith, Fred E.
 Goldsmith, Meyer
 Goldstein, Albert
 Goldstein, Burton J.
 Goldstein, Eileen F.
 Goldstein, Harold S.
 Goldstein, Hyman
 Goldstein, Isadore A.
 Goldstein, Jack
 Goldstein, Leon E.
 Goldstein, Martin G.
 Goldstein, Morris G.
 Goldstein, Paul L.
 Goldstein, Sam Alvin
 Goldstein, Samuel W.
 Goldstone, Herbert N.
 Golob, Stanley Paul
 Gomez, Joseph R.
 Goodman, Daniel
 Goodman, Howard
 Goodman, Irvin
 Goodman, Jerome E.
 Goodman, Julius H.
 Goodman, Leon
 Goodman, Sylvan C.
 Goodwill, Frank
 Goran, Isadore
 Gorban, Thomas
 Gordon, Charles
 Gordon, Joseph
 Gordon, Jack B.
 Gordon, Marvin
 Gordon, Samuel
 Gorfine, Bernard M.
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 Gottdiener, Elvin E.
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 Gould, William M.
 Gower, Earl F., Jr.
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 Gradman, Lee H.
 Grafius, Melba A.
 Graham, Clarence D.
 Graham, John A.
 Graham, Joseph F.
 *Graham, Karl H.
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 Grant, Russell
 Grau, Frank J.
 Graves, C. R., Jr.

Gray, James Herbert
 Gray, William B.
 Grebow, Aaron
 Greco, Betty Jane H.
 Greco, Salvatore J.
 Green, Lyttleton S.
 Green, Norman
 Greenawalt, Wm. G.
 Greenberg, Albert G.
 Greenberg, Bertram
 Greenberg, Harry
 Greenberg, Harry L.
 Greenberg, Harvey
 Greenberg, Joseph
 Greenberg, Leon
 Greenberg, M. G.
 Greenberg, Morton
 Greenberg, Paul R.
 Greenberg, R. E.
 Greenberg, S. W.
 Greenblatt, Max
 Greene, Morton A.
 Greenfeld, David D.
 Greenfeld, Jacob H.
 Greenfield, Charles
 Greenlee, G. B., Jr.
 Greenspan, Louis
 Gregg, Ernest J., Jr.
 Greif, Daniel
 Gresser, Isidor H.
 Griesmer, Lloyd P.
 Griffith, A. W.
 Gregg, Thos. D.
 Gregorek, Frank J.
 Griggs, Walter G.
 Grimm, Allen Orville
 Groff, F. B.
 Grogan, Francis A.
 Grollman, Ellis
 Grollman, Jaye J.
 Gronert, Warren A.
 Gross, Herbert S.
 Gross, John Paul
 Gross, Joseph B.
 Gross, William
 Grossman, Issac Wm.
 Grossman, Benj. B.
 Grote, Francis J.
 Grothaus, David B.
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 Grubb, John E.
 Grubbs, L. R.
 Gruz, Nathan I.
 Guild, Cecil E.
 Gullett, David E. P.

Gumenick, Leonard
 Gumm, Wilbur H., Jr.
 Gump, Lyndon, J.
 Gunby, Martin P.
 Gunsallus, Jack Wm.
 Gusman, Lawrence F.
 Gutman, Isaac
 Guy, John P.

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 Haase, Charles A.
 Haase, Frederick, R.
 Haase, John Henry
 Haberstroh, A. R.
 Hack, Morris B.
 Hackett, Angela Rose
 Hackett, Emma
 Hadley, Tom R.
 Haelbig, Franz L. A.
 Hafelfinger, Fred. T.
 Hagan, Frank C., Jr.
 Hagan, John C.
 Hager, Geo. P., Jr.
 Hahn, William A.
 Haith, J. W., Jr.
 Hall, Edward T.
 Hall, Frederick R.
 *Hall, Orlando G.
 Hall, R. E. L.
 Hall, William Walker
 Haller, Harry N.
 Halpern, Samuel M.
 Hamback, Clifford I.
 Hamberg, S. T.
 Hamer, Marion S.
 Hamill, James J.
 Hamlin, K. E., Jr.
 Hammer, Howell I.
 Hammar, Vincent
 Coy
 Hancock, Frank A.
 Hancock, Herman F.
 Handelman, Louis
 Handelman, Mayer
 Hankey, Lewis Carl
 Hanks, C. Wm.
 Hanks, C. W., Jr.
 Hanna, William M.
 Hannenbaum, Allen
 Hansen, Herbert O.
 Hansen, Herman F.
 Hantman, Irvin
 Haransky, David J.
 Harbaugh, Arthur C.
 Hardy, Henry C.

Hare, Clifford A., Jr.
 Hargis, William J.
 Harner, Joseph W.
 Harman, George B.
 Harman, Rice B.
 Harman, Richard T.
 Harmatz, Irving J.
 Harmon, Carl M.
 Harmanson, F. J.
 Harnish, Robt. A., Sr.
 Harper, Henry M.
 Harper, William S.
 Harris, Morris
 Harris, William C.
 Harris, William S.
 Harrison, Alice Emily
 Harrison, John W.
 Harrison, Philip W.
 Harrison, William S.
 Harrison, S. A. D.
 Harriss, Gridley
 Harrod, Howard M.
 Hart, Jeremiah A.
 Hart, Joseph
 Hasenbalg, Ernest
 Haskell, Marian
 Hauer, Martin
 Haugh, J. A.
 Havranek, Robert E.
 Hayes, Horace B.
 Hayes, W. A., Jr.
 Hayes, William B.
 Haymaker, Frank B.
 Hayman, Albin A.
 Hayman, Thomas J.
 Haynes, Marvin C.
 Hayward, Luther B.
 Hayward, Robert R.
 Head, Wm. H. Jr.
 Healy, Nathan S.
 Heaps, Sprole W.
 Heard, J. Mercer
 *Heck, Andrew
 Heck, Leroy Savin
 Hecker, David
 Hecker, N. R.
 Heer, Melvin L.
 Heer, Wilmer J.
 Heifetz, Carl Louis
 Heilman, Gerald J.
 Hein, Henry F.
 Heinritz, Colen C.
 Heinritz, June R.
 Helgert, Ernest
 Helinski, Donald R.
 Heller, John Michael
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 Heller, William M.
 Helman, Max M.

*Deceased

- Helmsen, Charles J.
 Helmsen, Edward A.
 Hempel, J. Frederick
 Hendelberg, Isidore J.
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 Henderson, Chas. W.
 Henderson, Ed. H.
 Henderson, M. W.
 Henderson, James A.
 Henderson, U. K., Jr.
 Hendin, Walter
 Hendrix, Adlai M., Jr.
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 Heneson, Irving J.
 Henkel, Louis B., Jr.
 Henning, Emil
 Hensala, John David
 Heritage, Harold G.
 Henretty, F. J.
 Henry, Emmanuel
 Henry, Joseph E.
 Henry, Ralph A.
 Henry, Robert J.
 Hens, Leonard Louis
 Hergenrather, Louis, 3rd
 Herold, Francis X.
 Herman, H. Guy
 Hermon, David
 Herr, John
 Herron, Charles S.
 Hershman, Abram S.
 Hershner, John F.
 Herskowitz, Clara D.
 Hertel, Arthur C.
 Hertz, Charles L.
 Hertz, Selig S.
 Hertzlich, Abraham
 Hertzlich, Leonard
 Herwod, Hilda R.
 Hess, Nicholas A.
 Hesson, Charles E.
 Hettleman, Milton L.
 Hewing, Ada C.
 Heyer, Ursula E.
 Heyman, Bernard P.
 Heyman, Bernice
 Hickey, W. Hampton
 Higger, Samuel F.
 Higgins, Joseph C.
 Higgon, Ellery E.
 Highfield, Wm. Henry
 Highkin, Sidney
 Highstein, Benjamin
 Highstein, Gustav
 Hihn, John B., Jr.
 Highkin, Manuel K.
 Hileman, Emmet A.
 Hilinski, Irene Leona
 Hill, Eric B.
 Hill, H. Phillip, Jr.
 Hill, William Caulk
 Hilliard, Milton E.
 Hillman, Abraham S.
 Hillman, Albert
 Hillman, Gilbert
 Hillman, Milton L.
 Hirsch, Peter
 Hirschowitz, R. J.
 Hirt, Joseph
 Hirt, Joseph
 Hixon, W. D.
 Hirz, Bernard B.
 Hoar, Marion Elwin
 Hobensack, J. W.
 Hocking, Harold J.
 Hodge, William R.
 Hodges, James E.
 Hoff, David
 Hoffeld, Henry Wm.
 Hoffman, Asher
 Hoffman, Harry
 Hoffman, Harry L.
 Hoffman, Howard
 Hoffman, Sylvan A.
 Hoke, W. A. B.
 Holden, J. Frederick
 Holen, Mitzie M.
 Hollander, Sidney
 Hollander, Sol
 Holliday, Thomas D
 Hollingsworth, Jos.
 Holmes, Everett J.
 Holmes, Harold G.
 Holt, Worthe S.
 Holthaus, Robert W.
 Holtschneider, D. W.
 Homberg, Henry I.
 Honkofsky, Jerome
 Hood, Claude Black
 Hoover, Lee F.
 Hopkins, Carville B.
 Hopkins, Charles H.
 Hopkins, Donald
 Hopkins, Harry B.
 Hopkins, Howard C.
 Hopkins, Murray L.
 Horine, Amos M.
 Horn, Philip C.
 Hornacek, A. T.
 Horne, Peyton N.
 Hornsby, Beverly K.
 Hornung, Herman G.
 Horwitz, Isadore
 Horwitz, Lois S.
 Housekeeper, P. B.
 Houser, Jacob W.
 Houston, R. Emmitt
 Howard, Henry
 Howard, S. B.
 Howell, John F.
 Howison, Irene S.
 Hoy, Robert G.
 Huddleston, Roy C.
 Hudgins, J. C.
 Hudson, Joseph C. A.
 Hudson, Hugh E.
 Huffman, Rufus M.
 Hughes, Henry W.
 Hughes, Thomas S.
 Hughes, Walter C.
 Hughes, W. M.
 Hulla, Joseph J.
 Hulshoff, William J.
 Hunt, Wm. H.
 Hunter, Calvin L.
 Hurd, George W.
 Hurwitz, Abraham B.
 Huston, Chas. Reese
 Hutchinson, Wm. J.
 Hutto, George F.
 *Hyde, Harry C.
 Hyman, Paul
- I**
- Ichniowski, D. A. K.
 Ichniowski, Wm. M.
 Ijams, P. A.
 Imber, Doris
 Imbierowicz, R. R.
 Ingber, Louis William
 Inghram, Fred A.
 Irizarry, Ramon L.
 Irving, Bruce L.
 Irwin, James F.
 Irwin, John P.
 Isaac, Elias Jos.
 Isaacson, Bernard S.
 Isaacson, Charles
 Isert, Charles H.
 Itzoe, Andrew J.
- J**
- Jackson, Charles C.
 Jackson, Clifford P.
 Jackson, John E.
 Jackson, Marvin M.
 Jackson, Walter V.
 Jackson, William B., Jr.
 Jackson, William J.

- Jacobs, Corinne H.
 Jacobs, Eugene
 Jacobs, Harry
 Jacobs, Louis
 Jacobs, Warren H.
 Jacobson, Lawrence
 Jacobson, Samuel M.
 Jaffe, Jonah J.
 Jaminez, Lino J.
 Jankiewicz, Alfred M.
 Jankiewicz, Frank J.
 Janousky, Nathan B.
 Januszkeski, Anna M.
 Januszkeski, F. J.
 Japko, Albert M.
 Jarosik, Emil, Jr.
 Jarowski, Charles
 Jarrett, W. R.
 Jarvis, Charles L.
 Jarvis, Harry C.
 Jaslow, Marvin Ban
 Jaslow, Morris M.
 Jason, Lawrence
 Jefferson, Elsie M.
 Jenion, William R.
 Jenkins, Edward
 Jenkins, Milton O.
 Jenkins, Arthur P.
 Jenkins, Robert B.
 Jeppi, Elizabeth V.
 Jeppi, Samuel
 Patrick
 Jernigan, John M., Jr.
 Jernigan, Lane M.
 Jesina, Carl Lee
 Jester, J. Willard
 Jester, Wilfred R.
 Joffe, Albert
 Johns, Basil P.
 Johnson, Calvin E.
 Johnson, Clyde G.
 Johnson, Ernest
 Irvin
 Johnson, Henry J.
 Johnson, J. Hartley
 Johnson, James Edw.
 Johnson, James
 W., III
 Johnson, James E.
 *Johnson, Jerome H.
 Johnson, Jos. L.
 Johnson, Jos. L., Jr.
 Johnson, Kenneth B.
 Johnson, Margaret E.
 Johnson, Norman M.
 Johnson, Orton A.
 Johnson, Otis LeRoy
 Johnson, Paul C.
 Johnson, Ralph S.
 Johnson, Warren L.
 Johnson, Wm. Ray
 Johnston, George
 Johnston, Rosella R.
 Jones, Amos A.
 Jones, Arthur Wm.
 Jones, Briggs C.
 Jones, C. Frank
 Jones, Cyrus F.
 Jones, Garrett S.
 Jones, George A.
 Jones, Harold B.
 Jones, Harry Patton
 Jones, Henry Alvan
 Jones, H. Pryor
 Jones, Howard B.
 Jones, James A.
 Jones, James E.
 Jones, John Paul
 Jones, Jos. Webster
 Jones, Marvin H.
 Jones, N. Howard
 Jones, Paul
 Jones, Philip W.
 Jones, Pius H.
 Jones, William B.
 Jones, W. Franklin
 Jongeward, Mathias
 Jontiff, Henry Fred
 Jordan, Charles D.
 *Joseph, J. Gilbert
 Joseph, LaRue V.
 Josephs, Louis C.
 Joyce, Clarence G.
 Judy, Francis L. G.
 Judy, John N.
 Jules, Bernard Chas.
 Jung, J. G.
- K**
- Kabik, Robert Joseph
 Kahan, Harvey
 Kahanowitz, Milton
 Kahn, Leon J.
 Kahn, Maurice
 Kahn, Morton
 Kahn, Reuben
 Kairis, Eleanor M.
 Kairis, John Joseph
 Kairis, Nancy Emily
 Kaiser, Carl Arwid
 Kaiser, Joseph A.
 Kalb, Francis P.
 Kallelis, Theodore S.
 Kallins, Edward S.
 Kamanitz, Irvin L.
 Kamenetz, Irvin
 Kaminkow, Joseph
 Kaminski, Felix H.
 Kammer, D. A.
 Kammer, Wm. H.
 Kan, Perry Harlan
 Kandel, Leonard E.
 Kane, Joseph D.
 Kanter, Abraham J.
 Kantner, Leahmer M.
 Kantorow, Gerald S.
 Kappelman, Leroy F.
 *Karasik, William
 Karlin, David
 Karmann, George
 Karmiol, Stanley B.
 Karn, Philip R.
 Karns, Harold T.
 Karns, Hugh H.
 Karpa, Isador
 Karpa, Jerome J.
 Karpa, Maurice
 Karr, William S.
 Karwacki, S. V.
 Karwacki, Frank W.
 Kasik, Frank T., Jr.
 Kasser, Joseph
 Kasten, C. F.
 Kasten, Karl H.
 Katcoff, Harold
 Katz, Benj. R.
 Katz, Burton Lee
 Katz, Ely Sydney
 Katz, Gabriel Elliott
 Katz, Herbert A.
 Katz, Joseph
 Katz, Morton
 Katz, Morton H.
 Katzoff, Annette K.
 Katzoff, Isaac
 Kaufman, Jordan W.
 Kaufman, Marion E.
 Kaufman, Frank A.
 Kaufman, Stanley L.
 Kavanaugh, M. J.
 Kay, Jack
 Kaye, Harry
 Kaye, Myles C.
 Kaylus, Albert G.
 Keagle, LeRoy Curtis
 Kearfott, Clarence P.
 Keehner, Raymond
 Keech, Robert P.
 Keefer, Hiram E.
 Keenan, J. T. J.
 Keber, Erney C.
 Keiter, Richard D.
 Kellam, R. A.
 Keller, Arvilla M.

- Keller, C. V. deP., Jr.
 Keller, George Riland
 Kellermann, W. D.
 Kelley, Gordon Wm.
 Kelley, Guy C.
 Kellough, Chas. Irvin
 Kellough, E. R., Jr.
 Kellough, George W.
 Kelly, Charles W.
 Kelly, George Benner
 Kelly, George L. M.
 *Kelly, Liquori J.
 Kelly, Robert J.
 Kelly, Thomas J.
 Kelly, M. P.
 Kemble, Wm. Wayne
 Kemp, Blanche L.
 Keniston, A. H., Jr.
 Kenley, W. E.
 Kenner, Edwin A.
 Kennard, James B.
 Kenyon, George
 Kern, Joseph
 Kerpelman, H. S.
 Kerpelman, Howard
 Kerpelman, Isaac E.
 Kerr, Thomas H.
 Kerr, C. Raymond
 Kershaw, Harry
 Kesmodel, Chas. R.
 Kessler, Marvin M.
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 Kexel, LeRoy E.
 Keyser, W. C. H., Jr.
 Kiefer, John W.
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 Kilpack, Don S.
 Kilner, E. A.
 Kimzey, Kritz J.
 King, Donald Charles
 King, Gerald
 King, S. C., Jr.
 King, Samuel J.
 King, Melvin Leroy
 King, William H.
 King, W. P. M.
 Kinkead, Chas. Wm.
 Kinnamon, Harry A.
 Kinsey, Raymond D.
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 Kirsan, Abraham
 Kirson, A. Robert
 Kirson, Jerome
 Kirson, Walter
 Kistler, Stephen Bird
 Kistner, Carl
 Kitchin, W. Yager
 Kitt, Melvin G.
 Klatsky, Stanley A.
 Klavens, Elmer
 Klavens, Sidney R.
 Kleczynski, T. C.
 Klein, Benjamin F.
 Klein, Howard
 Klein, Solomon
 Kleinbart, David J.
 Kleinmann, Kurt
 Klepfish, Milton A.
 Klimen, Samuel E.
 Kline, Bernard B.
 Kline, Sidney
 Kling, Herman M.
 Klingaman, Claude
 R.
 Klingelhofer, F. W.
 Klioze, Earl Ephraim
 Klotzman, Alfred
 Klotzman, Robert H.
 Knecht, Frederick
 Knepper, Francis C.
 Knorr, E. A.
 Knowles, F. E.
 Kobin, Benjamin
 Koch, Ervin M.
 Kochert, Ernest P.
 Koehlert, W. H.
 Kogelschatz, J. W.
 Kohlhepp, G. A., Jr.
 Kokoski, Chas. J.
 Kokoski, Robert J.
 Kolb, George
 Kolker, Frank Milton
 Koldewey, T. W.
 Koller, Elmer C., Jr.
 Kolman, Lester N.
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 Kolman, Minnie F.
 Konicov, Monte
 Koon, Charles L.
 Koons, George S.
 Koplín, Arthur
 Korb, Katherine
 Kosakowski, C. G.
 Kosmin, Marvin
 Kostos, Patricia P.
 Koustenis, Gust G.
 Koustenis, Harry G.
 Koutras, Louis Anest
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 Krall, Joseph
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 Kremer, Beryle Philip
 Kramer, Bernard
 Kramer, Edith A.
 Kramer, Jack Louis
 Kramer, Leonard H.
 Kramer, Morris
 Kramer, Morton D.
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 Kramer, Stanley H.
 Kramer, Max T.
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 Kratz, Frank P., III
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 Kraus, Louis H., Jr.
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 Kull, Raymond C.
 Kunkumian, Chas. S.
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 Kurland, Louis J.
 Kursvietis, A. J.
 Kushner, Meyer G.
 Kwash, Herbert

L

- Lachman, Bernard B.
 Lachman, Marvin M.
 LaFrance, F. A.
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 Lamb, Lewis Joseph
 Lambdin, E. C., Jr.
 Lambert, Paul W.
 Lambrecht, F. A.
 Lambros, D. S.
 Lanahan, Wm. A.
 Landau, Morris
 Landon, J. A.
 Lane, Edward M.
 Laney, Charles O.
 Lang, Louis William
 Lang, Nicholas I.
 Lang, W. F. C.
 Lange, Walter
 Langer, Charles
 Langdon, Frank P.

- Langston Jeffie G.
Lapin, Alfred R.
Lapin, Bernard J.
Larezzo, George R.
Laroque, E. J.
Larrabee, Chas. Wm.
Lassahn, Norbert G.
Lassiter, John H.
Lathroum, Leo B., Jr.
Lathroum R. T.
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Laufe, Harold A.
Laughlin, B. Frank
Laur, John J.
Lautenbach, Ferd.
Lavin, Bernard
Lavin Sol
Lawlor, Henry Wm.
Lawrence, Charles
Lawson, Alfred Munk
Lawson, Arnold
Lawson, Robert E.
Lawson, Wilbert B.
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Lazarick, Lillian G.
Lazarus, Leon Julius
Lazzaro, Samuel F.
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Leatherman, A. G., Jr.
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LeBlanc, Theodore
Leboff, Solomon
Lebowitz, Harry
Lebson, David
Lebson, Hyman
Ledbetter, E. DeB.
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Lee, Claud D.
Lee, George Ernest
Lee, Warren Walter
Leeds, Harry F.
Leef, James Alnutt
Leffler, W. H.
Leftin, David
LeGates, Ethel
Lehnert, Ernest C.
Lehr, Clarence G.
Lehr, Robert H.
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Leibowitz, Louis
Leiderman, S. E.
Leise, David
Leites, Blanche
Lemke, George
Lemler, Abraham A.
Lemler, Stephen M.
Lemmert, James E.
Lemons, Milton S.
Lennox, Williard J.
Lenz, William
Leonard, Helen A.
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Lerner, Sidney I.
Levenson, Julius V.
Levenson, Marvin M.
Levenson, Sidney
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Levie, Edward Joseph
Levier, Oscar H.
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Levin, Barry Elliott
Levin, Benjamin
Levin, Benjamin S.
Levin, Bernard
Levin, Bernard
Levin, Daniel M.
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Levin, Evelyn Shirley
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Levin, Joseph L.
Levin, Julian Edwin
Levin, Leon Phillip
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Levin, Sam Barry
Levin, Stanley W.
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Levine, Milton
Levine, Morris
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Levins, Arnold I.
Levinson, Henry
Levinson, Paul
Levy, Abraham M.
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Levy, David A.
Levy, Donald
Levy, Frank F.
Levy, Irving
Levy, Joseph
Levy, M. Zachary
Levy, Melvin
Levy, Walter von S.
Lew, George Y. T.
Lewine, Donald S.
Lewis, F. Harold
Lewis, Harry C.
Lewis, T. B., Jr.
Leyko, Gregory W. A.
Libowitz, Aaron M.
Lichtenstein, Ivan I.
Lichtenstein, Harold
Lichter, George
Lichter, Raymond
Lichtman, Albert
Lichtman, Harry S.
Lieb, Frank J.
Lieberman, L. L.
Lifschitz, Amiram
Lightner, Earl H.
Liken, Russell B.
Lillich, B. Allen
Linahan, Charles
Lindeman, Philip D.
Lindenbaum, Albert
Lindenbaum, Louis
Lindenbaum, Morris
Linderberger, John E.
Linsineier, Joseph C.
Lipkey, Nancy M.
Lippman, Morton
Lippold, Frank
Lipskey, Joseph
Lipsky, Harold H.
Lipsky, Irvin N.
Liptz, Alvin E.
Lisk, D. Clyde
Liss, Nathan Isaac
Lisse, Allan
Lister, Charlotte Z.
Litman, Albert
Little, John Milton
Little, Robert S.
Little, W. R.
Litvin, Sidney B.
Lloyd, C. C.
Lloyd, F. J.
Lloyd, W. H.
Loetell, J. W., Jr.
Loftus, John
Lohmeyer, Lloyd W.
Lombard, Nicholas T.
London, Samuel
Longenecker, J. K.
Looney, Ernest W.
Lottier, William I., Jr.
Lotz, Emma Grace
Lovell, Herbert E.
Lowe, Carroll A.
Lowry, Raymond J.
Lowry, William John

- Lubin, Raymond A.
Lubman, Ronald A.
Lucas, Alfred W.
Lucas, Mary C.
Lucas, Samuel M.
Lucia, H. S., Jr.
Luck, Charles A.
Luck, William M.
Ludwig, Andrew F.
Luke, Harry L.
Luley, Charles Ed.
Lum, Max Robert
Lupin, Irwin Morton
Lupo, Francesco P.
Lusby, Gretchen M.
Lusco, S. Vincent
Lutz, John G.
Lutz, Robert E.
Lutzky, Joseph
Lyden, Edward E., Jr.
Lyle, W. L.
Lykos, Nicholas C.
Lynn, Norman Bruce
Lyon, Andrew T.
Lyon, Geo. Taylor
Lyon, James H.
Lyons, Elmer C.
- M**
- MacGillivray, Gordon
Macek, Bernard F.
Macek, Frank J.
Macek, Walter P.
Maciulla, James
Louis
Maciulla, S. V.
Mackey, James Q.
Mackowiak, S. C.
Macks, Ben Harold
Macks, Harry Elliott
MacLarty, David C.
Maczis, William J.
Magaziner, Frederick
Magid, Louis
Maggio, A. J., Jr.
Magiros, John Geo.
Mahoney, Robert W.
Main, Clinton E.
Maisel, Joseph B.
Maisenhalder, E. C.
Malanowski, A. R.
Malanowski, B. C.
Malick, Richard W.
Mallonee, J. J., Jr.
Malone, Wm. W.
Manchey, L. Lavan
Mandel, Howard E.
Mandelblatt, Allen E.
Mandrow, Mary
Anna
Manheimer, R. B.
Manian, Albert A.
Mankin, G. T.
Mann, Ruffin N.
Mancuso, Walter E.
Manning, Marion C.
Mantley, Frank B.
Marciniak, Edw. S.
Marcus, Max
Marek, Anton
Charles
Margolis, Isidore
Marinelli, Carroll P.
Markin, Edward A.
Markin, Samuel
Markley, Edward B.
Marks, Sidney I.
Marley, Benj. C., Jr.
Marlowe, Edward
Marmor, Joseph P.
Marsh, Jack C.
Marshall, Barbara I.
Marshall, Charles M.
Marshall, Eugene W.
Marshall, S. Fred
Marshall, Sylvester
K.
Martello, Herbert A.
Marten, George L.
Martin, Alfred Leroy
Martin, Frank G.
Martin, Harry C.
Martin, Lester Ross
Martin, Richard E.
Martin, Robert J.
Martinez, Nellie E. S.
Mary, Nolasco
Maser, Louis
Massell, Aaron A.
Maseth, Earle
George
Maseth, William E.
Mashkes, Morris
Mask, Jerome
Mason, John T.
Mason, John Wm.
Massing, David
Massing, E. Wolfe
Matchett, Jeremy A.
Matelis, Olga P.
Mathers, Audrey J.
Mathews, H. Spencer
Mathews, Emory H.
Matta, Joseph Edw.
Matthews, Vincent S.
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Mattingly, Daniel J.
Mattocks, A. McL. Jr.
Mattox, William M.
May, Howard J.
Mayberry, Edgar B.
Mayer, J. L.
Mayer, Alexander M.
Mayer, Maurice V.
Mazer, Harold H.
McAllister, Benjamin
McAllister, Benj., Jr.
McDougall, Bernard
C.
McAvoy, Michael J.
McCagh, Edward T.
McCagh, F. L., Jr.
McCall, George B.
McCambridge, Joseph
McCann, Thos. J. Jr.
McCann, Walter I.
McCarthy, Daniel F.
McCarthy, John L.
McCartney, Frank L.
McCauley, Wm. F.
McClarren, R. M.
McClerry, Claud R.
McClincy, Stanley
McCohn, Sister
McComas, J. R., Jr.
McConnell, Dufferin
McCormick, Chas. E.
McCormick, G. C.
McCoy, J. K., Jr.
McDonald, C. L.
McDonald, Thos. L.
McDougall, Bernard
McDonnell, Patrick J.
McDuffie, George E.
McElwee, Ross S.
McGarry, Charles E.
McGinity, F. Rowland
McGraw, E. J.
McGuire, Thomas H.
McIndoe, John G.
McKellip, John
McKenny, Harry J.
McKenzie, H. C.
McKew, Thomas H.
McKinley, James
D., Jr.
McKirgan, John L.
McKirney, Wm. M.
McKnight, Vernon H.
McLarty, Geo. C., Jr.
McLaughlin, J. McD.
McLean, I. William
McMahon, Michael J.

- McManus, Daniel A.
 McMichael, James E.
 McNally, Hugh B.
 McNamara, B. P.
 McNeill, Melba Lois
 McShann, Mansell H.
 McTeague, Charles J.
 McWilliams, Lester
 Meadows, Clement J.
 Meadows, George W.
 Meagher, Harry R.
 Mears, Chase K.
 Mears, Frank D.
 Mears, Lee K.
 Meeth, John T.
 Megaw, Herschel
 Meiser, Edward T.
 Meiss, William S.
 Meikle, J. D.
 Mellor, Benjamin, Jr.
 Mendelsohn, Daniel
 Mendelsohn, Max L.
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 E.
 Mendelson, Herman
 Menke, M. A.
 Mentis, Anthony P.
 Mentzer, John R., Jr.
 Mercer, Robert V.
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 Meresicky, Ralph J.
 Mercier, M. W., Jr.
 Merdinyan, E. F.
 Merkel, Henry
 Mermelstein, D. H.
 Merritt, J. Webster
 Merritt, Samuel H.
 Merryman, Geo. W.
 Mersky, Milton
 Mersky, Morris S.
 Merwitz, Stanley J.
 Meserve, John Chas.
 Mess, Sister
 Mary Adamar
 Messersmith, E. J.
 Messina, Julius A.
 Metheny, Carl Melvin
 Metz, Hermann F.
 Metz, Richard A., III
 Mewhirter, Harry D.
 Meyer, Geo. W. A.
 Meyer, William J.
 Meyers, Albert Temin
 Meyers, Irwin E.
 Meyers, Jacob
 Sholom
 Meyers, Louis Lear
 Meyers, Macy Herbert
 Michael, Lucus A.
 Michael, Marvin E.
 Michaels, Albert
 Michel, John Vernon
 Michell, Herman
 Miden Julian I.
 Mikules, Alex. H.
 Milgram, Samuel
 Millard, Ruth
 Millenson, Irving
 Miller, Abraham
 Miller, Alvin B.
 Miller, Charles W.
 Miller David
 Miller, Edward
 Miller, George A.
 Miller, George P.
 Miller, Harold C.
 Miller, Harry
 Miller, Israel M.
 Miller, Irving W.
 Miller, Jack Wessel
 Miller, Lawrence L.
 Miller, Lewis
 Miller, Manuel
 Miller, Milton
 Miller, Myron
 Miller, Nathaniel A.
 Miller, Olga Jonkus
 Miller, Reuben
 Miller, Richard A.
 Miller, Solomon
 Miller, T. A.
 Miller, William F.
 Milio, Frank R.
 Milman, Harry
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 Mills, Fred W.
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 Mills, Robert S., Jr.
 Minaker, Irwin
 Mindell, Charles
 Minder, Frederick
 Miner, Richard Leo
 Misler, Bernard
 Mitchell, Joseph P.
 Mitchell, Robert L.
 Mirvis, Julius
 Mobley, L. R.
 Mobley, Walter B.
 Modena, Charles E.
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 Moler, Robert K.
 Molli, Louis J.
 Monahan, A. M. S.
 Mondell, Harold D.
 Monroe, Henry C.
 Monroe, Robert J.
 Mooney, Iole R. M.
 Moore, Charles W.
 Moore, G. Richard
 Moore, John L.
 Moore, Theodore C.
 Moorehead, F. E.
 Moose, Gurley Davis
 Moose, Walter Lee
 Morales, Angel R.
 Morgan, Alfred K.
 Morgan, Joseph H.
 Morganstern, William
 Morgenroth, Hans
 Morgenroth, V. H., Jr.
 Morgenstern, Emma
 Morgenstern, Wm. A.
 Morris, Barbara M.
 Moritz, William E.
 Morris, I. J. V.
 Morris, Irving M.
 Morris, Samuel
 Morris, Martin H.
 Morrison, Clarence H.
 Morrison, W. B.
 Morstein, R. M.
 Morton, John Earl
 Moscarillo, Frank M.
 Moscati, Adrian P.
 Moscati, Marius A.
 Mosely, Omar, H., Jr.
 Moses, Benjamin B.
 Moser, John, Jr.
 Moskey, Thomas A.
 Jr.
 Moss, Arnold
 Moss, John H.
 Mossell, Aaron A.
 Moshenber, William
 Mossop, Carrie G.
 Mouat, Gordon A.
 Moxley, R. B.
 Moyer, Walter
 Moyers, C. W.
 Moylan, Robert L.
 Mrazek, Leo L.
 Muchnick, David S.
 Muehlhause, Ruth V.
 Mueller, Edward L.
 Muench, Genevieve J.
 Muldoon, Ralph V.
 Mules, Nathan C.
 Mulhall, Francis J.,
 Jr.
 Mullen, Charles L.
 Munzert, Harry J. F.
 Munzert, L. A. G.
 Mupsik, Herman M.
 Murdock, Loyall Edw.
 Murphy, Edwin C.
 Murphy, Jerome E.
 Murphy, John M.
 Murphy, Marie M.
 Murphy, J. Robert

Murray, Lindley R.
Musacchio, Leo M.
Muse, Alexander E.
Musgrave, D. E.
Musgrove, Walter G.
Musher, Arthur A.
Muskatt, Edith
Mutch, Richard John
Mutchnik, Melvin
Myerovitz, Joseph R.
Myers, Bernard
Myers, Beverly S.
Myers, Charles
Myers, Ellis B.
Myers, Irvin L.
Myers, Lyndon B.
Myers, Morton
Myers, Richard Earl
Myers, Robert I.

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Naiditch, Morton E.
Naplachowski, S. A.
Narunsky, Reuben
Nash, Donald M.
Nave, Jackson M.
Neary, Thos. F., Jr.
Neely, Herron
Neighoff, Wilson E.
Neis, Arnold Howard
Nelson, Augustus W.
Nelson, Kenneth H.
Nelson, Robert B.
Nelson, William G.
Nemerow, Martin W.
Neubauer, Clarence G.
Neuburger, Arnold J.
Neumann, Jos. James
Neumann, Walter P.
Neumeyer, John L.
Neutze, John F.
New, John Robert
Newhouse, Stanley R.
Newman, Albert M.
Newman, David
Newman, Leon M.
Newman, Martin D.
Niefeki, Herbert
Nierman, Robert F.
Nicolas, Peter Alex
Niss, Israel
Nitsch, Charles A.
Niznik, Paul Vincent
Niznik, Theodore T.
Nobel, Louis N.
Noel, Harriett Ruth
Noelle, Charles
Noland, Charles E.
Noll, Frank Morgal
Noll, Violet B.

Nollau, Elmer W.
Nordman, H.
Norris, Earl M.
Norris, Paul Edmund
Norris, Walter B.
Northover, Edw. R.
Norton, Anna Cover
Norton, Gerald Lewis
Nosal, Pauline Ann
Nothstine, Ken. T.
Noveck, Irvin
Noveck, Morris
Noveck, Nathan
Novey, Sam
Novick, Bernard
Nowick, Sidney G.
Nunan, Sister
Nusinow, Samuel

Mary B.

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O'Brien, John W.
O'Brien, William C.
O'Dea, James M.
O'dian, Alice
O'Donnell, Francis J.
Oed, Marvin LeR.
Offutt, Clifford H.
Offutt, R. H.
Ogrinz, Alexander J., Jr.
Ogurick, Alexander
O'Hara, John James
O'Hara, John J., Jr.
Ohlendorf, Albert V.
Ohly, Robert Wayne
Okrasinski, Joseph L.
Oken, David M.
Oken, Jack
Oken, Louis E.
Oldham, Walter F.
Oleszczuk, Melvin J.
Olsan, Frank
O'Neal, John Leonard
O'Neil, Jennie A.
O'Neill, Lawrence J.
Onnen, Adolph C.
Onnen, Arnold M.
Onnen, E. F.
Orellana, Anna May
Orlind, Harry
Orloff, Milton
Orr, William Hugh
Ortt, James Bryan
Orzel, Rita Adele
Osheroff, Seymour D.
Oshry, Faga P.
Osburn, Darris M.
Oshinsky, Sol
Oster, Herbert G.

Oster, Walter F.
Ostrow, Milton
Otto, Frederick A.
Ouellette, Philip A.
Overholt, W. F.
Owens, Bennie G.
Owens, R. Hamilton
Oxman, Meyer

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Packett, William H.
Padousis, John
Padussis, Anthony G.
Pagan-Colon, Rafael Angel
Paidakovich, M. J.
Palchak, R. J. F.
Palder, Edward L.
Palmer, J. C.
Palmer, Mathias
Palmer, Thomas R.
Panamarow, Stephen
Pang, Charles E-H.
Pannill, William E.
Pape, Harry S.
Parelhoff, Maurice I.
Papiermeister, Joseph
Parisky, Bernard H.
Parker, Howard E.
Parker, Jas. A. I.
Parker, John G.
Parker, Katherine J.
Parker, Laura
Parker, Muriel E. N.
Parker, Richard Dale
Parks, Isadore J.
Parlade, J. A.
Parlett, George D.
Parr, Oscar C.
Parr, William A.
Parramore, W. VanV.
Parson, Benjamin
Pasco, Louis Edward
Pass, Isidore
Pass, Stacy
Pass, Victor Earl
Passaro, Edward J.
Pasterfield, Philip M.
Pasterfield, Wm. T.
Pate, William A.
Patlen, Irving
Patrick, Thomas Ed.
Pats, Albert
Pats, Sidney
Patterson, Walter J.
Paul, Daniel A.
Paul, Frank Ronald
Paul, Harry Jacob
Paul, Howard

- Paulson, Aaron Ariel
 Paulson, David
 Paxson, George W.
 Paxson, Robert L.
 Paxton, Poague R.
 Payne, Harry
 Payne, Thomas M.
 Pazdera, Frank J.
 Pearlman, Albert
 Pearlman, David
 Pearlman, William L.
 Pearlstein, Philip
 Pearrell, Ernest H.
 Pearson, Sarah B.
 Pearson, Silas H.
 Pecarsky, Seymour
 Pelovitz, Nathan G.
 Pemsel, E. Robert
 Penn, Thomas M. G.
 Pentz, R. L.
 Perel, Max
 Pertnoy, Edwin
 Peskin, David
 Pessagno, Wilbur J.
 Peterka, Albert A.
 Peters, Albertus B.
 Peters, Charles R.
 Petralia, Anthony J.
 Petticord, Webster B.
 Pettit, Bernard A.
 Petty, Huie Wilbert
 Petzold, Robert T.
 Pfaff, Virginia W.
 Pfeifer, Charles M.
 Pfeifer, Charles, Jr.
 Pfeifer, Edward
 Phelps, R. Gorman
 Phillips, Emerson C.
 Picha, Frank
 Pichney, Irving J.
 Pickett, Benjamin F.
 Pickett, John W., Jr.
 Pierce, J. W.
 Pierce, Robert R.
 Pierson, Clarence H.
 Pietri, Margarita O.
 Pigott, C. D.
 Pilson, Robert A.
 Pilson, Robert W.
 Pinerman, Jerome
 Pinsky, Herman H.
 Pippig, Howard A., Jr.
 Piquett, Maude B.
 Piraino, Vincent J.
 Pivec, John James
 Pivo, Robert
 Plank, Donald J.
 Plank, John McNeil
 Plassnig, Edwin
 Platt, Marvin S.
 Platt, William
 Pledger, Dolores M.
 Plotkin, Herbert
 Plotkin, Richard D.
 Plotner, William C.
 Plumley, R. Walter
 Plovsky, Nathan L.
 Podoksik, Hyman B.
 Poffenberger, H. L.
 Poggi, Gabriel J. L.
 Poisal, J. W.
 Poklis, Alphonse
 Polin, Ralph R.
 Polk, Hamilton R.
 Pollekoff, Jacob
 Pollekoff, Sheldon E.
 Polekoff, Morris
 Pollack, Howard
 Pollock, William
 Pollack, Melvin M.
 Pollack, Morton L.
 Polonsky, Murray
 Poltilove, Geo. J.
 Poltilove, Harvey G.
 Pomerantz, L. H.
 Popluder, Nathan
 Popleton, Miller J.
 Poremsky, Joseph
 Portney, Samuel
 Porterfield, R. S.
 Portoghese, P. S.
 Posin, Benjamin W.
 Potash, Oscar
 Potler, David
 Potocki, Peter Paul
 Potts, Gifford L.
 Potts, H. L.
 Potts, James Meyer
 Powell, F. Lee
 Powell, Monte L.
 Powers, Julian T.
 Pozanek, Larry H.
 Poznysz, Edward L.
 Prag, Jules Benge
 Pratt, Charles A.
 Prenskey, Bernard M.
 Pressman, I. M.
 Preston, Bern. J., Jr.
 Price, Charles P.
 Price, Walter C.
 Prigal, Herman
 Printz, Morton P.
 Pritzker, Sherman D.
 Pross, Clarence
 Pross, Ferdinand, Jr.
 Prostic, Albert
 Prostic, Harry
 Protokowicz, S. E.
 Proudfoot, R. E.
 Provenza, Stephen J.
 Provost, F. T.
 Pruce, Alfred Albert
 Pruce, Irving M.
 Pruss, Thaddeus P.
 Pryor, W. A.
 Pucklis, Frank S.
 Pugatsky, David
 Pumpian, Paul A.
 Purdum, H. D.
 Purdum, William A.
 Pycha, Richard J.

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- Quarles, Ralph T.
 Quasney, Emil, Jr.
 Quen, Edward Marc
 Quvedo, de Carlos G.

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- Raap, Irvin Leonard
 Rabinowitz, I. W.
 Rabinowitz, Norman
 Racusin, Nathan
 Raedy, John Henry
 Raffel, Leon
 Ragains, Fred Perry
 Raichlen, Isador
 Raichlen, Samuel I.
 Raines, Arthur
 Ralph, Bernard W.
 Ramos, I. del P.
 Raney, John W.
 Ranfone, Charles
 Rankin, Billy Frank
 Ransom, Gray Portis
 Rapaport, G. H.
 Rapoport, Leonard
 Rappaport, Marvin
 Rasinsky, Milton
 Raudonis, John A.
 Rauschenbach, C. W.
 Rausen, Joseph
 Ravita, Salvatore J.
 Rawe, Charles E.
 Rawlins, Mildred A.C.
 Raylman, Robert C.
 Read, Herbert A.
 Reamer, Israel T.
 Reamer, Sidney H.
 Redden, Charles H.
 Redmond, N. P., Jr.
 Reed, C. H., Jr.
 Reed, Clyde Eugene
 Reed, Jackson S. R.
 Reese, C. Clifford
 Reese, Charles C.

- Reese, Harry Eugene
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 Regimenti, Vincent J.
 Rehbein, Louis W.
 Reichert, LeRoy D.
 Reier, George E.
 Reiner, Frank
 Reindollar, Wm. F.
 Reinhardt, O. M.
 Reinhardt, R. L.
 Reid, Hilary H.
 Reir, Hilary H.
 Reisch, Milton
 Reiser, Arnold J.
 Reiser, Earl
 Reiter, Arthur Paul
 Reiter, Saul
 Reitz, J. J.
 Rench, Victor B.
 Rendel, Morris
 Resnick, Elton
 Resser, William Wolf
 Restaino, F. A.
 Rettaliata, Leo
 Reynolds, A. C.
 Reynolds, Bradley A.
 Reynolds, C. E., Jr.
 Reynolds, Ralph E.
 Rezek, Geo. Jaroslav
 Reznek, Paul
 Rhode, John George
 Rhodey, Charles L.
 Ribeiro, Robert E.
 Rice, Leonard M.
 Rice, Howard S.
 Ricedorff, Edwin M.
 Rich, Frank R.
 Richards, Kenneth O.
 Richardson, C. G.
 Richardson, C. T.
 Richardson, G. A.
 Richardson, David R.
 Richardson, James J.
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 Richardson, Wm. H.
 Richardson, V. M.
 Richman, Emanuel
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 Richmond, Jerome
 Richmond, Samuel
 Richmond, Sewell E.
 Richmond, Wm. C.
 Richter, Wm. A.
 Riedel, Walter K.
 Riggin, Rex
 Riggs, John A.
 Riley, Marie Theresa
 Ringgold, B. C.
- Rinker, Lemuel H., Jr.
 Ripley, Albert B.
 Ritter, Ross W., Jr.
 Rizer, R. L.
 Robbins, Gaythel S.
 Robbins, Sam S.
 Robeck, Walter H.
 Robenson, Milton N.
 Robert, Rafael
 Robert, W. H., Jr.
 Roberts, William P.
 Robertson, F. W.
 Robertson, W. F.
 Robins, Leon Israel
 Robinson, Albert J.
 Robinson, Joseph T.
 Robinson, Maurita
 Robinson, Oliver P.
 Robinson, P. P.
 Robinson, R. C. V.
 Robinson, Robert
 Robinson, S. E.
 Robl, Mary J. K.
 Rochester, Harry L.
 Rockman, Morris
 Roddick, Wilkin M.
 Rodbell, Theodore E.
 Rodell, Michael B.
 Rodgers, Sister
 Scholastica
 Rodman, Leon
 Rodman, Morris
 Rodney, George
 Rodowskas, C. A.
 Roe, Thomas E.
 Rofsky, Howard E.
 Rogers, Harold L.
 Rogers, William Earl
 Rohoblt, Walter S.
 Romanoff, Samuel A.
 Rombro, David M.
 Rooss, Robert V.
 Rosario, Carlos del
 Rose, Jonas
 Rose, Louis
 Rose, Shep K.
 Rose, Wm. Wilson
 Rosen, Donald Merle
 Rosen, Sam
 Rosenbach, Hans J.
 Rosenberg, Leon
 Rosenberg, B. R.
 Rosenberg, Irwin J.
 Rosenberg, Joseph J.
 Rosenberg, Milton B.
 Rosenberg, Reuben
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 Rosenbloom, Jack H.
- Rosenbloom, S. L.
 Rosenfeld, Albert
 Rosenfeld, David H.
 Rosenfeld, Israel A.
 Rosenstadt, Aaron
 Rosenstein, Aaron
 Rosenstein, Harry B.
 Rosenthal, Alvin
 Rosenthal, Bernard
 Rosenthal, Emanuel
 Rosenthal, H. T.
 Rosenthal, Lewis J.
 Rosenthal, Louis R.
 Roslyn, John J.
 Rosoff, Philip
 Ross, Earl R.
 Ross, James Davis
 Ross, Robert W.
 Ross, William A., Jr.
 Rossberg, Charles
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 Rostov, Samuel J.
 Roth, Louis J.
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 Rothberg, Louis E.
 Rothman, Morris E.
 Rothstein, Paul
 Rotkowitz, William
 Rotter, Joseph Wm.
 Rouzer, John R.
 Rowens, W. Eldridge
 Rowland, Mary J. B.
 Rowland, N. D.
 Rowlenson, John T.
 Rowlenson, Wm. F.
 Roy, A. H.
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 Francis
- Ruben, William M.
 Rubens, Harry M.
 Rubin, Melvin N.
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 Rubin, Samuel S.
 Rubin, Seldon L.
 Rubin, Sylvan I.
 Rubinstein, Hyman
 S.
- Ruddle, Israel M.
 Rudie, Harry
 Rudman, Melvin H.
 Rudo, Herbert B.
 Rudoff, Oscar
 Rudolph, Henry S.
 Rudy, Harry Robt., Jr.
- Ruff, Howard
 Ruff, William A.

- Ruhl, Frank H.
 Ruppertsburger, J. J.
 Rush, G. W. C.
 Russ, Roger M.
 Russell, J. A.
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 Ruth, Stephen
 Walter
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 Rutkin, Samuel
- S
- Sabatino, Louis T.
 Sable, Louis
 Sach, Abraham
 Sachs, Albert
 Sachs, Herbert A. L.
 Sachs, Michael
 Sachs, Norman R.
 Sachs, Raymond
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 Sachs, Robert
 Sachs, Sylvan L.
 Sacki, Kurt Leo
 Sacks, Melvin
 Sacks, Morris
 Sacks, Paul D.
 Sacks, Sidney
 Sachs, Walter H.
 Sadler, R. H.
 Sadler, Thomas, Jr.
 Sadownick, Arnold
 Safran, Sidney
 Sager, Benjamin
 Saks, Joseph Herman
 St. Henry, Sister
 Mary
- Saint John, M. E.
 Saiontz, Marvin F.
 Salmon, James F.
 Salus, Arthur
 Sama, Mario
 Sames, Joseph H.
 Sampson, A. J.
 Samuelson, Oscar
 Sandene, Clarence L.
 Sanders, Wm. E.
 Sandler, Jos. Samuel
 Sandler, Solomon
 Sanner, Norman R.
 Sanner, Richard T.
 Santoni, David A.
 Santoni, Daniel A.
 Santoni, Henry A.
 Sappe, Milton J.
- Santoni, John D. H.
 Sappe, Milton C.
 Sapperstein, Edw. I.
 Sapperstein, Jacob J.
 *Sapperstein, Louis
 Sapperstein, William
 Sarubin, Milton
 Saslaw, Israel S.
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 Satou, Marcus
 Sause, Milton P.
 Savage, Moses
 Savage, Walter T.
 Savin, Jules I.
 Savitz, Melvin M.
 Sawtelle, Seth S.
 Sborofsky, Isadore
 Scelfo, Octavia A.
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 Schaech, Dorothy F.
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 Schaefer, T. A.
 Schammel, Adam J.
 Schapiro, A. B.
 Schapiro, Harry S.
 Schapiro, Oscar M.
 Schapiro, Samuel
 Schapiro, Louis
 Schaumburg, N. L.
 Schechner, Jules
 Scheffrin, R. E.
 Scheinin, Benjamin
 Scheinker, Wm. H.
 Schenker, Norman L.
 Schenker, Philip
 Scher, Robert
 *Scher, Robert S.
 Scherer, Charles
 Scherr, Melvin G.
 Scherr, Morton B.
 Scherr, Norma L.
 Scherr, Stanley
 Schiff, Harry David
 Schiff, Howard R.
 Schiff, Nathan
 Schiltneck, Fanny
 Schiltneck, C. N.
 Schimmel, M. S.
 Schindel, Harry E.
 Schindel, Samuel L.
 Schindel, Howard E.
 Schindler, Ronald E.
 Schireson, Henry J.
 Schirman, Dr. R. J.
 Schisler, Chas. H.
 Schlackman, Milton
 Schlaen, Mildred
 Schlaifsteyn, R.
- Schley, Steiner
 Schlinger, Howard R.
 Schosser, Roy B.
 Schmalzer, W. J., Jr.
 Schmidt, August W.
 Schmidt, Chas. J., Jr.
 Schmidt, F. Herman
 Schmidt, Jacob E.
 Schmidt, Edwin A.
 Schmidt, E. Albert
 Schmidt, Geo. M.
 Schmidt, Herman
 *Schmidt, John E.
 Schmidt, Samuel
 Schmitt, Fred J.
 Schnaper, Morton J.
 Schneider, Allan M.
 Schneider, Edwin J.
 Schneider, Harold
 Schneider, Jack
 Schneider, Marvin
 Schneider, Richard J.
 Schneyer, Herbert D.
 Schochet, Paul
 Schonfeld, Gerald
 Schoenrich, Herbert
 Schonfeld, Paul
 Schor, Leo
 Schotta, Elbert Wm.
 Schrader, Harry L.
 Schreibstein, Chester
 Schroeder, J. H.
 Schucalter, Harry B.
 Schucalter, Morris E.
 Schulte, C. J. A., Jr.
 Schulte, C. M.
 Schulte, Edward Lee
 Schulte, Henry C.
 Schulte, John A.
 Schultze, Hugo F.
 Schuman, Joseph M.
 Schumann, Henry V.
 Schumm, Fred. A.
 Schuster, Gerald D.
 Schuster, John N.
 Schutz, Edward A.
 Schwartz, B. M.
 Schwartz, David I.
 Schwartz, Harry
 Schwartz, Henry
 Schwartz, I. George
 Schwartz, Francis H.
 Schwartz, J. W.
 Schwartz, Jerome
 Schwartz, John T. C.
 Schwartz, Martin
 Schwartz, Milton
 Schwartz, Nathan

- Schwartz, Sorell Lee
 Schwartz, Theo. H.
 Schwartzburt, I. L.
 Schwartzman, A. H.
 Schwatka, W. H., Jr.
 Sciarra, John Jack
 Scigliano, John A.
 Scola, Joseph
 Scoll, Lea H.
 Scott, David I.
 Scott, Donald W.
 Scott, Edward A.
 Scott, Edward D.
 Scott, Jennings B.
 Scott, Kent W.
 Scott, S. M., Jr.
 Sealfon, Irwin I.
 Seamans, Eugene A.
 Sears, Edward DeF.
 Sedam, Richard L.
 Seechuk, William W.
 Seely, Hattie May
 Seff, David Joseph
 Segal, Julius
 Segal, Sol C.
 Segall, Jacob Roth
 Segel, Harry
 Seibert, Stanley
 Seidel, Harry Louis
 Seidman, Henry G.
 Seidman, Sidney B.
 Seigle, S. S.
 Seldeen, Martin
 Seldin, Isadore
 Sellers, Harry H.
 Seltzer, Leonard A.
 Semer, Gerald M.
 Sencindiver, J. H.
 Senger, Joseph A.
 Sennhenn, William
 Serpick, Jacob
 Settleman, Jerome
 Settler, Alan Lee
 Settler, Myer Martin
 Seward, Mary E.
 Seward, William W.
 Sexton, Moses
 Shackelford, H. S.
 Shaffer, Frederick R.
 Shaffer, E. Herbert
 Shaffer, Harry P.
 Shaffer, Lawrence F.
 Shalowitz, Marion
 Shank, Earl E.
 Shannon, Donald A.
 Shapiro, Albert A.
 Shapiro, Henry
 Shapiro, Jerome B.
 Shapiro, Leonard Jay
 Shapiro, Lionel M.
 Shapiro, Max
 Shaughnessy,
 Sister Zoe
 Shea, Harold J.
 Shea, John W.
 Shear, Joseph
 Shear, Morton I.
 Shearer, Nancy Lee
 Sheer, Lawrence
 Sheetz, Randall L.
 Sheftelman, David
 Shein, Sidney
 Shellenberger, J. H.
 Sheller, Samuel J.
 Shelton, Wesley N.
 Shemer, Stuart
 Shenker, Allan B.
 Shenker, Arthur
 Shenker, Morris
 Shenker, Sherman H.
 Shepherd, Edward C.
 Shepherd, Fred. P.
 Sherer, Gerald
 Sherman, L. F.
 Sherman, Louis L.
 Sheroff, Seymour
 Sherr, Harold G.
 Sherry, David
 Shershow, Harry
 Sherwood,
 Margaret Frances
 Shestack, Robert
 Shevitz, Bertram M.
 Shields, Arthur P.
 Shimanek, L. J.
 Shimkus, Michael A.
 Shipley, Albert R.
 Shipley, H. Clinton
 Shirey, Ronald L.
 Shoben, Gerald
 Shoben, Jacob
 Shochet, Irving Edw.
 Shochet, Melvin
 Shocket, Sidney
 Shoemaker, Ross F.
 Shoemaker, T. A., Jr.
 Shoemaker, W. C.
 Shoemaker, W. G., II
 Shook, Joseph Wm.
 Shoolin, Samuel
 Shore, W. S.
 Showacre, Harry A.
 Showalter, Claude M.
 Showman, A. R.
 Shpritz, Stuart
 Shulman, Joel
 Shulman, Emanuel V.
 Shulman, Shirley S.
 Shumway, M. A., Jr.
 Shupe, B. F.
 Shupe, J. B.
 Shure, Arthur A.
 Shure, Bernard G.
 Shure, Irwin
 Shuster, Leon Paul
 Siegel, Alvin Morton
 Siegel, Arnold
 Siegel, Harold H.
 Siegel, Harold W.
 Siegel, Irving I.
 Siegel, Lawrence R.
 Siegel, Paul
 Sienkielewski, R. B.
 Sifen, Paul
 Silberg, Edgar Mano
 Silberg, Harvey G.
 Silberman, Irving
 Silberman, Joseph J.
 Silbert, Andrew W.
 Silnutzer, Meyer
 Silver, Benjamin J.
 Silverman, Albert M.
 Silverman, Irvin I.
 Silverman, Sidney
 Silverman, Sylvan L.
 Silverman, Sylvan B.
 Silverstein, Bernard
 Silverstein, Fred
 Silverstein, Morton I.
 Simmons, Harry P.
 Simmons, Leslie D.
 Simms, Thomas
 Simon, Alder Irvin
 Simon, Alvin
 Simon, Melvin
 Simonoff, Robert
 Simonson, John W.
 Simpson, Francis P.
 Simpson, John F.
 Sinclair, Theodore B.
 Sindler, Melvyn M.
 Singer, George D.
 Singer, Harold B.
 Singer, Isidore E.
 Singer, John V.
 Singewald, A. G.
 Singman, Henry D.
 Sinker, Robert S.
 Siracusa, Frederick
 Sirkis, Marvin P.
 Sirota, Leo Robert
 Sisco, Samuel
 Sisk, Joseph F.
 Sites, William A.
 Skaft, William
 Skiba, Michael J.

- Skibinski, Emil J.
 Sklar, Isidore Allen
 Skolaut, Milton W.
 Skrickus, Joseph A.
 Skruch, Walter John
 Skup, David A.
 Slama, Frank J.
 Slay, J. B.
 Sloan, Harold T.
 Slough, Herbert E.
 Slusky, Louis B.
 Small, Bessie B.
 Small, Howard A.
 Small, Isidore Irvin
 Smith, Arthur Wesley
 Smith, Bernard T.
 Smith, Claude N.
 Smith, Daniel Earl
 Smith, Edward
 Smith, Edgar C.
 Smith, George G.
 Smith, George M.
 Smith, Heber
 Smith, Henry W.
 Smith, Herbert C.
 Smith, Howard T.
 Smith, John Joseph
 Smith, Jos. I.
 Smith, Julius A.
 Smith, Lewis Ayer
 Smith, Martin
 Smith, Maurice R.
 Smith, Morton
 Smith, Murray P.
 Smith, Paul K.
 Smith, Pierre Frank
 Smith, Robert Wells
 Smith, Raymond H.
 Smith, Rudolph R.
 Smith, Rudolph, Jr.
 Smith, Sanford D.
 Smith, Theodore S.
 Smith, Thomas S.
 Smith, T. W.
 Smith, Walter N.
 Smith, W. Harry, Jr.
 Smith, William E.
 Smith, William H.
 Smith, William W.
 Smithers, Norman R.
 Smithers, Thomas J.
 Smoot, A. C.
 Smulevitz, Irving
 Smulovitz, David
 Smulovitz, Sidney
 Snavelly, R. W.
 Snell, Tom J.
 Snellinger, J. E.
 Sniadowski, A. J.
 Snively, Fred H.
 Snyder, Erwin C.
 Snyder, Jerome
 Snyder, Nathan
 Snyder, Nathan M.
 Snyder, Paul Jay
 Snyder, Robert Ed.
 Snyder, William T.
 Sober, Norman
 Soladar, Augusta L.
 Sollod, Aaron Charles
 Sollod, Herbert S.
 Sollod, Joseph A.
 Sollod, Melvin J.
 Sollod, Sylvan J.
 Solomon, Sam
 Solomon, Simon
 Solomon, S. Samuel
 Solomon, Sylvan E.
 Solsky, Robert M.
 Somerlatt, Virginia G.
 Somers, Grover S.
 Sommer, Werner J.
 Sophocleus, G. J.
 Sosnoski, Walter J.
 Sosnowik, Lewis
 Sowell, Sam
 Sowbel, Irving
 Sowbel, Philip
 Soyles, James S.
 Spahn, J. A., Jr.
 Spain, Sister Lydia
 Spangler, Kenneth G.
 Spano, Arthur N.
 Speaker, Tully J. J.
 Spear, Murray C.
 Spellman, Sister
 Mary Rita
 Spence, Clarence G.
 Sperandeo Frank J.
 Spicer, O. W.
 Spigelmire, C. E.
 Spike, Sidney
 Spittel, Robert John
 Spittle, Elmer
 Sprague, Victor Hugo
 Sprech, Charles E.
 Springer, Lewis Rex
 Sprowls, Winfield S.
 Sprucebank, Harry E.
 Sprucebank, Roy A.
 Stafford, Earle A.
 Stahl, Charles W.
 Stahl, Willam M.
 Stahlhut, Carl W.
 Staley, Clifton B.
 Staller, Abraham
 Stam, Lillian R.
 Stambosky, Louis
 Stancill, George W.
 Standiford, Isaac W.
 Stark, Alvin
 Stark, John Walter
 Starr, Harvey
 Startt, William A.
 Statter, Irvin Barry
 Stattner, Milton
 Staub, Brown Chas.
 Stauff, John
 Stauffer, Howard C.
 Stavely, Roy S., Sr.
 Steel, Harold
 Steele, Frank John
 Steele, Wm. Richard
 Stecher, Joseph L.
 Steffe, John W.
 Stehl, Justus
 Stehl, Gustav L.
 Stehl, J. V.
 Stein, Milton R.
 Stein, Norman A.
 Steinberg, Bernard
 Steinberg, Louis
 Steinberg, Oscar H.
 Steinberg, Sherman
 Steiner, Albert
 Steinhardt, Abraham
 Steinhilber, Richard
 *Steinwedel, Wm. A.
 Stem, Albert W.
 Stempel, Edward
 Sterling, A. L.
 Sterling, Elmer W.
 Stern, Albert W.
 Sterner, Paul E., Jr.
 Stetson, Ross C.
 Stevens, S. E.
 Stewart, John Wesley
 Stewart, Ralph B.
 Stewart, Samuel H.
 Stewart, William H.
 Sticha, Joseph
 Stichel, William
 Stichman, Solomon
 Stidger, Hugh
 Stier, Raymond L.
 Stiffman, George J.
 Stiffman, Jerome A.
 Stillwagon, Larmar J.
 Stimek, Joseph A.
 Stine, Harry
 Stokes, Edward V.
 Stokosa, Milton J.
 Stolberg, Edward B.
 Stoler, Myer
 Stompler, C. R.
 Stone, Harry
 Stone, Joseph J.
 Stone, S. W.

*Deceased

Storm, Norman F.
 Stotlemeyer, Chas. K.
 Stotler, Robert P.
 Stouffer, Harvey V.
 Stout, Warren E.
 Straight, Fred S.
 Strasburger, Melville
 Strasburger, Wm. R.
 Stratmann, George
 M. C.
 Strauch, John J.
 Strauch, Joseph
 Strauss, Austin
 Strauss, Bernard H.
 Strauss, Leo
 Strauss, Leon
 Streett, Edmund O.
 Streett, Mecham E.
 Strevig, John Alfred
 Stribler, J. H.
 Striner, Benjamin
 Strite, W. E.
 Sturgiss, A. G.
 Stutt, J. Harry
 Sudler, Arthur E.
 Sudler, Charles C.
 Sudler, Foster
 Sugar, Harold S.
 Sugar, Victor J.
 Sulewski, B. A.
 Sullivan, Clarence B.
 Sullivan, Daniel S.
 Sullivan, Fred G.
 Sullivan, Howard D.
 Sullivan, William F.
 Sullivan, William J.
 Sultan, Walter E.
 Sumrall, James Coy
 Sunshine, Abraham J.
 Surrall, Howard S.
 Surratt J. Harry
 Survil, Anthony A.
 Susel, Benjamin E.
 Sussman, Bernard
 Sussman, Hyman J.
 Sussman, Sidney
 Suter, Thomas J.
 Suto, Frank Jacob
 Svarovskv. John W.
 Swain, Clyde C.
 Swain, Robert Lee
 Swain, Wilson B.
 Swartz, Charles J.
 Swartz, Harold A.
 Swartz, Irving E.
 Swiss, Nancy Lee
 Swiss, F. L.
 Symons, Julius
 Syracuse, Samuel F.

*Deceased

T

Tabler, C. W.
 Taetle, Herman I.
 Tagg, Norman H.
 Taliaferro, W. B.
 Taich, Louis
 Tam, Clement W. S.
 Tamburo, Samuel J.
 Taransky, Allen A.
 Tarantino, John
 Thos.
 Tate, Joseph McCall
 Tattar, Leon Lee
 *Taub, Stanley S.
 Taylor, Gary Louis
 Taylor, Joseph S.
 Taylor, R. W. W.
 Tee, Harry C., Jr.
 Teets, Donald E.
 Tenberg, David Paul
 Teramani, J. A.
 Terrell, Alexander A.
 Tesman, Jacob
 Thal, Johann M.
 Thayer, Franklin E.
 Thayer, H. T.
 Theodore, R. M.
 Thieme, G. C.
 Thiess, Robert E.
 Thomas, Frank J., Jr.
 Thomas, George R.
 Thomas, George S.
 Thomas, John R.
 Thomas, Oscar B.
 Thome, Charles C.
 Thorne, Charles F.
 Thrall, Ralph B.
 Thompson, J. West
 Thompson, Joseph E.
 Thompson, Paul H.
 Thompson, Robert E.
 Thompson, Wm. P.
 Thorne, Jean Musey
 Thornton, Henry L.
 Thornton, William H.
 Thorp, Clare Faye
 Thron, Edward Jr.
 Tillery, John Wm.
 Timmons, W. D., Jr.
 Tingle, M. W.
 Tipton, Frank B.
 Title, Irwin
 Titlow, H. B.
 Titus, Sister Mary I.
 Tober, Theodore W.
 Tobias, I. Herbert
 Todd, Harvey E.
 Todd John C.
 Todd, Robert Cecil
 Toelle, Milton F.

Tolson, Bert D.
 Tompakov, Sylvan
 Tomsko, Robert F.
 Toole, Frank Leo
 Topakas, George A.
 Topchik, Howard
 Toulson, John M.
 Tountas, Chris Peter
 Tourkin, David
 Traband, M. T., Jr.
 Trachtenberg, Doris
 *Tracey, Arthur G.
 Trageser, Jacqueline
 Tralins, Julius Jos.
 Tramer, Arnold
 Tregoe, Charles H.
 Trehern, J. Curtis
 Tremaine, Stanley A.
 Tremaine, Warren L.
 Toronto, Nicholas A.
 Treichel, Thomas K.
 Tritle, Richard R.
 Tronwood, Thos. G.
 Troxel, J. G.
 Troxell, Will F.
 Truax, J. L.
 Truitt, D. J. O.
 Truitt J. Gordon
 *Truitt, James H.
 Truitt, James W., Jr.
 Truitt, Charles R.
 Trull, Alfred C.
 Truxton, Charles O.
 Trygstad, Vernon O.
 Tucker, Alexander
 Tucker, William C.
 Tucker, William W.
 Tumas, John
 Tumbleson, Arthur L.
 Tumbleson, A. M.
 Tumbleson, Chas. C.
 Turlington, R. A.
 Turner, A. F., Jr.
 Turner, Zachariah III
 Turpin, E. S.
 Turpin, H. J.
 Twigg, Theodore K.
 Tyerell, M. R.
 Tyler, John Paul
 U
 Uhler, Gerard M
 Ulan, Martin S.
 *Ulman, Ferdinand
 Ullman, Donald A.
 Undang, Arnold
 Urlock, John P., Jr.
 Urspruch, William G.

V

- *Valentine, A. W.
 Van Allan, Peter
 Van Duzer, Roberta
 Vansant, Bayard
 Van Slyke, Amos R.
 Vasper, David Robert
 Veasey, John
 Vehrencamp, E. L.
 Velinsky, Sylvia Lois
 Venick, Marvin L.
 Verchik, John Wm.
 Vezina, Armand B.
 Vicino, Dominic J.
 Vidal, Manuel J.
 Vilkas, Leo J.
 Vinson, R. B.
 Visel, C. G.
 Vodenos, Philip N.
 Volkman, Maurice M.
 Volpe, William J.
 Vogel, George
 *Vogel, Walter Wm.
 Voigt, Herman A.
 Vojik, Edward C.
 Von Doelle, J. H., Jr.
 Vondracek, John W.
 Voshell, William F.
 Voshell, William Jr.
 Voxakis, George C.
- Walker, C. H.
 Walker, Carl Samuel
 Walker, Paul A.
 Walker, R. H.
 Wallace, Joseph T.
 Waller, Irvin Robert
 Waller, William J.
 Wallis, Henry Hill
 Wallis, Walter
 Walman, Morris
 Walsh, Richard J.
 Waltemeyer, J. T.
 Walter, James B., Jr.
 Walter, Norman W.
 Walton, Tracy McC.
 Walts, David Y.
 Waltz, Bradley H.
 Waltz, George H.
 Walz, Jacob L.
 Walzer, Adolph
 Waltzinger, A. F., Jr.
 Wannewetsch, J. F.
 Waples, Wm. Ewing
 Ward, Francis X.
 Ward, Michael J.
 Ward, Stark
 Wareham, E. A.
 Warfield, S. Roland
 Warfield, Harry N.
 Wargell, Walter F.
 Warnefeld, Wm. H.
 Warner, J. Lewis
 Warner, William
 Warren, Daniel A.
 Warren, Jerome B.
 Warren, J. Noble
 Warrenfeltz, J. Fred.
 Warrington, C. L., Jr.
 Warshaw, Samuel E.
 Wassell, Theodore J.
 Wasserman, L. W.
 Wasserman, Louis W.
 Waterman, H. E.
 Waterman, R. H.
 Waters, Charles C.
 Waters, Joseph Thos.
 Waters, James K.
 Watkins, J. W.
 Watkowski, Milton R.
 Watts, C. C.
 Watts, Edward N.
 Watts, Howard C.
 Watts, H. R.
 Waits, John Wesley
 Waxman, Milton M.
 Way, J. Louis
 Weaver, Frank H.
 Weaver, Warren E.
 Webb, James S.
 Weber, Edward
- Webster, Samuel E.
 Webster, Thomas C.
 Weeks, John A.
 Wegad, Evelyn
 Wehler, Randolph
 Wehner, Daniel G.
 Weinbach, Eugene C.
 Weinberg, Harry
 Weinberg, M. A.
 Weinberg, Myron S.
 Weinberg, Sydney G.
 Weinberger, Sally D.
 Weiner, Alex
 Weiner, Bernard
 Weiner, David
 Weiner, Leon
 Weiner, Martin
 Weiner, Morton H.
 Weiner, Solomon
 Weiner, William
 Weingarten, J. H.
 Weinshenker, A.
 Weinstein, Daniel D.
 Weinstein, Jack J.
 Weinstein, Michael L.
 Weisberg, Ruth R.
 Weiss, Bernard
 Welch, Louis J. F.
 Welland, Arthur I.
 Wells, C. Milton
 Wells, Henry C.
 Wells, John S.
 Welsh, Charles R.
 Weltner, William
 Wendel, H. George
 Wenschhof, Donald E.
 Werley, LeRoy D., Jr.
 Wertheimer, Samuel
 Wesley, Maris P.
 Wesolowski, Frank J.
 West, Charles C.
 West, Fred Ralph
 West, Henry A.
 West, Erasmus
 Wetchler, Solomon
 Whaley, Wilson M. Jr.
 Wharton, John C.
 Wharton, Thomas P.
 Wharton, Zodak P.
 Whayland, Sewell H.
 Wheeler, Ann W.
 Wheeler, John E., III
 White, Bernard N.
 White, G. W.
 White, E. Riall, Jr.
 White, Luther
 White, Marilyn J. W.
 White, Pinkney M.
 White, Thomas F.
 White, Thomas N.

W

- Wachsman, Irvin L.
 Waddell, Samuel J.
 Wagenheim, Zelick
 Waggoner, Edgar G.
 Wagman, Barlow J.
 Wagman, Mishel H.
 Wagner, Betty G.
 Wagner, Fred. H. J.
 Wagner, George W.
 Wagner, Karl G.
 Wagner, Charles H.
 *Wagner, Manuel B.
 Wagner, Phyllis H.
 Wagner, Raphael H.
 Wailes, Henry S.
 Wainger, Edward
 Waitsman, Earl S.
 Walb, Winfield A.
 Walb, Winfield S.
 Walch, Edward E.
 Wald, Sheldon G.
 Waldsachs, Joseph J.
 Waldman, Alvin M.
 Waldman, Jacob
 Walker, Alfred
- *Deceased

- White, Geo. Spencer
 Whitefield, James M.
 Whiteley, Roland S.
 Whiteley, William S.
 Whitesell, Elwood E.
 Whitesell, Reese E.
 Whiteside, Wm. B.
 Whitiker, C. Irwin
 Whitley, L. B.
 Whittaker, E. W.
 Whittemore, Edwin
 Whittle, G. W.
 Whittle, Harry L.
 Whittle, Thomas S.
 Whittle, William A.
 *Whittlesey, Wm. H.
 Wich, Carlton E.
 Wich, Henry E.
 Wich, J. Carlton
 Wickes, H. O.
 Wickham, John J.
 Wiederkehr, Martin
 Wiener, Maurice
 Wiener, Herbert
 Wight, F. L., Jr.
 Wilder, Earle M.
 Wildsmith, Thos. H.
 Wiley, Robert Allen
 Willer, Rose P.
 Willer, William
 Wilhelm, Clarence W.
 Wilkens, J. H.
 Wilkerson, Albert R.
 Willard, Jester J.
 Wille, Harry R.
 Williams, Alfred S.
 Williams, Arza G.
 Williams, Clyde G.
 Williams, Edward B.
 Williams, William O.
 Williamson, C. S.
 Williamson, E. L.
 Williamson, J. A.
 Williamson, Richard J.
 Willis, Henry N.
 Willke, Herbert H.
 Wilson, Franklin D.
 Wilson, H. J.
 Wilson, John Jacob
 Wilson, Joseph A.
 Wilson, Sister M.
 Joan of Arc
 Wilson, W. M., Jr.
 Wilson, W. W.
 Wilson, Walter W.
 Wilson, Wilfrid A. N.
 Winakur, Arthur
 Windsor, Lester D.
- Winger, David Z.
 Winger, Effie V.
 Winkler, William H.
 Winn, Solomon
 Winslow, Edwards F.
 Winstead, Oliver P.
 Winter, Samuel
 Winternitz, R. F.
 Wirth, Ferdinand F.
 Jr.
 Wishner, Arnold B.
 Withers, James B.
 Witt, Richard L.
 Wittik, Jerome S.
 Witzel, John F.
 Witzke, Carl H.
 Witzke, Louis Henry
 Wlodkowski, E. M. J.
 Wode, Alvin E. W.
 Woehner, Walter A.
 Wojcik, Frank R.
 Wolf, Charles A.
 Wolf, D. Earl
 Wolf, G. Ernest
 Wolf, Nathan
 Wolf, Robert F.
 Wolfe, Eddie
 Wolfe, G. H.
 Wolfe, J. Albert
 Wolfe, James J.
 Wolfe, Morris
 Wolfe, W. H.
 Wolff, E. E.
 Wolford, Keith H.
 Wolfovitz, Martin I.
 Wolfovitz, Sam
 Wolinsky, Leon H.
 Wollman, Joseph I.
 Wolpert, Arthur
 Wolszewick, R. F.
 Wood, Marguerite L.
 Woltman, Enos Fred
 Wong, Margaret
 Wong, Ronald J.
 Wood, Medford C.
 Woodland, John C.
 Woodman, Harrison Payne
 Woods, F. D.
 Woodward J. S.
 Woodward, J. S., Jr.
 Woolford, Elmer B.
 Wooten, R. O.
 Worden, Lloyd G.
 Worrall, Fred. W.
 Worthington, Eugene
 Wright, Fred N.
 Wright, Henry D.
 Wright, John H.
- Wright, Joseph
 Wright, Joseph E.
 Wright, L. R.
 Wright, Myron J.
 Wright, Thomas G.
 Wright, L. B., III
 Wright, Lawrence M.
 Wroth, Emory S.
 Wyatt Blanche B.
 Wylie, H. Boyd, Jr.
- Y**
- Yager, Frank
 Yaffe, Morris Robert
 Yaffe, Samuel S.
 Yaffe, Stanley J.
 Yankeloff, Louis G.
 Yarmack, Morris H.
 Yarmosky, Jack J.
 Yaros, Rudolph R.
 *Yee, Funn Suey
 Yevzeroff, Benjamin
 Yevzeroff, J. E.
 Yohn, Charles R.
 Yost, Frederick
 Youch, Charles A.
 Young, Charles L.
 Young, Donald Roy
 Young, George I., Jr.
 Young, Paul Roscoe
 Young, Ralph Victor
 Yousem, Jonas J.
 Yuscavage, Wm. J.
- Z**
- Zajac, Walter C.
 Zaleski, Raymond A.
 Zalevsky, Sidney M.
 Zalucky, Theodore B.
 Zamecki, Robert J.
 Zappulla, Santo A.
 Zarych, Joseph F.
 Zeigler, Gervis B.
 Zeller, Chas. B. Boyle
 Zenitz, Bernard L.
 Zentz, Milton
 Zetlin, Henry
 Zerofsky, Frank
 Zerofsky, Harold
 Zervitz, Max M.
 Zerwitz, Irving F.
 Zerwitz, Sidney
 Zeytoonian, Carl L.
 Ziegler, Charles L.
 Ziegler, John H.
 Zilber, S. Nathan

| | | |
|------------------|---------------------|----------------------|
| Zimmer, David J. | Zimmerman, T. E. | Zuchowski, Victor L. |
| Zimmerman, E. R. | Zimnoch, Francis X. | Zucker, Paul |
| Zimmerman, E. F. | Zinberg, Milton M. | Zukerberg, Morris |
| Zimmerman, L. M. | Zink, William P. | Zulty, Joan H. |
| Zimmerman, M. I. | Zolenas, A. J., Jr. | Zvares Simon |

REGISTERED ASSISTANT PHARMACISTS IN MARYLAND

The following list of Assistant Registered Pharmacists is furnished by and with the authority of the Maryland Board of Pharmacy, and every care has been taken to make the list accurate in every detail. However, should any errors be noted, please notify the Secretary of the Maryland Board of Pharmacy, 301 West Preston Street, Baltimore, Maryland.

A

Adalman, Philip
Adams, E. Raymond
Albert, Arleigh H.
Amberg, Richard O.
Anderson, W. A.

B

Baker, Harry B.
Baker, James I.
Balmert, Frank C.
Barr, William W.
Barrett, Francis O.
Barrow, Edward W.
Bell, Elizabeth A.
Bercowitz, B. J.
Bere, J. G.
Bernstein, Joseph
Biggs, Eldridge F.
Blatt, Henry
Blizzard, Ella M.
Boone, Wiley James
Bowmeyer, Alvin S.
Brandenburg, L. R.
Briele, August Kern
Brille, F. R.
Brooks, Homer C.
Brown, Emma H.
Brown, William
Bryan, Arthur H.
Buffington, Mrs. M.E.
Burton, Perry P.
Buschman, Geo. W.

C

Caldwell, Gerald E.
Caplan, Abraham
Carter, Clarence L.
Chaires, Clifton M.
Cherry, John M.
Christ, Edwin L.
Christopher, H. B.
Cizek, George
Clarke, Hugh V.
Cohen, Morris G.
Collenberg, Girdwood
Colona, Clarence J.
Colston, Benjamin A.
Copes, James

Corbett, E. S.
Cotter, Edward F.
Councill, E. W.
Crammer, D. Preston
Cronin, T. Arthur
Crowther, Aloha H.
Cutchin, William M.

D

Davis, Edward Mann
Davis, Robert G.
Dayhoff, Edward B.
Deal, Justin
Deiter, Louis V.
Dentelhauser, L. T.
Derry, John W.
Dickinson, Frank M.
Diggs, Paul A.
Dougherty, Carl E.
Dryden, William H.

E

Easton, Maurice C.
Edwards, Gustav A.
Eichner, George W.
Eselhorst, Albert R.

F

Fearson, E. T.
Fehler, Charles E.
Fehler, John F.
Feitelberg, Samuel L.
Fields, William A.
Fiske, Christian
Flack, Herbert L.
Flounders, Mark E.
Flynn, Paul Francis
Forein, Belle
Forsythe, William F.
Fox, Lester
Fox, William R.
Frazier, Henderson S.
Full, R. F.
Funk, John W.

G

Gilmer, Franklin S.
Glantz, Hiram A.
Glick, S. Shipley
Goldman, Samuel M.

Green, William F.
Grote, Francis C. E.

H

Hague, Aldred E.
Habliston, Charles C.
Harley, John V.
Hassen, John E.
Heise, John E.
Heise, Fred H.
Herman, Mrs. H. G.
Hersey, Walter H.
Hicks, F. I.
Hinton, George H.
Hipsley, Oscar
Holewinski, John A.
Holloway, M. A.
Hood, Thomas E.
Hope, John W.
Hopkins, Annie M.
Horn, Amanda I.
Hughes, Harry C.
Hughes, Ephraim G.
Humphreys, Wm. G.
Humphreys, W. B.
Hunter, Livingston O.
Hurd, A. E. S.

I

Ichniowski,
Casimer T.
Ireland, Philip B.

J

Jester, Henry F.
Jones, Albert B.
Jones, Howard Wm.
Jones Paul C.

K

Kahn, Edmund
Kammerer, Wm. H.
Keenan, Robert
Keenan, Walter S.
Keller, J. E.
Kinner, Harold C.
Kirby, Robert M.
Klepper, Charles F.
Klink, John C.

Kolb, Edwin
 Kolb, Walter R.
 Kremer, Isaac
 Kress, Milton B.

L

Lambden, Francis A.
 Lankford, Henry M.
 Lautenbach, F., Jr.
 Lautenbach, Geo. W.
 Leary, Anna W.
 Leberman, S. K. L.
 Lee, Russell E.
 Leiva, Carlos E.
 Lemke, William F.
 Lennan, Samuel C.
 Levin, Milton
 Lewisson, Harry
 Lilly, W. I.
 Lingo, Robert W.
 Litsinger, Vernon L.
 Lloyd, George A.
 Lytle, E. C.

M

McClenny, Dick C.
 McCormick, Arthur F.
 McDonald, Joseph F.
 McKay, Wm. Kenny
 McKenna, W. C.
 Mace, W. S.
 Machin, Frank H.
 Main, Clarence Z.
 Marek, Charles D.
 Marley, John V.
 Martz, Wm. E.
 Matthew, W. S.
 Mayer, Fred
 Mayers, Harry J.
 Meck, Charles H.
 Meredith, Charles L.
 Meyers, George
 Michael, V. B.
 Michael, M. Harlan
 Mikules, Cordelia L.
 Millet, Joseph
 Minchewer, W. H.
 Moore, Sarah S.
 Morgan, Walter L.
 Mullikin, John F.
 Mund, Maxwell H.
 Murphey, Joseph A.

N

Newman, George L.
 Newmeyer, Alvin S.
 Norton, John C.
 Nusbaum, Clement I.

O

Otto, Harry C.

*Deceased

P

Parker, George H.
 Parr, Newton I.
 Payntel, Clara S. M.
 Petts, George E., Jr.
 Pharr, D. C.
 Phillips, Benton S.
 Phillips, Edwin J.
 Porterfield, Milton P.
 Powers, John W.
 Powers, James W.
 Pressler, W. H.
 Price, Roscoe D.
 Proctor, S. Howard

Q

Quinn, Egbert L.
 Quinn, J. Louis

R

Raiva, Philip
 Ramsay, Thomas L.
 Rauck, Arthur E.
 Rauth, John Wm
 Raynor, Clark S.
 Reckitt, Charles E.
 Renanhan, John L.
 Richardson, L. A.
 Riff, Charles
 Ritch, Thomas W.
 Robinson, H. M., Jr.
 Robinson, James
 Rowe, Grace E.
 Rubin, Mortimer M.
 Rudo, Nathan
 Ruhl, Emma
 Russel, W. M.

S

Sacks, Milton S.
 Sanders, Albert J.
 Sauer, Mary Louisa
 Saunders, Thomas S.
 Schnabel, William T.
 Schochet, George
 Schulte, August W.
 Schwartz, Daniel J.
 Scott, Virginia P.
 Sears, Florence
 Sencendiver, Jacob P.
 Sharrett, George O.
 Sheman, George P.
 Shipley, Samuel H.
 Shivers, M. L.
 *Siscovick, Milton
 Skilman, L. G.
 Smith, J. Moseley
 Smith, Leroy A.
 Sprague, Lewis H.
 Stacey, T. E., Jr.
 Staling, J. C.

Stanward, M. Benton
 Stevenson, W. H.
 Stimmer, Richard E.
 Stiner, Wilbur C.
 Stouffer, Clyde R.
 Stouffer, Rankin
 Strause, Geo. Alvin
 Suter, Louis A.

T

Talbott, D. Russell
 Taylor, James Alfred
 Thomas, George W.
 Thome, E. Reynolds
 Thompson, Jerome J.
 Thompson, Oma M.
 Thomson, J. A.
 Todd, Arch McA.
 Totz, Hammond
 Toulson, Hattie I.
 Toy, Arthur T.
 Trail, Edith I.
 Trainor, William J.
 Trattner, James N.
 Troxel, Effie M.

V

Von Helms, Ernest
 Vosatka, John

W

Walch, William F.
 Walter, J. W.
 Waltham, Alan P.
 Walton, H. Webster
 Ward, Harry E.
 Watts, S. Tarlton
 Weaver, Harry C., Jr.
 Weaver, Lincoln R.
 Weller, Argie G.
 Weller, Charles G.
 Weller, Harry
 Wenderoth, Edwin P.
 White, Earle C.
 White, Robert C.
 Wiggers, Clarence H.
 Wiernik, Clarence
 Williams, Amos C.
 Williams, C. D.
 Wilson, Joseph O.
 Wolf, Alan G.
 Woodward, C. P.
 Wrenick, Clarence
 Wright, Edna Kirk
 Wright, Loretto
 Wright, Walter T.

Y

Young, H. W.

Z

Zacharias, Edwin

OFFICERS OF THE ASSOCIATION SINCE ITS ORGANIZATION

Presidents

| | |
|---------------------------|-----------------------------|
| 1883—J. J. Thomsen | 1923—C. L. Meyer |
| 1884—D. C. Aughinbaugh | 1924—W. K. Edwards |
| 1885—E. Eareckson, M. D. | 1925—S. Y. Harris |
| 1886—A. J. Corning | 1926—H. A. B. Dunning |
| 1887—William Simon, M. D. | 1927—Harry R. Rudy |
| 1888—J. Walter Hodges | 1928—Howell W. Allen |
| 1889—M. L. Byers | 1929—Geo. W. Colborn, Jr. |
| 1890—E. M. Foreman | 1930—L. S. Williams |
| 1891—Columbus V. Emich | 1931—Wm. B. Spire |
| 1892—John Briscoe, M. D. | 1932—L. M. Kantner |
| 1894—John F. Hancock | 1933—L. V. Johnson |
| 1895—Henry J. Hynson | 1934—Andrew F. Ludwig |
| 1896—H. B. Gilpin | 1935—Harry W. Matheny |
| 1897—W. C. Powell | 1936—Melville Strasburger |
| 1898—Robert S. McKinney | 1937—Robert L. Swain |
| 1899—A. R. L. Dohme | 1938—A. A. M. Dewing |
| 1900—Wm. E. Turner | 1939—A. N. Hewing |
| 1901—Louis Schulze | 1940—Lloyd N. Richardson |
| 1902—J. Webb Foster | 1941—T. Ellsworth Ragland |
| 1903—W. E. Brown | 1942—Elmer W. Sterling |
| 1904—H. Lionel Meredith | 1943—Frank L. Black |
| 1905—M. A. Toulson | 1944—Ralph C. Dudrow |
| 1906—J. E. Hengst | 1945—Harry S. Harrison |
| 1907—Owen C. Smith | 1946—Albin A. Hayman |
| 1908—W. M. Fouch | 1947—Charles S. Austin, Jr. |
| 1909—John B. Thomas | 1948—Milton J. Fitzsimmons |
| 1910—Charles Morgan | 1949—Nelson G. Diener |
| 1911—James E. Hancock | 1950—Howard L. Gordy |
| 1912—D. P. Schindel | 1951—William E. Waples |
| 1913—J. Fuller Frames | 1952—Manuel B. Wagner |
| 1914—J. F. Leary | 1953—Otto W. Muelhaue |
| 1915—Geo. A. Bunting | 1954—Lester R. Martin |
| 1916—Thomas M. Williamson | 1955—Hyman Davidov |
| 1917—Eugene W. Hodson | 1956—Frank J. Macek |
| 1918—W. H. Clarke | 1957—George M. Schmidt |
| 1919—D. R. Millard | 1958—Frank Block |
| 1920—G. E. Pearce | 1959—Gordon A. Mouat |
| 1921—R. E. L. Williamson | 1960—Harold M. Goldfeder |
| 1922—A. L. Lyon | |

First Vice-Presidents

| | |
|--------------------------|---------------------------|
| 1883—C. W. Crawford | 1902—M. A. Toulson |
| 1884—Steiner Schley | 1903—Owen C. Smith |
| 1885—Levin D. Collier | 1904—Mercer Brown |
| 1886—Joseph B. Boyle | 1905—Henry Howard |
| 1887—C. W. Crawford | 1906—A. L. Pearre |
| 1888—C. H. Redden | 1907—J. H. Farrow |
| 1889—D. M. R. Culbreth | 1908—J. G. Beck |
| 1890—Chas. Caspari, Jr. | 1909—W. C. Aughinbaugh |
| 1891—John Briscoe, M. D. | 1910-11—D. P. Schindel |
| 1892—T. W. Smith | 1912—J. Fuller Frames |
| 1894—Henry P. Hynson | 1913—J. D. Stotlemeyer |
| 1895—J. W. Cook | 1914—G. A. Bunting |
| 1896—Robert S. McKinney | 1915—Thomas M. Williamson |
| 1897—W. S. Merrick | 1916—Eugene W. Hodson |
| 1898—August Schrader | 1917—W. H. Clarke |
| 1899—C. C. Waltz | 1918—D. R. Millard |
| 1900—L. R. Mobley | 1919—G. E. Pearce |
| 1901—J. Webb Foster | 1920—R. E. L. Williamson |

First Vice-Presidents

(Continued)

- | | |
|-----------------------------|-----------------------------|
| 1921—E. Riall White | 1942—Frank L. Black |
| 1922—C. L. Meyer | 1943—Ralph C. Dudrow |
| 1923—W. K. Edwards | 1944—Harry S. Harrison |
| 1924-25—H. A. B. Dunning | 1945—Albin A. Hayman |
| 1926—H. R. Rudy | 1946—Charles S. Austin, Jr. |
| 1927—Howell W. Allen | 1947—M. J. Fitzsimmons |
| 1928—George W. Colborn, Jr. | 1948—Nelson G. Diener |
| 1929—L. S. Williams | 1949—Howard L. Gordy |
| 1930—W. B. Spire | 1950—William E. Waples |
| 1931—L. M. Kantner | 1951—Manuel B. Wagner |
| 1932—L. V. Johnson | 1952—Otto W. Muehlhouse |
| 1933—Andrew F. Ludwig | 1953—Lester R. Martin |
| 1934—Harry W. Matheney | 1954—Hyman Davidov |
| 1935—Melville Strasburger | 1955—Frank J. Macek |
| 1936-1937—A. A. M. Dewing | 1956—George M. Schmidt |
| 1938—A. N. Hewing | 1957—Frank Block |
| 1939—Lloyd N. Richardson | 1958—Gordon A. Mouat |
| 1940—T. E. Ragland | 1959—Harold M. Goldfeder |
| 1941—Elmer W. Sterling | 1960—Norman J. Levin |

Second Vice-Presidents

- | | |
|--------------------------|--------------------------------|
| 1883—Thomas W. Shryer | 1923—H. A. B. Dunning |
| 1884—A. J. Corning | 1924—S. Y. Harris |
| 1885—Henry R. Steiner | 1925—L. L. Kimes |
| 1886—John T. Wooters | 1926—Howell W. Allen |
| 1887—J. Walter Hodges | 1927—Geo. W. Colborn, Jr. |
| 1888—J. F. Leary | 1928—L. S. Williams |
| 1889—Joseph B. Garret | 1929—Wm. B. Spire |
| 1890—D. C. Aughinbaugh | 1930—L. M. Kantner |
| 1891—F. A. Harrison | 1931—L. V. Johnson |
| 1892—J. Fuller Frames | 1932—A. F. Ludwig |
| 1894—C. B. Henkel, M. D. | 1933—Harry W. Matheney |
| 1895—George E. Pearce | 1934—Melville Strasburger |
| 1896—Steiner Schley | 1935—A. A. M. Dewing |
| 1897—Louis Schulze | 1936-37—A. N. Hewing |
| 1898—Eugene Worthington | 1938—Lloyd N. Richardson |
| 1899—John M. Weisel | 1939—T. E. Ragland |
| 1900—J. F. Leary | 1940—E. W. Sterling |
| 1901—E. T. Reynolds | 1941—Frank L. Black |
| 1902—W. J. Elderdice | 1942—Ralph C. Dudrow |
| 1903—Alfred Lapouraille | 1943—Harry S. Harrison |
| 1904—H. L. Troxel | 1944—Albin A. Hayman |
| 1905—J. J. Barnett | 1945—Charles S. Austin, Jr. |
| 1906—Alfred Lapouraille | 1946—M. J. Fitzsimmons |
| 1907—W. C. Carson, M. D. | 1947—Nelson G. Diener |
| 1908—Franz Naylor | 1948—Howard L. Gordy |
| 1909—W. G. Lowry, Jr. | 1949—William E. Waples |
| 1910—R. E. L. Williamson | 1950—Manuel B. Wagner |
| 1911—J. D. Stotlemeyer | 1951—Arthur C. Harbaugh |
| 1912—Henry Howard | 1952—Lester R. Martin |
| 1913—Geo. A. Bunting | 1953—Hyman Davidov |
| 1914—Henry Howard | 1954—Frank J. Macek |
| 1915—Eugene W. Hodson | 1955—George J. Schmidt |
| 1916—C. K. Stotlemeyer | 1956—Frank Block |
| 1917—D. R. Millard | 1957—Gordon A. Mouat |
| 1918—G. E. Pearce | 1958—Harold M. Goldfeder |
| 1919—R. E. L. Williamson | 1959—Norman J. Levin |
| 1920-21—J. W. Westcott | 1960—Victor H. Morgenroth, Jr. |
| 1922—W. K. Edwards | |

Third Vice-Presidents

- | | |
|--------------------------|--------------------------------|
| 1883—Hugh Duffy | 1923—J. H. Farlow |
| 1884—Levin D. Collier | 1924—A. C. Lewis |
| 1885—T. W. Smith | 1925—A. N. Hewing |
| 1886—J. Walter Hodges | 1926—G. W. Colborn, Jr. |
| 1887—Henry A. Elliott | 1927—L. S. Williams |
| 1888—John Briscoe, M. D. | 1928—Wm. B. Spire |
| 1889—E. M. Foreman | 1929—L. M. Kantner |
| 1890—J. F. Hancock | 1930—L. V. Johnson |
| 1891—J. E. Henry | 1931—A. F. Ludwig |
| 1892—C. B. Henkel, M. D. | 1932—Chas. D. Routzahn |
| 1894—George E. Pearce | 1933—Melville Strasburger |
| 1895—J. W. Smith | 1934—A. A. M. Dewing |
| 1896—Thomas H. Jenkins | 1935—A. N. Hewing |
| 1897—A. Eugene DeReeves | 1936-1937—Lloyd N. Richardson |
| 1898—C. C. Ward, M. D. | 1938—T. E. Ragland |
| 1899—C. H. Michael | 1939—Elmer W. Sterling |
| 1900—W. E. Brown | 1940—Frank L. Black |
| 1901—O. G. Schuman | 1941—Ralph C. Dudrow |
| 1902—W. R. Jester | 1942—Harry S. Harrison |
| 1903—Henry Howard | 1943—Frederick B. Eason |
| 1904—Wm. D. Campbell | 1944—Charles S. Austin, Jr. |
| 1905—W. S. Carson, M. D. | 1945—Milton J. Fitzsimmons |
| 1906—A. J. Keating | 1946—Nelson G. Diener |
| 1907—J. D. Stotlemeyer | 1947—Howard L. Gordy |
| 1908—H. R. Rudy | 1948—William E. Waples |
| 1909—E. Riall White | 1949—Manuel B. Wagner |
| 1910—J. P. Keating | 1950—Arthur C. Harbaugh |
| 1911—W. M. Carson, M. D. | 1951—Otto W. Muehlhause |
| 1912—John G. McIndoe | 1952—Hyman Davidov |
| 1913—W. H. Clarke | 1953—Frank J. Macek |
| 1914—E. W. Hodson | 1954—George M. Schmidt |
| 1915—C. K. Stotlemeyer | 1955—Frank Block |
| 1916—John I. Kelly | 1956—Gordon A. Mouat |
| 1917—G. E. Pearce | 1957—Harold M. Goldfeder |
| 1918—R. E. L. Williamson | 1958—Norman J. Levin |
| 1919—J. W. Dorman | 1959—Victor H. Morgenroth, Jr. |
| 1920-21—W. K. Edwards | 1960—William A. Cooley |
| 1922—H. A. B. Dunning | |

Fourth Vice President

1960—Solomon Weiner

Secretaries

- | | |
|-------------------------|------------------------------|
| 1883—John W. Geiger | 1903—Louis Schulze |
| 1884-88—M. L. Byers | 1904—Owen C. Smith |
| 1889-94—John W. Geiger | 1905—Louis Schulze |
| 1895—J. F. Hancock | 1906—Owen C. Smith |
| 1896—Henry Maisch | 1907-1942—E. F. Kelly |
| 1897-99—Charles H. Ware | 1942-52—Melville Strasburger |
| 1900—Louis Schulze | 1953-60—Joseph Cohen |
| 1901-02—Owen C. Smith | |

Treasurers

- | | |
|---------------------------|-----------------------------|
| 1883-85—E. Walton Russel | 1907-13—J. W. Westcott |
| 1886-94—Samuel Mansfield | 1914-23—S. Y. Harris |
| 1895—Henry B. Gilpin | 1924-29—G. P. Hetz |
| 1896-98—D. M. R. Culbreth | 1930-1936—Harry S. Harrison |
| 1899-1900—W. M. Fouch | 1937-1953—J. F. Wannewetsch |
| 1901—J. R. Beck | 1954-55—Gordon A. Mouat |
| 1902-05—H. R. Rudy | 1955-60—John F. Wannewetsch |
| 1906—G. C. Wisotzki | |

Editors

- | | |
|--------------------------------|----------------------|
| 1925-1939—Robert L. Swain | 1953-60—Joseph Cohen |
| 1939-1952—Melville Strasburger | |

MARYLAND PHARMACEUTICAL ASSOCIATION

ROLL OF MEMBERS

Active Members—As Of October 1, 1960

(The following addresses are in Baltimore with Zone No. following street, unless otherwise designated.)

| | |
|-----------------------|---|
| Aaronson, Alfred I. | 3729 S. Hanover St., 25 |
| Abramowitz, Robert | 2401 E. Federal St., 13 |
| Agnew, Max | 139 E. Main St., Frostburg |
| Albrecht, Walter E. | 310 Maple Rd., Linthicum Heights |
| Albrecht, William E. | 7423 Baltimore Ave., College Park |
| Allen, C. Murray | 243 Virginia Ave., Cumberland |
| Alpern, Elwin H. | 1504 15th St., Odenton |
| Ansell, Max S. | 24 E. Madison St., 2 |
| Apitz, Fred W. | 6227 N. Charles St., 12 |
| Applestein, Frank | 1045 N. Futon Ave., 17 |
| Archer, Theodore, Jr. | White Hall |
| Asbill, John L. | 401 Washington Ave., Towson 4 |
| August, Henry J. | 7300 School Ave., 22 |
| Bailey, Halcolm S. | 8th St. & Philadelphia Ave., Ocean City |
| Balassone, Francis S. | 301 W. Preston St., 1 |
| Bambrick, Vincent C. | 154 Race St., Cambridge |
| Barshack, Jack | 1431 Fuselage Ave., Middle River 20 |
| Basik, Harvey E. | 4214 Frankford Ave., 6 |
| Batie, A. Lester | 126 Washington Ave., Laurel |
| Beitler, Ben | 423 Patapsco Ave., 25 |
| Beitler, Leonard | 4300 Ritchie Hgwy., 25 |
| Belford, Joseph | 1601 Edmondson Ave., 23 |
| Berlin, Alvin | Routes 97 & 108, Olney |
| Berman, Frederic T. | 3407 Hamilton Ave., 14 |
| Bialek, Ted | 6480 New Hampshire Ave., Takoma Park |
| Binstock, Albert | 8301 Harford Rd., 14 |
| Bishop, Davis N. | 6305 Sherwood Rd., 12 |
| Bixler, Richard S. | 44 W. Main St., Westminster |
| Block, Frank | 1524 Cypress St., 26 |
| Block, Samuel G. | 2901 E. Baltimore St., 24 |
| Blum, Abraham | 305 N. Eutaw St., 1 |
| Blumson, Samuel S. | 800 E. Baltimore St., 2 |
| Bookoff, Morris | 1034 York Rd., 4 |
| Bourne, Benjamin P. | 809 Viers Mill Rd., Rockville |
| Braden, A. Wayne | 920 Ellsworth Drive, Silver Spring |
| Brazius, Joseph V. | 301 S. Broadway, 31 |
| Brill, Phyllis W. | 7307 Seven Mile Lane, 8 |
| Brunnett, William L. | 6222 Baltimore Ave., Riverdale |
| Campbell, Thomas W. | Carter Building, Market St., Denton |
| Caplan, Bernard S. | 7902 Dundalk Ave., Dundalk, 22 |
| Caplan, Carl C. | 142 Eastern Ave., Essex, 21 |
| Carmel, Joseph | 4352 Park Heights Ave., 15 |
| Cavacos, Andrew T. | 1001 W. 36th St., 11 |
| Cermak, Jerome J. | 3500 Pelham Ave., 13 |
| Chandler, N. W. | 7037 Defense Hgwy., Landover Hills |
| Chatkin, Robert H. | 401 Summit Ave., Hagerstown |
| Cherry, Bernard | 4627 Harford Rd., 14 |
| Cheslow, Nathan I. | 110 Patapsco Ave., 25 |
| Chodnicki, Marion R. | 35 N. Milton Ave., 24 |
| Clark, Frank B. | Ellerslie, Md. |
| Cohen, Bernard I. | 2217 N. Fulton Ave., 17 |

| | |
|-------------------------|--|
| Cohen, Hershel | 201 W. Franklin St., 1 |
| Cohen, Irving I. | 5511 Oregon Ave., Arbutus, 27 |
| Cohen, Joseph | 650 W. Lombard St., 1 |
| Cohen, Nathan | 1828 E. Baltimore St., 31 |
| Cohen, Samuel | 1645 E. Baltimore St., 31 |
| Coleberg, Carl L. | Main St., Preston |
| Combs, Joseph L., Jr. | 5925 York Rd., 12 |
| Connor, T. F. | 6933 Laurel Avenue, Takoma Park |
| Connor, William J. | Commerce Street & Railroad Ave., Centreville |
| Cooley, William A. | 100 Valley Street, Cumberland |
| Cooper, Howard E. | 10 Decatur & Frederick Streets, Cumberland |
| Cooper, Morris L. | 700 W. North Avenue, 17 |
| Cragg, James P., Jr. | 4123 Frederick Avenue, 29 |
| Crandall, Charles R. | 50 State Circle, Annapolis |
| Crozier, John A. | 901 Curtain Avenue, 18 |
| Custis, Harry J., Jr. | 149 Market Street, Pocomoke City |
| | |
| Danoff, Abe | 1645 E. Baltimore Street, 31 |
| Davidov, Hyman | 900 N. Charles Street, 1 |
| Davidov, Louis | 5115 Roland Avenue, 10 |
| Davis, Robert L. | 327 Main Street, Crisfield |
| Deans, John | Prince William & Main Streets, Prince Anne |
| Dechter, Gerald Y. | 8660 Piney Branch Road, Silver Spring |
| Dembo, Julius L. | 2200 Jefferson Street, 5 |
| Dickman, Arnold L. | 2300 Edmondson Avenue, 23 |
| Diener, Nelson G. | 2925 Thorndale Avenue, 15 |
| Donaldson, John E. | 60 Florida Avenue, N.E., Washington 2, D.C. |
| Dorsch, Joseph U. | 3514 Edmondson Avenue, 29 |
| Doub, O. Calvin | 101 E. Baltimore Street, 2 |
| Dougherty, John H., Jr. | 370 Main Street, Laurel |
| Dougherty, Leon P. | 302 Pulaski Street, Cumberland |
| Drapkin, Leon I. | 8706 Flower Avenue, Silver Spring |
| Drennen, J. Holly | 8 S. Main Street, Port Deposit |
| Drug Fair Drug Stores | 1200 S. Street, Arlington 2, Virginia |
| Drukman, Herman B. | 6651 Belair Road, 6 |
| Dunning, Fitzgerald | 1030 N. Charles Street, 1 |
| Dunning, H.A.B. | 1030 N. Charles Street, 1 |
| Dunning, H.A.B., Jr. | 1030 N. Charles Street, 1 |
| | |
| Eckhardt, Henry | 301 Marydell Road, 29 |
| Englander, Clinton W. | 8 Alder Street, Oakland |
| Estrin, David I. | 52 "O" Street, N.W., Washington 1, D.C. |
| Fainberg, Edward | 7542 Belair Road, 6 |
| Fedder, Donald O. | 201 Wise Avenue, Dundalk 22 |
| Fedder, Eli | 1210 Reisterstown Road, Pikesville 8 |
| Feldman, Charles W. | 1535 W. Lexington Street, 23 |
| Feldman, Milton H. | 900 N. Gilmore Street, 17 |
| Fine, Jerome L. | 8807 Allenswood Road, Randallstown |
| Fink, Francis T. | Martin Blvd. & Compass Road, Middle River 20 |
| Finkelstein, Karl H. | 300 Main Street, Laurel |
| Fisher, Edward H. | 105 S. Baltimore Avenue, Ocean City |
| Fisher, Philip E. | Route No. 2, Berlin |
| Fitzsimmons, Milton J. | 109 Main Street, Ellicott City |
| Folus, Irving | 5926 Riggs Road, Hyattsville |
| Foss, Noel E. | 636 W. Lombard Street, 1 |
| Foster, Carroll P. | 6327 Belair Road, 6 |
| Franzone, F. | 1801 "G" Street, N.W., Washington, D.C. |
| Freiman, Joseph | 2601 N. Hilton Street, 16 |
| Freitag, H. Homer | 212 E. Cross Street, 30 |
| Friedman, Aaron J. | 145 B Back River Neck Road, 21 |

- Friedman, Albert.....1003 S. Sharp Street, 30
 Friedman, Gilbert I.....1531 Madison Avenue, 17
 Friedman, Melvin.....1600 Linden Avenue, 17
 Friedman, Milton A.....100 S. Poppleton Street, 1
 Friedman, Nathan J.....701 N. Gay Street, 2
- Gaboff, Benjamin.....20 N. High Street, 2
 Gadol, Ellis.....10128 Colesville Road, Silver Spring
 Gakenheimer, Albert C.....Cockeysville
 Gakenheimer, Herbert E.....8th & "D" Streets, Sparrows Point 19
 Gardner, Michael F.....253 S. Washington Street, 31
 Gaver, Paul G.....100 W. University Parkway, 10
 Gelrud, Jack.....6 Coral Drive, North, Lexington Park
 Geraghty, James T.....Main Street, Rock Hall
 Glaeser, Henry J., Jr.....3 Westminster Street, Manchester
 Glaser, Louis L.....511 Avondale Road, Dundalk 22
 Gleiman, Irvin J.....1939 Madison Avenue, 17
 Gluckstern, Wilfred H.....1034 York Road, 4
 Glushakow, Jacob.....2244 Annapolis Road, 30
 Goldberg, Jack.....9423 Georgia Avenue, Silver Spring
 Goldberg, Leonard.....1501 E. 33rd Street, 18
 Goldberg, Milton.....3903 Hollins Ferry Road, 27
 Goldfeder, Harold M.....5620 Kenilworth Avenue, Riverdale
 Golditch, Henry M.....2447 E. Preston Street, 13
 Goldman, Harold K.....3400 Seven Mile Lane, 8
 Goldstein, Albert.....6112 Central Avenue, Capitol Heights
 Goldstein, Sam A.....1100 N. Calhoun Street, 17
 Goodman, Irvin.....55 E. Main Street, Westminster
 Goodman, Leon.....524 N. Gay Street, 2
 Gordon, Jack B.....1801 W. Pratt Street, 23
 Gordon, Samuel.....1401 Edmondson Avenue, 23
 Gordy, Howard L.....213 E. Main Street, Salisbury
 Greenberg, Albert G.....5002 Ritchie Highway, 25
 Greenberg, Harry.....5451 Belair Road, 6
 Greenberg, Leon.....50 Old Annapolis Road, Severna Park
 Greenberg, S.W.....4692 Suitland Road, Washington 20.D.C.
 Greenfeld, David.....5201 Windsor Mill Road, 7
 Greif, Daniel.....1625 Wilkens Avenue 23
 Grossman, Bernard B.....1655 N. Monroe Street, 17
 Grubb, John E.....714 Sligo Avenue, Apt. 105 Silver Spring
 Gruz, Nathan I.....5817 Merville Avenue, 15
- Hahn, Albert G.....324 W. Saratoga Street, 1
 Hanks, Carleton W.....221 Maryland Avenue, Cumberland
 Harbaugh, Arthur C.....872 Mulberry Avenue, Hagerstown
 Harman, Richard T.....5606 Main Street, Elkridge 27
 Harris, Morris.....5119 Queensbury Avenue, 15
 Hayes, William B.....507 Mace Avenue, 21
 Hayman, Albin A.....715 Forest Lane, Salisbury
 Hayman, Thomas J.....415 Forest Lane, Salisbury
 Heer, Wilmer J.....2724 Harford Road, 18
 Heller, Lawrence G.....La Plata
 Hendelberg, I. J.....4637 York Road, 12
 Henderson, Marvin W.....7401 Harford Road, 14
 Hender, L. Manuel.....1100 E. Baltimore Street, 2
 Hill, William C.....30 E. Dover Street, Easton
 Hilliard, M. Evans.....4943 Belair Road, 6
 Hillman, Milton L.....19 Tulagi Place, Lexington Park
 Hoffman, Sylvan A.....2658 Huntingdon Avenue, 11
 Holmes, Everett J.....313 W. Belvedere Avenue, 15
 Hopkins, Carville B.....251 West Street, Annapolis
 Hopkins, Charles H.....7 York Street, Taneytown
 Horne, Peyton N.....32 N. Washington Street, Easton

- Israelson, Rubin H. 2301 Hollins Street, 23
 Izoë, A. Jerome 17 W. Chase Street. 1

 Johnson, Clyde G. Somerset Ave. & Prince Wm. St., Princess Anne
 Judy, Francis L. 2 Byrd Avenue, Cumberland

 Kalb, Francis P. 4419 Kenwood Avenue, 6
 Kamanitz, Irvin L. 100 W. Main Street, Salisbury
 Kamenetz, Irvin 6913 Belair Road, Overlea 6
 Kaminski, Felix H. 3138 O'Donnell Street, 24
 Kammer, William H. 701 E. Preston Street, 2
 Karr, William S. 9515 Harford Road, 14
 Katz, Gabriel E. 9925 Rhode Island Avenue, College Park
 Kaufman, Stanley L. 911 Beechfield Avenue, 29
 Kaufman, Frank A. 401 York Road, Towson 4
 Keech, Robert P. 600 Virginia Avenue, Cumberland
 Kellough, Elmer R., Jr. 10 Decatur Street, Cumberland
 Kerpelman, Isaac E. 722 S. Salisbury Blvd., Salisbury
 Kirson, Jerome 743 N. Central Avenue, 2
 Kitchen, William Y. 60 West Street, Annapolis
 Klavens, Elmer 800 W. Fayette Street, 1
 Klavens, Sidney R. 1117 Light Street, 30
 Kline, Bernard B. 8309 Grubb Road, Silver Spring
 Kling, Herman M. 2245 E. Fayette Street, 31
 Klingel, Mrs. R. M. 101 Cheapside Street, 2
 Klotzman, Alfred 1041 Edmondson Avenue, 23
 Kobin, Benjamin 1000 W. Cross Street, 30
 Koons, George S. 31 Concocheague Street, Williamsport
 Kosokowski, Chester G. 635 S. Lakewood Avenue, 24
 Kramer, Leonard H. 442 E. North Avenue, 2
 Kramer, Morris 1801 W. Lexington Street, 23
 Krantz, John C., Jr. 7824 Ellenham Road, 4
 Kraus, L. H., Jr. 400 S. Division Street, Salisbury
 Krieger, Max A. 7810 Harford Road, 14
 Kronthal, Jacob L. 2444 E. Biddle Street, 13
 Krucoff, Maxwell A. 1300 N. Fremont Avenue, 17
 Krusniewski, B. A. 901 Eastern Avenue, Essex 21

 Lachman, Bernard B. 5024 Park Heights Avenue, 15
 Laken, Bernard 1301 W. North Avenue, 17
 Lamkin, Howard C. 1337 W. Lombard Street, 23
 Lapin, Bernard J. 2701 Old North Point Road, 22
 Latona, Salvatore J. 4007 34th Street, Mt. Rainier
 Lawlor, Henry W. Charles Theatre Building, LaPlata
 Lawson, Alfred M. 5802 Baltimore Avenue, Hyattsville
 Lazarus, Leon J. 401 Eastern Avenue, 21
 Lebson, David. 4605 Edmondson Avenue, 29
 Lebson, Hyman. 4605 Edmondson Avenue, 29
 Levin, Arthur. 101 N. Washington Street, Havre de Grace
 Levin, Barry S. 2101 Garrison Blvd., 16
 Levin, Benjamin S. 6306 Eastern Avenue, 24
 Levin, Bernard. 910 Leeds Avenue, 29
 Levin, Harold P. 537 E. 41st Street, 18
 Levin, I. Alvin. 4623 Reisterstown Road, 15
 Levin, Jack B. 5910 Liberty Road, 7
 Levin, Morris. 1612 Kelly Avenue, 9
 Levin, Norman. 910 Leeds Avenue, 29
 Levin, Norman J. 1401 Reisterstown Road, Pikesville 8
 Levin, Theodore. Poplar Grove & Lafayette Avenue, 16
 Levine, Jaye E. 1929 Virginia Avenue, Hagerstown

- Levinson, Henry 721 Poplar Grove Street, 16
 Levitis, Louis 11401 Georgia Avenue, Silver Spring
 Levy, Abraham M. 1612 Kelly Avenue, 9
 Leyko, Gregory W. A. 2501 W. Baltimore Street, 23
 Libowitz, Aaron M. 4901 Belair Road, 6
 Lichter, George 4709 Garrison Blvd., 15
 Lichtman, Albert 7155 Holabird Avenue, 22
 Lieb, Frank J. 1600 S. Charles Street, 30
 Lillich, Mrs. Anna L. 3 Center Place, Dundalk 22
 Lindenbaum, Louis 515 S. Camp Meade Road, Linthicum
 Lindenbaum, Morris 5 Main Street, Reisterstown
 Lipsky, Harold H. 951 Pennsylvania Avenue, 1
 Lohmeyer, Lloyd W. 390 W. Main Street, Crisfeld
 Lowry, Raymond J. 45 Main Street, Westernport
 Lynn, Norman B. 5 N. Summit Avenue, Gaithersburg
 Lyon, G. Taylor 330 St. John Street, Havre de Grace
- McCagh, Frank L., Jr. 101 N. Centre Street, Cumberland
 McComas, J. Ross 8642 Loch Raven Blv., Towson 4
 McMichael, James E. 911 E. Oldtown Road, Cumberland
 Macek, Frank J. 1726 Alicanna Street, 31
 Macks, Ben H. 436 Eastern Avenue, Essex 21
 Magiros, John G. Rogers Avenue & Route 40, Ellicott City
 Maisenhalder, Edward C. 21 S. Main Street, Bel Air
 Malanowski, Benedict C. 2245 Eastern Avenue, 31
 Mallonee, J. 1820 Earhart Road, 21
 Malone, William W. 39 W. Main Street, Hancock
 Manheimer, Raymond B. 2502 Eutaw Place 17
 Marcus, Michael 2021 W. Pratt Street, 23
 Marek, Anton C. 701 N. Lakewood Avenue, 5
 Markley, Edward B. 3701 Falls Road, 11
 Martin, Lester R. Winchester Road, R. D. 5, Cumberland
 Martin, Robert J. 1068 National Highway, LaVale
 Mask, Jerome 2701 Old North Point Road, 22
 Mayer, Alexander M. 1800 N. Charles Street, 1
 Meeth, John T. 3255 Frederick Avenue, 29
 Mendelson, Herman 6126-30 Georgia Avenue, N.W., Washington
 Mercer, Robert V. 911 Pine Avenue, Frederick
 Mercer, Victor G. 243 N. Market Street, Frederick
 Meyers, Macy H. Liberty Road, Eldersburg, Sykesville
 Meyers, Max B. 8302 Liberty Road, 7
 Miller, L. Dudley 105 W. Redwood Street, 1
 Moler, Robert K. Tollhouse Avenue, Frederick, Md.
 Mondell, Harold D. 5500 Gwynn Oak Avenue, 7
 Morgenstern, William A. 6328 Windsor Mill Road, Woodlawn 7
 Morgenroth, Victor H., Jr. 703 Brookwood Road, 29
 Morris, Samuel 10214 New Hampshire Avenue, Silver Spring
 Mouat, Gordon A. 3300 Greenmount Avenue, 18
 Myers, Lyndon B. Main Street, Mt. Airy
- Neun, Mrs. Alberta E. 4800 Roland Avenue, 10
 Neun, Charles J. 301 E. Baltimore Street, 2
 Neutze, John F. 433 Kenneth Square, 12
 Newman, David 309-311 N. Union Avenue, Havre de Grace
 Nitsch, Charles A. 837 Frederick Avenue, Catonsville 28
 Niznik, Theodore T. 439 S. Chester Street, 31
 Norris, Earl M. 4706 Liberty Heights Avenue, 7
- Oed, Marvin L. 6502 Hilltop Avenue, 6
 Ogrinz, Alexander J., Jr. 3300 Greenmount Avenue, 18
 O'Hara, John J. 2200 Fulton Avenue, 17
 Oken, Louis E. 6701 Harford Road, 14
 Oleszczuk, Melvin J. 1800 Eastern Avenue, 31

| | |
|---------------------------|--|
| Packett, W. Harold | 8551 Connecticut Avenue, Chevy Chase |
| Padussis, Anthony G. | 6510 O'Donnell Street, 24 |
| Palmer, Mathias | 8642 Loch Raven Blvd., Towson 4 |
| Pang, Charles E. | 4300 York Road, 12 |
| Papiermeister, Joseph | 9865 Main Street, Damascus |
| Parker, James A. I. | 3737 University Blvd., West, Kensington |
| Fassaro, Edward J. | 6510 O'Donnell Street, 24 |
| Patterson, Walter J. | 4123 Frederick Avenue, 29 |
| Paul, Howard | 3801 Liberty Heights Avenue, 15 |
| Pearlman, William L. | 3102 W. North Avenue, 16 |
| Pelovitz, Nathan G. | 1713 Edmondson Avenue, 28 |
| Peoples Drug Stores, Inc. | 60 Florida Avenue, N.E., Wash. 2, D. C. |
| Petralia, Anthony J. | 4901 Frankford Avenue, 6 |
| Pfeifer, C. Edward | 1201 Light Street, 30 |
| Pilson, R. A. | Main Street, New Windsor |
| Pinsky, Herman H. | 430 E. Baltimore Street, 2 |
| Poklis, Alphonse | 305 E. High Street, Chestertown |
| Pollack, Morton L. | Charles & 34th Streets, 18 |
| Popluder, Nathan | 2610 Harford Road 18 |
| Porterfield, M. Perry | 118 W. Washington Street, Hagerstown |
| Porterfield, Raymond S. | 38 Main Street, Hampstead |
| Portney, Samuel. | 551 N. Fulton Avenue, 23 |
| Prensky, Bernard M. | 6573 Ager Road, Hyattsville |
| Proudfoot, Robert E. | 56 Second Street, Oakland |
| Provenza, Stephen J. | 101 W. Read Street, 1 |
| | |
| Rasinsky, Milton | 30 W. Main Street, Westminster |
| Ravita, S. | 4500-02 Edmondson Avenue, 29 |
| Read's Drug Stores | 2523 Gwynns Falls Parkway, 16 |
| Reed, J. Ronald | 31 N. Potomac Street, Hagerstown |
| Reiser, Arnold J. | 2805-07 Old North Point Road, 22 |
| Rettaliata, Leo C. | 2200 N. Charles Street, 18 |
| Reznek, Paul. | 11182 Baltimore Blvd., Beltsville |
| Rice, Howard S. | 2443 E. Monument Street, 5 |
| Richardson, Lloyd N. | 1 N. Main Street, Bel Air |
| Richman, Philip | 90 West Street, Annapolis |
| Richmond, Jerome | 1800 Pennsylvania Avenue, 17 |
| Richmond, Sewell E. | 5500 Park Heights Avenue, 15 |
| Roberts, William P. | 2035 Park Avenue, 15 |
| Robinson, Lester G. | 2139 Pennsylvania Avenue, 17 |
| Rochester, Harry L. | 5212 Reisterstown Road, 15 |
| Rodowskas, Christopher A. | 616 Patapsco Avenue, 25 |
| Rosenberg, Leon | 9925 Rhode Island Avenue, College Park |
| Rosenberg, Robert | 100 Annapolis Road, Glen Burnie |
| Rosenstein, Aaron | 4005 Penhurst Avenue, 15 |
| Rosenthal, Alvin | 3529 Dolfield Avenue, 15 |
| Rosenthal, Leo | 1500 University Blvd., East, Hyattsville |
| Rosberg, Charles, Jr. | 2526 Washington Blvd., 30 |
| Rotkowitz, William | 1831 W. Mosher Stret, 17 |
| Ruddie, Israel M. | 5300 Edmondson Avenue, 29 |
| Rudo, Herbert B. | 5810 Eastern Avenue, 24 |
| | |
| Sabatino, Louis T. | 8301 Harford Road, 14 |
| Sachs, Raymond | 6 Coral Drive, North, Lexington Park |
| Santoni, David A. | 3520 E. Lombard Street, 24 |
| Santoni, Henry A. | 4301 Belair Road, 6 |
| Sappe, Milton J. | 1184 Washington Blvd., 30 |
| Sapperstein, Jacob H. | Cockeysville |
| Sarubin, Milton | 97 Main Street, Ellicott City |
| Savage, Walter T. | 5 Main Street, Berlin |
| Schapiro, Abraham | 4601 Park Heights Avenue, 15 |
| Schapiro, Oscar M. | 3905 Mortimer Avenue, 15 |

- Schapiro, Samuel.....7025 Brookville Road, Chevy Chase
 Scheinker, William H.....442 E. North Avenue, 2
 Schenker, Norman L.....2801 Guilford Avenue, 18
 Schenker, Philip.....2801 Guilford Avenue, 18
 Schmidt, George M.....107 E. Main Street, Elkton
 Schnaper, Morton J.....6900 Arlington Road, Bethesda 14
 Schrader, Harry L.....347 S. Smallwood Street, 23
 Schualter, Harry B.....920 Washington Blvd., 30
 Schumer, Jack.....1200 Pennsylvania Avenue, 17
 Schuster, John N.....3701 Belair Road, 13
 Schwartz, Nathan.....Route No. 1, Box 752, Edgewater
 Schwartz, Theodore.....1561 N. Fulton Avenue, 17
 Schwatka, W. Herman, Jr.....600 Sussex Road, Towson, 4
 Sears, Edward D.....Kingsville
 Sechuk, William W.....5814 Belair Road, 6
 Seidman, Henry G.....7201 Harford Road, 14
 Sellers, Harry H.....607 Maryland Avenue, Cumberland
 Serpick, Jacob.....St. Paul & 21st Streets, 18
 Shank, Earl E., Jr.....W. Main Street, Emmitsburg
 Shaw, Frank M.....147 Market Street, Pocomoke City
 Sheetz, Lynn.....14 Long Drive, Cumberland
 Shenker, Morris.....1027 West Way, Glen Burnie
 Shields, Arthur P.....6410 Frederick Avenue, Catonsville 28
 Shochet, Irving.....3401 Dundalk Avenue, 22
 Shulman, Emanuel.....2334 Iverson Street, Washington 21, D.C.
 Shure, Irvin.....8100 Liberty Road, 7
 Silberg, Harvey G.....1800 E. Monument Street, 5
 Silbert, Andrew W.....41 Lloyd Street, 2
 Silverman, Albert M.....3325 E. Baltimore Street, 25
 Singer, George D.....4717 Eastern Avenue, 24
 Singer, Isadore.....300 Main Street, Laurel
 Small, Irvin.....631 W. Lexington Street, 1
 Smith, Bernard T.....1125 N. Charles Street, 1
 Smith, Rudolph M. J.....108 Main Street, Annapolis
 Smulson, Mrs. Lillian.....299 Willow Spring Road, Dundalk 22
 Snyder, Paul J.....701 Poplar Grove Street, 16
 Sober, Sidney.....921 Patapsco Avenue, 25
 Sollod, Melvin J.....9601 Brunet Avenue, Silver Spring
 Sollod, Sylvan J.....635 E. Fort Avenue, 30
 Solomon, Samuel.....1342 Pennsylvania Avenue, 17
 Solomon, Simon.....1342 Pennsylvania Avenue, 17
 Spano, Arthur N.....Green & Water Streets, Cumberland
 Standiford, Isaac W.....15 Belair Avenue, Aberdeen
 Statter, I. Barry.....449 E. 25th Street, 18
 Statner, Milton.....150 Maple Avenue, West, Vienna, Virginia
 Sterling, Elmer W.....Church Hill
 Stiffman, George J.....2206 Crest Road, 9
 Stiffman, Jerome A.....3502 N. Hilton Road, 15
 Stofberg, Charles.....5658 The Alameda, 12
 Stofberg, Robert.....1401 E. Cold Spring Lane, 12
 Stoler, Myer.....101 N. Ellwood Avenue, 24
 Stotler, Robert P.....1068 National Highway, LaVale
 Sullivan, Fred G.....5802 Baltimore Avenue, Hyattsville
 Sumrall, James C.....Main Street, Cecilton
 Sussman, Hymen J.....3601 Park Heights Avenue, 15
 Sussman, Sidney.....3927 Park Heights Avenue, 15
 Swiss, Frank L.....3001 E. Monument Street, 5
 Taetle, Herman.....4301 Randolph Road, Silver Spring
 Taich, Louis.....601 N. Carey Street, 17
 Teramani, Joseph A.....4901 Frankford Avenue, 6

| | |
|------------------------------|------------------------------------|
| Thompson, J. West..... | 102 Commerce Street, Centreville |
| Tompakov, Sylvan..... | 7004 Reisterstown Road, 15 |
| Tomsko, Robert F..... | 11 N. LaVale Street, LaVale |
| Toronto, Nicholas A..... | 4021 Main Street, Upper Marlboro |
| Tralins, Julius..... | 891 W. Fayette Street, 1 |
| Truitt, James W., Jr..... | 102 N. Main Street, Federalsburg |
| Ulman, Bernard, Sr..... | 314 Light Street, 2 |
| Vodenos, Philip N..... | York Road, Timonium |
| Vojik, Edward C..... | 900 S. Ellwood Avenue, 24 |
| Wagner, Charles H..... | 5500 Harford Road, 14 |
| Wagner, George W..... | 45 Main Street, Westport |
| Wagner, Raphael H..... | 502 W. Cold Spring Lane, 10 |
| Walb, Winfield A..... | 6002 Harford Road, 14 |
| Walker, Carl..... | Indian Head |
| Walman, Morris R..... | 6715 Reisterstown Road, 15 |
| Wannenwetsch, John F..... | 4123 Frederick Avenue, 29 |
| Ward, M. James..... | 4524 Middleton Lane, Bethesda 14 |
| Warfield, H. Nelson..... | 7025 Plymouth Road, Pikesville 8 |
| Waxman, Milton..... | 126 Main Street, Elkton |
| Webster, S. Earl..... | 24 Poplar Street, Cambridge |
| Weiner, David..... | 4032 Falls Road, 11 |
| Weiner, Solomon..... | 5501 Reisterstown Road, 15 |
| Wertheimer, Samuel..... | 29 South Centre Street, Cumberland |
| Wesolowski, Frank J..... | 1717 York Road, Lutherville |
| Whitesell, Reese E..... | 238 N. Market St., Frederick |
| Whittemore, Edwin..... | 801 W. 36th St., 11 |
| Wich, Henry E..... | 1230 N. Stricker St., 17 |
| Wiener, Maurice..... | 3446 Wilkens Ave., 29 |
| Wildes, Edward M., Jr..... | 54 N. Centre St., Cumberland |
| Williams, William O..... | 6305 Sherwood Rd., 12 |
| Winn, Solomon..... | 2540 E. Fayette St., 24 |
| Wirth, Ferdinand F., Jr..... | 307 N. Ellwood Ave., 24 |
| Witzke, Carl H..... | 1201 Linden Ave., 17 |
| Yaffe, Morris R..... | 10101 River Rd., Rockville |
| Yaffe, Stanley J..... | 1504 15th St., Odenton |
| Yankeloff, Louis G..... | 1801 E. Eager St., 5 |
| Yarmosky, Jack..... | 2501 Edmondson Ave., 23 |
| Yevzeroff, Benjamin..... | 3801 Woodhaven Ave., 16 |
| Young, Charles L..... | 109 Main St., Ellicott City |
| Zentz, Milton E..... | 5460 Park Heights Ave., 15 |
| Zervitz, Max M..... | 1300 N. Caroline St., 13 |
| Zerwitz, Irving F..... | 4001 Annapolis Rd., 27 |
| Zerwitz, Sidney..... | 5114 Liberty Heights Ave., 7 |
| Zukerberg, Morris..... | 1301 W. North Ave., 17 |

1960 AFFILIATE MEMBERS

| | |
|----------------------------------|--|
| Allen, James E..... | 411 S. Capitol St., Washington 3, D.C. |
| Appel, Bernard A..... | 7401 Pulaski Highway, 6 |
| Austin, Mrs. Charles S., Jr..... | 6729 York Rd., 12 |
| Baxter, Robert E..... | Dunbrooke, Mountain Rd., Pasadena |
| Bloom, Herman J..... | 5408 Park Heights Ave., 15 |
| Brice, C. Carroll, Jr..... | 110 West St., Annapolis |
| Dripps, S. M..... | 10 St. Michael's Way, 12 |
| Dunning, Charles A..... | 1030 N. Charles St., 1 |
| Eldridge, Mrs. Bertha J..... | 7200 North Point Rd., Sparrows Point |
| Gladden, Clara H..... | Talbottown Shopping Center, Easton |

| | |
|---------------------------|------------------------------------|
| Jordon, L. M. | 60 "M" St., N.E., Washington, D.C. |
| Libov, Irving | 1023 E. Baltimore St., 2 |
| Parks, Isadore J. | 7 E. Lexington St., 2 |
| Parrish, Margaret A. | P. O. 8068, 4 |
| Schuman, Joseph M. | 131 Centerway, Greenbelt |
| Schwartz, Simon | Edgewood |
| Sewell, Joseph N. | 119 S. Howard St., 1 |
| Tuvin, Alfred L. | 4510 N. Charles St., Apt.-D, 10 |
| Wagner, Albert D. | 45 Main St., Westernport |

1960 HONORARY MEMBERS

| | |
|--------------------------|---------------|
| Adams, Walter D. | Forney, Texas |
| Black, Frank L. | Baltimore |
| Byrd, Harry C. | College Park |
| Cole, B. Olive | Baltimore |
| Kantner, Leahmer M. | Baltimore |
| Swain, Robert L. | New York |
| Tydings, Millard E. | Washington |

1960 LIFE MEMBERS

| | |
|-----------------------------|-----------------------------|
| Marmor, Joseph P. | 18 S. Market St., Frederick |
| Strasburger, Melville | 116 W. University Parkway |

1960 ASSOCIATE MEMBERS

| | |
|------------------------------|---|
| Abrahams, Nathan H. | 50 Summit Rd., Elizabeth, N.J. |
| Abrams, Isadore M. | 6613 Amleigh Rd., 9 |
| Abrams, Marvin H. | 2300 Ocala Ave., 15 |
| Alessi, Alfred H. | 3532 Northern Pkwy. 6 |
| Allen, Benjamin F. | 636 W. Lombard St., 1 |
| Appel, William J. | Goose Neck Rd., Royal Oak |
| Applestein, Harry A. | 3920 Fairview Ave., 16 |
| Armstrong, Charles L. | 1207 Culvert Rd., Hampton Village, Towson |
| Aronson, Donald | 3528 Reisterstown Rd., 15 |
| Baikstis, Mrs. Anda | 3-D Glenwood Rd., 21 |
| Barnstein, Fred S. | 3808 Sequoia Ave., 15 |
| Barshack, Irwin S. | 712 Kahn Drive, 8 |
| Bass, Harry | 4224 Pimlico Rd., 15 |
| Becker, Charles | 24 Oaklee Village, 29 |
| Becker, John W. | 3617 Chesterfield Ave., 13 |
| Becker, Stanley L. | 3108 Bancroft Rd., Apt.-E, 15 |
| Behner, Lawrence A. | Blenheim Rd., Phoenix |
| Bell, Frank K. | 504 Fletcher Place, Rockville |
| Berlin, Julius | 3908 Wabash Ave., 15 |
| Berman, Gilbert | 5301 Fairlawn Ave., 15 |
| Billian, Bernard | 3620-A Bowers Ave., 7 |
| Bindok, Edward J. | 3307 Grenton Ave., 14 |
| Block, Jerome | 3433 Ripple Rd., 7 |
| Bowen, Curtis A. | 701 Greenwood Rd., 8 |
| Bowers, Martin R. | 1455 Kirkwood Rd., 7 |
| Braude, Mrs. Monique C. | 207 Regency Circle, Linthicum Heights |
| Brickman, Allen G. | 3502 Tulsa Rd., 7 |
| Brodsky, Emmanuel M. | 3907 Fordleigh Rd., Apt.-6, 15 |
| Buck, Robert L. | 8614 Allenswood Rd., Randallstown |
| Budacz, Frank M. | 1744 Eastern Ave., 31 |

| | |
|----------------------------|--|
| Campbell, Howard R. | 8504 Rayburn Rd., Bethesda 14 |
| Canatella, Michael S. | 3132 "M" St., N.W., Washington 7, D.C. |

- Caplan, Robert M. 3302 Karen Drive, 7
 Carls, Mark D. 201 Rothwell Drive, Lutherville
 Carter, David C. 2017 Kynwyd Rd., Graylyn Crest III,
 Wilmington 3, Dela.
 Carter, Paul M. 26 Coventry Court, Pine Orchard Meadows,
 Ellicott City
 Celler, Max 8216 Larry Place, Chevy Chase, 15
 Churchill, William J. 2104 Suburban Greens Drive, Timonium
 Cohen, Gilbert 241 Lakewood Ave., 24
 Cohen, Morton 3814 Bartwood Rd., 15
 Cohen, Samuel C. 2735 Cylburn Ave., 15
 Cole, S. Charles 3822 Ridgewood Ave., 15
 Colvin, Ralph M. 204 E. Biddle St., 2
 Connelly, Mary W. 6407 Liberty Rd., 7
 Crane, Richard R. 6007 Eurith Ave., 6
 Crystal, Howard 4914 Belle Ave., 7

 Dagney, Edward B. 3718 Kimble Rd., 18
 Dagold, Donald J. 7025 Surrey Drive, 15
 Dalinsky, Charles E. 60 "O" St., N.W., Washington 1, D.C.
 Danziger, David G. 3317 Ken Oak Rd., 15
 Davidov, Arnold 5115 Roland Ave., 10
 Davidson, Saul 3119 Bancroft Rd., 15
 Davis, Mrs. Rebecca H. 2020 Bryant Ave., 17
 Deckelbaum, Max 6506 Baythorn Rd., 9
 DeDominicis, Miss Amelia C. 2217 Eastridge Rd., Timonium
 Demarest, Dudley A. 908 Lynhurst St., 29
 Dembeck, Walter D. 2033 E. 31st St., 18
 Dickstein, Benjamin 6608 Dalton Drive, 7
 Dreyer, Frederick W., Jr. 3503 Oak Court, 7
 Dunbar, Ruth P.O. Box 52, Versailles, Kentucky
 Dyott, William H. 25 Riverside Drive, Winchester, Annapolis

 Edelen, James A. 5115 Frederick Ave., 29
 Edenfield, Charles, Sr. 2806 List Ave., 14
 Edwards, Webster K. 817 Hilltop Drive, Cumberland
 Eisenberg, Edwin 3809 Midheights Rd., 15
 Epstein, Yale 4109 Belvieu Ave., 3rd Floor, 15
 Eskow, A. Bernard 32 S. Hanover St., 1
 Etzler, Edward A. 126 Granville Ave., Annapolis
 Eustice, Russell C., Jr. 526 Guardian Federal Bldg., Silver Spring

 Feit, Leon 3921 Norfolk Ave., 16
 Feldman, Morris 2901 Whitney Ave., 15
 Fleckenstein, P. A. 6109 Tramore Rd., 14
 Folckemmer, C. W. 2011 Northburne Rd., 14
 Foley, William T., Jr. 1 Franklin St., Aberdeen
 Franzoni, F. Royce 3508 N. Abington St., Arlington, Va.
 Freeman, Joseph S. 5906 Fenwick Ave., 12
 Friedenberg, S. Charles 32 S. Hanover St., 1
 Friedlander, S. A. 8005 Atlantic Ave., Margate, New Jersey
 Frieman, Jack 2520 Linden Ave., Apt.-C, 2

 Gaine, Jerome 3505 Tulsa Rd., 7
 Gehring, J. William 5620 Greenspring Ave., 9
 Geser, Alvin N. 6606 Liberty Terrace, 7
 Gilliece, Owen J. 837 Frederick Ave., Catonsville, 28
 Glennan, Harry E. 3102 Action Rd., 14
 Goldberg, Marvin H. 2803 Waldorf Ave., 15
 Goldscheider, Henry H. 2511 Eutaw Place, 17
 Goldstein, Isadore A. 2404 Everton Rd., 15
 Goldstein Samuel W. 2215 Constitution Ave., N.W., Wash. 7, D.C.
 Gould, Clarendon L. 201 Somerset Ave., Cambridge

- Gradman, Lee H. 4003 Bonner Rd., 16
 Gray, William B. 2501 Anders Rd., 14
 Greenberg, Paul R. 5608 Belleville Ave., 7
 Greenberg, Richard E. 5811 Park Heights Ave., 15
 Grothaus, D. Benton, Jr. 520 Dunkirk Rd., 12
- Haase, Charles A. 6110 Marlora Rd., 12
 Hack, Morris B. 7311 Park Heights Ave., Apt.-106, 8
 Hahn, William A. 4915 Briar Clift Rd., 29
 Hanks, Carleton W., Jr. 221 Maryland Ave., Cumberland
 Hansen, Herman F. 203 Preston Court, Apt.-B, 28
 Harrison, Boris M. 32 S. Hanover St., 1
 Haskell, Miss Marian L. 1712 Kurtz Ave., Lutherville
 Havranek, Robert E. 30 E. 25th St., 18
 Heilman, Gerald J. 1615 Cottage Lane, 4
 Heneson, Henry 3021 Chelsea Terrace, 16
 Herman, Ralph 2479 Shirley Ave., 15
 Hershner, John F. 2017 Burnwood Rd., 14
 Hill, B. R. 213 N. Charles St., 1
 Holthaus, Robert W. 501 Baylor Rd., Glen Burnie
 Hutchinson, William J. 2412 Ellis Rd., 14
- Ichniowski, Casimir T. 636 W. Lombard St., 1
 Ichniowski, William 1212 Roundhill Rd., 18
- Jackson, Walter V. 2009 Edmondson Ave., 28
 Jacobs, George 3516 Maryvale Rd., 7
 Jankiewicz, Alfred M. 3110 Moreland Ave., 14
 Jeppi, Samuel P. 200 Witherspoon Rd., 12
 Jones, William B. 2810 Park View Terrace, 14
- Kahler, Mrs. Grace 5805 Edmondson Ave., 28
 Karlin, David 2904 Chokeberry Court, 9
 Karmioli, Stanley B. 2901 Eastern Ave., 24
 Keehner, Raymond 3112 Juneau Place, 14
 Kelly, Robert J. 713 Elizabeth Street, Easton
 Kelly, Thomas J. 1339 Meridene Drive, 12
 Kerr, C. Raymond Easton
 Kexel, Leroy E. 2002 Northbourne Rd., 14
 Kirk, Miss Catherine E. Rising Sun
 Klepfish, Milton A. 3618 Blair Ave., Randallstown
 Klingaman, Claude R. 124 Williams St., Bel Air
 Klotzman, Lt. Col. Robert H. 2816 6th Ave., South,
 Great Falls, Montana
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 Kokoski, Robert J. 1218 Maiden Choice Lane, 29
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| Treasurer | 8 |
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Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

**Monument Square
Cigars**

**Monument Square
Filter Cigars**

For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

THE SCHAFER - PFAFF CIGAR COMPANY

630 S. WOLFE STREET — BALTIMORE



LET'S DO SOME HORN TOOTING OURSELVES!



WHAT'S YOUR GENERIC NAME?

Of course, "pharmacist" is your generic. But . . . who would base his business on that single name alone? Certainly, a customer doesn't deal with just any pharmacist . . . but with "Doc" Smith or Doe's Pharmacy or "the druggist up the street" . . . the individual symbol that stands for reliability. Certainly, reducing all products and all professional people to common denominators eliminates the characteristics that distinguish individual quality. ■ The same applies to individual ethical drugs. The Lederle investment in facilities, research and people has but one purpose—to ensure the production of top-quality, reliable drugs for brand-name identification. This is a professional responsibility well-understood by every pharmacist and physician.

FEATURE COKE WITH FOOD ...

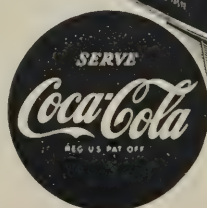


THEY DRINK IT MOST!

HERE'S ONE BEVERAGE THAT'S ALWAYS A MONEY MAKER

Have a **LARGE** Coke

COCA-COLA AND COKE ARE REGISTERED TRADEMARKS



WHEN GIVING A TURN OVER ORDER TO ANYONE
YOU MIGHT JUST AS WELL . . .

SAVE YOUR BREATH!

'CAUSE WHEN YOU SAY . . .

“SEND IT THROUGH MUTH”

YOU'RE DOING JUST THAT . . .

YOU SEE NONE OF OUR COMPETITORS HAVE A NAME
AS SHORT AS OURS

THAT'S—"MUTH"

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

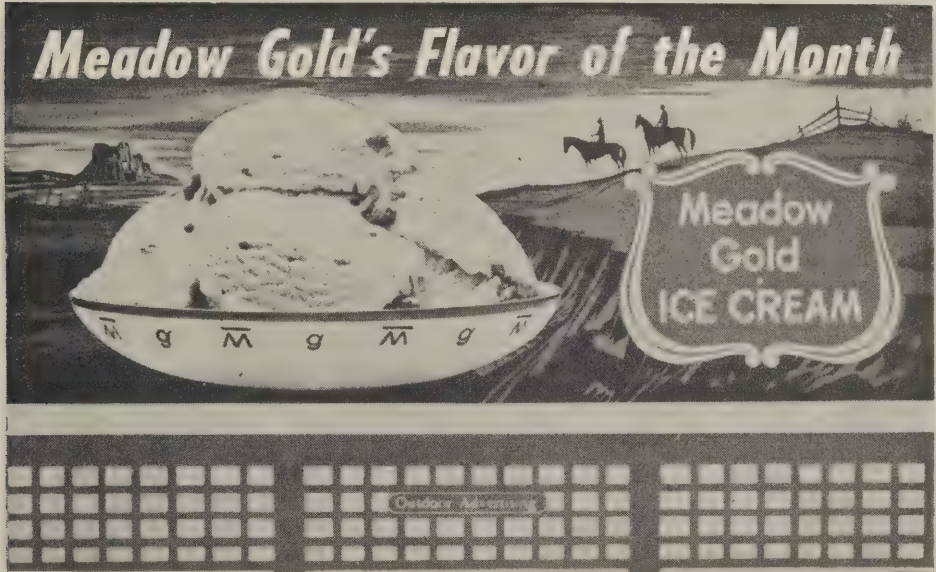
Call or write for a free demonstration:

Stewart In-Fra-Red Commissary

360 SOUTH DUKELAND STREET

BALTIMORE 23, MARYLAND

CEnter 3-9110



Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

50 BILLBOARDS

Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!



Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

**SODA FOUNTAINS & FOOD SERVICE EQUIPMENT
AND SUPPLIES**

TAFT, WARREN & TAFT, Inc.

ESTABLISHED 1909

122-124 South Street • Baltimore 2, Md.

Phone PLaza 2-2207

Exclusive Distributors For

BLACKMAN'S FRUITS & SYRUPS

"America's Finest"

If it's for your Soda Fountain—we have it"

Why Unicap vitamins are mixed under a blanket

Surgeons are not content with merely sterilizing all the equipment in the operating room. They add ultraviolet lamps to sterilize the very *air* in which they work.

In making Unicaps, Upjohn goes even further. They actually *remove* the air — which automatically removes any possibility of air-borne contamination.

This is done by mixing the vitamins under a blanket of carbon dioxide which, being heavier than air, forces all air out of the vats.

And, because some vitamins break down in the presence of air, this removal of air has the added virtue of protecting the *potency* of Unicaps.

This is only one of hundreds of separate safeguards used in the manufacture of Unicaps. And this is another reason why . . .

It pays to



display and push the brand your customers know and trust:

Unicap

TRADEMARK, REG. U. S. PAT. OFF.

Upjohn

THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

Medicine . . . designed for health . . . produced with care

Tell them you saw it in "The Maryland Pharmacist"

WANTED!

What are the services wanted from your Wholesaler?

(Please check)

- _____ 1. Largest inventories in entire trading area?
- _____ 2. Fast Service? Orders filled same day received?
- _____ 3. Liberal Terms? 40 days from start of billing?
- _____ 4. More Lines? Broad coverage in all fields?
- _____ 5. Liberal Cash Discount? 2% PLUS trade discounts?
- _____ 6. Merchandising Counsel? New items, extra profit deals and inventory control?
- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON

**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

DISTRIBUTORS

Baltimore — Hagerstown — Washington

THEY WENT THAT-A-WAY...

Abbotts and Jane Logan DeLuxe Ice Creams travel from freezer to customer as fast as a cowboy draws his shootin'-iron.

If you want your cash register to have a spur-like jingle, jangle, jingle give us a ring at

EDMONDSON 6-4000



ABBOTTS DAIRIES, INC.
45 S. CATHERINE ST.
Baltimore, Md.

Robins

OCTOBER CHECK LIST

Tear out for a handy check of your current stock of these Robins products that are receiving special promotion in your area
THIS MONTH

Robaxisal[®]

Tab. 100's Tab. 500's

Robaxisal-PH[®]

Tab. 100's Tab. 500's

Adabee[®]

Tab. 100's Tab. 500's

Adabee-M[®]

Tab. 100's Tab. 500's

Dimetane[®] Expectorant

16 oz. Gal.

Dimetane[®] Expectorant-DC

16 oz. Gal.

Phenaphen[®]

Cap. 100's Cap. 500's Cap. 1000's

Phenaphen[®] with Codeine

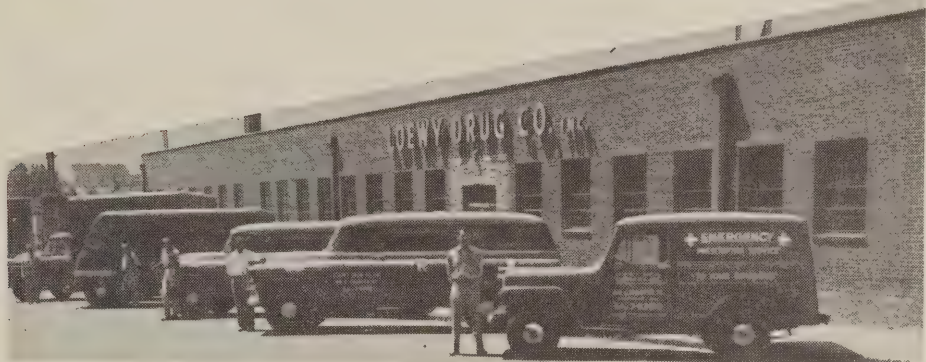
Cap. ¼ gr. 100's Cap. ¼ gr. 500's
 Cap. ½ gr. 100's Cap. ½ gr. 500's
 Cap. 1 gr. 100's Cap. 1 gr. 500's

Why not check your stock of all Robins products at the same time
—and be prepared



A. H. ROBINS CO., INC., RICHMOND 20, VA.

Right In Your Own Back Yard



- **COMPLETE PHARMACEUTICAL DRUG LINE.** Everyday delivery service, new product information cards with up-to-date dispensing information. All ethical drug houses represented.
- **COMPLETE PROPRIETARY DRUG LINE.** Current deal information, price changes, complete warehouse stocks, fast, turnover merchandise.
- **PHARMACISTS SURGICAL SUPPLY.** A complete line of surgical and sickroom items.
- **COMPLETE GIFT COSMETIC AND SUNDRY LINE.** Annual Holiday Gift Show.
- **BUY BOOK:** the most complete up-to-date buying guide available. Buy Book promotions are a planned series of sales events designed to build customer traffic.
- **EMERGENCY PRESCRIPTION SERVICE.** Around-the-clock emergency service for pharmacists in the Metropolitan area.
- **WEEKLY DRUG DIGEST.** The latest summary of sure changes, new products and current deals.
- **TELEPHONE ORDER SERVICE DEPARTMENT.** A fast, daily, efficient, and accurate order service by experienced personnel.
- **LEGIBLE ORDER FORMS.** Easy-to-read, easy-to-check typewritten forms accompany every delivery.
- **BULMAN DESIGN AND MERCHANDISING SERVICE.** World famous store engineering and layout facilities for building, remodeling, merchandising fixtures, profitable layout—inside and out.
- **LOEWY MERCHANDISER.** Regular sales and merchandising help on products and promotions.

LOEWY DRUG CO., INC.

"Professional Service for the Professional Pharmacist"

1120 NORTH CHESTER ST., BALTIMORE 13, MD.

Dickens 2-3610

FOR DRUG FIXTURES THAT SELL DRUGS

BERNHEIM - SIEGEL CORPORATION

401 E. PRICE STREET

PHILADELPHIA 44, PENNSYLVANIA

MODERNIZE
FOR
FULL
PROFIT
POTENTIAL

INFORMATION WITHOUT OBLIGATION

DISTRIBUTED THRU

THE HENRY B. GILPIN COMPANY

BALTIMORE - WASHINGTON - NORFOLK



Fountain Customers Appreciate

Sweetheart SANITARY WRAPPED Straws

Protecting your customers' health is your duty. Sweetheart Sanitary Wrapped Drinking Straws afford this necessary protection and your customers will show their appreciation through increased patronization. No extra charge for your "Personalized" advertising imprinted on wrappers.

*If Your Wholesaler Can't Supply You,
Write or Phone:*

*The
Sign of
"A Thoughtful Store"*

MARYLAND PAPER PRODUCTS COMPANY
1100 South Eutaw Street - - - - Baltimore, Md.

**crowd
pleasers
a la Lance!**



More people prefer and buy tasty Lance snacks than any other brand. And no wonder . . . they're always fresh and there's a wide variety to choose from. Please your crowd. Display Lance.

LANCE
Charlotte,
North Carolina

OREOLE PROVES

your customers, not you,
pay for your air conditioning.

CUSTOMERS CALL OFTENER

stay longer, buy more

BUSINESS INCREASES

up to 40%

EMPLOYEE
efficiency
increases



YOU CAN BE SURE . . . IF IT'S **Westinghouse**
SURE OF MORE BUSINESS—MORE PROFITS

SPECIAL

Winter
prices
and
Special
terms to
druggists.



Always call
Center 3-1000

The
OREOLE
Refrigeration Co.

2308-10 FREDERICK AVE.
BALTIMORE 23, Md.

**Maryland's Largest Independent Photofinishing
Laboratory Equipped to Handle all Kodacolor —
Black and White Photofinishing**

(OUR LAB. TECHNICIANS TRAINED AT ROCHESTER)

24 Hours
Black & White
Service



48 to 72 hours
Kodacolor
Service

PICK UP AND DELIVERY 6 DAYS A WEEK

Finer • Faster • Friendlier and More Profitable

WE CATER TO THE DRUG TRADE

5408 PARK HEIGHTS AVE.

FOrest 7-8385

Because of the continued increase in costs of materials and labor we are forced to increase the cost of "De Luxe Blue Ribbon" and "Tippers" from \$6.20 to \$6.60 per gross.

We are packaging the very finest products available. Made on the newest and most advanced machines in the industry.

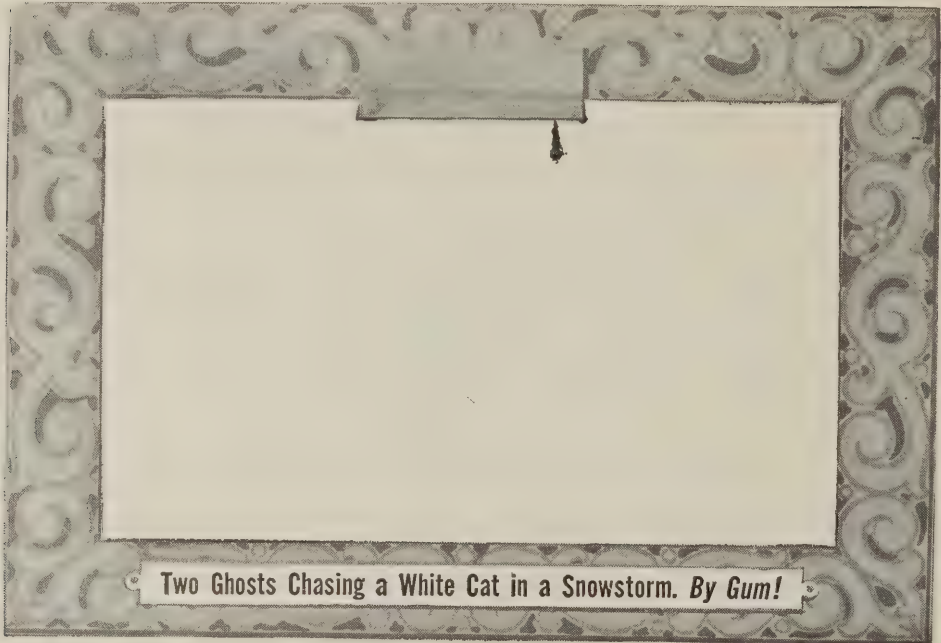
"De Luxe Blue Ribbon" and "Tippers" are now the only **first line exclusively sold in drug stores** brand of prophylactics still retailing for a popular 3/50c and \$1.50 a dozen.

We hope you will appreciate and understand our efforts to give you the most in values and the best in promotions so that you may be competitive beyond reproach and thereby enjoy the greatest possible percentage of sales.

Please ask our salesmen for our current profitable deals.

American Hygienic Company

111 S. Paca Street, Baltimore, 1, Maryland



Drawing a Blank in Ice Cream Sales ?

Sealtest Draws Customers and Profits!

Making your ice cream department pay off is easy! Just stock Sealtest — the most advertised, fastest-selling ice cream in America! Sealtest is a one-man show of special flavors that keeps your customers checking to see what's new and different. And *every* special flavor is introduced with effective advertising at point-of-sale and in national and local media. You don't have to be a genius to make customers happier with Sealtest. But most geniuses *do!* Get the picture? Call your local Sealtest Foods plant for details.



FEATURE THIS
EXCITING
SPECIAL FLAVOR

**SWISS
CHOC-O-NUT**

AT YOUR
FOUNTAIN AND
FOR CARRY-OUT
CUSTOMERS

An Organization of Druggists
For Druggists
By Druggists

Supplying Member Retail Independent Druggists
only.

CALVERT DRUG COMPANY, INC.

901 CURTAIN AVE.

BALTIMORE 18, MD.

HOpkins 7-3609

F. A. DAVIS & SONS, INC.

MERCHANDISE YOUR CIGAR DEPARTMENT
WITH THESE NATIONALLY KNOWN BRANDS

CIGARS

| | | |
|---------------------|----------|---------------|
| Anthony & Cleopatra | Phillies | Roi-Tan |
| LaCorona | Webster | Florida Queen |
| Bering | Optimo | John Ruskin |
| Bock | Royalist | Lord Clinton |

PIPES

| | | |
|-----------|------------|--------|
| Kaywoodie | Yello-Bole | Medico |
|-----------|------------|--------|

LIGHTERS

| | | |
|--------|-------|--------|
| Ronson | Zippo | Rogers |
|--------|-------|--------|

FAMOUS SUNDRY LINES

| | | | |
|-----------|----------|------------|---------|
| Timex | Kodak | Scripto | Amity |
| Telechron | Polaroid | Paper Mate | Thermos |
| Westclox | Sylvania | Parker | Nylons |

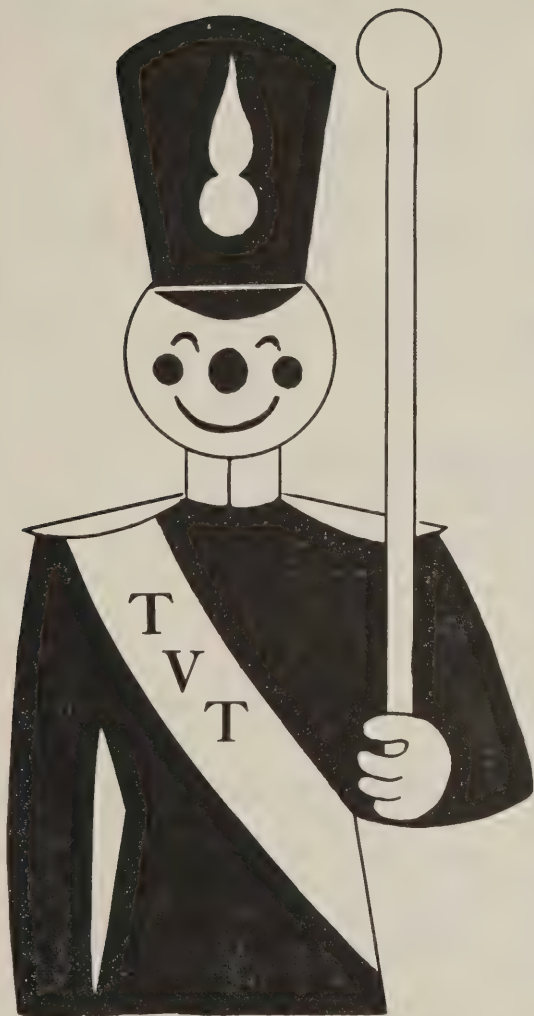
PITT'S Sundae Toppings and Syrups

SCHRAFFT'S CANDY

Ask about our "NEW DAY CIGAR STAND" plan

119 SOUTH HOWARD STREET
Baltimore 1, Maryland

MU lberry 5-8240



**INCREASE YOUR
TOY SALES YEAR
'ROUND AT NO
EXTRA COST**

**BE a
TV-Time
Toy Store**

Tie-in with the most successful toy promotion of all time! this salesproven merchandising program is already doing wonders in hundreds of stores throughout the Baltimore metropolitan area.

You get exciting, eye-catching, point-of-sale pieces . . . your store name on television . . . personal plugs by such stars as Pop Pop, Jack Wells, Royal Parker, Nelson Baker and Buddy Dean!

Plus bonus sales boosters . . . monthly toy give-aways . . . bicycle give-aways . . . fabulous Disneyland trip contest . . . all tied-in with your store.

BOOST PROFITS NOW!

Be a TV-Time store to cash in on extra business.

Becoming a TV-Time store does not cost you one cent extra.

Phone Bob Lewis, TV-Time Supervisor, BR. 6-3695, or EA. 7-1950.

**I. L. TOY COMPANY
1023 EAST BALTIMORE ST.**

Tell them you saw it in "The Maryland Pharmacist"

THANK YOU

Our office would like to thank each and every one of you who were kind enough to take time out to talk to our representatives regarding Maryland Pharmaceutical Group Insurance revisions.

If we can be of any further assistance regarding any insurance matters please always feel free to call.

GREENE & ABRAHAMS CO., INC.

E. A. Rossmann, President

225 E. REDWOOD STREET

Baltimore 2, Maryland

LExington 9-8834



**National advertising helps
you sell more CharmCraft
Cards than ever before!**

- ★ Complete Line
- ★ Scheduled, Personal Service
- ★ Latest Style Cabinets
- ★ Top Dollar Profits

CharmCraft Publishers
OF WASHINGTON

3132 M STREET, N. W., WASHINGTON 7, D. C.
WASHINGTON: FEDERAL 3-1500 BALTIMORE: VERNON 7-4213

The
Burrough Bros.
MANUFACTURING CO.

Quality
Pharmaceuticals
Since 1863

123 MARKET PLACE
BALTIMORE 2, MD



meet
TAKE-ALONG
Hassidy, pardner

This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)

Austin's®
Peanut Butter Sandwiches
Cookies & Snack Varieties



Austin's
Box 1936
Balto. 3, Md.

Tell them you saw it in "The Maryland Pharmacist"

GILT EDGE PHOTO SERVICE
1421 AISQUITTH STREET
BALTIMORE 2, MD
PLAZA 2-3431-32

R

*Photo finishing by
Gilt Edge, once every day
will cure you of your
photofinishing headaches.*

Al Heydemann



**“Over 55 Years Service To
Baltimore Druggists”**

- Trojans
- Guardians
- Lambskins-Wet
- Dr. West's Toothbrushes
- Davol Rubber Goods
- Ace Hard Rubber Combs
- Ajax Hard Rubber Combs
- Devilbiss Atomizers
- Camp Stationery
- Lacross Manicure Implements
- Millers Forge Manicure Implements
- Jones Enamelware
- Gillette, Gem, Razors and Blades
- Schick Blades and Razors
- Eaton High Grade Stationery
- Becton Dickinson Products
- Kotex, Kleenex, Modess, Yes
- Tampax
- Doeskin Products
- Foster Forbes Glassware
- American Thermos Bottles
- Sheiks-Ramses

Miller Drug Sundry Co.
105 W. Redwood Street
Baltimore 1, Maryland

**An Excellent Formula With Longer Profits
Contains: D-Methorphan**



THE NATIONAL PHARMACEUTICAL MFG. CO.
314 LIGHT ST., BALTIMORE 2, MD.

Tell them you saw it in "The Maryland Pharmacist"



a size



to fit



**every
thirst**



STOCK . . . DISPLAY . . . SELL THEM NOW

PEPSI-COLA BOTTLING CO. OF BALTIMORE — LE. 9-7171

Under Appointment from Pepsi-Cola Co., N.Y.

McDOWELL, PYLE & CO., INC.

(Est. 1892)

Exclusive Distributor of



"THE CANDY OF EXCELLENCE"

NATIONALLY ADVERTISED

LExington 9-4987, 9-4988, 9-4989

221-23 W. PRATT ST.

BALTIMORE 1, MD.

**SPOTLIGHT
PRODUCT OF
THE MONTH**

REM

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

Headquarters for

**HOOVEN LETTERS
ROBOTYPED LETTERS
LYKA TYPED LETTERS
MONOCAST LETTERS
PRINTING
PHOTO-OFFSET PRINTING
MULTIGRAPHING
MIMEOGRAPHING
MAILING**

call

**MUlberry 5-3232, 33, 34
SAratoga 7-5172, 73**

D. Stuart Webb
ADVERTISING SERVICES, INC.
306 N. GAY STREET
Baltimore 2, Maryland

*clearly the purest...
clearly the best seller*

EVERFRESH

**CITRATE of
MAGNESIA**

*In the emerald green bottle
customers recognize instantly*

- sparkling "lemonade" taste
- perfectly pasteurized and manufactured under strict supervision and controls
- Your wholesale druggist has Everfresh, the standard citrate for 35 years

350 cc size: list price, \$2.45 per dozen. Minimum retail price, 30¢ each.

This price effective in all New England and Mid-Atlantic states

see the difference in purity see the difference in sales

Everfresh Manufactured by

THE MIFFLIN McCAMBRIDGE CO.

6400 Rhode Island Avenue • Riverdale, Maryland



**SPOTLIGHT
PRODUCT OF
THE MONTH**

Smith Brothers Cough Drops

Featured in all BMPA Stores

WITH

Dial 123 Live Radio



TENACITY

No matter how times change, certain basic business principles remain the same. **Tenacity**...or as our school teachers used to call it, stick-to-it-iveness... is one. Set a goal, they would say, and stick to it! Ignore the pessimists, the fence-straddlers, the mind-changers... just stick to it! Well... we sell Trojans **only** in drugstores. We've been subjected to all kinds of pressures to get us to change our policy... including a 30 million dollar lawsuit. Our answer is still "only in drugstores" and we'll stick to it. **YOUNGS RUBBER CORPORATION**

TROJANS

Sold only in drugstores since 1926



SCHRAFFT'S[®] CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's — recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

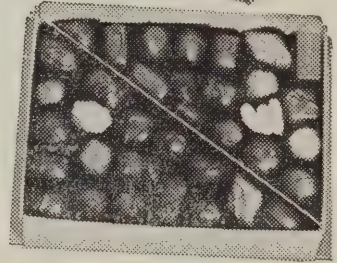
Distributed By

ALLEN, SON & CO., INC.

Phone CEnter 3-1300

25 South Warwick Avenue

Baltimore 23, Md.



WORLD'S FINEST SALTED NUTS



Fresh From Our

Double Kay
NUT SHOP **KK**
DEPARTMENT [®]

The leading drug store owners in your state will tell you the Double Kay Nut Shop is producing more sales and profits than any item in the drug store occupying similar space.

IF — you have a clean, first-class drug store, let us reserve a Nut Shop for you.

THE KELLING NUT CO.

2800 W. Belmont Ave.

Chicago 18, Illinois

NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST GET



MU lberry 5-3800

Alka-Seltzer[®]

BRAND

produces more dollar volume in drugstores than any of these popular items . . .



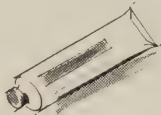
the leading
**NOSE
DROPS**



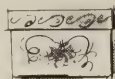
the leading
**HAIR
TONIC**



the leading
**COUGH
DROPS**



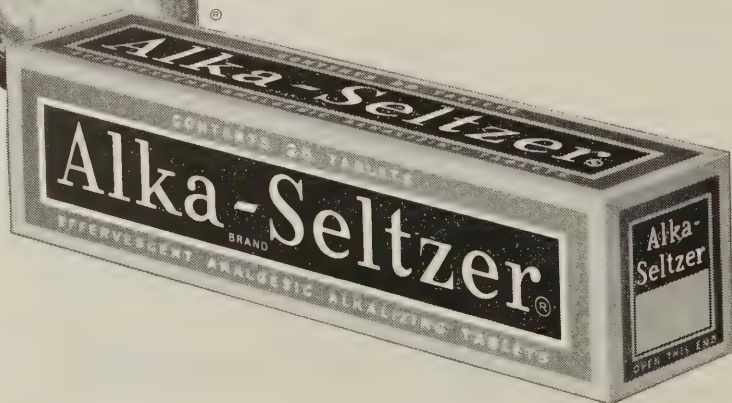
the leading
**SHAVING
CREAM**



the leading
**FACE
POWDER**



the leading
**HAND
LOTION**



Alka-Seltzer[®]

BRAND

deserves top display every day



Alka-Seltzer . . . another quality product of

M MILES PRODUCTS Division of Miles Laboratories, Inc., Elkhart, Indiana
ALSO MAKERS OF BACTINE[®], ONE-A-DAY[®], MULTIPLE VITAMINS, MILES[®] NERVINE

BRAND

79th
ANNUAL CONVENTION
of the
MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with

T.A.M.P.A. and L.A.M.P.A.

will be held at the

SHELburnE HOTEL

ATLANTIC CITY, NEW JERSEY

July 3, 4, 5, 6, 1961

JOIN IN THE PROCEEDINGS OF THE
NEXT ANNUAL MEETING

PLAN YOUR VACATION TO INCLUDE THE CONVENTION
AT ONE OF AMERICA'S MOST POPULAR RESORTS.



Come fall, come winter—Elsie continues enthusiastic about her business. And her business? It's selling MORE ice cream for Borden dealers.

Borden's
ICE CREAM

ORleans 5-0171

*uterine relaxation
with no side effects*

Lutrexin[®]

(H.W.&D. brand of lutetin)

**NEW 3000 UNIT TABLET...
NO INCREASE IN PRICE**

Lutrexin is widely used in the treatment of — dysmenorrhea, premature labor, threatened and habitual abortion.

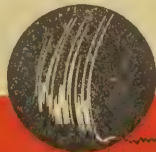
Continued reports from clinical investigators indicate highly successful results with larger doses of Lutrexin.

Process improvement has enabled us to now offer a *3000 unit tablet of Lutrexin at no increase in price.*

Lutrexin Tablets—3000 units—will permit convenient use of larger doses with better therapeutic results at no increased or less cost to the patient.

HYNSON, WESTCOTT & DUNNING, INC.

BALTIMORE 1, MARYLAND



*in vivo measurement of LUTREXIN
on contracting uterine muscle*

Trifles Make Perfection

At Hendlers, even the smallest detail is given the most careful attention, and this is reflected in our ice cream business.

We are ever mindful that trifles make perfection, but perfection is no trifle.



THE MARYLAND PHARMACIST



PRACTICAL • PROGRESSIVE • PROFESSIONAL

VOLUME XXXVI

NOVEMBER, 1960

No. 2

“Season’s Greetings”
All Best Wishes
for a
Merry Christmas
and
A Happy New Year



Published Monthly by the
MARYLAND PHARMACEUTICAL ASSOCIATION

Subscription Price \$2.00 the Year

650 W. Lombard St.

— JOSEPH COHEN, Editor —

Baltimore 1, Md.



At this joyous time of year when good friends like to get together—to exchange warm greetings—we, the people at Noxzema, would like to wish our friends, the druggists of Maryland, an especially

Merry Christmas...
and a *Happy New Year*

NOXZEMA CHEMICAL COMPANY
BALTIMORE 11, MARYLAND



THE CHILLING TALE OF THE PHARMACIST WHOSE ASSETS GOT FROZEN

When the first bargain buy arrived, he made mental calculations and began thinking about Bermuda.

Fifty dozen at \$1.40 each . . . I sell for \$2.75 . . . take out 30 percent for overhead . . . enough left for plane fare . . .

By the time the tenth bargain buy arrived, he was figuring on spending at least two weeks on the French Riviera.

Let's see . . . this year my "buys" will cost me \$25,000, but they'll bring at least \$50,000 at retail. My net will be at least \$10,000. We'll go in January!

But, to his sorrow, most of the bargain merchandise stayed on his shelves, and he spent January wishing he could have a clearance sale like other stores.

Moral:

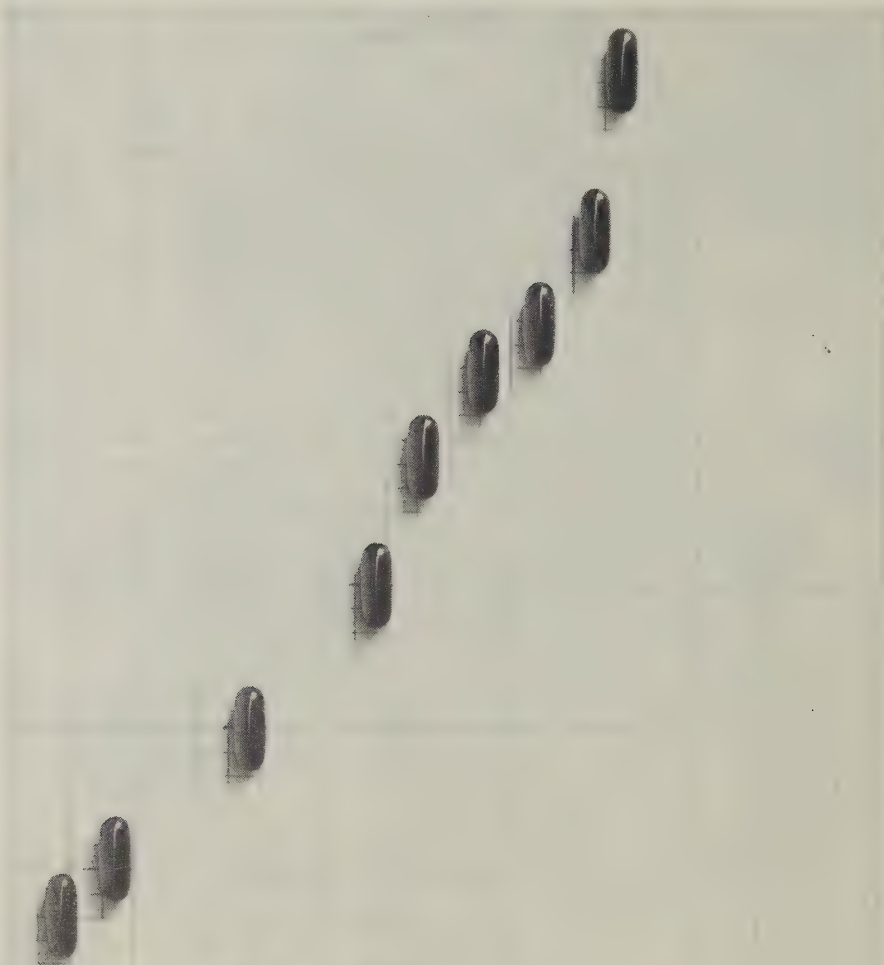
There's no guaranteed profit in stock. Only sales make money. The Lilly policy of distribution protects the pharmacist from oversupplies of slow-moving items. He buys just what he needs from a Lilly service wholesaler.

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The Maryland Pharmacist

MARYLAND PHARMACEUTICAL ASSOCIATION

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Saratoga 7-0746

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NOVEMBER, 1960

No. 2

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... Editorial ...

Season's Greetings

As 1960 draws to a close, it is good to take time out to reflect a little upon the events of the year; how they affected us as individuals and as a profession, and how they will affect our future.

World affairs are in a turmoil. Although received in the United States cordially and with restrained incidents of violence, the head of the Russian government reciprocated with treacherous insults and falsehoods against the President of the United States and the government he represents. Incidents in Japan and South America were certainly not of a friendly nature. The situation in Cuba is far from being pleasant or encouraging. The philosophy of communism is ever present wherever disturbance and revolt develops without apparent indications of lessening or elimination.

These events, no doubt, have had an economic impact on business. This has filtered down to the level of small business on a retail level. Unemployment has increased, spending is off, price-cutting and discount operations have increased—Fair Trade notwithstanding.

Those who wish to protect their investments and survive by assuring a reasonable return, must gird themselves for an all-out fight for a National Fair Trade Act and other legislation; local, state and national, that will protect and strengthen the position of small enterprise. It will take fortitude, it will take courage, it will take individual as well as collective effort, and it will take financial outlay to accomplish business and professional survival. Big business has taken the merger route. What route will small business follow?

Legislative initiative has been taken in Maryland. After a two-year study, a Legislative program will be introduced in the 1961 Legislature by the State Department of Health and the Board of Pharmacy correcting shortcomings in the control and distribution of dangerous drugs. The program has been studied, and subsequently endorsed, by the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association. It should be supported by every pharmacist without hesitation.

Similar efforts are being made on a national level by the American Pharmaceutical Association and the National Association of Retail Druggists, particularly in assuring the proper flow of drugs through established community Pharmacy, that may come under various and sundry welfare programs.

Educationally, the five-year course was established in all Colleges of Pharmacy in the fall of 1960. The University of Maryland reported that 85 pre-Pharmacy students had enrolled at College Park. This is the largest freshman enrollment for many years, which is indeed, encouraging. Those pharmacists interested in the progress of the profession of Pharmacy should assume the responsibility of seeking and encouraging high school students to study Pharmacy.

As we approach the eve of a new year, let us all remember there is work to be done. We must remember that whatever shall be accomplished for Pharmacy will result from organized effort only and not from a "house divided."

We must neither hopelessly brood nor complacently glory in the past. We

Compliments of the Season

We would like to take this opportunity of extending to all our friends and customers greetings and best wishes for a happy holiday season.

We hope that the season brings increased sales and that the effort you expended preparing for it will pay big dividends. We also hope you will be able to rest from your many extra hours of work long enough to enjoy a few hours of good cheer with your families and friends.

Very best wishes to all of you for a Merry Christmas and a Happy New Year.



LOEWY DRUG CO., INC.

1120 NORTH CHESTER ST., BALTIMORE 13, MD.

must set our sights on tomorrow's horizon with renewed vision and vigor if we hope to hold our gains or improve our lot. The eternal struggle for existence knows no resting place.

In government, in politics, in business, and yes, in a profession, we must all have voice. But let us raise our

voices as one in organized unison. Through sincere cooperation, accomplishment is attainable.

During this joyous season of the year, let us all pause for a moment from our labors and problems to reaffirm our faith in God and in our fellowman.


Season's Greetings

D. Stuart Webb Advertising Services

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THE NEW COP WILL MEAN BUSINESS AFTER JANUARY!



Season's Greetings
to our
Members and Friends

Times change . . . The Greeting Never,
Here it is — as good as ever:—

Merry Christmas and Happy New Year

CALVERT DRUG COMPANY, INC.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

As the year draws to a close, it is again time to take inventory. This indicates to us what progress, if any, we have made during the past year.

It might be well for us to take inventory of ourselves and our profession as we do of our business and investments.

- What progress have we made during the past year?
- How much time have we devoted to our profession?
- Is PHARMACY better off today than it was a year ago?
- Have we protected our investments of the past years?
- Are we overstocked in confidence and attitude?
- Are our customers better educated as to what we have to offer them?
- Are we willing to write off as a loss our mistakes of the past and start with new and fresh ideas?
- What are our possibilities for the future?
- Are the many years of hard work that we have invested in our profession to be considered a total loss?

The above questions and many others are yours to answer. If your net figure is on the plus side, then you are on the road to success; however if your net figure is on the minus side, then it might be well for you to re-evaluate your attitude and your contributions of the past. The MARYLAND PHARMACEUTICAL ASSOCIATION is ready to show you how a small investment of dues and a little work can bring you and your profession excellent profits. Try it and see.

I would like to take this opportunity of extending to you and yours, Seasons Greetings and wishing you a very Healthy and Prosperous year.

Pharmaceutically yours,

HAROLD M. GOLDFEDER
President

START THE NEW YEAR RIGHT!
SUPPORT THOSE WHO SUPPORT YOU
PAY 1961 DUES PROMPTLY

**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

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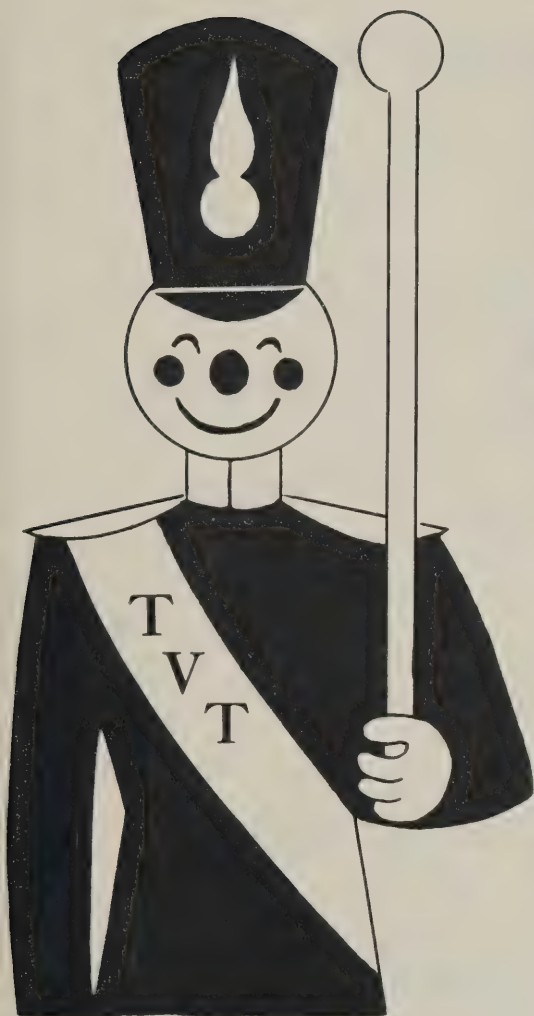
Ever Outgrows the Need for

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TOY SALES YEAR
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**BE a
TV-Time
Toy Store**

Tie-in with the most successful toy promotion of all time! This sales-proven merchandising program is already doing wonders in hundreds of stores throughout the Baltimore metropolitan area.

You get exciting, eye-catching, point-of-sale pieces . . . your store name on television . . . personal plugs by such stars as Pop Pop, Jack Wells, Royal Parker, Nelson Baker and Buddy Dean!

Plus bonus sales boosters . . . monthly toy give-aways . . . bicycle give-aways . . . fabulous Disneyland trip contest . . . all tied-in with your store.

BOOST PROFITS NOW!

Be a TV-Time store to cash in on extra business.
Becoming a TV-Time store does not cost you one cent extra.

Phone Bob Lewis, TV-Time Supervisor, BR. 6-3695, or EA. 7-1950.

**I. L. TOY COMPANY
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... Fair Trade News ...

STERLING DRUG FILES FAIR TRADE ACTIONS AGAINST TWO RETAILERS

Injunctions have been obtained by Sterling Drug Inc. against Dart Drug Corporation and Sav-Mor Drug to restrain these retailers from violating fair trade prices on the products of Sterling's Glenbrook Laboratories Division.

The present complaints, filed in the United States District Court for the District of Maryland, enjoin Dart Drug Corporation and Sav-Mor Drugs from violating the fair trade prices of Bayer Aspirin, Phillips' Milk of Magnesia and other Glenbrook Laboratories' products.

Both Dart Drug and Sav-Mor Drugs operate retail outlets in various cities in Southern Maryland. The defendants are charged with persistently ignoring requests to stop selling Glenbrook Laboratories' products in violation of fair trade prices. In addition to the injunction, Sterling is asking \$25,000 damages in each suit.

FAIR TRADE STICKER NOTICES

| | |
|---|---------------|
| A.S.R. PRODUCTS CO.—Page 1 | |
| Item | F.T.M. |
| 1 pkg. PERSONNA Double Edge Blades 20/1 | .69 |
| BLOCK DRUG—Page 4-B | |
| Poligrip—Economy Size | .98 |
| THE CHATTANOOGA MEDICINE CO.—Page 14-C | |
| Soltice Nose Drops | .69 |
| Soltice Inhalers | .59 |
| CHESEBROUGH-POND'S, INC.— Page 49-A | |
| Skin Fresh—3 oz. | .60 |
| Skin Fresh—6 oz. | \$ 1.00 |

| | |
|---------------------------------------|---------------|
| HOME DENTAL AIDS CO.—Page 36-D | |
| Item | F.T.M. |
| Plate-Weld | \$ 1.98 |

| | |
|--|---------------|
| McKESSON & ROBBINS, INC.— Page 58 | |
| Additions | F.T.M. |
| McKesson 900 Calorie Diet (Chocolate)—8 oz. | \$ 1.29 |
| McKesson 900 Calorie Diet (Vanilla)—8 oz. | 1.29 |
| McKesson Axon Cough Medicine —4 oz. | 1.39 |
| McKesson Axon Cough Medicine —Children—4 oz. | .98 |
| McKesson Axon Cold Tablets—24's | .98 |
| McKesson Axon Cold Tablets—50's | 1.69 |
| McKesson Axon Cold Tablets— Children—24's | .89 |
| McKesson Axon Nasal Spray— 15cc | .98 |
| McKesson Axon Nasal Spray— Children—15cc | .98 |
| McKesson Sleep Tablets—16's.... | .89 |
| McKesson Sleep Tablets—32's.... | 1.69 |
| McKesson Acne-Dri—1 oz. | 1.29 |
| Bacitracin Ointment, Tube—½ oz. | 1.25 |
| Neomycin Sulfate Ointment, Tube—½ oz. | 1.25 |
| Vitamin B2, 5 MG.—100's | .79 |
| Vitamin B2, 10 MG.—100's | 1.29 |
| Vitamin B6, 10 MG.—100's | 2.59 |
| Vitamin B6, 25 MG.—100's | 4.19 |
| Vitamin B6, 50 MG.—100's | 6.69 |
| Vitamin B6, 50 MG.—30's | 2.59 |
| Niacin, 25 MG.—100's | .49 |
| Niacin, 50 MG.—100's | .69 |
| Niacin, 100 MG.—100's | .89 |
| Vitamin B12, 10 Mcg.—100's | 1.89 |
| Vitamin B12, 25 Mcg.—100's | 3.29 |
| Vitamin B12, 50 Mcg.—30's | 1.89 |
| Vitamin B12, 50 Mcg.—100's | 5.29 |
| Vitamin B12, 100 Mcg.—30's | 3.49 |
| Vitamin B12, 100 Mcg.—100's.... | 9.49 |
| Tincture of Merthiolate—½ oz.... | .30 |
| Tincture of Merthiolate—1 oz.... | .47 |

NOXZEMA CHEMICAL CO.—Page 69

| | |
|--|---------------|
| Item | F.T.M. |
| Cover Girl Liquid Makeup..... | \$ 1.50 |
| Cover Girl Pressed Powder (Compact) | 1.50 |
| Will be introduced by Noxzema on 1/1/61. | |

PERSONAL PRODUCTS CORP.
—Page 74

| | |
|-------------------|---------|
| Modess 40's | \$ 1.45 |
|-------------------|---------|

BEST FOODS DIV. OF CORN PRODUCTS CO.—Page 92

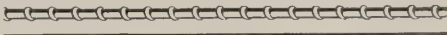
| | |
|--------------------------|-----|
| New All Purpose Rit..... | .35 |
|--------------------------|-----|

E. R. SQUIBB & SONS—Page 94

| | |
|--|-----|
| Saccharin Soluble Tablets Squibb —No. 7855— $\frac{1}{4}$ Gr. 100's | .39 |
| Saccharin Soluble Tablets Squibb —No. 7865— $\frac{1}{2}$ Gr.—100's | .49 |
| Saccharin Soluble Tablets Squibb —No. 7875—1 Gr. 100's | .59 |

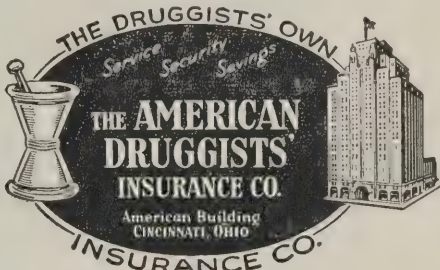
WHITEHALL LABORATORIES
—Page 103-C

| | |
|----------------|-----|
| Lip Gard | .49 |
|----------------|-----|



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301 WEST PRESTON STREET
BALTIMORE 1, MARYLAND

SAFEGUARDING NARCOTIC STOCKS

In recent months there have been many thefts of narcotics reported by retail pharmacists. Pharmacists are urged to read carefully the Bureau of Narcotics Policy and pay particular attention to the last two paragraphs.

The following policy statement was originally issued by the Bureau of Narcotics on March 22, 1950. All retail pharmacists are urged to read it carefully and digest its contents.

The Bureau's regulation regarding the protection of narcotic stocks is found in Section 151.471 of Regulations No. 5 which states "Narcotic drugs and preparations shall at all times be properly safeguarded and securely kept where they will be available for inspection," etc. The exact manner in which the drugs shall be stored is nowhere prescribed by regulation but in all cases emphasis shall be placed on the responsibility of the retailer to see that his narcotics are always "properly safeguarded" and "securely kept."

Narcotic officers are repeatedly asked what constitutes adequate safeguarding. The accumulated experience of these officers based on their investigation of many drug store thefts over a long period of years leads to the almost

unanimous conclusion that the greatest security for a retail narcotic stock is provided by keeping the drugs locked at all times in a strong safe, substantial enough to deter entry and heavy enough to prevent its being carried away. This, therefore, is the first recommendation of the Bureau in all cases.

A chest or safe meeting Underwriters Laboratories' requirements for an X-60 rating is designed to offer protection against attack by tools or explosives for a period of one hour; one with a TR-60 rating protects against tools, torch or explosives, for the same period of time. A safe with any of these ratings, or of equivalent construction, is considered a strong safe.

For small stocks the Bureau has occasionally, though reluctantly, accepted lighter safes with only a T-20 rating. This type of safe is built to resist attack by ordinary burglars' tools only, and only for a period of 20 minutes. While better than no safe at all it offers only a bare minimum of protection. Although sometimes insisted upon as a minimum requirement it is never recommended as adequate and certainly is not adequate for the safekeeping of a narcotic stock of any appreciable size or value.

Any safe weighing less than 750 pounds should be securely anchored in concrete or to the floor or wall to prevent its being carried away. If bolts are used they should be completely imbedded so they cannot be readily reached and cut, sawed or unbolted.

If for any reason a satisfactory safe is not available the druggist should exercise extreme care to purchase only the quantities of narcotics immediately required, keeping his stock at the absolute working minimum. This "working stock" may be distributed and concealed



**BETTER
DAYS ARE
COMING**



**YOU'LL JUMP
WITH JOY
WHEN YOU
HEAR WHAT
MUTH HAS IN
"STORE" FOR YOU**



MUTH

**WHOLESALE DRUGGISTS
23-25 S. Charles Street
BALTIMORE 3, MARYLAND**

**BROTHERS
&
COMPANY**

PLaza 2-0480

throughout the general stock provided care is taken to place the drugs where salesmen, deliverymen or other chance visitors cannot see them and where customers bringing narcotic prescriptions to be filled cannot observe the locations from which the ingredients are assembled. While this method, i.e. distribution and concealment, is preferable to segregation and storage in a single, unprotected place such as a wooden drawer or light metal cabinet, it is nevertheless a poor substitute for adequate protection in a strong safe.

Retailers are therefore urged to:

(1) Provide a strong safe for all narcotic stocks (which can also be used for other valuable property); or, when this cannot be done,

(2) Keep only the absolute minimum working stock, scattered and hidden where it cannot be seen or found without expenditure of considerable time and effort. This method is satisfactory only for very small quantities. Any appreciable stock stored in this manner is regarded as a negligent handling of narcotic drugs.

H. J. ANSLINGER

Commissioner of Narcotics

DRUG STORE CHANGES

New Stores

, Co-op Professional Pharmacy, Robert T. Bonham, Pres., 6873 New Hampshire Ave., Takoma Park.

The Medical Pharmacy of Catonsville, Inc., Charles A. Nitsch, 837 Frederick Ave., Catonsville 28. Changed to Corp. (Formerly: Spittel's Medical Pharmacy, Charles A. Nitsch, Prop.)

Read Drug & Chemical Co., 11917-11919 Reisterstown Rd., Reisterstown.

Peoples Service Drug Stores, Inc., 8101 Barlow Rd., Palmer Park Shopping Center.

Bethesda Drug Company, Inc., T/A Drug Fair No. 51, 13870 Georgia Ave., Silver Spring.

Mrs. Frieda H. Burns, Burns Rexall Pharmacy, 23 Main St., Lonaconing.

Stanley Goden, Plainfield Pharmacy, 7707 German Hill Rd., Dundalk 22.

The Gem Drug Company, Inc., Robert Presler, Pres., Chillum Road at Queens Chapel, West Hyattsville.

Cheverly Drug Company, Inc., Drug Fair No. 61, 6891 George Palmer Highway, Seat Pleasant.

Change of Ownership

Marlyn Pharmacy, Morton B. Scherr, Prop., Formerly: B. A. Krusniewski, Prop., 901 Eastern Ave., Essex, Baltimore 21.

Thompson's Pharmacy, James D. Edwards, 102 South Commerce Ct., Centerville. Formerly: J. Test Thompson.

Myron J. Wright, Wright's Pharmacy, South Main St., North East. (formerly Myron J. & Joseph Wright).

Hancock Pharmacy, Inc., Albert Louis Fauss, Jr., Pres. (formerly William Wallace Malone, 39 West Main St., Hancock.

Israel A. Rosenfeld, Federal Pharmacy (formerly Irving W. Miller) 1601 North Wolfe St., Balto. 13.

Change of Address

Fairway Pharmacy, Inc., Walter Moyer, Pres., 531 Dale Drive, Silver Spring (Formerly 525 Dale Drive, Silver Spring).

Changed to Corporation

Eakles Drug Store, M. Perry Porterfield, Pres., 925 Pennsylvania Ave., Hagerstown.

Closed

Santi V. Lusco, Lusco Pharmacy, 3302 Edgewood St., Balto. 16.

Correction:

The listing of Tomney's Pharmacy, 6420 Bellona Avenue, Baltimore 12, Maryland, James Thomas Tomney and William G. Christmas, partners, as "Out of Business" was in error. The notice was intended to be under the classification of "New Stores".



Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

50 BILLBOARDS

Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!



Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Tell them you saw it in "The Maryland Pharmacist"

School of Pharmacy, University of Maryland, News

PHARMACY SCHOLARSHIPS AWARDED

The University of Maryland School of Pharmacy has awarded the following scholarships to pharmacy students in the Baltimore area:

Read's Drug Stores Foundation Scholarships: Michael T. Benson, sophomore, 1004 Lakemont Road; David A. Blake, sophomore, 645 Orpington Road; Sanford E. Blas, sophomore, 6424 Liberty Road; Mrs. June Eng Lee, senior, 875 Park Avenue; Sydney H. Hamet, junior, 2610 Quantico Avenue; Stephen P. Levin, sophomore, 3912 Strathmore Avenue; Allan S. Pristoop, junior, 6238 Robin Hill Road; Leon D. Shargel, sophomore, 3917 W. Cold Spring Lane; William Tabak, senior, 2804 W. Coldspring Lane; and John W. Wilson, sophomore, 1251 Vogt Avenue.

Carroll Chemical Company Scholarship: Yale H. Caplan, sophomore, 3916 1/2 Ridgewood Avenue.

Noxzema Foundation Scholarship: Harvey D. Reisenweber, senior, 3243 Dudley Avenue.

American Foundation for Pharmaceutical Education Scholarships: Louis Gubinsky, junior, 2934 Edgcombe Circle North; and William J. Heinrich, senior, 7914 Elmhurst Avenue.

Alumni Association, School of Pharmacy Scholarships: Vito Tinelli, Jr., senior, 230 Cleveland Avenue; Kenneth C. Ullman, sophomore, 2507 Keyworth Avenue; and Stuart Winakur sophomore, 3910 Oakford Avenue.

ALUMNI ASSOCIATION, SCHOOL OF PHARMACY, UNIVERSITY OF MARYLAND

By B. Olive Cole,

Chairman of Publications Committee

As early as 1931 annual mid-year parties and dances were provided by the Alumni Association of the School

of Pharmacy of the University of Maryland for the entertainment of all alumni members and students and faculty of the School of Pharmacy.

Since 1947 Annual Fall Frolics have been held, in which the fraternities, sorority and individuals present competitive original skits, for which they receive money prizes for the best productions, and the cup donated by Bernard Cherry is possessed by the group which wins first prize for three consecutive years. The frolics are financed by the Alumni Association of the School of Pharmacy, with the assistance of the wholesale pharmacy groups.

The 1960 Frolic was held on Thursday evening, November 3, 1960 in the Strauss Auditorium, 7401 Park Heights Avenue, Baltimore, Md.

As usual, those in attendance numbered approximately 500—a happy and friendly group, which evidenced great interest and pleasure in the program presented. The program was supervised by Dr. Frank J. Slama, Executive Secretary of the Alumni Association.

First Vice-President, James P. Cragg, Jr. was Master of Ceremonies. President Irving I. Cohen welcomed the guests and awarded the prizes. Dean Noel E. Foss was presented and expressed thanks to the Alumni Association for providing the frolic for the entertainment of students and guests.

The program included skits by the following:

Alpha Zeta Omega Fraternity
Lambda Kappa Sigma Sorority
Phi Delta Chi Fraternity
Phi Sigma Delta Fraternity
Newman Club

and individual acts by:

Ralph Sollod, Pianist; Neal Jacobs, Soloist; The Lombardi's Orchestra and the Monumental Trio of Folk Songs.

WANTED!

What are the services wanted from your Wholesaler?

(Please check)

- _____ 1. Largest inventories in entire trading area?
- _____ 2. Fast Service? Orders filled same day received?
- _____ 3. Liberal Terms? 40 days from start of billing?
- _____ 4. More Lines? Broad coverage in all fields?
- _____ 5. Liberal Cash Discount? 2% PLUS trade discounts?
- _____ 6. Merchandising Counsel? New items, extra profit deals and inventory control?
- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH, INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON

The judges were past presidents Victor H. Morgenroth, H. Nelson Warfield and Francis S. Balassone.

The following captured the prizes with the resounding applause of the students and alumni:

The Newman Club—First cash prize and the possession of the Bernard Cherry Cup, with the additional Cherry Jr. Prize Cup, the latter to be held permanently by the winner.

Phi Delta Chi Fraternity—Second cash prize

Phi Sigma Delta Fraternity—Third cash prize

The Monumental Trio of Folk Songs received the individual cash prize.

Pre-Pharmacy students now at the University of Maryland, College Park, attended the Frolic and were presented by Dean Leavitt of the Baltimore Faculty, who is the Advisor of the group. They were given individual door prizes and received a hearty welcome from the officers and members of the Alumni Association.

Bill Devens Orchestra furnished music between the skits and also for dancing following the program.

Students and alumni are always ready for refreshments and Sam A. Goldstein, Chairman of the Place and Arrangements Committee, with his wife as a ready volunteer, and Irvin E. Epstein as Co-Chairman, served a collation including hot dogs, doughnuts, many extra tid-bits, cider, soft drinks and ice cream donated by the Meadow Gold Ice Cream Company.

Members of the alumni assisted in many ways to make the affair a success—helping serve the food, register the persons with badges as they entered the hall, and in general, seeing that every one was happy. This group included Milton A. Friedman, George Stiffman, Louis Rockman, Solomon

Weiner, John F. Neutze, Robert J. Kokoski, Alexander M. Mayer, Ernest Snellinger, and many others who assisted the officers and committees.

Door prizes were provided by the Calvert Drug Company, Loewy Drug Company, F. A. Davis & Sons, The I. L. Candy Company, Allen & Sons, H. B. Gilpin Co., and others, and were distributed to those holding the lucky numbers on the registration tickets given upon entering the hall. Dr. Frank J. Slama was formally presented with a large boxed gift, to which he responded with appreciation and also thanks to those who willingly cooperated in the affair. Wonder what the box contained!

Many persons who are not regular attendants at Alumni affairs are always found at the Frolics, and include recent graduates and their escorts or ladies, as well as older graduates and their wives. Many of the older graduates have sons or daughters attending the School of Pharmacy. A graduate of the Maryland College of Pharmacy in 1900 and also one who graduated in 1902 were in attendance and one who graduated in 1904. They all had an enjoyable evening.

78.8% OF NARCOTIC ADDICTS LIVE IN FOUR STATES

How big is your narcotics problem? Figures from the Federal Bureau of Narcotics show that 45.8 percent of all narcotic addicts live in the state of New York; 14.2 percent in California; 13.6 percent in Illinois, 5.2 percent in Michigan and 21.2 percent are divided in all other states.

Eighty percent of narcotic addicts live in the following ten cities: New York, Chicago, Los Angeles, Detroit, San Francisco, Washington, D.C., St. Louis, Newark, Houston and New Orleans—N.A.R.D. Journal



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Filmtab® **DAYTEENS**

TRADEMARK

- RICH IN IRON, CALCIUM, VITAMINS—IMPORTANT FACTORS FOR THE GROWTH YEARS
- FILMTAB-COATED TO CUT SIZE AND ASSURE FULL POTENCY
- HANDSOME TABLE BOTTLES AT NO EXTRA COST (100-SIZE)
- ALSO SUPPLIED IN BOTTLES OF 250 AND 1000.

NOW, DAYTEENS JOINS THE COMPLETE LINE OF QUALITY VITAMINS BY ABBOTT:

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DAYALET'S®
Table bottles
of 100
Bottles of 50
and 250

FILMTAB
DAYALET'S-M®
Apothecary
bottles of 100
and 250
Extra-potent
maintenance
formulas—ideal
for the
"nutritionally
run-down"

FILMTAB
OPTILET'S®

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Therapeutic
formulas for more
severe deficien-
cies—illness,
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'SUR-BEX® with C
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formula of
the essential
B-complex plus C,
for convalescence,
stress, post-
surgery, etc.

EACH-DAYTEENS FILMTAB® REPRESENTS:
Vitamin A..... (5000 units) 1.6 mg.
Vitamin D..... (1000 units) 25 mcg.
Thiamine Mononitrate (B₁)..... 2 mg.
Riboflavin (B₂)..... 2 mg.
Nicotinamide..... 20 mg.
Pyridoxine Hydrochloride..... 0.5 mg.
Vitamin B₁₂ (as cobalamin concentrate).... 2 mcg.
Calcium Pantothenate..... 5 mg.
Ascorbic Acid (C)..... 50 mg.
Iron (as sulfate)..... 10 mg.
Copper (as sulfate)..... 0.15 mg.
Iodine (as calcium iodate)..... 0.1 mg.
Manganese (as sulfate)..... 0.05 mg.
Magnesium (as oxide)..... 0.15 mg.
Calcium (as phosphate)..... 250 mg.
Phosphorus (as calcium phosphate)..... 193 mg.

VITAMINS by ABBOTT



. CONTRIBUTIONS .

THE PHARMACY OF BENZOCAINE

By B. F. Allen*

Benzocaine, officially recognized as ethyl aminobenzoate¹, occurs as white crystals or as a white crystalline powder, odorless and stable in air. One of its most significant properties is the low solubility in water, Benzocaine is soluble one gram in about 2500 ml. of water, in 5 ml. of alcohol, 2 ml. of chloroform, in about 4 ml. of ether, and in 30-50 ml. of expressed almond oil or olive oil.

This chemical substance also dissolves in dilute acids and many aliphatic and aromatic glycols. It has been reported that ethyl aminobenzoate is destroyed when boiled with water, but that an oil solution is stable to heat. A water soluble hydrochloride has been prepared, however, it is not used due to its irritating nature.

Benzocaine is said to be soluble in the many Tween surfactants commercially available. Recently, an "ethyl aminobenzoate anesthetic solution" has been proposed consisting only of the drug and Tween 80. Also, it is reported that the drug is very slowly soluble in this Tween, up to a concentration of approximately 20 per cent, producing a light yellow viscous preparation.

Although ethyl aminobenzoate is nearly insoluble in aqueous media, there is sufficient absorption through abraded surfaces and mucous membranes so that it acts almost entirely on the nerve terminals, and it has little effect on the nerve trunk.²

*Associate Professor of Pharmacy, University of Maryland.

¹ Also known by trade name of Anesthesin (Abbott)

² Cocaine, in contrast, is thought to affect the nerve trunk

³ with benzocaine dental topical ointments

A great number of esters of p-aminobenzoic acid have been widely accepted for therapeutic use as analgesics and local anesthetics. Ethyl p-aminobenzoate, in particular, is satisfactory as a local anesthetic because of its low toxicity. It is also reported to be active as a bladder analgesic.

Benzocaine is widely used for the local anesthetic action in the form of dusting powders, ointments, suppositories, solutions, or liquid suspensions for various types of surface pain and itching. Some use is made of it in throat lozenges and in ulcerative conditions of the digestive tract. Often it is used orally to prevent nausea and vomiting with compounds such as aminophylline. Topically it is used in a concentration of 5-20 percent, while orally the dosage is usually 0.2-0.5 grams.

Although benzocaine is listed as a potent local anesthetic, it is generally considered to possess no irritant or sensitizing properties. A few investigators have, however, reported sensitivity and one text has listed it as a cutaneous irritant. Also, another reference indicates a brownish staining of the skin may be produced. Therefore, as in the case of numerous other chemicals applied externally, individual cases of hypersensitivity to benzocaine have been encountered.

In recent years, a great deal of attention has been focused on dental topical anesthetic preparations. Ethyl aminobenzoate is used for application to painful oral lesions or wounds. Many "teething lotions" have been formulated to be rubbed on the baby's gums. Topical anesthetic ointments have been prepared to be used on the denture to relieve sore spots that are produced when the patient begins to wear new dentures, etc.

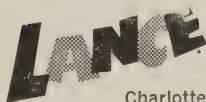
In over 800 patients tested³, varying in age from three years to ninety-

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Let your Lance salesman help. He can stock your displays with enough of the right flavors to keep your customers happy.



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FLAVOR-IZED **FLARE-TOP** ICE CREAM CONES

TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

MARYLAND BAKING COMPANY
1200 South Eutaw Street, Baltimore, Md.



Tell them you saw it in "The Maryland Pharmacist"

five years, not one case of adverse effect was reported by one group of investigators. Another group of researchers noted benzocaine to cause less sensitivity than procaine, nupercaine and butesin picrate. One investigator has stated that it is the safest of the topical anesthetics.

The safety margin of topicals is high as they are not able to enter the blood stream as rapidly as the water soluble anesthetics. Notwithstanding its slight solubility in water, ethyl aminobenzoate is capable of passing through mucous membrane sufficiently to lessen sensation. It has been reported that a dusting powder containing 5 per cent of ethyl aminobenzoate caused complete loss of sensation when applied to the gums of human subjects.

Benzocaine is capable of absorbing those light rays in the ultraviolet region, responsible for producing sunburn; therefore, incorporation of this chemical substance (2 per cent or more) into lotions or creams makes possible the protection against undue exposure to the summer sun. In other words, benzocaine is considered to be an efficient chemical sun-screen agent.

Recently, a widely publicized advertisement has referred to benzocaine as that wonder-working miracle ingredient which instantly stops agonies of sunburn, kitchen burns and other minor burns. Also, that it is unexcelled for insect bites, itching, and for all "skin pain" summer and winter for the whole family.

Many aftershave preparations contain some menthol or a menthol-like compound for its cooling effect. When high concentrations are used (above 0.1 per cent), menthol has an undesirable rubefacient effect and its odor becomes overpowering, causing difficulty in perfuming the product. Very low concentrations of menthol can be potentiated in action by the addition of a small

amount (between 0.025-0.05 per cent) of a surface anesthetic such as benzocaine. This combination is highly effective but must be used with care because it can produce an uncomfortable feeling of numbness about the lips.

A great number¹¹ of depilatories⁴ which are used to remove superfluous hair from various parts of the human body often contain benzocaine to produce local anesthesia, thus minimizing the pain. Ethyl aminobenzoate often appears as an ingredient in the anesthetic plucking creams and oils which are used during the operation for the beautification and production of long narrow eyebrows, etc.

Recently, a general statement has been made that local anesthetics cause more deaths than most commonly used drugs. The greatest danger comes when the pain-killers are applied directly to mucous membranes and bruised or cut skin. For then the drugs are absorbed quickly, as though they had been rapidly injected into the bloodstream.

Test results indicated more hazard when the pain-killers were applied directly to the painful area than when they were injected under the skin or introduced very slowly into a vein.

When used on open sores or wounds, the drugs were quickly absorbed in preparations mixed with water. In oily ointments, these very useful drugs were absorbed very slowly.

The investigators recommended that the drugs be used in the minimum amounts and in the most diluted solutions that still would overcome pain. They suggested the total dose be divided into parts, with each part given at time intervals, since it takes time for the drugs to become effective.

By custom the suffix "caine" is appended to the names of compounds to indicate that they are local anesthetics. These compounds, as a rule, have a molecular configuration consisting of an aromatic or alicyclic nucleus (lipophilic portion) separated from an

⁴epilating wax and powder type

Why Unicap vitamins are mixed under a blanket

Surgeons are not content with merely sterilizing all the equipment in the operating room. They add ultraviolet lamps to sterilize the very *air* in which they work.

In making Unicaps, Upjohn goes even further. They actually *remove* the air — which automatically removes any possibility of air-borne contamination.

This is done by mixing the vitamins under a blanket of carbon dioxide which, being heavier than air, forces all air out of the vats.

And, because some vitamins break down in the presence of air, this removal of air has the added virtue of protecting the *potency* of Unicaps.

This is only one of hundreds of separate safeguards used in the manufacture of Unicaps. And this is another reason why . . .

It pays to



display and push the brand your customers know and trust:

Unicap

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Upjohn

THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

Medicine . . . designed for health . . . produced with care

Tell them you saw it in "The Maryland Pharmacist"

amino group (hydrophilic portion) by a pivot of several carbon atoms. This molecular configuration is not essential for local anesthetic action, since many compounds that have this molecular configuration are devoid of local anesthetic activity. Furthermore, it is not mandatory that the suffix "caine" be used to designate compounds with local anesthetic activity.

Recently, a tendency has been noted in literature and advertisements with reference to this or that local anesthetic as "not a caine type" drug. The inference is that the "caine type" designation makes a drug a specific type and that substances in this category are invariably deleterious, particularly from the standpoint of systemic toxicity and allergenic properties. Whether or not a drug is a "caine" or a "non-caine" is merely a matter of nomenclature, and nomenclature obviously is no criterion of a drug's toxicity or allergenic properties. "Sensitization" may occur from nearly all kinds of drugs. Certainly, this quality is not peculiar to local anesthetics or to those local anesthetics whose names end in "caine."

Benzocaine is currently available in special bases that release medication for immediate and long-lasting anesthetic action which is effective for toothache, teething pains and denture irritation.

Many manufacturers of lozenges state that the soothing effect of the analgesic, benzocaine, make their troches useful for the temporary relief of minor sore throats and mouth irritations.

A liquid topical anesthetic consisting primarily of benzocaine is used to anesthetize the urethra in urological procedures.

In cases of soft-tissue rheumatism and arthritic disorders a product composed of the esters of nicotinic, salicylic and p-aminobenzoic acids is re-

garded as an indispensable adjuvant to treatment. It is stated that these esters readily pass the skin barrier in therapeutic quantities, and so enable an effective concentration of drugs to be built up where they are needed. This particular combination is said to be non-irritant and can be safely used on delicate skins.

Orally, ethyl aminobenzoate has been combined with many other ingredients for prophylaxis and treatment of nausea and vomiting and motion sickness associated with traveling, radiation sickness, G.I. disturbances, etc.

A few selected useful formulations containing benzocaine are listed below:

Ear Drops

| | |
|--------------------|-----------|
| Ethylaminobenzoate | 0.15 Gm. |
| Antipyrine | 0.70 Gm. |
| Glycerin, q.s. | 15.00 ml. |

Benzocaine Suppositories

| | |
|--------------------------|-----|
| Ethylaminobenzoate | 5% |
| Polyethylene glycol 6000 | 47% |
| Polyethylene glycol 1540 | 33% |
| Polyethylene glycol 400 | 15% |

Insect Bite Lotion

| | |
|-----------------------|-------|
| Menthol | 0.2 |
| Oxyquinoline sulfate | 0.9 |
| Ethylaminobenzoate | 1.0 |
| Sodium carbonate | 2.5 |
| Glycerin | 10.0 |
| Alcohol | 37.4 |
| Distilled water, q.s. | 100.0 |

Benzocaine Suspension

| | |
|--------------------|--------|
| Ethylaminobenzoate | 5 Gm. |
| Stearyl alcohol | 3 Gm. |
| Glycerin | 10 Gm. |
| Triethanolamine | 3 Gm. |
| Stearic acid | 1 Gm. |
| Distilled water | 78 Gm. |

Anesthetic Plucking Cream

| | |
|--------------------|-----|
| Ethylaminobenzoate | 1. |
| Cold cream base | 99. |

Topical Liquid Analgesic

| | |
|-----------------------|------------|
| Ethylaminobenzoate | 10.00 Gm. |
| Alcohol | 74.00 ml. |
| Cinnamon oil | 0.25 ml. |
| Amaranth solution | 0.25 ml. |
| Distilled water, q.s. | 100.00 ml. |

⁵ in the form of ethyl aminobenzoate

Dental Lotion

| | | |
|--------------------|-------|----------|
| Ethylaminobenzoate | | 20. Gm. |
| Lotion base, q.s. | | 100. ml. |

The lotion base required in this preparation consists of:

| | | |
|--|-------|------------|
| Glycerylmonostearate, non-emulsifying | | 5.30 Gm. |
| Glycerin | | 2.00 Gm. |
| Sodium lauryl sulfate | | 0.75 Gm. |
| Methylparaben | | 0.15 Gm. |
| Distilled water, q.s. | | 100.00 Gm. |

Verification of the wide acceptance of benzocaine is noted by its use in the many drug, cosmetic, and dental preparations available commercially. The following is a list of some of the products which are on the market.

ACHROMYCIN EAR SOLUTION

AMERICAINE (liq, oint, aerosol)

AMEROTOL (liq)

AMINET (suppos)

AMPEBEN (suppos)

ANATOID (suppos)

ANESTHONE (oint)

BANAUSEA (tab)

BENZODENT (oint)

BENZODERM (oint)

BENZOPHYLLINE (suppos)

BISCAINE (suppos)

BRADOSOL (loz)

CANDETTES (loz)

C-B-U (oint)

CETACAINE (aerosol)

CEPACOL ANTIBIOTIC (loz)

CZO-BENZOCAINE (lot)

DAINITE (tab)

DAINITE W/KI (tab)

DAPTREN (tab)

DERMAGEL CREME

DERMATHYN (oint)

DERMESTHETIC (oint)

DERMEZE

DOCTIENT (suppos)

DUO-AQUA-DRIN (loz)

EMECAINE

EPHEQUIN (suppos)

FONATE (suppos)

FOOT MAGIC (oint)

GALLOCAINE (suppos)

GENTIAN "E.V." SUPPRETTES

GER-O-FOAM (aerosol)

HEXATHRICIN AEROPAK

HEXATHRICIN OTIC (liq, aeropak)

HIBITAINE (loz)

HYDROBALM (lot, oint)

INTRACEL (lot)

ISODETTES (loz)

ISOTOGEN (liq)

IVOTOX (lot)

MARLOCK (suppos)

MEZO (oint)

NEO-T-CAIN (loz)

NUTAL (suppos)

ORADENT (jel)

ORA-JEL

OSMOPAK (gel)

OTAMYLOX (liq)

PARABEN (liq)

PEMZOLES (loz)

PENTAZETS (loz)

PERFAITH (suppos)

PILOIN (oint)

PROCTALME (oint)

PYROJEL W/TYROTHRIN

(emul)

RECTAL MEDICONE-HC (suppos)

RESICAINE (suppos)

RHITIC (loz)

RHULIFOAM (aerosol)

RHULISPRAY

RHUSTICON (lot)

SITABS (tab)

SOBAPHYLLINE (suppos)

SOLARCAINE (liq)

SUPERCITIN (loz)

TERRAMYCIN OTIC SOLUTION

TETRABIOTIC (oint)

TETRAZETS (loz)

THERMAGEL (emul)

T.K.O. W/ENTRIN (roll-on)

TOPICAL ANESTHETIC (liq)

TOPOCAINE (aerosol)

TOPOCIDE (liq)

TRANSVASIN (oint)

TRESANOIDS (suppos)

TRICIDIN (oint)

TROKETTETS (loz)

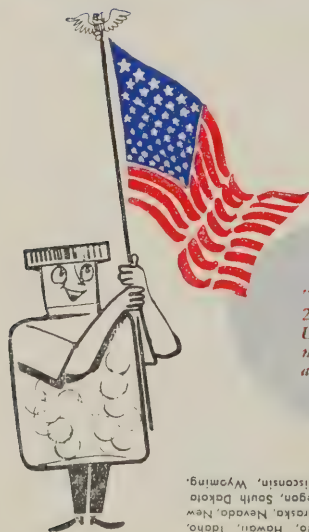
TYMPAGESTIC W-T (liq)

TYOTOCIN (liq)

TYROHOID (suppos)

UROLOCAINE (liq)

ZIRCAL (oint)



STILL 22

TO

"HENRY B." says:

"Bet you can't name those 22 states that joined the Union after 1845! Turn me on my head for the answers."

Alaska, Arizona, Colorado, California, Colorado, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, West Virginia, Wisconsin, Wyoming.

The

45 WHEN

HENRY B. GILPIN COMPANY

FOUNDED

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ADMITTED.

Only 28 stars appeared on the U. S. flag when the Henry B. Gilpin Company first began service to the apothecary in 1845. Over these many years, Gilpin has built a reputation of the highest standing through the expert and efficient servicing of its customers.

In addition to the Company's traditional attentive and personalized service, customers benefit from Gilpin's up-to-the-minute methods and modern facilities, among which are:

- Remington-Rand Univac Electronic Invoices.
- Store Modernization and Equipment Department.
- Trained Salesmen — Specialists in Inventory Controls Merchandising Modern Business Methods
- Specialized Pharmaceutical Service

—all to insure the pharmacist of the fastest, the most efficient service possible!

H. B. **GILPIN** Company

THE PROGRESSIVE FORCE IN MASS DRUG DISTRIBUTION

- DOVER
- NORFOLK
- WASHINGTON

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MARYLAND PHARMACIST COMMITTEE

Wilson Spilker, Chairman
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Volume 19

NOVEMBER, 1960

No. 2

TAMPA LUNCHEON

The first regular T.A.M.P.A. luncheon following the installation of officers was held Saturday, October 8 at the "House of Welsh," Guilford Ave. and Saratoga Street.

President Dick Crane presided over a well attended meeting before giving in to television and the World Series. Al Callahan, luncheon chairman, received the approval of the members present for the well planned luncheon which included a choice of menu even to the selection of rare, medium or well done. Al indicated that we might try several more places before settling down to a regular spot.

HONORARY MEMBERS ELECTED

By a unanimous vote of the members present Lee Wright and Lou Levy were made honorary members of T.A.M.P.A. Both of these men, now retired, have been honored because of their devotion to T.A.M.P.A. and their active participation in its affairs over many years.

John Cornmesser has announced that the Emory G. Helm Memorial Fund has climber to \$429.30. Saturdays 50-50 drawing went to Ken Mills who

then won one of the several prizes donated for the luncheon.

TAMPA LADIES NIGHT

T.A.M.P.A.'s annual ladies affair was held on Saturday, November 12th, at Brentwood Inn, Dundalk. A good crowd of 118 turned out to make the evening one of T.A.M.P.A.'s finest.

A number of our good druggist friends and their wives joined us for an evening of real pleasure. Cocktails and dinner were followed by light entertainment and gifts for the ladies. Brentwood Inn treated us well and delighted the ladies with a smorgasbord that was out of this world. Everyone took a tour through the Brentwood Wine Cellar and tasted a little wine for added pleasure. Our thanks goes to Joe Muth and his committee for making this one a real successful affair.

NEWS ITEMS

Mr. & Mrs. Louis M. Rockman have announced the engagement of their son, Lt. Howard Rockman and Phyllis Krieger of Baltimore.

Mr. & Mrs. Phil Muth, Jr. are talking about the recent arrival of a baby girl. Congratulations!

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"America's Finest"

If it's for your Soda Fountain—we have it"

THEY WENT THAT-A-WAY...

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If you want your cash register to have a spur-like jingle, jangle, jingle give us a ring at

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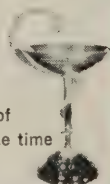
Robins

NOVEMBER CHECK LIST

Tear out for a handy check of your current stock of these Robins products that are receiving special promotion in your area THIS MONTH

- NaClex**[®] **NEW**
antihypertensive-
diuretic
 Tab. 100's Tab. 500's
- Dimetane**[®] **Expectorant**
 16 oz. Gal.
- Dimetane**[®] **Expectorant-DC**
 16 oz. Gal.
- Phenaphen**[®]
 Cap. 100's Cap. 500's Cap. 1000's
- Phenaphen**[®] **with Codeine**
 Cap. ¼ gr. 100's Cap. ¼ gr. 500's
 Cap. ¼ gr. 100's Cap. ½ gr. 500's
 Cap. 1 gr. 100's Cap. 1 gr. 500's
- Allbee**[®] **with C**
 Cap. 100's Cap. 500's Cap. 1000's
- Adabee**[®]
 Tab. 100's Tab. 500's
- Adabee**[®]-**M**
 Tab. 100's Tab. 500's

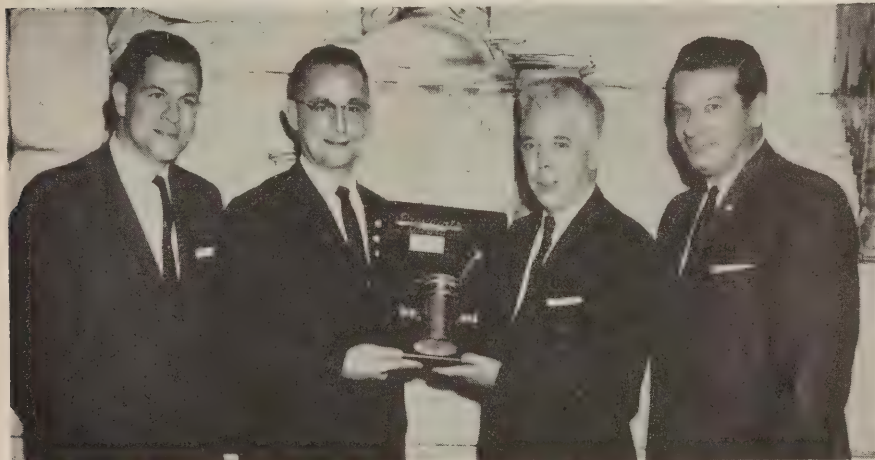
Why not check your stock of all Robins products at the same time — and be prepared



A. H. ROBINS CO., INC., RICHMOND 20, VA.

-: NEWS ITEMS :-

GORDON MOUAT RECEIVES AWARD



Gordon Mouat (second from right), past president of the Maryland State Pharmaceutical Association, is shown as he accepted the Squibb "President's Award" at the Fall Regional Meeting of the Association.

This award, symbolic of outstanding performance as president of a state pharmaceutical association, was presented to Gordon Mouat by Bill Garrity (second from left), Squibb's Philadelphia regional sales manager, as Jerry Bringenberg (extreme left), Squibb divisional sales manager, and Ells Sinners (extreme right), Squibb representative, look on.

RESOLUTION APPROVED BY THE N.A.R.D. CONVENTION PROTESTING THE UNFAIR AND DISCRIMINATORY PRACTICES OF DISTRIBUTION

WHEREAS, various manufacturers of drugs and pharmaceuticals apparently condone policies and methods of distribution which are unfair and discriminatory, and

WHEREAS, practices of promiscuous sampling, the offering of additional stock packages, hidden discounts of any kind, and other subterfuges used in obtaining orders, and

WHEREAS, these practices have been called to the attention of manufacturers by individuals and/or their representative bodies, now therefore

BE IT RESOLVED, that the National Conference of State Pharmaceutical Association Secretaries, and the Metropolitan Drug Association Secretaries go on record jointly, protesting these unfair and discriminatory practices and methods of distribution, and

BE IT FURTHER RESOLVED, that the National Association of Retail Druggists in convention assembled, this 27th day of October 1960 adopt this resolution now and a firm policy opposing these practices and methods, and

BE IT FURTHER RESOLVED, that this resolution be adequately publicized to all concerned, including manufacturers, the pharmaceutical press, and local, metropolitan and state pharmaceutical associations and journals.

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarly wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

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CAREERS IN PHARMACY MEETING

"Careers in Pharmacy" was the subject of a speech by Dr. W. Paul Briggs, secretary and executive director of the American Foundation for Pharmaceutical Education, at a dinner meeting for high school principals and counselors of the greater Baltimore area on November 9, at the Baltimore Union of the University of Maryland.

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, and W. Jackson Stenger, of the Office of Admissions, outlined requirements for admission to the pharmacy school.

The Alumni Association of the pharmacy school, the Baltimore Metropolitan Pharmaceutical Association, and the Maryland Pharmaceutical Association were hosts at the dinner meeting. Their guests were principals and guidance counselors of all public schools in Baltimore City and County and Anne Arundel, Carroll, Harford, and Howard Counties. The meeting was well attended and drew favorable comment.

Also in attendance were: Vice President Kuhn of the University of Maryland; Mrs. Marjorie Coghill, Special Assistant, Division of Communications, American Pharmaceutical Association; the heads of the pharmacy school departments, and the Alumni Association Scholarship Committee.

The committee in charge of arrangements were: Dean Noel E. Foss, Joseph Cohen, and H. Nelson Warfield.



Speakers at Careers in Pharmacy Program for Guidance Counselors and Principals of public high schools of Baltimore City and Anne Arundel, Baltimore, Carroll, Harford and Howard Counties. Left to right—Dr. W. Paul Briggs, Secretary and Executive Director, American Foundation for Pharmaceutical Education; Dr. Albin O. Kuhn, Executive Vice President, University of Maryland; Mr. W. Jackson Stenger, Chief Evaluator, Office of the Director of Admissions and Registrations, University of Maryland; Mrs. Marjorie M. Coghill, Special Assistant, Division of Communications, American Pharmaceutical Association; Dr. Noel E. Foss, Dean, University of Maryland, School of Pharmacy.



Principals and Guidance Counselors of public high schools of Baltimore City and Anne Arundel, Baltimore, Carroll, Harford and Howard Counties who attended the dinner and program sponsored by the Alumni Association of the University of Maryland School of Pharmacy, Baltimore Metropolitan Pharmaceutical Association, and Maryland Pharmaceutical Association, at the Baltimore Union Building on Wednesday, November 9, 1960.

PHARMACY HELPED TO GET OUT VOTE

Under the auspices of the Trade Relations Committee of the Maryland Pharmaceutical Association headed by Aaron M. Libowitz, Voting Bulletin Boards were distributed to drug stores requesting them. This material was made available by Rexall without charge or obligation. The Bulletin Board was free of advertising. Several hundred were distributed in the greater Baltimore area alone.

The Trade Relations Committee supplied voting information regarding registration, polling locations, etc.

Lloyd N. Richardson, Bel Air pharmacist, received recognition in the Bel Air Aegis for his window display and other participation in the voting program.

Such projects make for good public relations on the community level besides providing a public service.

LOEWY TO DISTRIBUTE REFERENCE SERVICE

The franchise for distribution of pharmIndex, periodical reference sys-

tem covering new pharmaceuticals, has been obtained by Loewy Drug Co., Inc., says Mr. Philip Levin, Loewy Drug Co., Inc., president.

The pharmIndex service, which has been published twice monthly by Skyline Publishers, of Portland, Ore., provides complete data on all new ethical pharmaceuticals and features a cumulative index of all products marketed within the preceding 12 months. Each product, it is noted, is listed according to its therapeutic uses, chemical components, manufacturer and trade name. Thus, the average product is indexed eight times, with some items being listed as many as 15 times.

Loewy Drug Co., Inc., Mr. Levin says, "likes the idea of representing pharmIndex, because it fits perfectly into the policies of our firm. We have always believed that quality of products and quality of service are the twin keys to good business."

During 1959, the reference service reported, 208 industry manufacturers marketed a total of 564 new ethical products, "a total far surpassing all previous reporting systems and industry estimates."

PRESIDENT'S MESSAGE
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

I would like to use this means to inform you of our Association activity since my last message in the Maryland Pharmacist.

The Drug Show held at the Emerson Hotel in September was not as successful as previous Shows. There was a lack of support and enthusiasm by both the exhibitors and the visitors to the Show. We feel this was due to business conditions generally. We hope conditions will be better in 1961. Plans are already being formulated for the 1961 Show—the 9th consecutive Show of the Association. Its success will depend on coordinated enthusiastic effort of all concerned.

The Squibb meeting in October and the American Express Company meeting in November were outstanding successes, thanks to the members of the Association and both Squibb and American Express. You should attend the monthly meetings and get the **right messages for better business.**

The Annual Meeting and Election of officers of the Association will be held at the Kelly Building on December 15th. Every member should attend this particular meeting to see how the Association ticks.

For the first time, a Installation Dinner Meeting will be held on January 12, 1961 to recognize the work of the outgoing officers and executive committee and install the new officers and executive committee. This will be a treat for members only. Watch your mail announcing exact time and place.

While the Christmas Season usually means overtime and hard work to the average pharmacist, it should symbolize a lot more. It represents his contribution to the good will and happiness of his patrons.

During the holiday season, we are all subjected to increased business stress and strain. It is at this time the pharmacist should make an extra effort to smile a little more and project a pleasing personality reflecting the spirit of the season. I hope you will adopt such a spirit and that it will remain with you throughout the new year.

To each of you and yours, I extend best wishes for a Merry Christmas and a Happy New Year.

Sincerely,

GREGORY W. A. LEYKO,
President

**GILPIN ANNOUNCES INVENTORY
CONTROL BOOK**

A complete Inventory Control Book for the use of the retail pharmacist customers of The Henry B. Gilpin Company has been announced by Warren C. Allen, manager of the Gilpin Market Research Department.

The Inventory Control System has been designed to increase profits through inventory control, higher merchandise turnover, and utilization of available quantity discounts. The system also insures increased gross margins, lower cost of handling, and release of capital that is invested in un-

A Special Flavor

FRENCH NOUGAT

Creamy smooth vanilla ice cream sparkles with jewel-bright bits of ruby-red and emerald-green pineapple. For extra color and flavor excitement, there's a generous sprinkling of chopped almonds and vari-colored miniature marshmallows.



Always good taste...

- Quality Flavors
- Decorated Slices
- Novelties
- Ice Cream Molds

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Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

• **Monument Square
Cigars**

• **Monument Square
Filter Cigars**

For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

THE SCHAFFER - PFAFF CIGAR COMPANY

630 S. WOLFE STREET — BALTIMORE

needed inventory to purchase more adequate stock of profitable fast-sellers for extra dollars in sales and increased net profit.

This Inventory Control System is available to the pharmacists through the Gilpin salesmen. The pharmacist can fashion the system to his own store by selecting from one to thirty manufacturers' lines, which will then be assembled in a Control Book for the individual store participating.

SOMETHING NEW HAS BEEN ADDED IN THE SOFT DRINK FIELD!

Pepsi-Cola and Suburban Club will be available in no-deposit, no-return glass bottles beginning next week, it was announced today by Mr. Abraham Lapides, local president of the soft drink firm.

In making this announcement, Mr. Lapides emphasized that while the soft

drinks have new no-return containers, they contain the same formulas which Pepsi-Cola and Suburban Club consumers have enjoyed over the years. The new no-deposit, no-return bottle will have special appeal to the convenience-minded consumer. Once emptied, the bottle can be thrown away as any other no-deposit glass container.

For the economy-minded consumer, Pepsi-Cola and Suburban Club soft drinks will still be available in returnable bottles.

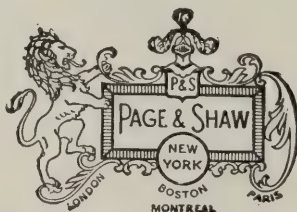
The introduction of these convenient new packages by Pepsi-Cola and Suburban Club in this market, climax more than six years of research on the part of this manufacturer working closely with major glass producers. The new no-return units will be available in half-quarts, packed four to a light-weight, easy-to-carry carton.

This new package is another manifestation of Pepsi-Cola and Suburban Club's setting the pace in the soft drink industry throughout the world.

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"THE CANDY OF EXCELLENCE"

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BALTIMORE 1, MD.

NOW!
PEPSI
NO-DEPOSIT
NO-RETURN
HALF-QUARTS!



Enjoy This Smart New Addition To The Pepsi Line Same light, refreshing Pepsi-Cola—convenient new way to buy! Now in addition to popular 12-oz. size and the big family size, here's Pepsi in no-deposit, no-return half-quart bottles. The handy 4-bottle carton makes shopping easier, too! So now choose Pepsi in the 12-ounce, 28-ounce or new disposable half-quart size—and buy an extra carton!

4 HALF QUARTS **45¢** (UN-ICED)
AT THE STORE



Pepsi is also available in cartons of six 12-oz. bottles and the large family size.

THESE BEVERAGES ARE AVAILABLE ONLY IN THE AREAS SERVED BY PEPSI-COLA BOTTLING CO. OF Baltimore and Annapolis

**MARYLAND DELEGATION LEAVING FRIENDSHIP
FOR N.A.R.D. CONVENTION**



From left: John E. Wason, Baltimore District Manager, American Express Company who planned the trip; Mr. and Mrs. David Newman; Mr. and Mrs. Morris Lindenbaum; Mr. and Mrs. Joseph Cohen; Mr. and Mrs. Milton Zentz; Mr. and Mrs. A. G. Leatherman; Mrs. Sadie Wagner and Mrs. Dorothy Austin. Those not shown who joined the delegation in Denver are: Mr. and Mrs. Sam A. Goldstein; Mr. and Mrs. Louis Davidov and Mr. and Mrs. David I. Estrin.

**HAWAII PHARMACISTS ENTERTAIN
MARYLAND DELEGATION**

A group of Maryland pharmacists and their wives were entertained at the regular quarterly Dinner Meeting of the Hawaii Pharmaceutical Association and the Hawaii Retail Druggists Association at the Hawaiian Village Hotel, Honolulu on October 29th.

President Warren Jung, of the Hawaii Pharmaceutical Association and President William K. Haina, Jr., of the Hawaii Retail Druggists Association presided over the meeting with Mr. Jung as Master of Ceremonies. 125 were in attendance besides the Maryland group. An illustrated lecture was given by Dr. Bernard Yim on heart diseases, which included open heart surgery, congenital heart conditions, and causes and prevention of circulatory heart conditions. Dr. Yim's talk

was both interesting and informative.

The dinner served was an authentic Chinese seven-course dinner including chop sticks, which was followed by Chinese musical entertainment.

Leis were presented to all members of the visiting group consisting of: Mr. & Mrs. Milton Zentz, Mr. & Mrs. Louis Davidov, Mr. & Mrs. Joseph Cohen, Mrs. Charles S. Austin, Mrs. Manuel B. Wagner, and Mr. & Mrs. A. G. Leatherman of Baltimore; Mr. & Mrs. David Newman, Havre de Grace; Mr. & Mrs. Morris Lindenbaum, Reisters-town; Mr. & Mrs. David I. Estrin, president of District Wholesale Drug Corporation, Washington, D.C. were also present.

The Maryland group visited Hawaii after attending the N.A.R.D. Convention in Denver to study drug conditions in the sister state of Hawaii.

SUBURBAN CLUB

ORANGE • GRAPE • ROOT BEER • PALE DRY GINGER ALE • GOLDEN GINGER ALE • BUBBLES CLUB SODA

S NOW ALSO AVAILABLE

IN THE NEW

NO DEPOSIT — NO RETURN

GLASS BOTTLES

4 HALF QUARTS IN THE EASY-TO-CARRY CARTON

4 HALF
QUARTS
FOR
45¢
(UN-ICED)
AT THE STORE



Suburban Club

Fine Drinks

also available in

- large family size
- 10-oz. single drink size
- 7-oz. split size

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your customers, not you,
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CUSTOMERS CALL OFTENER

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YOU CAN BE SURE . . . IF IT'S **Westinghouse**
SURE OF MORE BUSINESS—MORE PROFITS

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THANK YOU

Our office would like to thank each and every one of you who were kind enough to take time out to talk to our representatives regarding Maryland Pharmaceutical Group Insurance revisions.

If we can be of any further assistance regarding any insurance matters please always feel free to call.

GREENE & ABRAHAMS CO., INC.

E. A. Rossmann, President

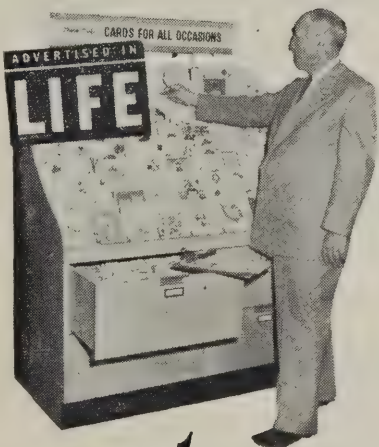
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National advertising helps you sell more CharmCraft Cards than ever before!

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WASHINGTON: FEDERAL 3-1500 BALTIMORE: VERNON 7-4213

RESIDENT PHARMACIST AT UNIVERSITY HOSPITAL

The first resident in hospital pharmacy at University Hospital, University of Maryland, started his specialized training in October. He is Ronald Block, a graduate of George Washington University.

The new residency program was established not only to improve service to patients but to help fill the need throughout the country for pharmacists specially trained for the exacting needs of hospitals.

During the academic year residents will divide their time between graduate study and training under experienced hospital pharmacists. Both theoretical and practical aspects of pharmaceutical activities will thus be explored, and the resident will become acquainted with recent developments in the fields of pharmacy and medicine.

The specialized instruction in pharmacy administration as applied to hospitals will include emphasis on the role of the hospital in a changing society and the broad aspects and problems of medical care administration.

AMERICAN EXPRESS HONORS FOUR BALTIMORE PHARMACISTS

A highlight of the November meeting of the Baltimore Metropolitan Pharmaceutical Association was the presentation of four handsome plaques to four outstanding Baltimore pharmacists.

The plaques—first of their kind to be bestowed by the world-wide financial and travel organization—were in recognition of the more than 25 years each of the pharmacists had served as sub-agents for American Express Money Orders.

Receiving the plaques at appropriate ceremonies were Frank L. Swiss of Swiss Pharmacy; Charles Rossberg Jr., of Rossberg's Pharmacy; J. J. Rosenberg of Economy Drug Store and Sam-

uel Block of Block's Pharmacy, all of Baltimore.

All four men had interesting anecdotes to relate about their long experience with American Express Money Orders. Dr. Swiss recalled the day in 1944—a day or two before Income Tax deadline—when he and his wife and another assistant wrote up about \$34,000 in money orders. "The line was way out in the street, and we didn't get much else done that day," Dr. Swiss said.

Dr. Rossberg, a real veteran (more than 50 years in the business) now 76 years old, says people have confidence in what he recommends "and I recommend American Express to them because it is a company that inspires confidence."

Dr. Rosenberg, in the same location for 21 years, remembered that a recent \$500 Money Order was the largest he had registered in more than 40 years

**SPOTLIGHT
PRODUCT OF
THE MONTH**

Phillip Morris Commanders

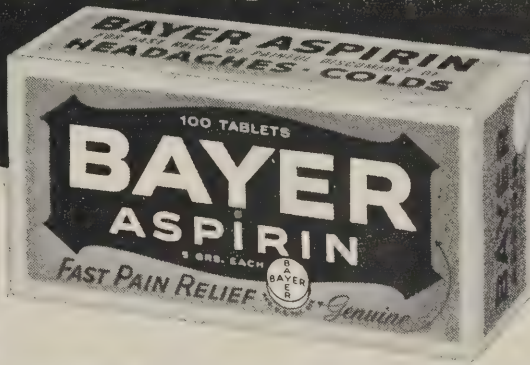
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WITH

Dial 123 Live Radio

MR. DRUGGIST:

THE No. 1 DRUG TURNOVER ITEM



RATES YOUR

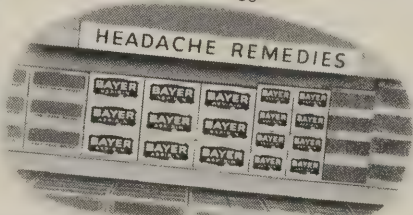
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The New, Unique
**BAYER
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FACINGS THAT THE NO. 1 ITEM DESERVES
On Self-Service Shelves



→ This Display, No. 120 D-1 available through our representative or write:

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Div. of Sterling Drug Inc.
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*More Packages Sold Than Any Other Drug Product

of business. "The company speaks for itself. It's completely reliable. You know they'll back you up if a customer has a complaint," he said.

Dr. Block declared that in recent months people have come in and asked him specifically what kind of money orders he sold. When he told them American Express, they said "O.K." "I guess that is the best prestige you can have," he said.

Participating in the program, which also included the preview showing of "Center of Attention", new Money Order film, were D. F. Bushnell, American Express Vice President; John E. Wason, Manager, American Express, Baltimore, and William R. Hill, Money Order Sales Manager, Baltimore. The company also provided three "samples" of their Money Orders as door prizes.

READS WIN TOP PRIZE IN READER'S DIGEST NATION-WIDE "HANDBOOK OF FIRST AID" DISPLAY CONTEST

Twenty-eight retail drug stores were named winners of prizes totaling \$1,050 in a "Handbook of First Aid" display contest sponsored by Reader's Digest.

First prize of \$250 was awarded to Read's Drug Store, Howard and Lexington Streets, Baltimore. One of the Twenty-five honor awards of \$25 was won by Tennant's Professional Pharmacy, bringing two winners to Baltimore in the contest.

Participation in the contest was encouraged by the Trade Relations Committee of the Maryland Pharmaceutical Association. The committee distributed contest material in conjunction with the Maryland News Company of Baltimore.

SCHRAFFT'S[®]

CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's —recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

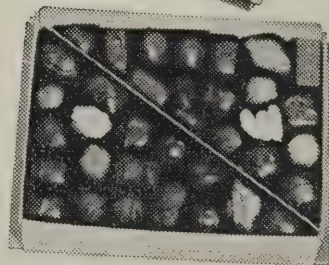
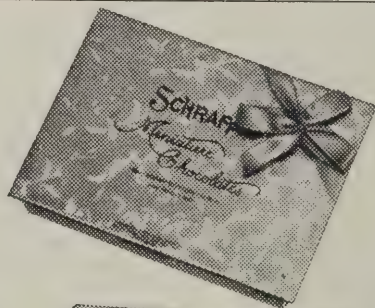
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Delicious Austin varieties
 just naturally go-with
 all fountain drinks . . .
 to increase your unit sale.
 Boosts your volume, too,
 because Austin quality
 means faster turnover,
 repeat business, more profit!

Austin's®

Peanut Butter Sandwiches
 Cookies & Snack Varieties



Austin's
 Box 1936
 Balto, 3, Md.

SQUIBB NAMES BALTIMORE SALES MANAGER

John G. Bringenberg has been appointed Manager of E. R. Squibb's Baltimore sales division it is announced by George S. Squibb, Director of Sales for the firm.

A native of Baltimore, Bringenberg worked as an advertising salesman for a publisher, served in the U.S. Marine Corps during World War II and was a laboratory tester for a steel company before entering the School of Pharmacy at the University of Maryland. After receiving his B.S. degree in 1953 he became a registered pharmacist in Baltimore until he joined Squibb in early 1955.

His assignments with Squibb include work as a full line representative, hospital representative and clinical research associate.

Help Fight TB



Use Christmas Seals

CHANCES ARE YOU KNOW SOMEONE WHO HAS TUBERCULOSIS!

We say this because Maryland's TB case and death rates are among the highest in the nation according to a recent report from the United States Public Health Service. Baltimore was actually listed first among the nation's big cities in its TB case and death rates.

Yes, you very well could know someone who has TB. This could be a relative, neighbor, close friend or casual acquaintance. In any case, though, TB can cause the same troubles for all these people. Apart from physical illness or even death, TB can cause separation of the family, extended hos-

RESINOL Formula for relief of itching now, also comes in a GREASELESS BASE

NOW, by popular demand there is RESINOL GREASELESS. Base is new, but it's the same famous remedy for itching of eczema, pimples, diaper rash, chafing, chapping, minor rectal discomfort. Greaseless, stainless, washable, and packaged in a handy tube. Almost flesh color—can be used freely. Hides skin blotches as it soothes.

Stock, push, sell Resinol Greaseless. Your customers will appreciate the benefits of this fine new product. Alert your clerks to Resinol Greaseless, place it on your "want list" today. Retailers for \$.75 and at full list price, your minimum profit will be 33 1/3%. Regular Resinol Ointment, packaged in the white opal jar, contains lanolin. It is suggested specially for dry skin.

Order both from your wholesaler

RESINOL CHEMICAL COMPANY
Baltimore 1, Maryland

pitalization, loss of job and income plus a multitude of other severe personal problems.

With this in mind, your tuberculosis association reminds you that its annual Christmas Seal Campaign makes possible valuable services for TB patients, their families and you.

When you use Christmas Seals, you are giving your support to chest X-ray and other casefinding programs, medical and social research projects conducted locally, personal services to hospitalized TB patients, grants to official health departments, hospitals, medical schools and individuals for TB projects or studies, educational programs for school children, TB control workers and the public and medical social work services.

Every Christmas Seal you use enables these activities to continue and to grow.

Please use Christmas Seals on all your mail and packages.

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Gilt Edge, once every day
will cure you of your
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Al Heydemann



**“Over 55 Years Service To
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- Trojans
- Guardians
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- Dr. West's Toothbrushes
- Davol Rubber Goods
- Ace Hard Rubber Combs
- Ajax Hard Rubber Combs
- Devilbiss Atomizers
- Camp Stationery
- Lacross Manicure Implements
- Millers Forge Manicure Implements
- Jones Enamelware
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Miller Drug Sundry Co.
105 W. Redwood Street
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**An Excellent Formula With Longer Profits
Contains: D-Methorphan**



THE NATIONAL PHARMACEUTICAL MFG. CO.
314 LIGHT ST., BALTIMORE 2, MD.

Tell them you saw it in "The Maryland Pharmacist"

DEPARTMENT PUBLISHES GUIDE TO HEALTH INFORMATION

A guide book to free and inexpensive health information materials has been published by the Maryland State Department of Health.

Dr. Perry F. Prather, Director, said that the project was undertaken in view of the increasing number of requests being directed to the Department from individuals desiring information about specific health subjects and films, pamphlets, or other materials that could be used by groups.

The comprehensive 175-page copy-right publication is entitled, "A Guide Book Describing Pamphlets, Posters, Films on Health and Disease." It should be useful, Dr. Prather said, to students, teachers, parents, librarians, program chairmen of community groups, medical and safety personnel in business and industry, physicians, nurses and dentists, and virtually any individual who wants to know where to obtain materials on a particular subject.

The Guide Book lists 1440 printed items and 244 films and filmstrips dealing with the various health subjects of interest to the general public. For each item listed there is a brief description, a suggested audience level, publication date, source, and cost, if any.

Arranged in easy-to-use dictionary form, the topics covered range from accidents to x-rays. Under the direction of the Department's Health Education Office, the indexing of the material was done by Carl G. Reitenbach, professor of health education at Towson State Teachers College.

The selection of the annotated material was based on:

Technical accuracy of subject matter

A treatment of the subject matter which is consistent with current expert opinion

Absence of commercial bias

Cost—if any, less than one dollar

Availability to the individual

All of the films and filmstrips described in the book are available on loan free of charge from the State Health Department to anyone in Maryland.

Users of the Guide Book will be kept up to date with periodic supplements issued by the Department.

The cost of the publication is one dollar a copy which includes the periodic supplements. Quantity rates will be quoted upon request. Inquiries should be addressed to:

Health Education Services
Maryland State Dept. of Health
301 West Preston Street
Baltimore 1, Maryland

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PRODUCT OF
THE MONTH**

Wrigleys Chewing Gum

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

**DRUG MARKET TRENDS TRACED
THROUGH JUNE, 1960, IN
NIELSON'S LATEST REVIEW**

Chicago—U.S. annual drug and proprietary store sales passed the \$7 billion mark in 1959 and continued strong with a year-ago gain of 6.8% in the first half of 1960. Sales went up 38% from 1955 to the end of 1959. Trends like these are reported in the 26th Annual Nielsen Review of Retail Drug and Proprietary Store Trends, a brochure issued yearly since 1934 by A. C. Nielsen Company, worldwide marketing research organization.

Among other developments reviewed, independent drug and proprietary stores in 1959 showed a sales gain of 6.6% over 1958, and the chain drug organizations made an unusually large increase of 13.4%. During the first half of 1960 versus the same period, 1959, the increase for independents was 6.1% and chains, 9.5%.

Stores in every section of the country share substantially in the sales gains of 1959. The best showing, a gain of 10.8%, was observed in the East Central area. The Middle Atlantic, Metropolitan Chicago and the Pacific area stores also topped the U.S. average.

However, a lack of uniformity in area sales increases during the first half of 1960 was found in both the chain and independent groups. In three areas, the Pacific, the Southeast and the Middle Atlantic, chain store gains were high. In five other areas, chain sales continued good, but volume declined in the New England chain stores.

The steady trend toward an increasingly larger share of total independent store sales for the top volume group continued through the first half of 1960. These stores held 33.4% of sales in 1954, and in five years increased their share to 42.2%. The trend shows no signs of tapering off, with a sales

share of 43.5% for the larger units registered in the first half of 1960.

The combined sales of 15 major health and beauty aid lines in 1959 accounted for about 10% of all drug store business. Sectionally, these 15 commodities contributed \$143 of each \$1,000 of total drug store sales in Metropolitan New York and were also above the U.S. average in the Middle Atlantic and Metropolitan Chicago areas.

Since 1955, the number of prescriptions has grown steadily, totaling 36% more in 1959. Increases by areas during this period were substantial in every case, with a growth varying from as much as 51% in the Pacific region to as low as 20% in the East Central states.

Sales of a selected group of major over-the-counter multiple vitamin brands increased 19% nationally in drug stores from 1956 to 1959. Sectionally, the eastern areas, particularly Metropolitan New York, showed less expansion than the country as a whole, with the Pacific area also below average. Sales of multiple vitamins in the West Central area, Metropolitan Chicago and the two southern territories, however, were well above the average.

In 1959, average U.S. income per family or household was \$6,379. Of this sum, \$137 was spent in drug and proprietary stores, taking 2.1% of household income. Broken down by Territories, the highest household incomes were reported in the two metropolitan areas, New York and Chicago with the highest share of income going to drug stores in the Southwest (2.6%). The largest amount per family spent in drug stores occurred in Metropolitan Chicago, followed by New England, the Pacific region and the Southwest.

Dollar volumes of drug and proprietary stores have averaged close to an 8% gain each year since 1950. If a very conservative annual increase of 5% can be anticipated during the

1960's, by 1970 retail drug and proprietary stores can expect an annual volume pushing close to the \$12 billion mark.

Copies of the 26th Annual Nielsen Review of Retail Drug and Proprietary Store Trends are available, no charge, from Industry Relations, Retail Index Division, A. C. Nielsen Company, 2101 Howard Street, Chicago 45, Illinois.

**In sorrow the thoughts of your
friends blends with yours.**

SAMUEL SCHAPIRO

It is with sorrow we report the passing of Samuel Schapiro at the age of 52 after a lingering illness. Mr. Schapiro died on October 20, 1960.

Mr. Schapiro graduated from the School of Pharmacy, University of Maryland in 1929. He conducted the Brookville Pharmacy in Chevy Chase, Maryland. He was a member of the Maryland Pharmaceutical Association and took an active interest in matters regarding Pharmacy.

We extend our condolences to his family.

WILLIAM ROTKOVITZ

We regret to announce the death of William Rotkovitz on October 24, 1960, at the age of 47, after a long illness.

Mr. Rotkovitz was a graduate of the University of Maryland School of Pharmacy. He conducted a pharmacy at Monroe and Mosher Streets in Baltimore. He was a member of both the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association.

We extend our sympathy to the members of his family.

CHRISTMAS BUSINESS GIFTS PROPER PRACTICE WIDE POPULARITY REPORTED BY BGAC

Christmas business gifts, which by "guilt-by-association" tactics have been linked with payola and bribes, are proper practice, reports a folder issued by the Business Goodwill Advisory Council, the non-profit research and information organization of the specialty advertising industry.

Citing a recently published legal opinion by the New York law firm of Dewey, Ballantine, Bushby, Palmer & Wood, the folder emphasizes that there is a distinctive difference between legitimate Christmas business gifts, on the one hand, and unsavory practices such as bribes, kickbacks, secret commissions and the like, on the other hand. As far as Christmas presents are concerned, the legal document reads: "It is difficult to see any reasonable likelihood that even the largest gifts involved here, such as clocks, cameras, and the like, would influence a top management executive to favor the donor of the gift at the expense of the Corporation."

"The gifts, in addition to being small, appears to be part of a widespread pattern of Christmas giving," the legal document continues, "It further states, "The Agency Restatement points out that even where gifts are received in connection with the principal's business, the duty to account for them may be negated by usage or custom.*** A custom as universal as the distribution of business gifts at Christmas makes this rule applicable here."

In addition, the Business Goodwill Advisory Council notes that businessmen should have little trouble to distinguish what constitutes a legitimate business gift if they adopt the BGAC "golden rule for business gift giving": a legitimate business gift is modest in

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"De Luxe Blue Ribbon" and "Tippers" are now the only **first line exclusively sold in drug stores** brand of prophylactics still retailing for a popular 3/50c and \$1.50 a dozen.

We hope you will appreciate and understand our efforts to give you the most in values and the best in promotions so that you may be competitive beyond reproach and thereby enjoy the greatest possible percentage of sales.

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value and is given in appreciation, not in anticipation.

Noting that leading newspapers and trade publications this year has reported that the volume of business gift giving will reach record proportions, the Business Goodwill Advisory Council points out the value for well-chosen gifts, correctly delivered, as goodwill builders. To help businessmen in the often complicated task of setting up an effective gift program, BGAC lists these suggestions for successful business gift giving:

1. Keep your gifts of modest value in relation to the importance of each recipient as an employee, prospect or customer. Extravagant gifts smack of bribery.
2. Choose your gifts individually, considering the tastes of each group of recipients.
3. Choose only high quality gifts that are useful, durable and dependable.
4. Personalize each gift, if possible, with the recipient's name or initials.
5. Package each gift attractive and securely.
6. Accompany each package with a personal note, greeting card or at least a special gift label.
7. Deliver each gift with a flair, if possible—personally or by special messenger—and preferably to each recipient's home rather than to his office.

HIF EXAMINES REASONS FOR HIGH FAMILY SPENDING ON HEALTH

Families with heavy expenditures for health are generally larger in size and have higher incomes than average, and a higher-than-average proportion of their health spending is covered by voluntary health insurance.

These findings were reported by Health Information Foundation in its

monthly statistical bulletin, *Progress in Health Services*. They come from a recent survey of 2,941 families, representing a random cross-section of the United States, conducted jointly by the Foundation and the University of Chicago's National Opinion Research Center.

Almost one-third of the surveyed families—31.6 per cent—reported annual spending of \$300 or more for all personal health services, such as physicians' and dentists' charges, hospital care, drugs, private-duty nursing, eyeglasses, and appliances. In this high-spending group, 47 per cent spent between \$300 and \$499, 38 per cent between \$500 and \$999, and the remaining 15 per cent \$1,000 or over.

The entire group of high-spending families, the Foundation said, accounted for about three-fourths of all private expenditures on health—\$12 billion of the \$16.2 billion spent by the American public for this purpose in the survey year of 1957-58.

Among other findings about high-expenditure families reported by the Foundation:

The incomes of high-spending families were usually above average. For example, only 18 per cent of the families spending \$1,000 or over had annual earnings of less than \$3,500, against a comparable 34 per cent of all families.

High-spending families were larger than average in size. Whereas 44 per cent of all families consisted of two persons or less, only 31 per cent of the \$1,000-and-over group were in this category.

High spenders required considerably more physicians' services (particularly surgical) and hospital care than average. Among all families the average annual expenditure on physicians and hospital care came to \$98 and \$68, respectively, while the comparable figures for all high spenders (\$300 or more on all health items) were \$231 and \$195. Surgical bills alone averaged \$19

for all families and \$57 for the \$300-and-over group.

Voluntary health insurance coverage was especially prevalent among families spending \$1,000 or more; 88 per cent of them had such insurance, against 69 per cent of all families. The insured \$1,000-and-over families had an unusually high proportion of their total expenses covered by their insurance—35 per cent, against only 24 per cent for all insured families.

Commenting on this finding, George Bugbee, Foundation President, pointed out that "Voluntary health insurance was originally devised to cover primarily costs of hospital care and surgery." As a general premise, he added, "the emphasis on hospital-surgical coverage was sound," since the relative importance of these two items in the family health bill becomes greater as total spending increases.

Installation Dinner Meeting

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Thursday, January 12, 1961

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Cocktails 6 P.M.

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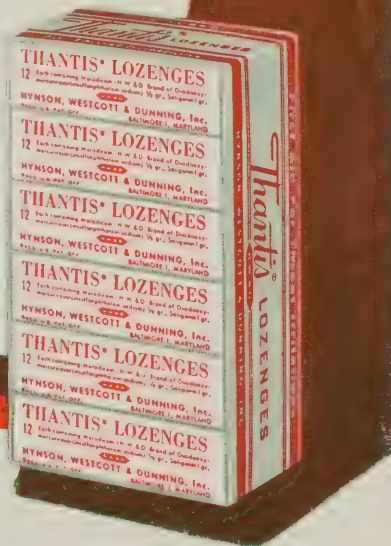
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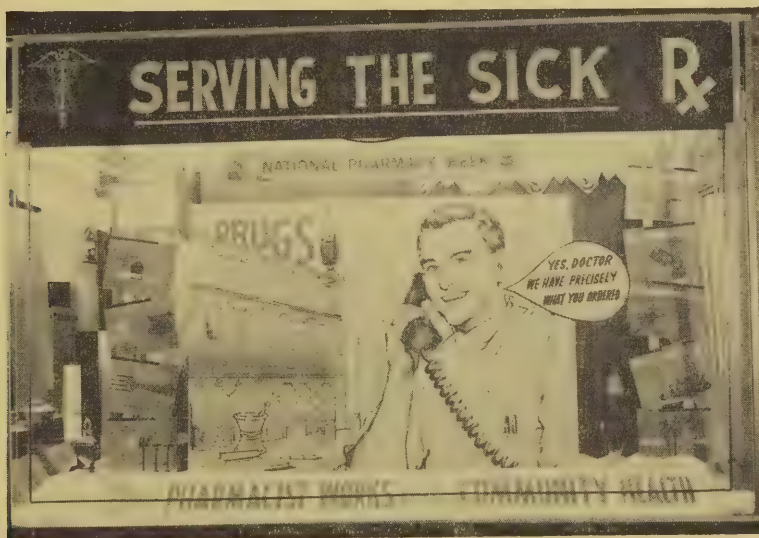


PROFESSIONAL

VOLUME XXXVI

DECEMBER, 1960

No. 3



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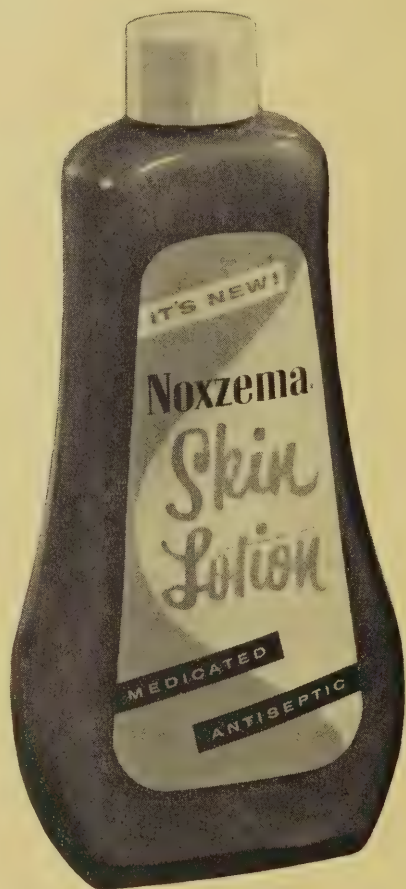
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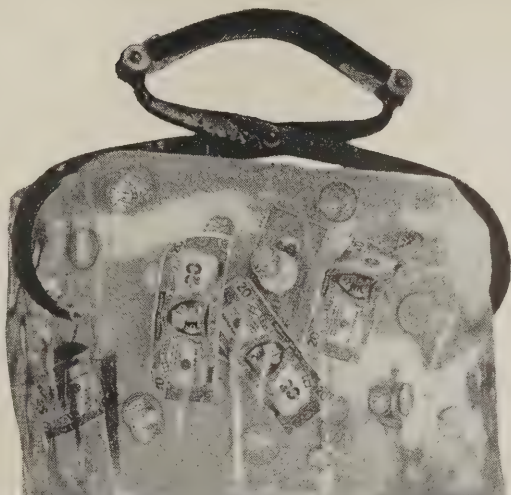
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THE CHILLING TALE OF THE PHARMACIST WHOSE ASSETS GOT FROZEN

When the first bargain buy arrived, he made mental calculations and began thinking about Bermuda.

Fifty dozen at \$1.40 each . . . I sell for \$2.75 . . . take out 30 percent for overhead . . . enough left for plane fare . . .

By the time the tenth bargain buy arrived, he was figuring on spending at least two weeks on the French Riviera.

Let's see . . . this year my "buys" will cost me \$25,000, but they'll bring at least \$50,000 at retail. My net will be at least \$10,000. We'll go in January!

But, to his sorrow, most of the bargain merchandise stayed on his shelves, and he spent January wishing he could have a clearance sale like other stores.

Moral:

There's no guaranteed profit in stock. Only sales make money. The Lilly policy of distribution protects the pharmacist from oversupplies of slow-moving items. He buys just what he needs from a Lilly service wholesaler.

If your assets are acquiring a "chill," warm up your operation by routing your orders through one of the 300 Lilly service wholesalers who serve the nation.



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The Maryland Pharmacist

MARYLAND PHARMACEUTICAL ASSOCIATION

Office of Publication: 650 W. Lombard Street, Baltimore-1, Md.

Saratoga 7-0746

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DECEMBER, 1960

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... Editorial ...

DAYS OF ACTION AHEAD

The year 1961 will require more determination, more perseverance, and more resolute action than Pharmacy has been called on to perform for many a day.

Pharmacy must prepare itself for challenges and changes. It must be prepared for trying circumstances both defensive and offensive. Pharmacy must learn to stop whining and expecting help from every quarter. It must learn to stand on its own two feet and fight its own battles. The day of smug self-sufficiency and complacency is over. Pharmacy is now in an era of do or die. Those who do not wake up to reality will surely dry up and wither away.

'Why this picture of gloom,' you say. 'Business is off to be sure, but things are not that dark'. Well, the melodious ring of the cash register is not the only matter of concern. It is the lurking shadows covering the entire drug field that cautions apprehension. The Kefauver Investigations was a good example. It disturbed the overall prescription practice. It has given all of us something to think and worry about.

No doubt, the Justice Department is investigating price-fixing of prescriptions in several states as a result of the Kefauver Investigations. Also, the use of generic drugs is being forcefully advocated by state medical care programs. Physicians and hospitals are switching to generic and cheaper drugs in growing numbers. Some manufacturers feeling the squeeze, are selling direct at the wholesaler's discount. The retail pharmacist may find himself in a competitive price-cutting position seeking cheaper and cheaper drugs. Pharmacy law enforcement agencies will have their hands full if this occurs.

Social reforms regarding medical care involves every pharmacist that fills prescriptions whether he is the owner

of a pharmacy or an employee in one. What method will be established for providing medication? Will Pharmacy be regimented under a strict set of rules covering prescription practices and pricing? Or will dispensaries be established under state and federal control?

Fair Trade is not fairing so well. The National Fair Trade Bill introduced in the 86th Congress failed because of two primary reasons: 1. Lack of enthusiastic support by pharmacists generally; 2. Very little support from other retail interests affected by price-cutting in their own field. The election also played an important role in defeating the Fair Trade Bill. In Maryland, Fair Trade has been upheld as high as the Supreme Court of the United States. However, there is more price-cutting in our state today than ever before, putting a burden on those maintaining Fair Trade prices. Policing prices has become a costly and time consuming chore that should be shared by all rather than a few.

There has been evidence of providing extra discounts, loads of samples, extra stock packages, and other under-the-counter deals by manufacturers and wholesalers. Such clandestine practices are in violation of the Robinson-Patman Act. They are unfair and should be eliminated.

The 87th Congress as well as the 1961 Session of the Maryland Legislature will bear alert watching and attention to all matters affecting Small Business. Small Business has received nothing but lip service until now. It is fast becoming the "forgotten man."

Other matters of specific concern are: Medical Care for the Aged; Physician Owned Clinics; Hospital and Nursing Home Prescription Practices; Industrial Dispensing; Prescription Pricing Methods; Public Relations and the Pharmacist's Image in the Public Eye.

Yes, these are days of individual and collective action. Gripping alone will not solve the problems that are with us now and will occur in the future. These are days of cooperation. We can not achieve our goals as rugged individualists and non-conformists.

What could be a better time to become part of an Action Movement? First, become a member of your local, state and national associations. Acquire much needed professional stature. Then demand **Action**—action for you and for Pharmacy.

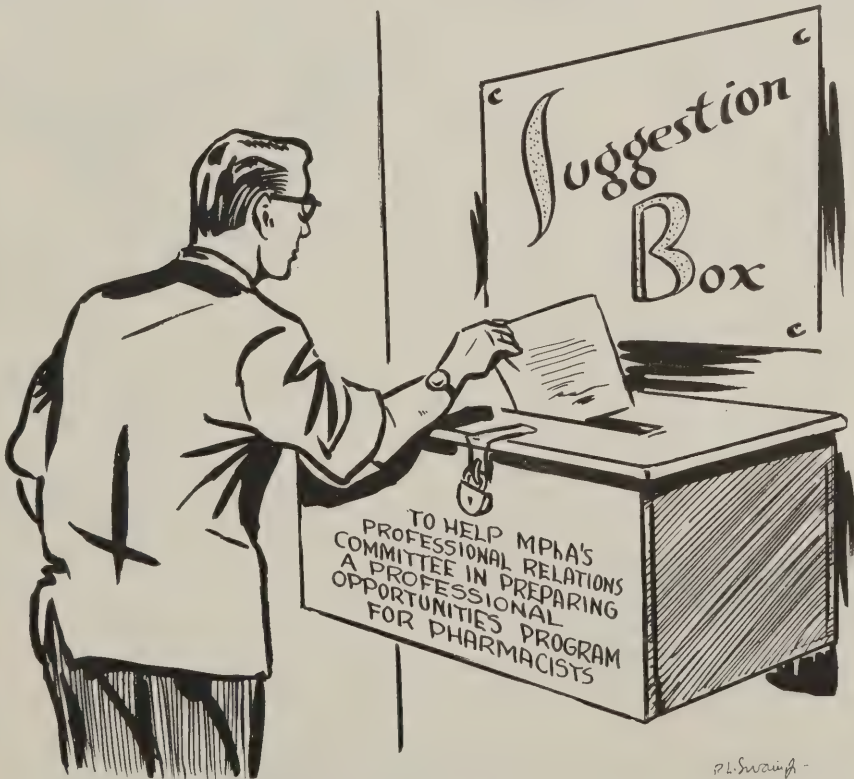
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PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

How often have you heard the question asked, "Why is the profession of Pharmacy so ineffective?" Coupled with this question is the general statement so often heard: "The Associations don't do anything for me, why should I pay dues."

Neither the question nor the statement has solved our problems. The longer we parry the question without a realistic sincere and honest approach, the longer will be the recovery of the patient—Pharmacy.

Let's study the accepted facts in the case: There are an estimated 115,000 pharmacists in the United States and approximately 55,000 pharmacies. Approximately 20,000 pharmacists are members of the American Pharmaceutical Association, and 36,000 drug stores are members of the National Association of Retail Druggists. Not an imposing figure in either case.

In Maryland, there are 740 pharmacies and about 2,000 pharmacists. The percentage is somewhat better than the national picture; 547 pharmacists are Active members and 260 are Associate members for a grand total of 807 out of a possible 2,000. The 547, you might say, represents the drug stores belonging to the Maryland Pharmaceutical Association—approximately 74%.

Now let's compare ourselves to the other health professions on a national level:

| | Medicine | Dentistry | *Pharmacy (A.Ph.A) |
|-----------------------------|--------------|--------------|--------------------|
| Dues Paying Members . . . | 141,000 | 95,000 | 20,000 |
| % of Licensed Practitioners | 60% | 95% | 17% |
| Annual Dues | \$25.00 | \$30.00 | \$25.00 |
| Current Annual Income . . | \$15 million | \$3½ Million | \$1½ million |
| Operating Surplus | \$½ million | \$½ million | (Deficit) |
| Total Staff | 700 | 200 | 40 |

*Figures not available for the N.A.R.D.

Let's be reasonable. How can you expect to have strength if so many members of our profession deny the much needed life-blood—membership? If you want respect, prestige and equal recognition with Medicine and Dentistry, it will take more than complaints, criticism and wishful thinking. It will take active and financial support.

1,000 dues bills have been mailed by the Maryland Pharmaceutical Association for the year 1961. Respond promptly and don't forget your national and local associations.

If you did not receive a bill, please make application to the Maryland Pharmaceutical Association, 650 West Lombard Street, Baltimore 1, Maryland.

Remember—we need each other for effectiveness.

Best wishes for a Happy and Healthy New Year.

Sincerely,

HAROLD M. GOLDFEDER
President

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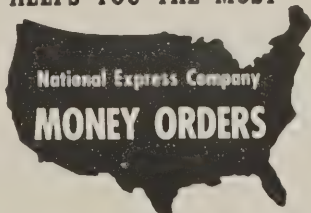
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PHARMACISTS MUST REFUSE TO FILL OR REFILL A COPY OF A PRESCRIPTION FOR A PRESCRIPTION-LEGEND DRUG

Many times pharmacists face the problem of having presented to them the copy of a prescription by patients for the purpose of having the copy of a prescription filled.

The position of the Food and Drug Administration in this matter is clearly stated in a recent Information Letter which is quoted below:

"From a legal standpoint, a copy of a prescription has no legal status as a valid prescription that can be filled by a pharmacist. A copy of a prescription may be useful for information purposes; for example, when a patient is going to a new physician and wants him to know what medication he has been taking. We are of the opinion this is the only purpose a copy of a prescription can serve.

A prescription that calls for a prescription legend drug is in effect a legal document which authorizes the pharmacist who received it to do certain things. A copy of that prescription given in the usual circumstances is not signed by the physician and has no legal status as a valid prescription.

A pharmacist to protect himself fully, must refuse to fill or refill a copy of a

prescription without calling the physician. In effect, that means getting a new prescription."

PHARMACY BOARD RESULTS

The Maryland Board of Pharmacy met at the office of the secretary, 301 West Preston Street, Baltimore, on Thursday, December 8, to canvass the grades made in the examinations conducted by the Board on November 2, 3, and 4, 1960. Registration was granted to the following:

Jerome Harris Clayman
George Edward Hoffman
Michael Joseph Kopcho
Howard Manuel Minster
David William Schieser
David Allan Yevzeroff

The following passed the theoretical examination, but registration is withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy:

Robert Morse Flanagan
Dezso Nemeth-Barath, Jr.

The following had previously passed the theoretical examinations, and by virtue of having passed the practical examination at this time, registration was granted to them:

Attison Leonard Barnes, Jr.
Stanley Harvey Belford
Jerome Alvin Berger
Sister Geraldine Coleman
Nancy Carole Conklin
Joseph William Davies
Louis Joseph Friedman
Henry Joseph Glick
Ronald Goldner
Martin David Grebow
Harold Theodore Hambright, Jr.
Joseph Gold Handelman

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- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
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 Kenneth Edward Stank
 Elliot Sanford Tokar
 Albert Harry Warfield
 John David Warthe, Jr.

DRUG STORE CHANGES

New

Peoples Service Drug Stores, Inc., No. 195, 6917 Arlington Road, Bethesda.

York-Seminary Pharmacy, Inc., Robert Stofberg, Pres.; 3 E. Seminary Avenue, Lutherville-Timonium.

Anthony Allen, III; 1654 N. Smallwood Street, Balto. 16, Md.

Thurmont Pharmacy, Henry J. August, Sr., Prop.; 12 E. Main Street, Thurmont.

Thomas R. Palmer, Palmer Drugs; Old Livingston Road, Accokeek.

Change of Ownership

Lemler's Drug Store, Abraham Lemler, Prop., formerly: Morris Kramer, Prop.; 1801 W. Lexington Street, Balto. 23, Md.

Surratts Pharmacy, Inc., Richard J. Schneider, Prop., formerly: Clinton Pharmacy, Robert Jos. Barlow; Old Branch Avenue, Clinton.

Mrs. Hattie R. Schapiro, formerly: Samuel Schapiro, 7025 Brookville Road, Chevy Chase.

Discontinued

Abraham A. Lemler, Lemler's Drug Store, 1401 W. Lanvale Street, Balto. 17, Md.

Philip Bettigole, Bettigole's Professional Pharmacy; 1101 Spring Street, Silver Spring.

SPOTLIGHT PRODUCT OF THE MONTH

Pacquin's Silk 'n Satin
and Ben Gay

Featured in all BMPA Stores

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Al Heydemann



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- Guardians
- Lamskins-Wet
- Dr. West's Toothbrushes
- Davol Rubber Goods
- Ace Hard Rubber Combs
- Ajax Hard Rubber Combs
- Devilbiss Atomizers
- Camp Stationery
- Lacross Manicure Implements
- Millers Forge Manicure Implements
- Jones Enamelware
- Gillette, Gem, Razors and Blades
- Schick Blades and Razors
- Eaton High Grade Stationery
- Becton Dickinson Products
- Kotex, Kleenex, Modess, Yes
- Tampax
- Doeskin Products
- Foster Forbes Glassware
- American Thermos Bottles
- Sheiks-Ramses

Miller Drug Sundry Co.
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Baltimore 1, Maryland

**An Excellent Formula With Longer Profits
Contains: D-Methorphan**



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Tell them you saw it in "The Maryland Pharmacist"

. CONTRIBUTIONS .

HOW TO CHOOSE A WINNER

John Sargeant, Executive Secretary
Medical and Chirurgical Faculty of Maryland

It isn't always simple to pick a winner—such as it might be at the race track. That's the consensus of the judges for Maryland in the National Pharmacy Week Window Display contest. Not only are there innumerable details to watch for, but there is always the "sleeper" where a misspelled word can cause the elimination of a contestant or its dropping from first to third place.

The first thing the judges look for in any display is clarity—and of course that it has complied with the rules of the contest. In the 1960 contest, the streamer, National Pharmacy Week, October 2-8, 1960, was required in the display. Despite this, there were several contestants who were eliminated because this basic requirement was not met.

Simplicity (clarity) counts a great deal for the "value and effectiveness of the message to the public." If the viewer of a display finds it hard to understand what it is all about, the judges cannot be criticized for feeling the same way. Too often displays are put together in a "hodge podge" manner without any symmetry and graciousness expected of a display, that is, "professional (in) character, arrangements and details."

Nearly all contestants comply with the theme by working into the picture somewhere the words, "Your Pharmacist Works for Better Community Health." Sometimes this is implicit in the theme chosen. However, it is better spelled out somewhere in the display, either in the background or in the foreground if the display is one that requires some type of interpretation.

Other areas where "dropouts" are created unknowingly by the contestant are in the use of "brand name signs"—

with a specific product or pharmaceutical firm mentioned in the display. This automatically eliminates those contestants.

In the 1960 year, it was found that one pharmacist had listed the drugs used for treatment of certain diseases under vegetable, animal, mineral, etc., but the judges found he had erred in more than one place by listing some drugs in the wrong category.

Another misspelled the name of a disease—this nearly slipped past the judges' eyes, but it was caught in time. Imagine the consternation in Washington if Maryland's winner were to end up in the finals only to be eliminated because of a misspelling.

It's hard to pick a winner—but it can be easier if all the small slips that pharmacists make in their displays were corrected in a final run-through before National Pharmacy Week starts. Have somebody else look over the technical aspects of the display. Have an artist on hand to check for symmetry, graciousness, simplicity and clarity. Follow his suggestions. You need not spend a great deal of money to have a winning display—many times the winners are found to be displays that are made from the simplest of materials and tools.

You only need a sense of proportion; a good sense of spelling; and last but not least, the knowledge contained from your education as a pharmacist. But don't forget—follow the rules and regulations laid down. This seems to be the commonest error made in preparation of the window display.

CONTROLLED ACTION ORAL MEDICATION

by B. F. Allen*

The rush to prepare all sorts of medications in some one of the controlled action forms has been so great that it is reported one manufacturer taunted

*Associate Professor of Pharmacy, University of Maryland.

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his competitors by preparing a so-called long acting placebo.

The advantages claimed for these forms of medication are many and ably substantiated by a great number of published reports.

Several workers have studied what they call the "physiological availability" of drugs in various preparations. Their studies are sufficiently convincing to warrant the statement that delaying absorption of the active ingredient to any dependable degree, inevitably does so at the expense of some loss in precision of dosage.

Administering a drug preparation by mouth involves many variables. It may enter a stomach with or without food, and with or without much gastric juice. It may remain there for widely variable periods of time and then be emptied into an intestinal tract, which also may vary as to the digestive juices with which it accosts the preparation and the rapidity of motion with which it transports it to the outside.

A physician's view of oral medication with preparations designed for delayed disintegration and absorption has been reported in a medical journal. The article states among other things, that the cautious physician would be wise not to become unwarrantedly optimistic as to the precision with which the prolonged-type preparations can achieve the theoretical goals envisioned for them.

The earliest controlled action oral medication was in the form of an enteric coating. This type of coating is intended to resist stomach juices and dissolve in the intestine to release the underlying medication. Many of these products did not disintegrate at all and passed through the body to be excreted unchanged.

The actual value of enteric-coated products has been questioned since the theory is based on the supposition that gastric juices are acid and intestinal juices are alkaline. However, it has been reported, that the gastric juice is

not always acid and that much of the time the contents of the duodenum and upper half of the jejunum are slightly on the acid side.

This led to the appearance of coatings which disintegrated in 6-8 hours regardless of the acidity or alkalinity of the digestive fluids. Also, other mixtures of ingredients were claimed to give a product resistance to gastric juices for more than 10 hours. Recently, it has been reported that a new coating technique has been found to provide a steady and controlled supply of medication over a 24-hour period or even longer.

It has also been stated that new developments assure the stability of drugs normally destroyed in gastric acid medium and allows them to begin to disintegrate and release their contents in the duodenum and upper intestine. This permits highest possible absorption and utilization of dosage. Examples are specially coated aspirin which gives full effectiveness without gastric upset and laxative drugs which give a more effective action.

The controlled action products have even come to the attention of the lay press. They have referred to a "Gastrointestinal Alarm Clock" consisting of an outside coating which puts the user to sleep, an inner layer keeps him that way, and the core contains a stimulant that abruptly ends the nap.

The commercial preparations are marketed in the form of capsules, tablets, and liquid suspensions under a variety of terms and trade-names. Some of them are made in alternating rings of coating material and drug, or in the form of separate layers (two or three). Still others are prepared by incorporating the drug with sugar pellets or other nuclei, coating these nuclei with varying thicknesses of a selected coating material, and preparing the ultimate dose form by assembling an appropriate conglomerate of coated and uncoated pellets.

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This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)



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 Peanut Butter Sandwiches
 Cookies & Snack Varieties

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Tell them you saw it in "The Maryland Pharmacist"

A number of pharmaceutical preparations are based upon active ingredients forming complexes and compounds with ion-exchange resins in order to obtain the desired effect.

Manufacturers have marketed tablets containing, in each outer layer, one therapeutic ingredient, and one or two therapeutic ingredients, in each tablet core, with a flavored layer around the core. In angina conditions, this tablet is taken sublingually for relief of pain; when the flavor disappears the remainder of the tablet is swallowed.

Several commercial products are available which provide an unusually prolonged duration of action without special coating, timed disintegration or any other device. This may result from the structure of the chemical substance or by a combination of drugs having similar actions but for different periods of time.

Other drugs are reported to be rapidly and completely absorbed from the gastrointestinal tract and to leave the bloodstream promptly. The drug then is said to be bound to the tissue where it exerts sustained protective action for up to 12 hours.

It has recently been stated that sustained-release medication has been well accepted by both physician and patient. Also, as new techniques for testing and evaluation evolve, there will undoubtedly be even greater acceptance.

The following commercial products, abbreviations and terms are associated today with controlled action type of oral preparations.

Amodex Q¹ (cap)
 Atratan Durabond² (tab)
 Barbidonna D.A.³ (tab)
 Belakoids Tempotrol⁴ (tab)
 Bellergal Spacetabs⁵
 Berla Dexatal T.D.⁶ (cap)
 Biphcetamine Strasionic⁷ (cap)
 Butibel Prestabs⁸
 Butisol R.A.⁸ (tab)
 Circulin⁶ (tab)
 Chestamine Timecaps⁹

Chlorahist Spancaps¹⁰
 Conex D.A.¹¹ (tab)
 Corovas Tymcaps⁶
 Coryz¹² (tab)
 Decominic¹³ (tab)
 Desoxyn Gradumet¹⁴ (tab)
 Dexaline L.A. w/Secobarbital
 Duracap⁶
 Dex-Ob¹⁰ (tab)
 Digestules Timecaps¹⁵
 Donnagesis Extentabs¹⁶
 Evrodex Plus Tempules¹⁷ (cap)
 Feosol Spansule¹⁸ (cap)
 Geroniazol TT¹⁹ (tab)
 Histitrin Vi-Timesules⁶ (cap)
 Isuprel Franol²⁰ (tab)
 Lerja²¹ (tab)
 Medex Medsule⁶ (cap)
 Medrol Medules²² (cap)
 Meprospan²³ (cap)
 Mestinon Timespan¹⁸ (tab)
 Methamphetamine Ty-Med⁹ (tab)
 Murel S.A.²² (tab)
 Myotrate Delacaps³
 Nalertan Tabules⁵
 Napril Plateau⁶ (cap)
 Novahistine Singlet²⁴ (tab)
 Novahistine L.P.²⁵ (tab)
 Pabirin Buffered²⁶ (tab)
 Paustabs²⁷
 Peribar L.A.²⁴ (tab)
 Permitil Chronotabs²²
 Polaramine Repetabs²⁹
 Preludin Endurets⁵ (tab)
 Primic Spacelet⁹ (tab)
 Prymedon Spascaps⁶
 Pyribenzamine Lontabs²⁴
 Ppyrilamine Longcaps⁹
 Quinaglute Dura-Tab S.M.³⁰
 Real Sleep³¹ (cap)
 Resercen Timules⁶ (cap)
 S.A. Vite²² (tab)
 Spastilowe CTR²⁸ (cap)
 Sul-Spansion¹⁸ (liq)
 Sul-Spantab¹⁸
 Super Dreen³² (cap)
 Theral Granucap⁶
 Timed Bar Tropin⁶ (cap)
 Tridecamine Dospan³³ (tab)
 Tridex Junior Timed³⁴ (cap)
 Tri-Span³⁵ (cap)
 Tussaminic⁹ (tab)

Twin-Barb Improved³⁶ (tab)

Vaso-⁸⁰ Unicellese (cap)

Vio-Dex Timelets¹⁸ (tab)

- 1 slow release
- 2 repository release
- 3 delayed action
- 4 time controlled
- 5 prolonged action
- 6 timed disintegration
- 7 sustained ionic release
- 8 repeat action
- 9 timed release
- 10 gradual release
- 11 dual action
- 12 layered release
- 13 gradual and continuous release
- 14 long release
- 15 immediate and uniform release
- 16 extended action
- 17 controlled disintegration
- 18 sustained release
- 19 timed control therapy
- 20 flavor timer
- 21 double release
- 22 sustained action
- 23 prolonged release
- 24 long acting
- 25 long acting principle
- 26 sequential release
- 27 day long action
- 28 control time release
- 29 prolonged-sustained action
- 30 sustained medication
- 31 double working
- 32 time capsule
- 33 continuous release
- 34 slow disintegration
- 35 spaced release
- 36 twin-action

INTERESTING FACTS

Pharmacy Enrollment Up . . . The 13,606 pharmacy students in their last three years of training for 1960-61 represent an increase of 1,077 students over the comparable group in 1959-60, for a gain of 8.6%. All districts except District VII (Northwest area) showed increase in enrollments over the last academic year. There was an increase of 200 women students for a 13.6% increase over 1959-60.

Fringe Benefit Growth Continues . . .

Employers are continuing to pay more for fringe benefits which, while substantially improving employee well-being, have also added to the cost of doing business.

Employees of 1,064 big and little business firms throughout the country averaged \$1,132 in fringe benefits during 1959 (\$22.80 in such benefits for every \$100 in wages), according to the U. S. Chamber of Commerce.

THEY WENT THAT-A-WAY...

Abbotts and Jane Logan DeLuxe Ice Creams travel from freezer to customer as fast as a cowboy draws his shootin'-iron.

If you want your cash register to have a spur-like jingle, jangle, jingle give us a ring at

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**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

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NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

Call or write for a free demonstration:

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Volume 19

DECEMBER, 1960

No. 3

T.A.M.P.A. CHRISTMAS PARTY

The T.A.M.P.A. "Christmas Party," held Saturday, December 10th, at the Kelly Memorial Building was a rousing success. About sixty children and many adults turned out for this delightful party. There was carol singing, plenty to eat and drink, and good entertainment for all. Our luncheon committee (Al Callahan and his boys) served food and drinks and topped it with ice cream and cake and candy canes.

The youngsters were entertained royally. Miss Kay from WBAL-TV opened the program with a magic show and thrilled everyone with her mystifying feats. Santa Claus showed up with gifts for the children and a photographer to record each child as he or she sat on Santa's lap to receive a gift. Additional entertainment was furnished by eight year old Mark Lewis who sang and played the accordion as he has done many times on the Collegian program over WMAR-TV.

NEWS ITEMS

Its good to see Emil Brandon up and around again after being confined to

his home for several weeks with a sudden illness.

Look for an announcement of our Good Will Meeting for January and the annual Oyster Roast in February. Make every effort to attend these two affairs and bring your friends.

MARYLAND GRADUATE RECEIVES PROMOTION

Milton B. Rosenberg has been appointed to the position of Far Eastern Manager for the pharmaceutical line of the Pharmaceutical Division of Johnson & Johnson International. Milt recently finished a successful selling managership of the McNeil Laboratories, Inc. in Hawaii, where he acquired many friends and honors, among them membership on the Oahu Medical Council. Milt is also a member of the Rotarians and a Toastmaster. Combined with a degree from the University of Maryland Pharmacy School plus post-graduate work at Johns Hopkins University and training in both retail pharmacy and hospital pharmacy, his successful sales background gives him a complete insight in his new area. Milt's headquarters will be in Hong Kong and the area will cover the Philippine Islands and Thailand.

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Ever Outgrows the Need for

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offer an exciting new
**PLAN OF PROGRESS
AND PROFIT FOR
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THE NEW "M&S" PLAN

offers you

- **FREE DESIGNING AND
MERCHANDISING
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- **FINANCING TO SUIT
YOUR CONVENIENCE**

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more information

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and
COMPANY

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NOW YOU CAN REMODEL YOUR ENTIRE DRUG STORE

or any part of it—or, build
a new drug store from floor
to ceiling

AND SAVE THE MIDDLEMAN'S PROFIT

because the new "M&S"
plan enables you to

BUY ALL YOUR FIXTURES DIRECT

STANDARD

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this is what GILPIN'S Does

"Working with Gilpin is a
partner! They certainly took a lot

Starting when we had a store
designed and outfitted our entire store
completely stocked the shelves! And, in fact,
they've always kept the shelves
means even more—Gilpin uses time
they give us merchandising service . . .
control and sales procedure—a
and efficiently—with results that

GILPIN'S
TO BUILD

The

SINCE
BANK



... or Me!

an unseen
shoulders!
ills, Gilpin
o and then
turnover.
But what
invoices...
inventory
it quickly
it ledger!"

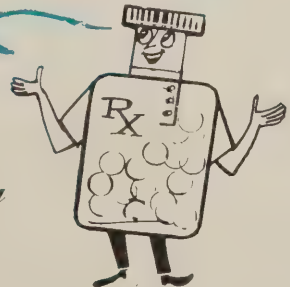
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macy, Inc.
D. Virginia



CEPT OF DRUG MERCHANDISING IS DESIGNED
TTER. MORE PROFITABLE BUSINESS FOR YOU!

"HENRY B."
says:

"Let us show you what we can do
To plan a business just for you!"



B. **GILPIN** Company

THE PROGRESSIVE FORCE IN MASS DRUG DISTRIBUTION

DOVER • NORFOLK • WASHINGTON

-: NEWS ITEMS :-

ROBERT L. SWAIN PHARMACY SEMINAR

Dr. Robert L. Swain was honored at the 1960 Convention of the Maryland Pharmaceutical Association for his outstanding contributions to Maryland and American Pharmacy.

In order to perpetuate this recognition, a Seminar was established in his name to be held annually. It will be known as the "Dr. Robert L. Swain Pharmacy Seminar of the Maryland Pharmaceutical Association."

The first Seminar will be held in conjunction with the University of Maryland School of Pharmacy in the new Library Auditorium on the Baltimore Campus of the University on March 23, 1961. It will be an all-day event with morning and afternoon sessions. Lunch and parking facilities will be provided. A certificate will be issued to those who attend both sessions of the Seminar.

An educational program is being arranged based on the modern practice of Pharmacy. The program will be of interest to all pharmacists. Reserve March 23rd for the Robert L. Swain Pharmacy Seminar.

PHARMACY WEEK WINDOW DISPLAY CONTEST WINNERS

The following judges met at the Kelly Memorial Building to judge the Maryland entries in the National Pharmacy Week Window Display competition: Miss B. Olive Cole; Dr. Noel E. Foss, Dean of the School of Pharmacy, University of Maryland; Mr. John Sargeant, Executive Secretary of the Medical and Chirurgical Faculty of Maryland; and Mr. Charles J. Neun, Proprietor of Morgan and Millard.

After careful deliberation, the judges announced the following as winners in the State-wide Contest:

First Prize—Milton A. Friedman, Harris' Pharmacy, Baltimore.

Second Prize—Read Drug & Chemical Company, Harundale.

Third Prize—Stephen J. Provenza, Medical Arts Pharmacy, Baltimore.

Presentation of awards will be made at the Annual Convention of the Maryland Pharmaceutical Association in July at the Shelburne Hotel in Atlantic City.

The photograph submitted by the first prize winner, Milton A. Friedman, has been entered in the National Contest conducted by the American Pharmaceutical Association.

Although State-wide participation in Pharmacy Week was excellent, we regret that more photographs were not submitted in the Window Display Contest. Most entries came from Baltimore City.

As usual, several excellent entries were disqualified because of simple mistakes. (See article written by Mr. Sargeant on page 330).

SQUIBB CONTINUES "PEOPLE ARE FUNNY" SHOW

Signing of a contract renewing its sponsorship of TV star Art Linkletter's program, "People Are Funny," for an additional 13 weeks is announced by E. R. Squibb & Sons.

The Linkletter show is telecast on 116 stations, coast-to-coast, on Sundays at 6:30 P.M. (Eastern standard time). Squibb began sponsorship of the program last September and is promoting Vigran, a multi-vitamin supplement, as well as other Squibb consumer products, on the show and urging viewers to purchase their vitamins from their druggists. The 116 stations covered by the NBC network show comprise more than 90% of U.S. TV coverage, reaching into more than 40,000,000 homes.

**UNIVERSITY OF MARYLAND
SCHOOL OF PHARMACY ALUMNI**

**VALENTINE DANCE AND
ENTERTAINMENT**

EMERSON HOTEL BALLROOM

WEDNESDAY, FEBRUARY 8, 1961—9 'til 1

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Richard R. Crane

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Nathan I. Gruz

Solomon Weiner

TICKETS: \$3.20 per person

Support The Alumni Association

Take Your Best Girl to the Alumni Valentine Dance

PRESIDENT'S MESSAGE
BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

My congratulations and best wishes to Sam Goldstein, your newly elected president! To the other officers! And to the members of the executive committee! The election to office, on December 28th, of this fine group of devoted men can only portend greater progressiveness of the Baltimore Metropolitan Pharmaceutical Association.

Let me once again suggest that you take inventory as Maryland Pharmacists, not only of your stock in trade, but of your professional position in the community. As your professional status increases you will find that your remuneration in dollars and prestige will be enhanced proportionately.

1960 saw the most successful Baltimore Metropolitan Pharmaceutical Association Banquet in our history, with the largest number of pharmacists in attendance ever recorded.

1960 also saw the Association maintain a healthy, above average membership. This membership strength denoting confidence in the Association, allowed us to resolve minor differences and formulate Pharmacy Legislation of mutual benefit to all. Such support assures for you adequate representation and ultimate results.

If you will give President-elect Sam Goldstein the same loyal support as evidenced during the past year, I am sure the Baltimore Metropolitan Pharmaceutical Association will continue to be one of the outstanding pharmaceutical organizations in the country. This, of course, depends on the present-non-members as well as the loyal members.

In closing, I wish to express my humble gratitude to all those who worked so diligently to make my year in office so successful, and to the membership at large for allowing me the privilege of serving as President of a great Association—the B.M.P.A.

I extend to you and yours all good wishes for a healthy, happy and prosperous New Year.

Sincerely,

GREGORY W. A. LEYKO

START THE NEW YEAR RIGHT!
SUPPORT THOSE WHO SUPPORT YOU
PAY 1961 DUES PROMPTLY

FAITH

Mommy is beautiful.
Daddy is strong.
Santa is real.

A child's faith is absolute.

Not so in the hard world
of grown-ups. Faith is
not lightly given nor
quickly earned.

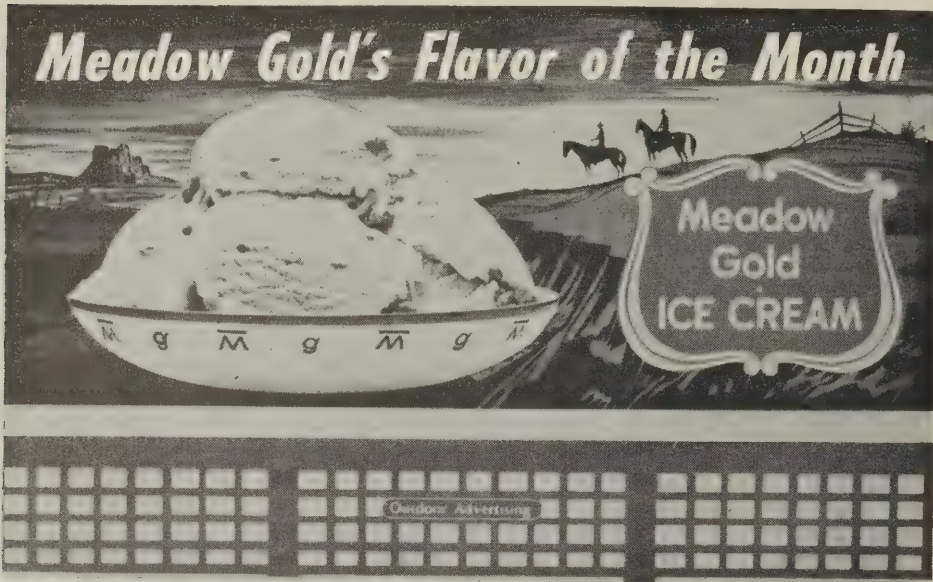
That is why your faith
in our policy
is our greatest treasure.

We guard it zealously.

YOUNGS RUBBER CORPORATION

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Now! The Greatest Outdoor Advertising Campaign in MEADOW GOLD History!

50 BILLBOARDS

Strategically located all over town featuring the "Flavor of The Month", month after month for a full year!



Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Tell them you saw it in "The Maryland Pharmacist"

Right In Your Own Back Yard



- **COMPLETE PHARMACEUTICAL DRUG LINE.** Everyday delivery service, new product information cards with up-to-date dispensing information. All ethical drug houses represented.
- **COMPLETE PROPRIETARY DRUG LINE.** Current deal information, price changes, complete warehouse stocks, fast, turnover merchandise.
- **PHARMACISTS SURGICAL SUPPLY.** A complete line of surgical and sickroom items.
- **COMPLETE GIFT COSMETIC AND SUNDRY LINE.** Annual Holiday Gift Show.
- **BUY BOOK:** the most complete up-to-date buying guide available. Buy Book promotions are a planned series of sales events designed to build customer traffic.
- **EMERGENCY PRESCRIPTION SERVICE.** Around-the-clock emergency service for pharmacists in the Metropolitan area.
- **WEEKLY DRUG DIGEST.** The latest summary of sure changes, new products and current deals.
- **TELEPHONE ORDER SERVICE DEPARTMENT.** A fast, daily, efficient, and accurate order service by experienced personnel.
- **LEGIBLE ORDER FORMS.** Easy-to-read, easy-to-check typewritten forms accompany every delivery.
- **BULMAN DESIGN AND MERCHANDISING SERVICE.** World famous store engineering and layout facilities for building, remodeling, merchandising fixtures, profitable layout—inside and out.
- **LOEWY MERCHANDISER.** Regular sales and merchandising help on products and promotions.

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**APHA OFFICERS FOR 1961-62
ELECTED IN RECORD VOTE**

J. Warren Lansdowne of Indianapolis, Indiana, former Chairman of the APhA House of Delegates (1958-60), is President-Elect of the American Pharmaceutical Association.

Past-chairman of the APhA Scientific Section, Rudolph H. Blythe of Philadelphia, Pennsylvania, will serve as First Vice-President during 1961-62; and Noel E. Foss of Baltimore, Maryland, is Second Vice-President-Elect.

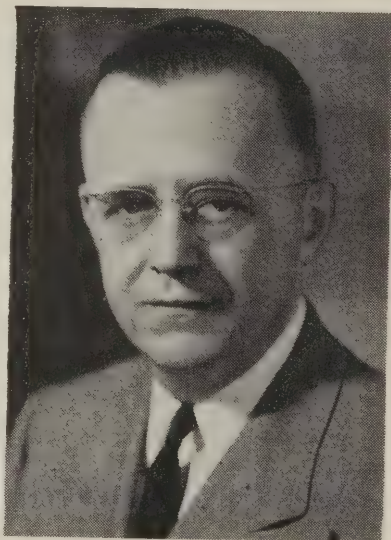
Two incumbent APhA Councilors were re-elected. Troy C. Daniels of San Francisco, California, former chairman of the APhA House of Delegates and Howard C. Newton of Boston, Massachusetts, immediate past-president of APhA, won election to three-year terms on the Council. The current president of the American Association of Colleges of Pharmacy, Henry M. Burlage of Austin, Texas, is the third Council-Member-Elect for a three-year term.

The officers elected will be installed at the conclusion of the APhA annual meeting in Chicago, Illinois, the week of April 23, 1961. The present officers of the APhA who will continue to serve through the annual meeting next year are: Ronald V. Robertson of Spokane, Washington, President; Robert J. Gillespie of St. Joseph Michigan, First Vice-President; and John J. Dugan of New Haven, Connecticut, Second Vice-President.

Officers of the American Pharmaceutical Association are elected in a mail ballot by all members in good standing, and the votes are counted by a Board of Canvassers appointed by the President. The Board of Canvassers, consisting of Chairman John E. Donaldson of Washington, D.C. R. David Allen of Arlington, Virginia, and Kenneth Hanson of Bethesda, Maryland, met at APhA Headquarters on Monday, November 21, 1960, to certify the results of the record vote.

The Honorary President of the APhA is elected by the House of Delegates

annually, and the Secretary and Treasurer are elected triennially by the House of Delegates. Oscar Rennebohm of Madison, Wisconsin, currently serves as Honorary President, while William S. Apple of Washington, D.C., was elected Secretary and Hugo H. Schaefer of Yonkers, New York, was elected Treasurer for a three-year term at the 1959 annual meeting.



**DEAN NOEL E. FOSS ELECTED SECOND
VICE-PRESIDENT OF THE AMERICAN
PHARMACEUTICAL ASSOCIATION**

Election of Noel E. Foss, Dean of the School of Pharmacy, University of Maryland, as Second Vice-President-elect of the American Pharmaceutical Association for the Association year 1961-62 was announced recently by William S. Apple, Secretary. Dean Foss will be installed at the Chicago meeting of the Association scheduled for the week of April 23, 1961, and in his capacity as Second Vice-President will also become a member of the A.Ph.A. Council for the 1961-62 year.

Dean Foss was born at Henry, South Dakota in 1906. He received the Ph.C. and B.S. degrees from South Dakota State and his M.S. and Ph.D. from the

DUES NOTICE

Maryland Pharmaceutical Association

1. **Active Membership:**—All registered pharmacists are eligible. Proprietors or owners (individual, partners, members of a corporation); pharmacist employees or managers. Annual dues are \$25.00.
2. **Affiliate Membership:**—Non-pharmacist proprietors or owners; executives and managers of businesses and industries allied with and serving pharmacy. Annual dues are \$25.00.
3. **Associate Membership:**—Employees only; pharmacists and non-pharmacists. This category includes salesmen and medical representatives. Annual dues are \$5.00.

Baltimore Metropolitan Pharmaceutical Assn.

1. **Active Membership:**—This includes pharmacy proprietors or owners and former owners. Annual dues are \$10.00.
2. **Associate Membership:**—All employees are eligible for membership in this category. This includes salesmen and medical representatives. Annual dues are \$5.00.

Dues are payable January 1st on a calendar year basis from January 1st to December 31st, 1961. Membership is issued to individuals only, not on a company or store basis.

University of Maryland. Following his employment in retail pharmacy at Hot Springs, South Dakota, and graduate study, he became professor of pharmacy at Duquesne University. Later, he was associated with Burroughs Wellcome and Company. During World War II he served as an officer in the Medical Department of the Army. Following work in the pharmaceutical department of the Calco Chemical Co., he became Assistant Dean and Professor of Pharmacy at the University of Illinois and returned to the University of Maryland in 1949 as Dean of the School of Pharmacy and Professor of Pharmacy. He is a life member of the A.Ph.A. having joined in 1931, and an associate member of the A.S.H.P. He is a member of the Maryland Pharmaceutical Association, Phi Delta Chi, Rho Chi, Phi Kappa Phi, Sigma Xi, and U.S. Revision Committee.

Retail Drug Sales Show Greatest % Gain for the first nine months of 1960 compared with the nation's other retailers. Total retail sales were up 1.9% compared with 1959, but the sales of drug and proprietary stores rose 5.4% during the same time. Listed below is the percentage change for different types of retailers comparing nine months of 1960 with the same period in 1959.

| | |
|--------------------------------------|--------|
| Drugs, proprietary | + 5.4% |
| Gas. Service stations | + 5.2 |
| Food Group | + 4.5 |
| Eat., Drink. places | + 3.8 |
| Apparel Stores | + 3.5 |
| Gen. mdse. group | + 2.5 |
| Department stores | + 2.4 |
| Automotive group | - 1.0 |
| Lumber, building, hardware | - 2.2 |
| Furn., appliances | - 2.6 |

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ROYALE**

AT YOUR
FOUNTAIN AND
FOR CARRY-OUT
CUSTOMERS

NOMINATING COMMITTEE NOTICE

The Nominating Committee of the Maryland Pharmaceutical Association wishes to remind the members of the Association that it is in order to submit names at this time to the Committee for consideration as officers and members of the executive committee.

As a guide we are quoting Article IV of the Constitution:

OFFICERS AND EXECUTIVE COMMITTEE

The Officers of this Association shall consist of a President, four Vice-Presidents, an Executive Secretary, a Treasurer, and an Executive Committee composed of representatives of five districts, and Baltimore City, comprising the State of Maryland. Originally, each district shall have representation based on two members on the Executive Committee for each of the five districts and three members for Baltimore City, regardless of store population. After adoption of this Constitution, any of the five districts and Baltimore City shall be entitled to one extra member on the Executive Committee on the basis of one member for every twenty-five dues paid members in the district or Baltimore City. Representation shall not exceed five members to the Executive Committee from any one district or Baltimore City.

District 1: Eastern Shore. To include the following counties: Caroline, Cecil, Dorchester, Kent, Queen Annes, Somerset, Talbot, Wicomico and Worcester.

District 2: Central. To include the following counties: Anne Arundel, Baltimore, Harford and Howard.

District 3: Southern. To include the following counties: Calvert, Charles Montgomery, Prince Georges and St. Mary's.

District 4: Northern. To include the following counties: Carroll, Frederick and Washington.

District 5: Western To include the following counties: Allegany and Garrett.

District 6: Baltimore City. To include the corporate city limits.

All officers of this Association except the Executive Secretary shall be elected annually by ballot, and shall hold office until their successors are elected and have qualified. The Executive Secretary shall be appointed by the Executive Committee, to serve and act during the term of said Executive Committee.

Ex-Officio members may be elected annually by ballot, to the Executive Committee because of the office they hold. Ex-Officio members to the Executive Committee shall not vote.

The President of the Association shall become a member of the Executive Committee for the year immediately following his term as president, and he shall serve as chairman of the Executive Committee during this period.

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**FIRST N.F. XI INTERIM REVISION
ANNOUNCEMENT IS RELEASED**

The first interim revision announcement for N.F. XI has been just issued by the Committee on National Formulary and approved by the Council of the American Pharmaceutical Association.

Dr. Edward G. Feldmann, Director of N.F. Revision, notes that the announcement includes a complete revision of the section on Antianemia Preparations, which describes the procedures for evaluation of Oral Liver and Stomach Preparations and of Intrinsic Factor Concentrate. Also detailed are definitions for N.F. Units of antianemia preparations and the procedure for submission by manufacturers of batch samples for certification and potency assignment.

Eleven N.F. XI monographs are revised, several changes in the general notices and general tests section have

been made, and certain requirements for light-resistant containers have been postponed until further notice. The revised monographs relating to the Vitamin B12 preparations and the section on Antianemia Preparations become effective January 1, 1961. Other items carried in the announcement are considered immediately effective.

The complete text of the announcement was published in the November issue of Scientific Edition of the APhA Journal and will be included in the First Supplement to N.F. XI which will be issued at a later date. Copies of the Supplement, when published, will be sent to all holders of N.F. XI who have returned the Supplement request card. Single copies of the N.F. XI Interim Revision announcement, however, are now available at no charge by addressing a request to the Scientific Division, American Pharmaceutical Association, 2215 Constitution Avenue, N.W., Washington 7, D.C.

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If you are selling a Hot Water Bottle and you finally ask the customer to buy a particular make of bottle, you are, in effect, giving him a choice between buying or not buying. But, if you give him a choice between two Hot Water Bottles, the emphasis is placed on buying one of them instead of on not buying a bottle.

To put it another way, if you say to the customer, "Shall I wrap this bottle for you?" the customer might say "yes" or he might say "no". But if you say, "Which of the two excellent bottles is your choice, Mr. Smith?" the customer is likely to indicate the one he wants to purchase. It is unlikely that he'll switch the entire conversation around to say, "I don't want to buy either one."

Try it and see if this system of giving the customer a choice between something and something doesn't result in more sales than a choice between something and nothing.

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JUSTICE DEPARTMENT ATTACKS PHARMACY AGAIN

The American Pharmaceutical Association has expressed deep concern over yet another U.S. Justice Department attack on the profession of pharmacy within the year. This time it strikes in California. The Justice Department is seeking to prove the pharmacists have "fixed" prices through use of a prescription pricing schedule.

At the present time, a Federal Grand Jury is investigating whether retail prices of drugs in northern California are being "fixed" in violation of the Sherman Antitrust Act.

This probe has sparked the California Attorney General to conduct his own

inquiry concerning possible violations of the state's antitrust laws. Furthermore, the State legislative committee on social welfare recently announced plans to hear testimony on both wholesale and retail drug pricing.

In a parallel case against the Arizona pharmaceutical associations, the Justice Department relegates the profession of pharmacy to trade status, ignoring the professional services rendered in dispensing pharmaceuticals. The APhA has retained as co-counsel for the Arizona associations a nationally known law firm, well-versed in antitrust proceedings. APhA's counsel, in company with the Arizona association attorneys, presented argument for nearly four

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hours on the basic issues involved, but as yet, the Judge has reserved opinion on these arguments. The APHA's counsel has also conferred with the head of the Justice Department Antitrust Division in Los Angeles.

In the California complaint, the Justice Department continually refers to pharmacists being "licensed to sell prescription drugs." This charge ignores that pharmacists are professionals licensed to prepare prescriptions which can only be **dispensed** according to a prescriber's order and never can be merely "sold."

Because of the similarities in the Arizona and California cases, the American Pharmaceutical Association has completed arrangements to furnish the attorneys of the California associations with complete transcripts of the Arizona arguments, proceedings and the recommendations of the APHA counsel concerning procedures which might be utilized.

1961 APHA CONVENTION PLANS SET

Pharmacists traveling to the 108th annual American Pharmaceutical Association convention in Chicago on April 23-28, 1961, will find a revised and improved convention format. The revisions have been made to better serve the needs of the participants in planning the improvements and actions for the profession's future.

One major change in the convention format is the scheduling of the banquet on Thursday evening, April 27, while the final meeting of the House of Delegates and the final General Session will be held on Friday morning, April 28. Thus, the APHA convention activities will conclude Friday noon.

Assuring the success of the entertainment of the convention from the musicale on Sunday evening, April 23, to the banquet on Thursday evening, is the 1961 Chicago Local Convention Committee headed by George L. Scharinghausen, Jr., who currently is pres-

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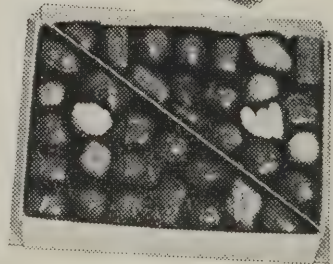
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ident of the Illinois Pharmaceutical Association.

Thomas Vratny, executive secretary of the Illinois Pharmaceutical Association, serves as secretary of the APhA Convention Committee, and Charles R. Walgreen, Jr., president of the Walgreen Co., serves as treasurer of the local committee.

One of the highlights of the convention activities will be the General Session of the APhA on Wednesday morning, April 26, to review the Justice Department attacks on pharmacy and the professional fee concept of prescription pricing. The House of Delegates will meet on Monday morning, April 24, Wednesday afternoon, April 26, in addition to its final session on Friday morning, April 28.

The Secretaries' Conference will meet on Saturday and Sunday, April 22-23; and the National Association of Boards of Pharmacy will meet on Monday and Tuesday, April 24-25. The American Association of Colleges of Pharmacy meets Sunday through Tuesday, April 23-25, while the American Society of Hospital Pharmacists has scheduled meetings Sunday, Monday, Tuesday, and Thursday. The American College of Apothecaries will meet Friday afternoon and Saturday, April 28-29.

Hotel reservation forms will be distributed to all members early in January, and will be published in the January 1961 issue of the *Journal of the American Pharmaceutical Association*.

A.P.H.A. — N.A.R.D. EXECUTIVES PLAN MEETING WITH A.M.A.

Presidents Tom Sharp (N.A.R.D.) and Ronald V. Robertson (A.Ph.A.) announced that a meeting with top officials of the American Medical Association has been arranged for January.

At a meeting held in Chicago, representatives of the Executive Committee of the N.A.R.D. and the Executive Committee of the Council of the A.Ph.A. agreed to re-organize the National Pharmacy Committee on Relations with

the Health Professions and to continue and expand the work of the National Pharmacy Committee through a Joint Committee.

The Joint Committee, consisting of President Tom Sharp, Executive Committee Chairman, Willard B. Simmons, and Executive Secretary John W. Dargavel, representing the N.A.R.D., and President Ronald V. Robertson, Council Chairman George F. Archambault and Secretary William S. Apple, representing the A.Ph.A., will meet with corresponding officers of the American Medical Association in January to explore programs of interprofessional cooperation in maintaining and improving the high standards of medical and pharmaceutical service which prevail under the free enterprise system in the United States.

Secretaries Dargavel and Apple stated the serious and complex problems now facing pharmacy provide many opportunities for cooperative efforts which require and deserve support by every pharmacist and pharmaceutical organization in the country.

Officials of the two national associations attending the Chicago meeting were unanimous in their opinion that the high level executive participation on the Joint Committee could effect prompt determinations and concerted action in dealing with many of pharmacy's current problems.

Representatives of the N.A.R.D. in attendance at the meeting were: Tom C. Sharp, president of the N.A.R.D.; Willard B. Simmons, chairman of Executive Committee; Carl Johnson, member of the Executive Committee; and Frank W. Moudry, past president of the N.A.R.D.; and John W. Dargavel, executive secretary.

The A.Ph.A. was represented by Ronald V. Robertson, president, A.Ph.A.; George F. Archambault, chairman of Council; Grover C. Bowles, member of the Council, Hugo H. Schaefer, member of the Council, and William S. Apple, secretary.

SOCIAL SECURITY CHANGE

All people receiving old-age and survivors social security checks received a little slip in the envelope with their checks. This is one way the Social Security Administration is using to tell them of a change in the law as to how much they may earn and still receive their social security benefits.

Under the old law, which will remain in effect the rest of this year, a person can earn as much as \$1,200 a year and still receive all of his benefits. For each \$80, or fraction of \$80 he earns over that, however, one month's benefit is withheld. There are exceptions to this. Regardless of his total earnings a person may receive his benefit for any month he is 72 or over. He may also receive his benefit for any month he neither earns more than \$100 in wages nor does substantial work in self-employment.

Beginning next year, a person may still earn as much as \$1200 and receive all of his benefits. When he earns between \$1200 and \$1500, he will have \$1 in benefits withheld for each \$2 he earns. For earnings of over \$1500, he will have \$1 in benefits withheld for each \$1 of earnings. As before, though, a person may receive his benefits for any month he neither earns wages of more than \$100 nor works in self-employment, regardless of his total earnings for the year. He will still receive his benefits for any months he is 72 or over, also.

Your local social security office has a booklet available describing the new earnings test in more detail. If you get the chance, stop by and ask for a copy. It's free. Or, if it's easier for you, call or write the office and ask them to send you a copy. They will be glad to.

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ANNUAL BANQUET

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FTC CHARGES FALSE ADVERTISING

West-ward, Inc., 745 Eagle Ave., New York City, which sells drugs to the United States Government and to retail druggists and pharmacists, hospitals and institutions, has been charged by the Federal Trade Commission with falsely advertising that it has an adequate control system and with making other false claims.

Despite such statements as "quality control," "quality control system" and "control system" appearing in promotional material, the concern does not have an adequate control system, the FTC's complaint alleges.

The company also advertises that assays are performed on every preparation sold, thus implying quantitative analyses are made of each preparation which assure the amount of each active ingredient, the complaint continues.

In reality, it says, on some preparations West-ward neither performs assays nor makes quantitative analyses, and on others the purported assays are inadequate to assure that each active ingredient is actually present in the amount claimed.

Also challenged is the representation that these purported assays on all preparations are performed in West-ward's own laboratories. Many of the preparations, the complaint points out, are made for the company by service contractors; in these instances many of such assays as may be performed are by such contractors and in their own laboratories.

A further allegation is that West-ward has misrepresented the stability of certain of its enteric coated tablets has been established as to potency and disintegration characteristics.

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL
"IN UNITY THERE IS
STRENGTH."**

LEDERLE NAMES CONSULTATION BOARD

Eleven distinguished representatives of retail, hospital, and academic pharmacy will serve in an advisory capacity on the newly-instituted Pharmacy Consultation Board of Lederle Laboratories.

In making the announcement Lederle's Trade Relations Manager, Maxwell James, said that the purpose of the Board is "to recognize pharmacy's growing responsibility in the advancement, by the health professions, of the quality and scope of medical care, and to assist Lederle in serving pharmacy, physicians, and the public through sound and enlightened marketing programs."

James indicated that the board will facilitate the exchange of opinions and information between all segments of pharmacy and Lederle in matters pertaining to sales promotion, advertising, packaging, and new products. In addition, he said that the Board will advise Lederle concerning inter-professional relations, pharmacy education, and the viewpoints and opinions of the general public.

Appointments to the Board are for varying terms in order to secure a broad and continuing selection of viewpoints from all aspects of pharmacy, James said. He also indicated that regular meetings would be held and that Lederle would seek the advice of Board members on particular problems from time to time throughout the year.

Appointments to the initial Board membership have been accepted by Lee Eiler, Dayton, Ohio; C.W. Evans, Cleveland, Ohio; William Galbreath, Eureka, California; Robert Gillespie Benton Harbor, Michigan; Richard Henry, Madison, Wisconsin.

Also Dr. Harold Hewitt, Storrs, Connecticut; Leon Kahanek, Ballettsville, Texas; Edward Mazilaukas, New York, New York; Mearl Pritchard, Buffalo, New York; Lee Stowell, Tacoma, Washington; and Fred Tannehill, Pineville, Louisiana.

THANK YOU

Our office would like to thank each and every one of you who were kind enough to take time out to talk to our representatives regarding Maryland Pharmaceutical Group Insurance revisions.

If we can be of any further assistance regarding any insurance matters please always feel free to call.

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4,000 MD's DELIBERATE MEDICINE'S PROBLEMS AT AMA CLINICAL SESSION

The American Medical Association's Clinical Meeting in Washington, D.C., November 28 to December 1, was attended by nearly 4,000 physicians. The deliberations and policies which were presented at this meeting have far-reaching impact on the medical team, particularly pharmacy.

AMA President E. Vincent Askey told the gathering that President-Elect Kennedy may try to carry out certain promises he has made in the field of medical care for the aged, but the AMA will continue to promote its views for the betterment of the public health for all groups. The principle of freedom of the individual, both of the doctor and the patient, are far more important than political expediency, he asserted.

Emphasizing that "our policy position is in the best interests of all Americans, the aged included," the AMA President stated that "our Willingness to defend this policy must be strengthened and maintained. Our allies . . . and our friends in Congress can be expected to battle once again to keep the sound legislation now in effect (the Mills-Kerr bill supported by AMA) and to maintain the principle of individual initiative, local determination, local administration and local control."

The AMA took a middle-of-the-road attitude concerning generic names vs. tradename prescribing for welfare patients, emphasizing the physician's freedom of choice according to medical principles. The AMA House of Delegates adopted a report which noted that the cost and utilization data available from direct payment plans have revealed that drugs are a factor in the steadily increasing expenditures for medical assistance. This report recognizes that the prescription is an intrinsic part of the physician's treatment and if the patient does not obtain the prescribed medication or the welfare agency cannot afford the cost for its clients, much

HOW TO HELP IN CASE OF A HEART ATTACK



Call the doctor at once.

The most important thing to do is see that the patient has professional help as soon as possible. In the meantime, keep the patient comfortable.

Help the patient take the position that is most easy for him. (This will probably be halfway between lying and sitting. He usually cannot breathe comfortably if he lies flat.)

Do not attempt to carry or lift the patient without the doctor's supervision.

Loosen tight clothing such as belts and collars.

See that the patient does not become chilled, but do not induce sweating with too many blankets.

Do not give the patient anything to drink without doctor's advice.



PUBLISHED IN COOPERATION WITH YOUR HEART ASSOCIATION

of the physician and hospital care may be wasted.

The AMA report outlines areas of responsibility for welfare drug expenditures and points out that the welfare agency must be concerned with the care of the patient and the economical use of the public funds, but without interfering with proper medical treatment. The physician must consider both the medical and financial aspects of various acceptable modes of treatment to assure the economical use of public funds. And, the patient must be enlightened that he is also responsible to assure that care provided is both effective and economical.

One specific suggestion of the report states that the physician should ex-

amine his prescribing habits to determine whether effective treatment at less cost can be accomplished by emphasis on using U.S.P., N.F., N.N.D., and A.D.R. counterpart drugs, limiting refills, using standard packaged quantities, and instructing the patient as to the proper use of the medication.

In another action, the AMA House of Delegates directed the Board of Trustees and the Council on Medical Service to immediately assume leadership in consolidating the efforts of the AMA with those of the National Association of Blue Shield Plans, the American Hospital Association and the Blue Cross Association into maximum development of the voluntary nonprofit prepayment concept to provide health care for the American people, and that similar leadership be taken with private carriers and, where feasible, efforts be made to cooperate with other groups. (Prior to this action, a Board of Trustees proposal to establish a Joint Commission for the Promotion of Voluntary Prepaid Health Insurance, which would include nonprofit and commercial plan representatives, drew strong protests from a spokesman for the American Hospital Association, a sponsor of Blue Cross.)

The AMA House of Delegates also:

- **acted to encourage the medical profession to promote the widest possible use of the Salk vaccine and to establish a proper committee to study the special problems involved in administering the Sabin oral vaccine;
- **decided that the AMA did not have the authority or resources to conduct a study of the pharmaceutical industry, as directed by the House of Delegates at the meeting in Miami Beach, Florida, in June 1960;
- **referred a resolution calling for a clarification of the AMA's position on the harmful effects of tobacco;
- **stated that the ambulatory clinic plan for the treatment of narcotic addic-

tion is inadequate and medically unsound and charged the Council on Mental Health to continue study of this subject; and

- **adopted a \$20 increase in annual dues to be implemented over a two-years period; \$10 on January 1, 1962, and \$10 additional on January 1, 1963.

STATEMENT REQUIRED BY THE ACT OF AUGUST 24, 1912, AS AMENDED BY THE ACTS OF MARCH 3, 1933, JULY 2, 1946 AND JUNE 11, 1960 (74 STAT. 208) SHOWING THE OWNERSHIP, MANAGEMENT, AND CIRCULATION OF

MARYLAND PHARMACIST, published monthly, at Baltimore, Maryland for October 1, 1960.

1. The names and addresses of the publisher, editor, managing editor, and business managers are:

Publisher: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Maryland.

Editor: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

Managing Editor: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

Business Manager: Joseph Cohen, 650 W. Lombard Street, Baltimore 1, Md.

2. The owner is: Maryland Pharmaceutical Association, 650 W. Lombard Street, Baltimore 1, Md.

3. The known bondholders, mortgagees, and other security holders owning or holding 1 percent or more of total amount of bonds, mortgages, or other securities are: None.

4. Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

5. The average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the 12 months preceding the date shown above was: (This information is required by the act of June 11, 1960 to be included in all statements regardless of frequency of issue.) 1350.

JOSEPH COHEN,
Editor

Sworn to and subscribed before me this 13th day of October, 1960.

DAISY E. GUE

My commission expires May 1, 1961.



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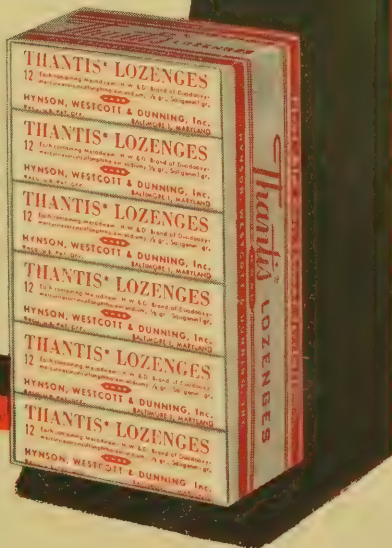
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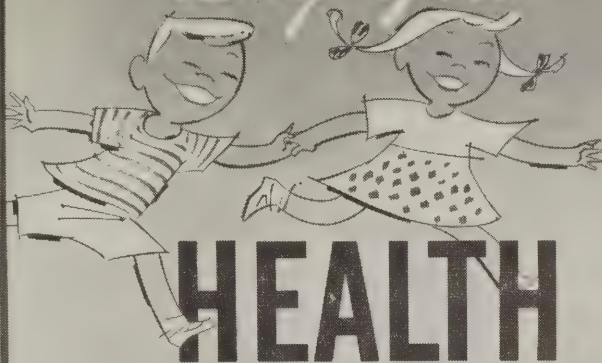
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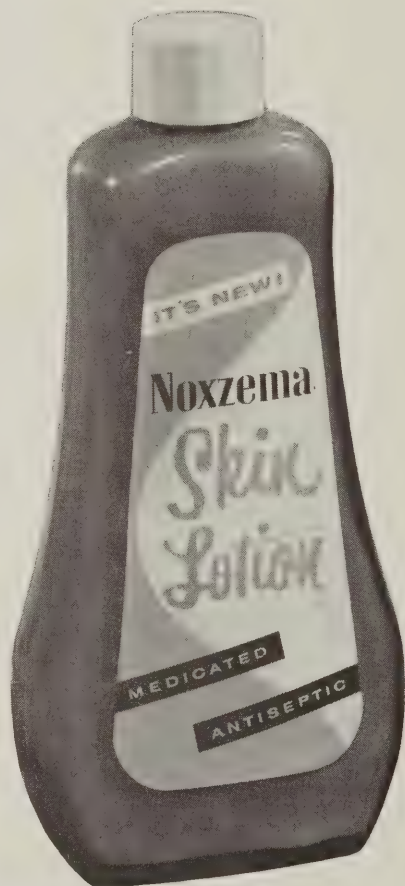
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Volume XXXVII

JANUARY, 1961

No. 4

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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

JANUARY, 1961

No. 4

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... Editorial ...

SEMINARS

Seminars are generally considered as an educational meeting of graduate students interested in a particular subject, group of subjects, or profession.

In this era of changing times, those engaged in the calling of Pharmacy—pharmacist, salesman, wholesaler—must remain a “student” and be ever alert. We must keep abreast of the times.

Books, trade journals, newsletters, etc. are important medias, but not enough. Subjects of interest can be more fully explored at a seminar with its open forum discussions.

With these points in mind, the Maryland Pharmaceutical Association has established an annual seminar in honor of Dr. Robert L. Swain. Dr. Swain is a Marylander who has served Maryland and National Pharmacy with distinction. He will be the Guest of Honor at the First Dr. Robert L. Swain Annual Pharmacy Seminar to be held on Thursday, March 23, 1961.

The Seminar will be held at the new million dollar Health Sciences Library Auditorium of the University of Maryland on the Baltimore campus.

The one-day program will begin with registration at 8:30 A.M. The Seminar will begin promptly at 9:00 A.M. and conclude at 4:30 P.M. Luncheon will be served at the new Baltimore Union of the University of Maryland.

The morning session will be devoted to a scientific presentation and discussion of the Psycho Therapeutic Drugs. Both energizers and tranquilizers will be covered from primitive times to the present. Dr. John C. Krantz, Jr., Professor of Pharmacology, School of Medicine, University of Maryland, will

talk on the historical development of these drugs. Dr. Albert A. Kurland, Director of Medical Research, Spring Grove State Hospital, will address the Seminar on the clinical application and results of Psycho Therapeutic Drugs.

The afternoon session will be devoted to laws and regulations affecting the practice of Pharmacy and the drug business generally. The following outstanding speakers will address the afternoon session: Samuel L. Williams, Chief Project Attorney, Bureau of Investigations, Federal Trade Commission; Wallace F. Janssen, Director of Public Information, Food and Drug Administration, Department of Health, Education and Welfare; and Wayland L. Speer, Assistant to the Commissioner, Legal Enforcement Section, Bureau of Narcotics, Treasury Department.

These speakers will cover such subjects as: Counterfeit Drugs, Quack Remedies, False Advertising, Antitrust Policies, New Narcotic Regulations and Enforcement.

The Seminar Committee has devoted much effort in selecting subjects of interest and expert speakers to present them. The Seminar is being held in an atmosphere of learning with due consideration given to comfort and convenience.

An attendance of 400 is anticipated. Programs and registration forms have been mailed to the drug stores of Maryland, active and associate members of the Maryland Pharmaceutical Association and the alumni of the School of Pharmacy, University of Maryland in Maryland and the District of Columbia.

Be informed—attend the Dr. Robert L. Swain Pharmacy Seminar. Enroll now for an educational day.



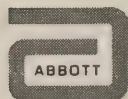
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It's as simple as this: Sucaryl *belongs*, when you're watching your weight. It belongs in your store, on your counter. How many new customers will you have this week?



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101193

PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

As we plan for the year 1961 it becomes quite obvious that we do some serious thinking. New Year's resolutions are of no consequence without resolute action and determination. Then again, resolutions are passe because of the fast pace we live under and the day to day changes taking place in our business and profession.

Rather than resorting to day-dreaming and hoping that good fortune will smile benevolently upon us, we must establish a stringent code of self-appraisal and conduct. The design of such a pattern should be flexible, subject to adjustment to meet the daily demands of our changing times.

It is also important to put faith in others, especially the officers and leaders of organized associations. Your wishes should be made known to them through both the spoken and written word. Do not hesitate to make inquiry and demands. Those accepting the honor and privilege of office should also accept the responsibilities of that office.

We are living in an age when to be well informed and well represented is extremely important. Economic conditions, as well as the development of government health programs, puts emphasis on interest in public affairs.

Each pharmacist should make it his or her business to become acquainted with their local, state and federal legislative representatives. This acquaintance should not cease with the casting of the ballot. It should be carried to the point of true representative government. Make your opinions known and do not hesitate to request information and representation on your problems if and when necessary.

Every pharmacist should become interested in community affairs. Get closer to the people on matters of civic and political interests. Their problems are also your problems and affect your livelihood.

The Maryland Pharmaceutical Association is alert to the changes taking place. We try to be everywhere at the same time. With your interest and cooperation, a true measure of success can be expected in protecting the interests of Pharmacy.

Sincerely,

HAROLD M. GOLDFEDER
President

CHANGE IN FORMAT

Please note that improvements have been made in the format of the Maryland Pharmacist by the Publications Committee. The front cover has been changed; an index has been added; and the officers of the Baltimore Metropolitan Pharmaceutical Association appear under a separate heading.

WHICH ONE FOR YOUR OWN FAMILY?

When you fill a prescription for **your** wife or **your** child, do you really feel that any of the generic products will do—that any brand is reliable—or is there one particular brand you would prefer?

■ Don't you find yourself choosing a specific "brand name" because you feel there is something more behind the label statement—more care in selecting raw materials, intricate compounding, and exhaustive testing; and more knowledge of product problems and needs through continuing research? These are the intangibles which suddenly become very real when the patient is someone near and dear.

■ You may not be able to measure all intangibles which add up to Lederle Quality, but they provide the true basis of physician confidence and trust—seen in the continuing professional choice of a Lederle brand.

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PRESCRIPTION PRODUCT LABELING CHANGES

The Food and Drug Administration has amended its new regulations requiring changes in labeling used to promote the sale of prescription drugs to physicians. At the same time the Agency extended to February 7, 1961, the effective date of those parts of the regulations previously scheduled to become effective on January 8, 1961. These regulations were published in the Federal Register on December 9, 1960.

Time extensions also have been granted for compliance with certain parts of the regulations scheduled to have become effective on March 9, 1961.

As amended, the regulations will extend the March 9, 1961, date and make these other changes:

1. Permit the use until January 1, 1962, of labels already printed even though they do not contain all the information required in the order published in the Federal Register on December 9, 1960, if the information is elsewhere on the package or in a brochure enclosed in that package.

2. Permit until June 6, 1961, the marketing of drugs already packaged without code or control number on the carton if this number is on the label.

3. Provide for continued use until January 1, 1962, of catalogs and price lists which have some information (but not full disclosure) if sent only to pharmacists and wholesale druggists, and not to medical practitioners.

Where declaration of inactive ingredients is required, flavorings, perfumes and colors may be listed as such, without naming each specifically. Trace amounts of harmless substances used only for individual product identification need no declarations on labels.

In the case of parenterals, water for injection as a vehicle need not be declared under the clarifying regulations. A substance added to make the solution isotonic or to adjust the acidity or alkalinity need only be listed by name and effect, without stating the percentage.

The regulations also were amended to make it clear that no package insert is required solely because the label bears the dosage information called for in another section. Mr. John L. Harvey, Deputy Commissioner of Food and Drugs, said that the basic question as to required package inserts is being considered in the light of all comments submitted in response to an earlier proposal published in the Federal Register July 22, 1960. Time for submitted comments expired December 22, 1960.

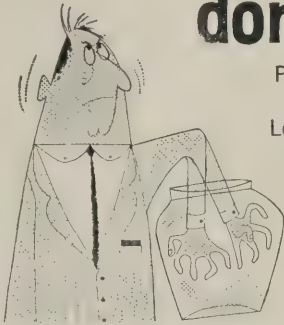
LABELING REQUESTING OF PRESCRIPTIONS

The question arises very often, should the name of the patient or the address of the patient appear on the label of the prescription. This is covered fully in the Federal Food, Drug and Cosmetic Act. Section 503 (b) (2) contains the information dealing with labeling. It reads:

"Any drug dispensed by filling or refilling a written or oral prescription of a practitioner licensed by law to admin-

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ister such drug shall be exempt from the requirements of section 502, except paragraphs (a), (i) (2) and (3), (k), and (1), and the packaging requirements of paragraphs (g) and (h), if the drug bears a label containing the name and address of the dispenser, the serial number and date of the prescription or of its filling, the name of the prescriber, and, if stated in the prescription, the name of the patient, and the directions for use and cautionary statements, if any, contained in such prescription."

It is evident that the law requires that the name of the patient, etc. appear on the label of a drug dispensed on a prescription, if the name of the patient appears in the prescription.

CHANGES IN FEDERAL NARCOTICS REGULATIONS EXPLAINED

There have been two major changes in the federal regulations that apply to Narcotics, and both relate to exempt narcotics. The new regulations, effective January 1, 1961, remove preparations containing dihydrocodeinone from the exempt category, and designate a new class of preparation as Class "M" products.

Highlights of the regulations are: DIHYDROCODEINONE PRODUCTS, formerly "exempt" now CLASS "B".

Dihydrocodeinone: Pharmaceutical preparations containing dihydrocodeinone and (otherwise known as Hydrocodone and distributed under such tradenames as Dicodid, Hycodan, Mercodionone) or any salt thereof are no longer exempt narcotics. Preparations containing dihydrocodeinone and any salt thereof are now treated as Class "B" (oral) narcotics, so long as the dihydrocodeinone content of the compound does not exceed one and a third grain per ounce or one-sixth grain per dosage units. Dihydrocodeinone preparations with a content in excess of the above will fall in the Class "A" category, which requires a prescription.

STATUS UNCHANGED. Dihydrohydroxycodone: This drug remains unchanged by the new regulation. It is in Class "B" (oral) narcotics so long as the drug, or any of its salts, is not compounded in excess of two-thirds grain per ounce or one-twelfth grain per dosage unit. Preparations containing dihydrohydroxycodone in excess of such limits are in the Class "A" category of narcotics.

Dihydrocodeine: Dihydrocodeine (otherwise known as Drocodone, and sold under such trade names as Didrate, Rapacodin, Paracodin, Parzone), is an entirely different drug and should not be confused with dihydrocodeinone. Dihydrocodeine preparations containing not more than eight grains per ounce or not more than one grain per dosage unit are to be treated as Class "B" narcotics. But, pharmaceutical preparations containing not more than a half grain of dihydrocodeine, or any of its salts, per fluid ounce are exempt.

CLASS "X" PRODUCTS: The new listing of pharmaceutical preparations designed as Class "X" products reads as follows:

(1) Pharmaceutical preparations containing not more than two grains opium per fluid ounce (or 1 av. oz.);

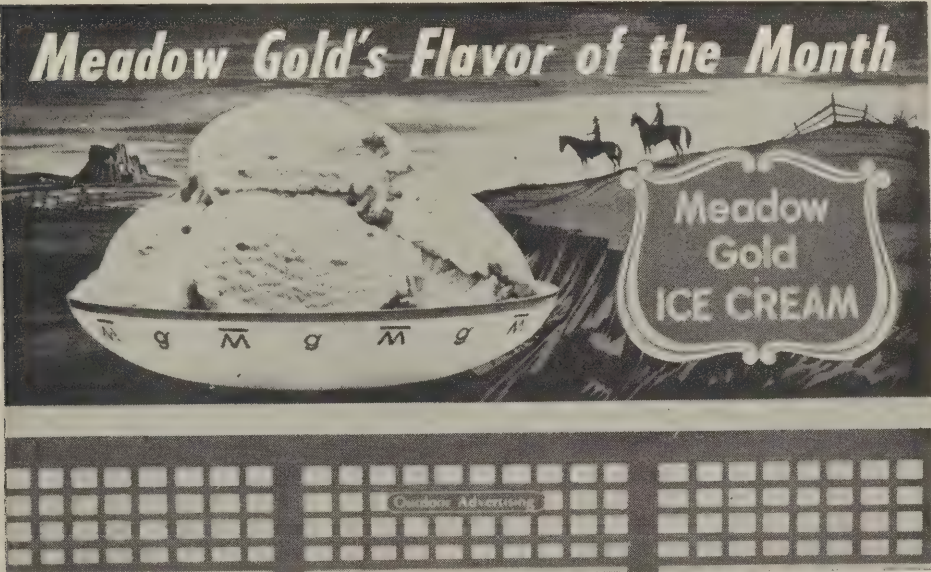
(2) Pharmaceutical preparations containing not more than a quarter grain morphine, or any of its salts, per one fluid ounce (or 1 av. oz.);

(3) Pharmaceutical preparations containing not more than one grain codeine, or any of its salts, per one fluid ounce (or 1 av. oz.);

(4) Pharmaceutical preparations containing not more than a half grain dihydrocodeine, or any of its salts, per one fluid ounce (or 1 av. oz.);

(5) Pharmaceutical preparations containing not more than a fourth grain ethylmorphine, or any of its salts, per one fluid ounce (or 1 av. oz.);

Each of the above mentioned preparations shall in addition contain one



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or more non-narcotic active medicinal ingredients in sufficient proportion to confer upon the preparation valuable medicinal qualities other than those possessed by the narcotic drug alone.

(6) Pharmaceutical preparations in solid form containing not more than 2.5 milligrams diphenoxylate and not less than 25 micrograms atropine sulfate per dosage unit.

"CLASS "M" PRODUCTS A FOURTH CATEGORY: Class "M" Products: The Federal Bureau of Narcotics has created a new class of pharmaceutical preparations to be designated as Class "M" products. Pharmaceutical preparations will be classified as Class "M" products whenever the Commissioner of Narcotics, after consideration of the report and recommendations of an advisory committee, has determined that such products:

. . . Posses no addiction-forming or addiction-sustaining liability, or possess such slight addiction-forming or addiction-sustaining liability as to create less risk of improper use than those preparations classified as Class "X" products (exempt narcotics), and

. . . Do not permit the recovery of a narcotic drug having such liability with such relative technical simplicity and degree of yield as to create a risk of improper use.

SYMBOL "M" REQUIRED: All preparations classified as Class "M" products will have the symbol "M" superimposed on the label of their containers.

For exemption as a Class "M" product, a pharmaceutical preparation must meet the following conditions:

(a) To be sold as a medicine only. A pharmaceutical preparation determined by the Commissioner of Narcotics to conform to the standards set forth as a Class "M" product shall be exempt from stamp tax and the requirements pertaining to taxable narcotics only to the extent that it is manufactured, sold, distributed, given away, dispensed or possessed as a medicine and not for

the purpose of evading the provisions of the federal narcotic statute.

(b) Records not required. Records of disposition of Class "M" products shall not be required. Manufacturers of Class "M" products shall maintain such records and render such returns as provided in the regulation. Pharmacists need not enter the sale thereof in the Exempt Narcotic Registry Book.

(c) Registration required. Every person possessing or dispensing a pharmaceutical preparation conforming to the standards set forth as a Class "M" product shall register as required in section 4722 of the Internal Revenue Code of 1954, as amended. Pharmacists' Narcotic Tax Stamp Number will be required to order Class "M" products from the wholesaler or manufacturer.

So far only four classes of pharmaceutical preparations have been designated as Class "M" products. They are:

(1) Pharmaceutical preparations containing noscapine (Narcotine), or any of its salts.

(2) Pharmaceutical preparations containing papaverine, or any of its salts.

(3) Pharmaceutical preparations containing narceine, or any of its salts.

(4) Pharmaceutical preparations containing cotarnine, or any of its salts.

None of the four classes of pharmaceutical preparations of the above shall be limited by quantity of the narcotic drug, but the medication shall contain active or inactive ingredients of the type used in medicinal preparations.

DRUG STORE CHANGES

The following are changes in drug stores for December, 1960:

New Stores

Max Celler, President, Burgundy Park Pharmacy, Inc., 804 Baltimore Road, Rockville, Maryland.

Samuel Markin, Markin's Pharmacy, 3101 St. Paul Street, Baltimore 18, Maryland.

Closed

M. Alfred Kolman, Oak Grove Pharmacy, 300 Holly Drive, Middle River 20, Maryland.

Read Drug & Chemical Company, Arthur Nattans, President, 3115 St. Paul Street, Baltimore 18, Maryland.

Change of Ownership

Julian I. Miden, Beeli's Drug Store, 3133 West Belvedere Avenue, Baltimore 15. Formerly: Everett J. Holmes, Owner.

Mrs. Doris Rotkowitz, Waltz Pharmacy, 1831 West Mosher Street, Baltimore 17. Formerly: William Rotkowitz.

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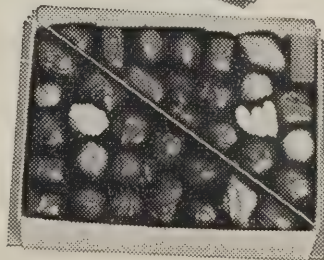
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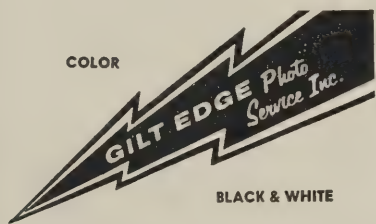
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- Gillette, Gem, Razors and Blades
- Schick Blades and Razors
- Eaton High Grade Stationery
- Becton Dickinson Products
- Kotex, Kleenex, Modess, Yes
- Tampax
- Doeskin Products
- Foster Forbes Glassware
- American Thermos Bottles
- Sheiks-Ramses

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. CONTRIBUTIONS .

THE STRUGGLE FOR PHARMACEUTICAL LEGISLATION IN MARYLAND

*Morris Lindenbaum

Down through the ages men have had to fight unceasingly for certain ideals conforming with their principles. These ideals when made tangible have meant more to their fellow-men than to themselves. With such a spirit members of the Maryland Pharmaceutical Association fought for years until in 1902 they secured as their reward state pharmacy legislation.

The Maryland Pharmaceutical Association when completing organization in 1883 appointed a Committee on Legislation whose duty was to draft such laws necessary to protect the public from danger and loss resulting from the adulteration of food and medicine, and from the danger resulting from permitting incompetent persons compounding and dispensing medicines.

The only law in Maryland in 1884 protecting the public against fraud and incompetency in dispensing drugs and medicines to the sick was a local law applying to the City of Baltimore. The law, even though deficient when made, was further weakened by amendments which made it worthless to the public. These amendments were caused indirectly by suits brought by the Commissioners of Pharmacy and Practical Chemistry against offenders of the law. The defendants secured as their counsel a prominent member of the bar who was also an influential politician. He placed the record of the cases of his clients before the legislature and by skillful means had the law amended into a limp and ineffective form. Grocers had found that the law conflicted with their attempts to supply the public with compounds of inferior quality.

The Legislative Committee, therefore, recognizing its duty, proposed a law which was to be taken to Annapolis by a sub-committee who were to use all honorable means to gain its enactment into a law. This committee worked faithfully, but due to adverse circumstances their efforts were without avail. They were not god politicians.

Two years went by before a new Pharmacy Law suitable for the entire state could be drafted. Five hundred copies of this drafted law were printed and mailed to pharmacists in the State of Maryland. What happened to this proposed law was not then recorded. The regular conventions of the Maryland Pharmaceutical Association were held in the years 1887, 1888, 1889, 1891, 1892, but no published or unpublished record of the Proceedings of these years was found. The meeting which was to be held in 1893 was passed, while the meeting of 1894, held at the Blue Mountain House, was attended by a bare quorum and nothing more was done than elect officers and selected Baltimore as the meeting place for 1895. Therefore, there were no Proceedings for these two years.

The Proceedings of the Maryland Pharmaceutical Association of 1895 show that there really had been action in the previous years. A very good bill had been introduced into the Senate on February 13, 1888, but it had been defeated. This bill had provided for the proper examinations and registrations for pharmacists; for a Board of Pharmacy; for the proper sale and care of poisons; and to prohibit the falsification and adulteration of drugs. Even though defeated then, it brought action later on. In 1892 the old pharmacy law that had been in existence in the City of Baltimore since 1872 was amended so that it was a protection to citizens and qualified

*Editor's Note: This paper was submitted by Miss B. Olive Cole. It was written when Mr. Lindenbaum was a student at the U. of M. School of Pharmacy as a class assignment.

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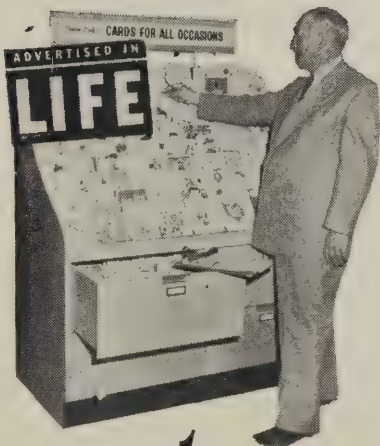
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pharmacists by keeping incompetent persons out of the practice of pharmacy. This was a great stride, but not enough. The law was not state-wide; did not include control of the sale of poisons and other dangerous drugs; and it did not take care of adulterations and misbranding.

New tactics had to be employed if results were to be obtained. Once more the bill had been a failure because country merchants, a number of whom were members of the House of Delegates, were afraid that their sales of drugs would be interfered with. The counsel employed by the Maryland Pharmaceutical Association suggested better organization, and agitation and education of the public. Some of the members wanted to allow any merchant selling drugs to become registered just to get a law passed and have something on the statute books.

The following statements are quoted from two men—Dr. J. F. Hancock and Dr. Charles Caspari, Jr. on this point. They were real champions of the cause. It was due to efforts of men of their caliber that results were obtained.

Dr. Hancock:—"Some of the gentlemen thought to get anything on the statute books was a beginning. We want the best beginning we can get. When you get a law with many good qualities, then you can get amendments more easily than you can get original laws. I know it is a fact that some of the pharmacists as attested, have poisoned the minds of their legislators against the laws. They do not know what it means. Many thought it meant to legislate them out of business, or that it would require those men already in business, who were not experienced pharmacists to pass an examination before the Board. The man who had invested his capital and knew that he was ignorant would not willingly go before the Board, and the only way to reject them would be to get the legislators to refuse to favor the bill. But

if we make this an educational matter invoking the aid of every pharmacist to use his influence with the public, we will stand some chance of success."

Dr. Caspari:—"The colleges all over the country are increasing their demands upon their students, and if I were to say that every Tom, Dick and Harry who sells Blue Mass should be registered as a pharmacist in this State, I would resign from this Association. This is a disastrous move to recognize men who simply sell Blue Mass and dose out quinine by the spoonful, and put them on a level with educated men."

So matters went on in the same way for two or three more years. New laws were formulated. Revisions were made. Newspapers came to the aid of the Pharmacy Law. Legislators became more friendly. The people were becoming more educated to the need of a Pharmacy Law for their safety and protection. Still no State Pharmacy Law appeared on the statute books. Various factors were the cause. The pharmacists did not cooperate effectively. Indifference and apathy appeared in legislative bodies. The country storekeepers and their jobbing friends in the drug line still gave vent to howls that kept the bill from being passed.

In 1900 a satisfactory bill had been formulated. Provisions had been made to suit all interested parties. The bill had been approved by the Hygiene Committee and had passed successfully through three readings in the House of Delegates. It now went to the Senate where a majority support had been promised. However, it was reported at a time when its supporter were not in the Senate. Once more it was doomed. The bill had been killed by indefinite postponement.

An editorial appearing in the *Baltimore Sun* of April 1900 best conveys the sentiments of the people of the state as to that legislation: "The Republican

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Legislature of 1896 and 1898 were subjects of much scornful comment but the Democratic Legislature of 1900 'take the cake' as a body utterly out of touch with the people and conspicuously indifferent to popular interest. Besides 'taking the cake' it might just as well have taken everything else in sight, including the State House, which seems to have become of no further use to the people. There were, of course, some excellent men in the legislature, but the other kind were too many for them."

Although the defeat of 1900 was a bitter disappointment to the members of the association, it showed that the passage of the law was only a matter of time, a year or two at the most. This proved to be the case as three distinct laws were passed in 1902 after a long wait of fifty years for pharmacy legislation for the State. Besides the Pharmacy Law, the Substitution Law of Senator Bryan of Baltimore City and the Poison Law of Representative Henkel, also of Baltimore City, were passed. The Poison Law defined what was poisonous in the eyes of the law and provided that every sale of a poison must be registered by a pharmacist selling it, with penalty to neglect to do so. The article, its amount, name of purchaser, date of sale and statement of intended use must be recorded.

The Substitution Law said that any one who shall deliver to any person a drug, medicine or chemical preparation for medical use, recognized or authorized by the latest edition of the United States Pharmacopoeia, or prepared according to the private formula of some person or firm, *other or different* from the drug, medicine, etc. recognized or authorized by the latest USP; or prepared according to private formulae of any person or firm, ordered or called for in a physician's prescription, shall be guilty of misdemeanor,

and upon conviction shall be fined or imprisoned, or both.

The Pharmacy Law was a long way from being perfect, but amendments in time would make it more and more what it should be. In later years Talbot County, which was exempted from the scope of the Pharmacy Law of 1902, was brought within its scope; a new Narcotic Law was secured; and a State Food and Drug Law was passed to conform with the national laws.

Today, when we look back, we see how hopeless the profession of pharmacy would be were it not for state laws and legislation. The representative pharmacists and legislative committees of the different pharmaceutical associations and groups are continually striving to improve conditions for pharmacy, pharmacists and the general public. New laws and measures are under consideration. Improvements are being made. Today everything is being done to foster the spirit of the pioneers who had to fight every inch of the way. They were the real disciples of Galen and they have many followers who are practicing the ideas of Galen.

QUALITY CONTROL of PHARMACEUTICALS

by B. F. Allen*

The chief aim of those doing product control work is to exclude substandard preparations from the channels of trade. The growth and progress of every manufacturer depends upon a well-founded reputation for the quality of its products. Also, the future of a drug manufacturer is made more secure by eliminating all unsuitable products from the market.

Drug manufacturing is merely the processing of purchased materials by human beings using machinery. If the purchased materials are suitable, and the people and machinery perform properly, quality is assured.

*Associate Professor of Pharmacy, University of Maryland.

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However, there are many factors that make it difficult to prepare and market drug products of uniform good quality. As an example, the starting materials may not be just right and the human beings as well as the machinery may not perform as they should throughout all of the operations. The developments in recent years have increased the difficulties. Many of the newer drugs are very complex and developed through very delicate research. This also requires highly skilled technologists to produce large quantities of these new drugs.

Some of the important procedures that are provided in a comprehensive control system, include the following: (1) standards and specifications are established for all purchased materials including drugs, chemicals, containers, and finishing supplies; (2) laboratory testing of the finished products as well as intermediates; (3) checking the accuracy of all weights, measures and devices used for weighing and measuring; (4) control of temperature, humidity and other conditions affecting the operations; (5) cleanliness and sanitation; (6) checking manufactured items at regular intervals to determine the maximum normal and abnormal shelf life.

The pharmaceutical trade and profession have gradually come to know the deep significance of a particular label and have placed implicit confidence in products bearing said label(s). There is, however, much more to a product than its label. There must be countless safeguards to assure that each product is the ultimate in quality. Thus, it is understandable that increasing effort must be placed on control in all manufacturing procedures. This effort toward control has been referred to as the "hidden factor of quality."

It is very important that every new batch of a product is similar in all respects to former lots. This includes such matters as color, flavor, odor, viscosity, and clarity of liquids; shape,

size, thickness, hardness, taste, and texture of tablets; color, odor, consistency, and smoothness of ointments, etc.

Recently it has been stated that less than one per cent of the drugs now on the market are Federally inspected. In fact, the Revision Director of the U.S.P. has indicated that there is not sufficient policing to insure that the U.S.P. standards are met.¹

Since 1938, there have been over 10,000 new drug applications submitted to The Food and Drug Administration. This further shows the complexity of the problem with which we are faced today. It emphasizes that the pharmacist must depend upon the manufacturer for the effectiveness of a drug. Also, the manufacturer must possess that intangible something called integrity which is more than often the difference between a good and poor product. This extra something may sometimes make a difference in the treatment of a patient. Therefore, one cannot afford to take chances on a product that may be inferior.

In recent years, because of advances, etc. in the practice of medicine, as well as economic reasons, many of the large well-known manufacturers have discontinued the production of a great number of galenicals and similar useful pharmaceuticals which are still prescribed by the physicians. Nearly all of these preparations are now manufactured by small firms which may or may not have adequate procedures for controlling production, etc. Therefore, in many instances there may be a significant difference in the quality of the finished product. Many individuals fail to realize that even flavors may be identical to the eye but different to the taste though the formulations are the same. The basic difference could be the unique flavor of one particular ingredient developed and perfected to

¹ an analysis of samples of ascorbic acid from 15 different manufacturing firms showed that 47 per cent of them failed to meet standards.

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mask an undesirable taste. Uniform manufacturing and quality control would assure the same flavor from batch to batch, etc.

The control department is actually the backstop of safety for the manufacturer. It guards against liability, contamination, misbranding, misrepresentation, instability of active ingredients, sub-standard raw material, and even excessive production costs. This insures quality in the finished product which is of utmost importance to all pharmacists and their customers. Also, one of the most important legal and moral obligations of a pharmaceutical house is to market preparations that will maintain their label values and initial appearance for the duration of their market or shelf life.

The importance of uniformity of finished commercial products is similar to the uniformity which should be attained by the pharmacist in his prescription compounding practice. A frequent pharmaceutical practice is to color preparations for purpose of eye appeal, masking, identification, and association with taste. Such coloring should be maintained throughout the life of the product for fulfillment of the above purposes and also in consideration that the consumer may associate color maintenance with potency maintenance of the product.

Much has been written and spoken about the use of so-called "equivalents" in place of specific preparations on prescriptions. It has been stated that one reason why equivalents are not equivalents is simply because often there is little or no control applied at any stage of their manufacture. Also, reliability, quality and purity are more important objectives than production of a particular product at a cheaper price.

It is almost impossible for another manufacturer to duplicate a liquid vehicle exactly. Hence, while the content of the active ingredients may be identical, a variation in the vehicle may

produce a preparation which is not completely compatible. Incompatibilities are not always immediately apparent but often develop upon standing.

Recently, a comment appeared in one of the journals to the effect that no one can expect the retail pharmacist to check the quality of all the medicinals he buys for compounding purposes because he lacks the training, the time, and the money to pursue such a practice. Of course, this article riled many practicing pharmacists because they are capable of checking the quality of the items in many different ways without resorting to elaborate laboratory equipment, etc.

A very sensible and practical solution to this problem would be a personal inspection and examination of a "producer" in a particular locality and the non-purchase of items from unknown outlets. Much of the aforementioned could be conducted very quietly and in an extremely professional manner.

Insofar as the procedures are concerned, there is no real need in the majority of the quality control procedures, to expend enormous sums of money for elaborate equipment, etc. When the latter is absolutely necessary, work of this type can be easily performed by special analytical laboratories which are located in most of the metropolitan areas.

In conclusion, similar problems concerning the quality of products exists in many other industries with which the pharmacist comes in very close contact—such as the food, cosmetic, soap, and electrical products industries. Therefore, it is very important that the practicing pharmacist know his manufacturer well. Also, the pharmacist himself, should be willing to consume or use the preparations that he dispenses.

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Volume 19

JANUARY, 1961

No. 4

TAMPA GOODWILL MEETING

T.A.M.P.A.'S Good-Will luncheon, which took place at the Brentwood Inn, on January 7th, featured CARE as a different way to express good will toward all men. Mrs. Mary Goodspeed, Field Director of CARE in the Maryland-Delaware areas, spoke to our group about the good work that CARE is doing throughout the World, and showed us some very interesting pictures and slides of on the spot help that CARE has provided to unfortunate people of foreign countries. At this meeting T.A.M.P.A. offered to make a contribution to CARE to help them carry on the good work and build more good-will between the people of the United States and the people of other nations. This will be done.

ATTENTION MEMBERS AND FRIENDS

If you haven't been coming to our regular monthly luncheons we think you should know that these meetings are becoming increasingly popular. Our luncheon and program chairmen have been providing us with a good variety of meeting places, food, and entertainment.

Come to our luncheon next month and see for yourself.

NATIONAL SALES AWARD TO TOM KELLY



THOMAS J. KELLY

Thomas J. Kelly, of Baltimore, a territory sales manager for Johnson & Johnson, has won the 1960 John F. Kiley Memorial Award, the company's

highest sales honor. The presentation was made Dec. 14 at the Hollywood Beach Hotel in Hollywood, Fla., at the company's annual sales and marketing conference.

The award is made annually to the Johnson & Johnson salesman who excels in sales achievement, in service to his community and in leadership qualities. Company sales representatives from all 50 states are eligible.

Kelly, whose sales territory is Baltimore, joined the manufacturer of surgical dressings, baby and allied products in 1942. A native of Philadelphia, Kelly attended St. Joseph's College and Johns Hopkins University. He served as a sergeant in the Pennsylvania National Guard for five years.

He is chairman of the board of directors and past president of the Travelers Auxiliary of the Maryland Pharmaceutical Assn., president of the Speakers Club of Towson, chairman of the Manresa Drug Group, a member of the Society of the Friendly Sons of St. Patrick and the Advertising Club of Baltimore.

Kelly is married to the former Helen M. Monaghan of Bala-Cynwyd, Pa. They have four daughters and a son.

PERSONALS

CARMEL TO ATTEND HELSINKI OLYMPICS

Simon Carmel, son of Ann and Joe Carmel, Avalon Pharmacy, will participate in the International Games for the Deaf in Helsinki, August 6-10.

Simon attends Gallaudet College. He is Gallaudet's top tank star. He is one of twenty athletes chosen to represent the United States in the ninth International Games for the Deaf.

MERMELSTEIN-ROBINSON ENGAGEMENT

Mr. & Mrs. David H. Mermelstein have announced the engagement of their daughter Ilona to Larry D. Robinson, son of Mr. & Mrs. Lester G. Robinson.

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OUR FRONT COVER

Continuing the retailer public relations program that has proven so successful, the National Wholesale Druggists' Association has issued a new set of six truck posters to be displayed on the sides of over 500 wholesale drug delivery trucks throughout the United States and Canada during the coming year.

Instituted in 1958, the NWDA truck poster program has grown every year since. It was set up to remind the public that the best place to buy health and beauty items is in their neighborhood pharmacy. Continuing the themes established in previous years, six new, 23" x 35", colorful, weatherproof posters were designed to be changed every two months, with each theme tying in with the time of year the poster is on display.

The six themes which have been highlighted on this year's posters are:

1. BUY YOUR HEALTH AND BEAUTY ITEMS FROM YOUR PHARMACIST (Jan.-Feb.)
2. YOUR MOST *PRECIOUS* POSSESSION . . . Your Family's Health Trust Your *Community* Pharmacist (March-April)
3. CONSIDER A CAREER IN PHARMACY . . . For details consult your Community Pharmacist (May-June)
4. BUY YOUR VACATION NEEDS AT YOUR NEARBY PHARMACY (July-Aug.)
5. NATIONAL PHARMACY WEEK . . . Oct. 1-7 . . . VISIT YOUR PHARMACIST (Sept.-Oct.)
6. IS YOUR MEDICINE CHEST PREPARED . . . For Emergencies . . . For Health . . . For Beauty . . . Your Nearby Pharmacy is Your Most Dependable Source (Nov.-Dec.)

MEET THE PRESIDENT



SAM A. GOLDSTEIN

The Annual Meeting and Election of Officers of the Baltimore Metropolitan Pharmaceutical Association was held at the Kelly Memorial Building on December 28, 1960. Sam A. Goldstein was elected 31st President of the greater Baltimore Association.

Sam is a native of Baltimore and has resided in Baltimore all of his life. He attended the Baltimore public schools and he is a graduate of the Baltimore City College. He graduated from the University of Maryland School of Pharmacy in 1930.

President Goldstein is the owner of the Lincoln Pharmacy in Baltimore. He is also Vice President of the Regal Building and Loan Association and dabbles in real estate.

Sam has taken a keen interest in organizational work. He is an active

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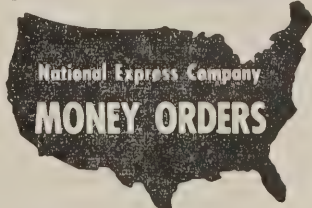
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| 1100 | PULV 375 ILOSONE | Zbx | | 123 | |
| 6 30 | FEOSOL SPANSULES CAB | | | 255 | |
| 320X | COSAL TETRACYN GRAL | | 179 | 120 | |
| 3 EA | CANOTE WATER 30X | | | 90 | |
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| 12 EA | ITUMS CARRIER PACK | | 15 | 154 | |
| 3CTN | BAYERS ASPRIN 125 | | 25 | 18 | |
| 72 EA | BAYERS CHILD ASPRIN 48 | | 23 | 307 | |
| 48 EA | BAYER ASPRIN 245 | | 39 | 527 | |
| 48 EA | BAYER ASPRIN 505 | | 67 | 90 | |
| 24 EA | BAYER ASPRIN 100S | | 123 | 62 | |
| 24 EA | BAYER ASPRIN 100S | | 67 | 90 | |
| 36 EA | BUFFERIN TABS 100S | | 85 | 62 | |
| 36 EA | BUFFERIN 60S | | | | |

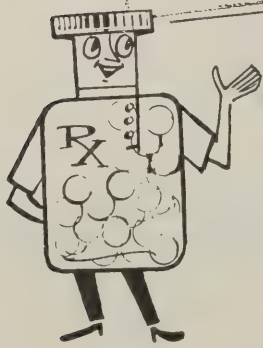
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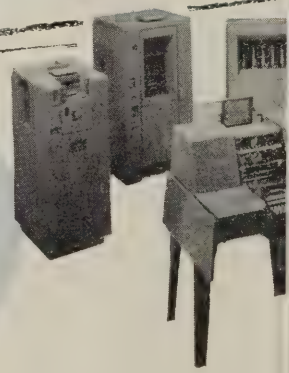
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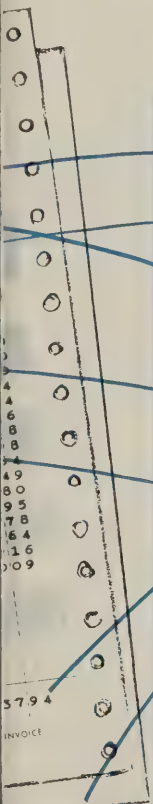


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- Duplicate invoice attached — simplifies record-keeping, even when original is returned to manufacturer for quantity rebate.

THIS INVOICE is enclosed with the merchandise delivered—no waiting.

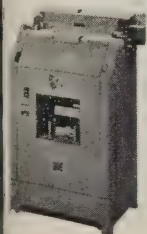
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member of the Maryland Pharmaceutical Association. He is Vice President of the University of Maryland School of Pharmacy Alumni Association and the University of Maryland Alumni Club of Baltimore. In these capacities he has proven adept in organizing and presiding over meetings. He also serves on numerous pharmaceutical committees.

Our President devotes considerable time and effort to fraternal and religious organizations. Sam is Chairman of the Board of Har-Zion Tifereth Israel Congregation. He is a Mason, member of the Golden Eagle Square and Compass Club, and the Arex Club.

Sam is married to the former Sarah F. Feldman. They are the proud parents of two daughters, Mrs. Etadean Epstein and Mrs. Simone Rosenbloom, who are both wives of pharmacists.

Our new President has prepared himself for his post of leadership. He is studious, seriously interested in the problems of the day, and has the ability of perception and understanding. He does not shirk his responsibility and follows each project through to its

conclusion. With such qualities and devotion, we predict a successful year for President Goldstein. Let's all see that the prediction comes true.

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION PHARMACY WEEK WINDOW WINNER

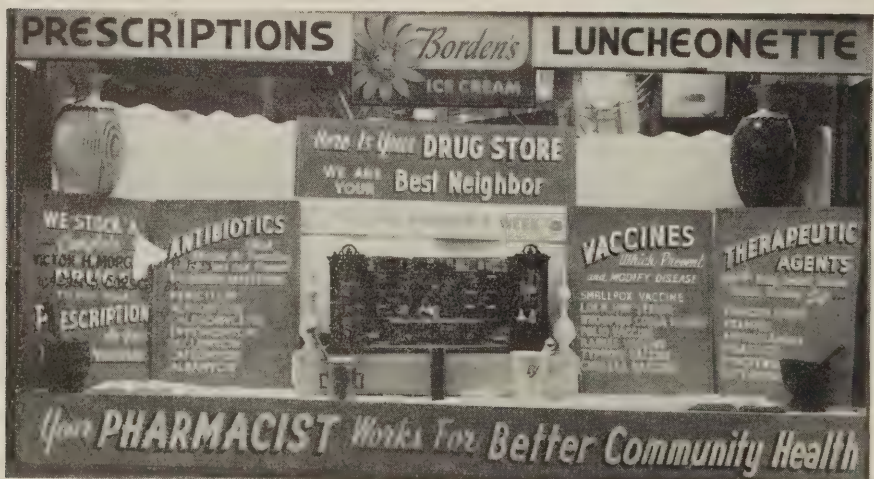
The Baltimore Metropolitan Pharmaceutical Association conducts an annual window display contest in conjunction with National Pharmacy Week.

The display awarded first prize in the 1960 Contest was submitted by Joseph U. Dorsch and Victor H. Morgenroth, Jr. of the Edgewood Pharmacy, 3514 Edmondson Avenue.

Second prize was won by Cermak's Pharmacy, and third prize by W. Scott Walb and Son.

All three prize winners will be awarded plaques at the 45th Annual Banquet of the Baltimore Metropolitan Pharmaceutical Association to be held at the Lord Baltimore Hotel on March 19th.

FIRST PRIZE WINDOW DISPLAY



EDGEWOOD PHARMACY

THE OUTSTANDING SOCIAL EVENT OF 1961
45th Annual Banquet and Dance
**BALTIMORE METROPOLITAN PHARMACEUTICAL
ASSOCIATION**

LORD BALTIMORE HOTEL

Sunday, March 19, 1961—6:30 P.M. 'til ?

Continuous Dance Music

Favors for the Ladies

Giant Valuable Plunderboxes for Dues Paid Members

An Evening of Surprises

COMMITTEE

Jerome J. Cermak, Chairman

Aaron M. Libowitz, Vice-Chairman

Jacob L. Richman

Alexander J. Ogrinz, Jr.

Bernard Cherry

Charles J. Neun

H. Nelson Warfield

Jerome A. Stiffman

Herman B. Drukman

Victor H. Morgenroth, Jr.

Solomon Weiner

Charles E. Spigelmire

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CALL: Bernie Cherry, 4627 Harford Road

HAmilton 6-4100

TICKETS: \$11.00 per person—tables of ten

Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1961

Honorary President—CHARLES J. NEUN
 President—SAM A. GOLDSTEIN
 First Vice President—JEROME J. CERMAK
 Second Vice President—AARON M. LIBOWITZ
 Third Vice President—JOHN F. NEUTZE
 Fourth Vice President—IRVING I. COHEN
 Secretary—JOSEPH COHEN
 Secretary Emeritus—MELVILLE STRASBURGER
 Treasurer—CHARLES E. SPIGELMIRE
 Treasurer Emeritus—FRANK L. BLACK

EXECUTIVE COMMITTEE

Chairman—GREGORY W. A. LEYKO
 MARION R. CHODNICKI JACOB L. RICHMAN
 JOSEPH U. DORSCH JEROME A. STIFFMAN
 DONALD O. FEDDER MYER STOLER
 WILLIAM Y. KITCHIN A. FRANK TURNER
 FRANCIS S. BALASSONE, Ex-Officio

PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

It is with a sense of pride and humility that I accept the great honor you have seen fit to bestow upon me by electing me President of the Baltimore Metropolitan Pharmaceutical Association for the year 1961.

With your aid and cooperation, and the supreme guidance of the Divine Providence, it is my anticipation and hope that the year 1961 will be one of the finest of many fine years in the annals of the Association. We are well on our way to accomplish this goal.

Immediately after the Annual Meeting and Election of Officers in December, the Social Committee was selected to plan the 45th Annual Banquet of the Baltimore Metropolitan Pharmaceutical Association. As you read this message, plans have been completed for an outstanding social event to be held at the Lord Baltimore Hotel on Sunday, March 19th.

All committees have been appointed for the year. Each committee-man has been advised of his appointment. The committees are now at work striving to serve the members of the Association, and to assure a banner year through cooperative results. You can do your share by responding to the efforts of the Association. By doing this you will reap your individual harvest of progress.

Meetings are an important planned function of keeping abreast of the times. Statistics show that the successful in every business, trade or profession are those who devote some of their time to attending meetings and participating in them. Each meeting held by the Association is interesting and constructive.

Through this monthly message, the B.M.P.A. Newsletter and meetings of the Association, I intend to keep you informed on the activities of the Association.

In the meantime, if you have a personal problem pertaining to Pharmacy, or have a constructive suggestion for the betterment of the profession, do not hesitate to call or write me, or the office.

SAM A. GOLDSTEIN
 President

*Congratulations
and
Best Wishes
to the
Newly elected Officers
of the
Baltimore Metropolitan Pharmaceutical
Association*

CALVERT DRUG COMPANY, INC.

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BALTIMORE METROPOLITAN OFFICERS AND EXECUTIVE COMMITTEE INSTALLED

The first Installation Dinner Meeting of the Baltimore Metropolitan Pharmaceutical Association was held on January 12th at Blue Crest North, Pikesville. The impressive ceremony was attended by 354 members, and their ladies, from the Greater Baltimore area.

The American Greetings Corporation presented an interesting illustrated program on merchandising the greeting card department for increased volume and profit. The presentation highlighted the various seasonal opportunities throughout the year.

Besides those shown below, the following were installed as members of the Executive Committee: Gregory W. A. Leyko, Chairman; Marion R. Chodnicki, Joseph U. Dorsch, Donald O. Fedder, William Y. Kitchin, Jacob L. Richman, Jerome A. Stiffman, Myer Stoler and A. Frank Turner. Frank L. Black and Melville Strasburger were re-elected Treasurer and Secretary Emeritus respectively.

Victor H. Morgenroth, Jr. conducted the Installation Ceremonies and Joseph Cohen acted as Toastmaster of the evening. Jerome A. Stiffman and his Place and Arrangements Committee arranged the meeting.



Seated from left: John F. Neutze, 3rd Vice President; Jerome J. Cermak, 1st Vice President; Sam A. Goldstein, President; Aaron M. Libowitz, 2nd Vice President.

Standing from left: Joseph Cohen, Secretary; Irving I. Cohen, 4th Vice President; Charles E. Spigelmire, Treasurer; Charles J. Neun, Honorary President.

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If it's for your Soda Fountain—we have it"

BALTIMORE METROPOLITAN ASSOCIATION COMMITTEES FOR 1961

Arrangements & Attendance Committee: Jerome A. Stiffman, Chairman; Myer Stoler, Vice-Chairman; Theodore H. Schwartz; Joseph Carmel; Joseph L. Okrasinski; J. A. Teramani; Charles W. Feldman; Mrs. Dorothy Austin.

Ethical Practices Committee: John F. Neutze, Chairman; Marion R. Chodnicki, Vice-Chairman; Frederic T. Berman; Felix H. Kaminski; Bernard Cherry; David Lebson; John G. Magiros; Henry G. Seidman; Andrew T. Cavacos; Albert M. Silverman.

Professional Relations Committee: Stephen J. Provenza, Chairman; David Lebson, Vice-Chairman; William Y. Kitchin; Donald O. Fedder; Robert E. Thiess; Morris L. Cooper; Louis Davidov; Charles E. Spigelmire; Michael Marcus; Charles J. Neun; Frederic T. Berman; W. H. Gluckstern; Herbert B. Rudo.

Prescription Survey Committee: Gregory W. A. Leyko, Chairman; James P. Cragg, Jr., Vice-Chairman; Joseph L. Combs, Jr.; Harry Greenberg; Alexander J. Ogrinz, Jr.; Dean Leavitt; H. Nelson Warfield; Irving F. Zerwitz; Nathan I. Gruz; David Newman.

Drug & Merchandise Committee: Irving I. Cohen, Chairman; Milton H. Feldman, Vice-Chairman; Charles Rossberg, Jr.; Gordon A. Mouat; Milton A. Friedman; Charles J. Neun; Charles E. Spigelmire; Donald O. Fedder; George J. Stiffman; Myer Stoler; Jerome J. Cermak; Jack Oken; Stanley J. Yaffe; Milton Goldberg.

Social Committee: Jerome J. Cermak, Chairman; Aaron M. Libowitz, Vice-Chairman; Jacob L. Richman; Alexander J. Ogrinz, Jr.; Bernard Cherry; Charles J. Neun; H. Nelson Warfield; Jerome A. Stiffman; Herman B. Drukman; Victor H. Morgenroth, Jr.; Solomon Weiner; Charles E. Spigelmire.

Legislative Committee: Bernard Cherry, Chairman; Aaron M. Libowitz,

Vice-Chairman; John F. Neutze; Edward C. Maisenhalder; Paul J. Snyder; Milton Sarubin; L. M. Hendler; Chester G. Kosakowski; Felix H. Kaminski; Ben H. Macks; Theodore H. Schwartz; Sidney Sussman; Max A. Krieger; Sam S. Blumson; Jacob L. Richman; Mathias Palmer; William Y. Kitchin; Milton Zentz.

Publicity Committee: Charles E. Spigelmire, Chairman; James P. Cragg, Jr., Vice-Chairman; Joseph L. Combs, Jr.; Stephen J. Provenza; Frank J. Macek; Aaron M. Libowitz; Victor H. Morgenroth, Jr.; Jerome A. Stiffman; Myer Stoler; George J. Stiffman; Simon Solomon; Edwin Whittemore; Irvin Freed; Milton A. Friedman; Anthony G. Padussis; Michael F. Gardner; Frank L. Black; Nelson G. Diener; Louis Lindenbaum; A. Frank Turner.

Membership Committee: Aaron M. Libowitz, Chairman; Gregory W. A. Leyko, Vice-Chairman; Jerome Mask; Donald O. Fedder; Morris Lindenbaum; M. Alfred Kolman; Henry J. Glaeser, Jr.; Joseph U. Dorsch; Marion R. Chodnicki; Solomon Weiner; Hyman Davidov; Joseph Freiman; George J. Stiffman; Abraham E. Glaser; Nathan I. Gruz; Charles A. Nitsch; John G. Magiros; Morris Shenker; Louis L. Glaser; Sidney Zerwitz; Anthony J. Petralia; Joseph L. Combs, Jr.; Jerome A. Stiffman.

Building Committee: Frank L. Black, Chairman; Henry M. Golditch, Vice-Chairman; Frank Block; Frank J. Macek; H. A. B. Dunning; Herman B. Drukman; Harry L. Schrader; Eli Fedder; William L. Pearlman.

Nominating Committee: Gregory W. A. Leyko, Chairman; Herman B. Drukman, Vice-Chairman; Victor H. Morgenroth, Jr.; Stephen J. Provenza; Bernard Cherry.

Auditing Committee: Gregory W. A. Leyko, Chairman; John F. Neutze, Vice-Chairman; Herman B. Drukman; Charles E. Spigelmire; Frederic T. Berman; Joseph U. Dorsch; Charles Stofberg.

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Pharmacy Committee: Donald O. Fedder, Chairman; Milton H. Feldman, Vice-Chairman; Alexander J. Ogrinz, Jr.; Jacob L. Kronthal; John F. Wannenwetsch; Frank Block; Charles W. Feldman; Stephen J. Provenza.

Civil Defense Committee: Myer Stoler, Chairman; A. Frank Turner; Vice-Chairman; Jerome Mask; Walter P. Macek; I. Barry Statter; David Greenfeld; Irvin Kamenetz; Ferdinand F. Wirth, Jr.; Milton A. Friedman; Harold Mondell; Eli Fedder; Abraham Levy; Andrew T. Cavacos.

Bulletin Committee: Nathan I. Gruz, Chairman; John F. Neutze, Vice-Chairman; Myer Stoler; A. F. Turner; Herman B. Drukman; Jerome A. Stiffman; Edward Fainberg; Jacob L. Richman.

Prescription Practices Committee: Jacob L. Richman, Chairman; Gregory W. A. Leyko, Vice-Chairman; Jerome A. Stiffman; Bernard Cherry; Victor H. Morgenroth, Jr.; Aaron M. Libowitz.

Past Presidents Committee: Gregory W. A. Leyko, Chairman; Herman B. Drukman, Vice-Chairman; (All Past Presidents).

Budget & Finance Committee: Joseph U. Dorsch, Chairman; Gordon A. Mouat, Vice Chairman; Mrs. Sadie Wagner; Milton E. Zentz; David Newman.

LAMPA TO HOLD ANNUAL LUNCHEON

The Annual Luncheon and Entertainment of the Ladies Auxiliary of the Maryland Pharmaceutical Association will take place in the Caswell Room of the Lord Baltimore Hotel on Tuesday, May 2, 1961.

Ethel L. Raichlen, President of LAMPA, advises, the Entertainment Committee has arranged a program replete with surprises and entertainment. Last year's luncheon was a memorable occasion long remembered by those who attended.

Ladies, watch your mail for full particulars. It is important to make an early reservation.

THEY WENT THAT-A-WAY...

Abbotts and Jane Logan DeLuxe Ice Creams travel from freezer to customer as fast as a cowboy draws his shootin'-iron.

If you want your cash register to have a spur-like jingle, jangle, jingle give us a ring at

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Quality
Pharmaceuticals
Since 1863
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Quick Stop — Quick Profit

When folks "on the go" stop for a "coke" or a "cup of joe", you boost the unit sale with a package of Austin's. And Austin quality brings 'em back again . . . brings you more profits, faster!

Austin's[®]
Peanut Butter Sandwiches
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Tell them you saw it in "The Maryland Pharmacist"

OREOLE PROVES

your customers, not you,
pay for your air conditioning.

CUSTOMERS CALL OFTENER

stay longer, buy more

BUSINESS INCREASES

up to 40%

EMPLOYEE
efficiency
increases



YOU CAN BE SURE . . . IF IT'S **Westinghouse**
SURE OF MORE BUSINESS—MORE PROFITS

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Winter
prices
and
Special
terms to
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Laboratory Equipped to Handle all Kodacolor —
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24 Hours
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Service



48 to 72 hours
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PICK UP AND DELIVERY 6 DAYS A WEEK

Finer • Faster • Friendlier and More Profitable

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AQUAPAC selected skins

—only the primes are processed.

Not just wet-lubricated and rolled

Lowest cost—greatest percentage of profit

Professionally promoted—presold

Unconditionally Guaranteed!

SELL ON OPEN CALL.

Retail \$6.50 dozen—3 for \$1.75

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Represented by—IRV. NORWITZ

THE CODEINE STORY

A new, expanded edition of "Codeine Today," an up-to-date review of the clinical significance of this widely used drug, is being distributed by Merck & Co., Inc.

The original 1958 edition, now used in more than 20 schools of medicine and pharmacy, has been augmented by the latest authoritative statements from clinical reports and standard treatises published from 1958 to 1960.

The new 14-page booklet is offered free of charge to pharmacists, physicians, dentists and nurses as a service to the medical profession. Pointing out that many pharmacists had found the first edition of "Codeine Today" useful to physicians in their areas. Copies of the new edition may be obtained from the Merck Chemical Division, Merck & Co., Inc., Rahway, N.J., or the Maryland Pharmaceutical Association.

The new "Codeine Today" tells of the use of this versatile drug in a wide variety of conditions for relief of pain or cough. "In the tests of time and vast clinical use in many conditions, in hosts of patients, codeine has steadily maintained its status as a potent analgesic of choice and as a potent antitussive of choice. It is still unique, being at once antitussive, anodyne, mildly sedative, orally and parenterally effective, versatile and widely compatible.

COVER GIRL PRESSED POWDER and COVER GIRL LIQUID MAKEUP

"World's first true makeup that's actually good for the skin."

G. Lloyd Bunting, President of Noxzema Chemical Company, Baltimore, Maryland, has announced that the company, long famous as the dominant brand in the medicated skin care field, is now moving into the important makeup market in 1961 with the introduction of new COVER GIRL Pressed

Powder and COVER GIRL Liquid Makeup, the world's first true makeup that's actually good for the skin. COVER GIRL is glamour makeup that enhances skin texture, lends exquisite color, and at the same time improves the complexion because it has famous Noxzema medication built in!

MUTH BROTHERS & COMPANY ANNOUNCES AN EXCITING NEW PLAN TO HELP PHARMACEUTICAL PROGRESS

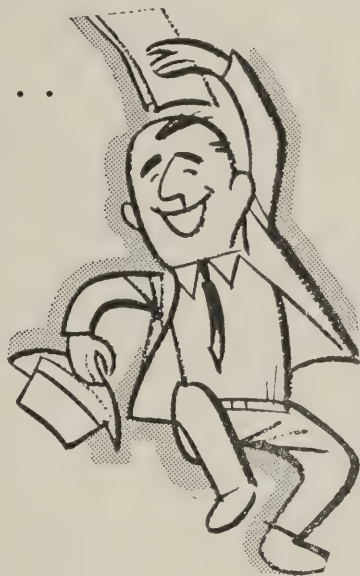
Two of the oldest and most experienced firms in Baltimore have joined hands in a program that will benefit the retail drug store immeasurably. Joseph L. Muth, recently appointed sales manager of Muth Brothers & Co., and Morris Fink, president of Standard Store Equipment Company, have announced a joint project that will combine to put into action 173 years of experience in the field.

According to their new store planning and remodeling department, the very thing you have always longed for, dreamed of and needed is now an actuality. It is available to you. This plan of progress has so many advantages over any other now in existence that it has been received with great enthusiasm throughout the drug trade. It is a proven fact that the retailer will do more business and enjoy a greater rate of turn-over under this plan. This will, naturally, reflect in his profits. The one thing of greatest personal interest to the pharmacist is the fact that he will have to lay out less money for this plan than for any other that has been offered, and yet it is more effective. This is a combination of many ideas that will be just what you need. This is why the plan is so exciting.

If you are interested, or just curious, just call Muth Brothers & Co.'s special number, PLaza 2-0490, and ask for the "New Store and Remodeling Department."

For the best news of the day . . .

ask your
MUTH man
about the
new "M & S"
drug store plan . . .



Now you can buy all your drug store fixtures direct. You save the middleman's profit . . .

The "M & S" plan enables you to remodel your entire store; any part of it; or build a new store from the ground up. The "M & S" plan offers you free store designing service; financing to suit your convenience.

Get the facts. No obligation. Ask your Muth man or phone Muth Bros. or Standard. Do it today.

MUTH BROS.
and
COMPANY

23-25 S. Charles Street
Baltimore 3, Maryland
PLaza 2-0480



STANDARD
Store Equipment
COMPANY, INC.

1016 East Baltimore Street
Baltimore 2, Maryland
EAslern 7-0300

NEW GILPIN WHOLESALE DRUG BUILDING

James E. Allen, President of The Henry B. Gilpin Company, announced plans for construction of offices and warehouse in a 59,000 square foot building on Southern Avenue and Wheeler Road, Southeast, Washington, D.C. The building will be constructed on a 15 acre tract of land owned by the company, part of which will later be used for additional industrial development.

Architects for the building are Chate-lain, Gauger & Nolan, and construction will be by the E. A. Baker Company, Inc., who plan completion for occupancy by September of 1961.

Univac electronic accounting, along with modern conveyor systems, is designed to equip the new Gilpin operation for one of the world's most advanced full service wholesale drug supply houses for complete low cost heavy duty distribution of important products by 6,000 drug industry manufacturers.

Celebrating more than a century of service to the apothecary, Gilpin serves pharmacists in six states and the District of Columbia on the Atlantic coast, with wholesale drug houses in Baltimore, Maryland; Dover, Delaware; Norfolk, Virginia; and Washington, D.C.

THE CONTINUING BATTLE AGAINST POLIOMYELITIS

Yearly Reported Cases of Paralytic Poliomyelitis

| Year | United States | Maryland |
|------------------------|---------------|----------|
| 1953 | 15,648 | 309 |
| 1954 | 18,308 | 153 |
| 1955 | 13,850 | 169 |
| *1956 | 7,911 | 90 |
| 1957 | 2,499 | 33 |
| 1958 | 3,697 | 23 |
| 1959 | 6,289 | 40 |
| 1960 (through Oct. 15) | 1,662 | 99 |

*The year in which widespread use of Salk vaccine began.



Plan Your Vacation Now

Attend The

79th ANNUAL CONVENTION

of the

MARYLAND PHARMACEUTICAL ASSOCIATION

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SHELburnE HOTEL

ATLANTIC CITY, NEW JERSEY

July 3, 4, 5, 6, 1961

AN EXCELLENT PROGRAM IS BEING ARRANGED

RELAX IN THE COMFORT OF ONE OF ATLANTIC CITY'S
LUXURY HOTELS.

HOSPITAL PHARMACY RESIDENCY

The University of Maryland's School of Pharmacy and Hospital are pleased to present a combined Graduate Study-Residency Program in Hospital Pharmacy, leading to the Master of Science degree and a Certificate of Residency in Hospital Pharmacy.

Appointments to the residency are for a period of two academic years beginning each July 1. During the academic year, the resident divides his time between hospital pharmacy and graduate study. Full time training in University Hospital will be required during the summer of 1962. University Hospital will provide a stipend of \$2400 per year for the first year as Assistant Resident. Completion of the Assistant Residency leads to appointment as Resident with a stipend of \$3000 per year. An increase in the stipends is under consideration for the year beginning July 1, 1961. Parking space, uniforms and laundry of uniforms are free of charge.

Acceptable hospitalization insurance must be carried and Blue Cross is available as a payroll deduction.

Applicants must be graduates of accredited colleges or schools of pharmacy and have all prerequisites for admission to the graduate school.

There is no formal application blank but all applicants will submit full details (date and place of birth), citizenship, health, marital status, education, pharmaceutical experience, a small, recent photograph and an official transcript of undergraduate work completed to date). He should also ask his Dean and two of his college faculty to write to the Director of University Hospital in support of his application.

The deadline for all required information is April 1, 1961. All applicants will be notified May 1, 1961.

The above should be addressed to Lad F. Grapski, Director, University

of Maryland Hospital, Baltimore 1, Maryland.

WHITMAN PLEDGES FAIR TRADE SUPPORT TO RETAIL OUTLETS

Continuance of all-out support of fair trade price maintenance of its candy products sold through retail outlets, including drug stores, has been emphasized by Stephen F. Whitman & Son, Inc., of Philadelphia.

J. Harold Roth, vice president in charge of sales, has announced that Whitman's "is responding vigorously to each report of price-cutting on our line in retail outlets." He added, "we are using all available means to discover such activity so that we can take immediate action to protect our interests and those of our retail friends across the country."

Compared to the situation of a year ago, according to Mr. Roth, Whitman's is encountering many more examples of price cutting on its products—particularly its famous Sampler line.

"Whenever aware of a price-cutting incident," Mr. Roth explained, "Whitman's stops stelling the outlet concerned, in line with its announced unilateral policy of refusing to sell to retailers who resell Whitman's products below the suggested retail prices.

"In fair trade law states," he continued, "the price cutter is first notified to cease such activity. Failure to comply promptly is followed by injunction proceedings and withdrawal of our product from the outlet."

Citing one current example of Whitman's earnestness in safeguarding prices, Mr. Roth said that his firm is now in the midst of court proceedings for an injunction which it brought against a retailer in the state of Maryland who cut prices on the Sampler.

Mr. Roth pointed out that Whitman's, founded in 1842, has been a consistent supporter of the principal of fair trade

another "PLUS" Service for you

INVALID AND SICKROOM NEEDS

- **TRIPLE CHROME PLATING** — assures long lasting beauty, easy to clean.
- **HANDGRIPS** — provide safe control by attendant.
- **SEAT & BACK** — high quality Blue Leatherette, reinforced for strength, easy to clean.
- **24" WHEELS** — highest quality bicycle type tangent spoke wheels with double ball bearings, high quality rubber tires, and hand-rims for easy self-propelling.
- **SKIRTGUARDS** — to keep clothing away from wheels, rod-reinforced for strength.
- **SAFETY HAND BRAKES** — hold chair in position for entry & exit — a must for safety.
- **SEAT SUPPORT** — patented full support provides more comfort, strength and longer life.
- **HIDDEN CROSSMEMBERS** — provide easy folding action, out of way of feet and legs.
- **5" FRONT CASTERS** — ball bearing swivel casters for easy maneuverability, easy rolling.
- **FOOTRESTS** — adjustable in height, aluminum footrests fold out of way for safe entry & exit.



LET US SHOW YOU HOW TO:

1. Utilize floor space to more profitable use.
2. Capitalize on present prescription traffic to build additional sales.
3. Enhance your ethical appearance.
4. Build a rental reputation for new increased business. (A customer makes 2 or more trips on a rental . . . there are very few item sales that necessitate a return visit.)

GET YOUR SHARE OF VOLUME AND PROFITS IN THIS FAST GROWING INVALID AND SICK ROOM NEEDS MARKET!

SEE YOUR LOEWY SALES COUNSELOR FOR FULL DETAILS AND INFORMATION.

LOEWY DRUG CO., INC.

1120 NORTH CHESTER ST., BALTIMORE 13, MD.

Dickens 2-3610

over the years. He commented, "We feel that the Sampler, with its strong advertising support and its public acceptance through nearly a half a century, has become a profitable mainstay in druggist operations. We acknowledge an obligation to combat continually any possible price-footballing where all parties will suffer in the long run."

SKF POLICY ON SAMPLING

Smith Kline & French Laboratories made formal among its entire 450-man Professional Service Field Corps its policy of tight control of distribution of drug samples.

Firm officials said each of the men making professional calls to hospitals, pharmacists and practicing physicians

will sign statements this year reaffirming a policy to distribute sample products only to physicians, that samples never will be sold or exchanged, and that strict precautions against the possibility of pilfering or access to drugs by unauthorized persons will be taken.

The intent of this Statement of Principles signed by the detailmen and area managers is to strengthen further policies long practiced by SK&F and other of the nation's ethical pharmaceutical representatives.

"These pledges represent a desire by SK&F to guard against any possible misuse of drug samples," said Donald Van Roden, manager of the firm's Professional Service Department.

Violation of the pledge is cause for immediate dismissal.

Insects -- Termites -- Rodents

"Call The  Rose Man"

Saratoga 7-6118

Serving for

Years

ROSE
 EXTERMINATOR CO.

Since  1860

WISE PROTECTION

Always Dependable

Tell them you saw it in "The Maryland Pharmacist"

WANTED!

What are the services wanted from your Wholesaler?

(Please check)

- _____ 1. Largest inventories in entire trading area?
- _____ 2. Fast Service? Orders filled same day received?
- _____ 3. Liberal Terms? 40 days from start of billing?
- _____ 4. More Lines? Broad coverage in all fields?
- _____ 5. Liberal Cash Discount? 2% PLUS trade discounts?
- _____ 6. Merchandising Counsel? New items, extra profit deals and inventory control?
- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON

CALVERT HOLDS ANNUAL MEETING

The 60th Annual Stockholders Meeting of the Calvert Drug Company, Inc. was held on December 8th, 1960 at Marty's Park Plaza Hotel, Baltimore, Maryland.

President Harry L. Schrader presided and extended greetings and thanked members for their support and cooperation during the year.

John A. Crozier, Executive Vice President & General Manager in rendering his report of the Company's activities of the past year advised those present that the membership had increased during the year.

He also reported that the Company was in a sound financial condition and that for the 15th consecutive year members would receive the Physicians' Desk Reference book sometime after January 1st.

Directors whose terms had expired, viz Messrs. Frank Block, Gordon A. Mouat and J. L. Kronthal were unanimously re-elected for another term.

The following Officers whose terms also expired were unanimously re-elected:

President—Harry L. Schrader
 Vice President—Frederic T. Berman
 Treasurer—Frank J. Macek
 Ass't Treasurer—Frank Block
 Secretary—J. F. Wannewetsch

Mr. Ray C. Schlotterer, Executive Secretary of the Federal Wholesale Druggists Association was the Speaker of the evening.

In addition to the above Officers and Directors, Messrs. Si Solomon and Lloyd N. Richardson complete the Board.

RED BOOK SUPPLEMENT AVAILABLE

The new January 1961 DRUG TOPICS RED BOOK Cumulative Supplement provides up to date cumulative information on new products, new sizes, price increases, price decreases, changes in product names, even discontinued

**SPOTLIGHT
 PRODUCT OF
 THE MONTH**

Preparation H

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

items. In addition, there is included in it the names of new manufacturers of drug store products.

The format and style of the new January 1961 DRUG TOPICS RED BOOK Cumulative Supplement closely follows that of the DRUG TOPICS RED BOOK. This simplifies the use of it along with the 1961 DRUG TOPICS RED BOOK.

Retail pharmacists, managers of retail drug stores, department stores selling typical drug store merchandise, individuals engaged in research on drug store products, pricers and buyers, should first consult the DRUG TOPICS RED BOOK and then check the January 1961 DRUG TOPICS Supplement. This will assure the individual of having the latest up to date price, form, and size information on drug store products.

Of special significance in the January 1961 edition of the DRUG TOPICS Supplement is the indication of the

**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

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specific change in the product listed. That information is spelled out clearly and precisely immediately below the product name.

Throughout the January Supplement there is added information and data on new products giving details on "What the product is" . . . "What it's for" . . . "How used" . . . "Dosage" . . . "How administered" . . . "Contraindications" . . . "Precautions" . . . "How supplied." Such information on specific products can be very valuable to retail pharmacists and managers of stores when discussing particular products with others.

In the Supplement there is a list of manufacturers. In this list is included all of those manufacturers whose products are, for one reason or another, published in this January 1961 edition of the DRUG TOPICS RED BOOK Cumulative Supplement.

Copies of the new January 1961 DRUG TOPICS RED BOOK Cumulative

Supplement are available from the Directory Division, Topics Publishing Company, Inc., 10 East 15th Street, New York 3, N. Y., at \$2.00 each.

MARKET POTENTIAL IN NON-PRESCRIPTION ITEMS

NEW YORK—In the next ten years the average retail drugstore will increase its volume of business by \$100,000 a year, or practically double its present sales volume, it was predicted by Reid Roller, J. Walter Thompson Vice President.

"And the greater proportion of this increase must come from non-prescription items," Roller said.

In a speech to the National Association of Retail Druggists recently, Roller estimated a jump from \$130,000 a year in 1959 to \$240,000 in 1970 for the average store. The number of stores will diminish only slightly, from 54,000 at present to 50,000 in 1970.

Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

**Monument Square
Cigars**

**Monument Square
Filter Cigars**

For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

THE SCHAFFER - PFAFF CIGAR COMPANY

630 S. WOLFE STREET — BALTIMORE

For the industry in general, a 12 billion dollar market is predicted, compared to the 7.2 billion in 1959 and the 4 billion in 1950.

The significance of these figures, however, is often misunderstood, according to Roller. The average druggist is used to thinking of competition with other drugstores and of increasing his prescription sales. Neither area holds the big potential.

Roller says the basic competition will be for a larger share of the disposable income of the American family. Disposable income is the amount of money available over and above that required to buy food, clothing and shelter—the discretionary spending power of the consumer. For example, in 1959, the consumer had 90% more discretionary power than in 1950—specifically about \$165 billion. By 1965 he will have \$230 billion, or 40% more than 1959, and by 1970 he will have \$300 billion, or 83% over the 1959 amount.

The significant question for the druggist is where and how he can capture a larger share of the increased spending power.

Statistics show that drugstores obtain 80% of the prescription business, but only 40% of the business in drugs and toiletries. In 1959, 3.7 billion dollars worth of business in drugs and toiletries was carried on by others: supermarkets, variety stores, house-to-house salesmen, mail order houses and others.

The drugstore potential can be dramatized by showing added volume if the druggist achieved 100% of the market in all items. The average drugstore in 1959 would have gained \$1,850 by capturing the entire prescription market. By capturing the market in drugs and health aids, volume would rise \$26,000, and by getting the market in toiletries, \$42,000.

Add another important correlation: The number of food and drugstore customers is almost identical, and the same

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people shop at both places. Besides this, the consumer buys on impulse. Research statistics show that two-thirds (63.7%) of all health and beauty purchases in supermarkets are bought on impulse. The consumer sees the merchandise on display, recognizes his need for it, and buys it.

Because of these facts, the J.W.T. executive urges more vigorous merchandising in drugstores, especially in the front of the store.

SQUIBB PRODUCT REFERENCE

A new "Squibb Product Reference For The Medical Profession" containing a comprehensive descriptive statement, product by product, of the entire E. R. Squibb & Sons product list is being distributed to more than 200,000 physicians in the United States.

This new publication is designed to supply physicians full and basic Squibb product data more readily, conveniently

and from a single source. Information on products for professional use conforms to that given in our package inserts as filed with the Food and Drug Administration and fulfills a practical need for such information often expressed by physicians.

The Reference lists both pharmacologic and generic titles, carefully cross-indexed for quick, easy reference in each type of product. Also noted is an up-to-date version would be reissued each year, as a service to physicians, as well as supplements from time to time about new product additions and revisions of existing products.

Containing detailed statements about nearly 200 Squibb products, the Reference has 269 pages.

**HOUSE SMALL BUSINESS COMMITTEE
STAFF REPORTS ON ECONOMIC WELFARE
OF THE NATION'S INDEPENDENT
RETAILERS**

Under the direction of Congressman Wright Patman, Chairman of the House Small Business Committee, the staff of the Committee has just completed a report on the status of small business in the retail trades. A major disclosure of the report is that in many fields of enterprise the share of the market held by independent retailers and the smaller chains remained about the same during the 1948-1959 period, while the big chain retailers were gaining larger and larger market shares. In other words, the big have been getting bigger and the small remaining small. Of particular significance to retail pharmacists, the report calls attention to the efforts of certain large food chains to take over and absorb the retail drug business. On this subject, the report observes that:

"Single-store retailers traditionally have done a larger percentage of the total business. Between 1948 and 1958 their share declined only slightly. And by 1958 they did 71% of the total business. However, some recent develop-

**SPOTLIGHT
PRODUCT OF
THE MONTH**

Heath Frozen Ice Cream Bar

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

ments in this field suggests that important changes in the market structure of this important field of retailing may occur in the next few years. In recent years, grocery supermarkets have sold increasing volumes of items traditionally sold in drug stores. Today, about 98% of all supermarkets sell health and beauty aids. Drug items account for about 44% of all non-food items handled by grocery chains.

"This amounts to an annual volume of about \$750 million, or about 10% as great as total drug store sales. Of course, in particular items, grocery stores account for about 43% of all dentifrices, 41% of all baby powders, and 37% of all razor blades.

"In the last two years grocery chains have acquired a number of drug chains, which may have an even greater impact on the structure of drug retailing.

"Consolidated Foods Corp., which is a food manufacturer and wholesaler

as well as a large grocery retailer, entered the drug store field in late 1959 by acquiring May's Drug Stores, a chain headquartered at Cedar Rapids, Iowa.

"Fox Markets, a Los Angeles grocery chain, also entered drug retailing in 1960 by acquiring the McCown Drug Co., a drug chain with headquarters in South Pasadena, California.

"Fred Meyer, Inc., a supermarket chain operating in Oregon, recently acquired drug stores in Seattle, Washington.

"In September 1960, Alpha Beta, a grocery chain with headquarters in Los Angeles, acquired a drug store and established a new subsidiary, Hy Lo Drug.

"In October 1960, Daitch Crystals Dairies, an eastern grocery chain operating 90 supermarkets, initiated merger talks with United-Whelan Corp., which operated about 120 drug stores and more than 400 agency stores.

"Mayfair Markets and Shoppers Markets, both of Los Angeles, also recently entered the field of drug retailing.

"The Kroger Company is the most recent grocery chain to enter drug retailing. In November 1960, it acquired the Sav-On Drug chain of Plainfield, N.J.

"The extensive merger activity by grocery chains during the past year suggests that the market structure of drug retailing may be transformed rapidly and significantly in the next few years. This is a development which should be watched very closely in the months ahead."

The N.A.R.D. has asked the Department of Justice to take legal action to block the proposed acquisition of Osco Drug's 28 store chain by the Jewel Tea Company, a giant food chain having \$450 million in annual sales. As viewed by the N.A.R.D., the "contemplated merger would tend to produce monopolistic effects in the geographical area (the Midwest) served by Osco Drugs.

Once the consolidation has taken place and assets and operations integrated, the 'omelet can never be unscrambled,' even though later the merger is ruled violative of Section 7 of the Clayton Act."

For you to write the Justice Department a brief letter supporting the N.A.R.D.'s request for pre-merger injunctive relief against the planned Jewel Tea-Osco Drug consolidation would be of considerable benefit. It would insure the Department giving the proposed merger its most scrupulous attention. Nothing less is sufficient under the circumstances. The rapidly developing trend toward drug store domination by the national food chains must be stopped now, in its incipiency, if economic freedom and professional opportunity are to be preserved for retail pharmacy.

A NEW EDITION OF REMINGTON'S PRACTICE OF PHARMACY

The Twelfth Edition of Remington's Practice of Pharmacy (R.P.P. XII) the latest to be released in the series beginning in 1885, is the most informative textbook and reference work on American pharmacy and medicines yet published. This famous book is used in practically every country in the world as a reference treatise on the manufacture, chemistry, pharmacology, and therapeutics of all important drugs.

The Editors, Drs. Eric W. Martin, E. Fullerton Cook, E. E. Leuallen, Arthur Osol, Linwood F. Tice, and C. T. Van Meter, with the assistance of about 250 contributors have spent three years in bringing the contents up to date and completely modernizing the method of presentation.

Drugs are now categorized according to pharmacologic action as well as chemical structure. R.P.P. XII contains official information from the U.S.P. XVI and the N.F. XI, both of which became official during 1960. It is also based on the latest British Pharma-

copoeia, recent editions of New and Nonofficial Remedies, the International Pharmacopoeia, and other recent compendia. No other volume compiles as vast an amount of scientific information relating to pharmacy in such a clear, precise, and logical manner. Each category of biological, chemical, pharmacological, and technical information has been carefully covered thoroughly yet concisely by authorities.

An enlarged section on physical pharmacy describes the theory and application of modern techniques such as chromatography and rheology. Large sections are also devoted to inorganic pharmacy, organic pharmacy, biological pharmacy, and analytical pharmacy. Descriptions, chemistry, methods of preparation, pharmacology, therapeutic and pharmaceutical uses, and doses are provided for the entire gamut of official and important unofficial products from acacia to zoxazolamine. Psychochemical agents, radio-pharmaceuticals, vaccines, diagnostic agents, vitamins, hormones, and a host of new compounds, including the most frequently prescribed drugs (sedatives, hypnotics, anti-infectives, cardiovascular agents, analgesics, and antispasmodics) are fully covered.

The preparations of pharmacy are presented in considerable detail with extensive sections on the manufacturing of tablets, formulation theory, and other technology. Special emphasis is given to parenteral preparations, ophthalmic solutions, and ointments. The long lists of synonyms will be of considerable aid in identifying products and their sources. Thousands of specialties are also described; included are statements describing their composition, uses and doses. Compounding, dispensing, prescription handling, pharmacy administration and related subjects will be helpful to the pharmacist who owns or manages a store.

The chapter on hospital pharmacy is the most complete treatment of this

rapidly developing field available in print. It has been thoroughly revised by outstanding authorities actively engaged in directing pharmaceutical services in the hospital.

Biochemists, physicians, and other scientists in the professions related to pharmacy and medicine will find much material which will be stimulating and of assistance in research, development, and production. The text is profusely illustrated with thousands of structural formulas, photographs, diagrams, and drawings. The reader who thumbs through the new edition of the "Remington" quickly appreciates the depth of vision, the breadth of knowledge and the great diversity of scientific interests demanded of those who belong to the pharmaceutical profession and industry.

REMINGTON'S PRACTICE OF PHARMACY, Twelfth Edition, 1961. Edited by Eric W. Martin and a large editorial staff. XII + 1,866 pages. Price \$22.50. Available from the Mack Publishing Company, Easton, Pa.

ATTEND

ROBERT L. SWAIN PHARMACY SEMINAR

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Baltimore, Maryland

Thursday, March 23, 1961

Beginning at 9:00 A.M.



Q WHERE IS THE MOST PROFITABLE
10 1/2 INCH SQUARE ON THE
FLOOR OF YOUR STORE?

A WHEREVER YOU PLACE THIS AMAZING NEW
Alka-Seltzer
BRAND
#4045* FLOOR STAND MERCHANDISER

*In California Order #4046

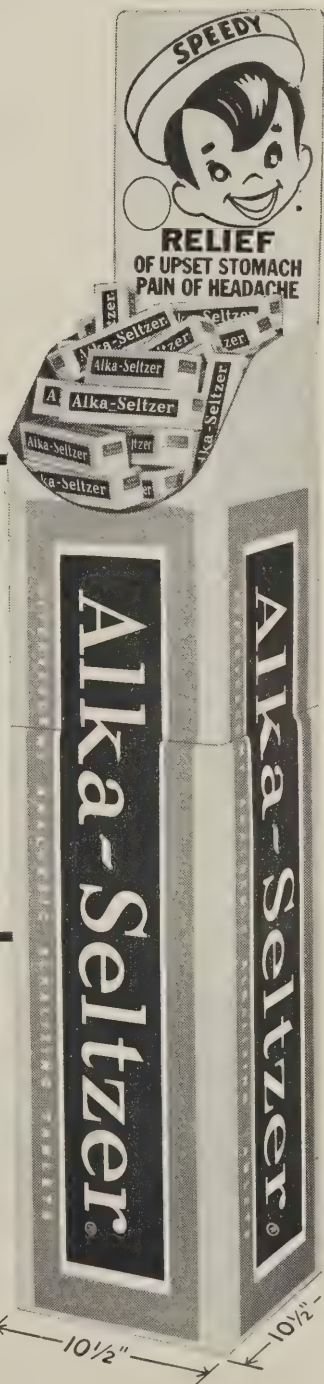
- * Displays and stores 12 dozen (144 pieces) Alka-Seltzer 25's on only a 10 1/2" square on your floor!
- * Can be assembled quickly, easily!
- * All packages pre-priced at 54c for your convenience and profit!
- * Features "Speedy" Alka-Seltzer with real glass eyes that sparkle to attract customer attention!

CONTAINS: 12 dozen (two cases) ALKA-SELTZER 25's

TOTAL RETAIL VALUE . . . \$77.76 (packages pre-priced at 54¢)

LIST PRICE \$62.40 (less your regular discount)

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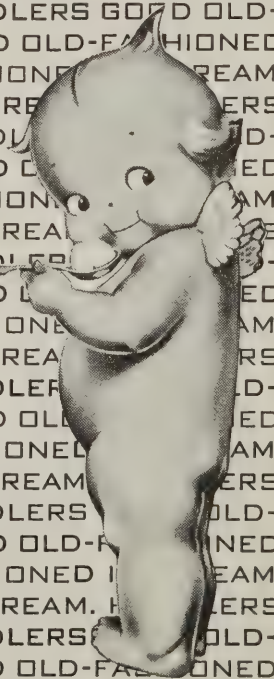


*in vivo measurement of LUTREXIN
on contracting uterine muscle.*

Looking Forward

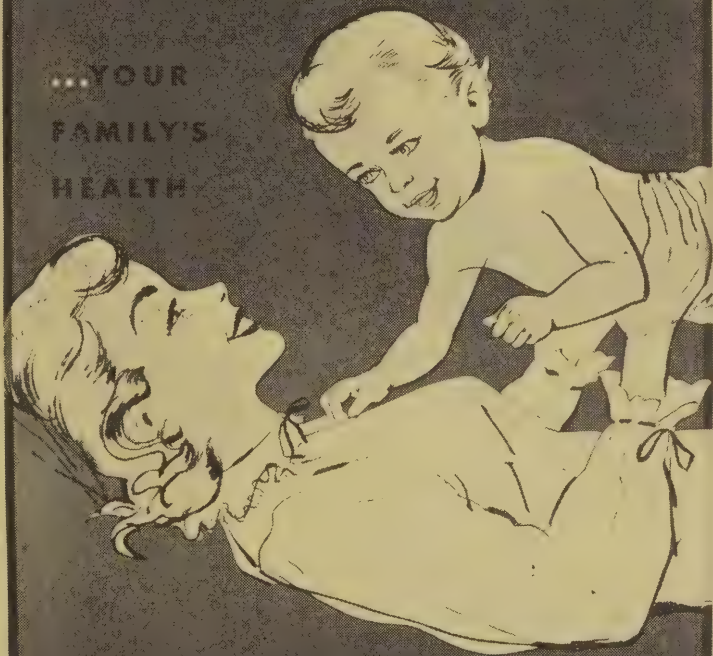
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PHARMACIST

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The Maryland Pharmacist

PRACTICAL

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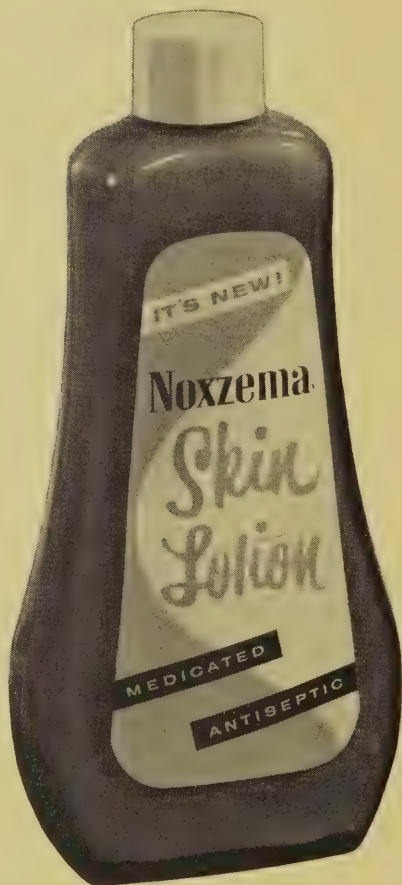
• PROFESSIONAL

Volume XXXVII

FEBRUARY, 1961

No. 5

Noxzema's Great New Skin Lotion



★ 6 oz. bottle, retail price 89c. A fast growing companion to America's best known skin cream. Stock now for Fall Profits.

NOXZEMA CHEMICAL COMPANY



THE PHARMACIST WHO BECAME A ONE-MAN CIRCUS

In the center ring he performed his professional act—pharmacy. The customers applauded at the cash register.

When stock from a lot of "bargain buys" piled up in another ring, he improvised a strong-man act to handle the warehousing.

When suppliers' invoices poured in, he tried a balancing act with the books.

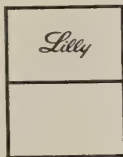
When his working capital became tied up in inventory, he took to walking a tightrope.

Then one evening he noticed that the crowd cheered only his performance as a pharmacist.

Moral

The pharmacist is a "star" in his own right, and the Lilly policy of wholesale distribution recognizes this. It provides a network of service wholesalers who are willing and happy to play the supporting roles.

So if you're tired of being a warehouseman, accountant, and banker, get back your "star billing" as pharmacist by routing your orders through one of the 300 Lilly service wholesalers who serve the nation.



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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

FEBRUARY, 1961

No. 5

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... Editorial ...

WHAT MAKES YOU DIFFERENT?

Recently, Rabbi Samuel Rosenblatt wrote an article in the Baltimore News-Post giving his impression of retail services today.

The good Rabbi stressed the importance of personal services. He pointed out the importance of the factor he referred to as "the human equation."

"Take, for illustration, two stores carrying the same general type of merchandise. In one the person who comes in to make a purchase is treated with almost complete indifference. If the article he asks for is in stock, good and fine. If not, that is the end of the transaction. The result is that the would-be-customer leaves in disappointment, vowing, if he can help it, never to return. In a second store, with virtually the identical assortment of wares, there is an entirely different atmosphere. The client is greeted with a friendly smile. If the commodity, is by chance not available, an offer is made to get it for him later. Or else a substitute is suggested that might serve his purpose just as well. Immediately a personal relationship is established between buyer and seller. The man in front of the counter is made to feel that the individual behind it is not an automation or robot, totally unconcerned with his—that is the customer's—needs, but on the contrary, a person who takes special pains to satisfy him, and thereby creates in him a mood to want to come back again."

Rabbi Rosenblatt went on to talk about employee-employer attitudes and the necessity of better understanding between the two. He concluded his article with the following statement: "It is because of the personal service that is involved in the job of selling that there will always be room, in our economy of bigness, for the little mer-

chant. There is no substitute for the individual attention that the tradesman operating, the corner grocery, or the independent pharmacist, running the neighborhood drugstore, can give to his customers."

I have quoted Rabbi Rosenblatt at length because of his thorough understanding of the problems confronting independent retailing and services. He has presented his views not as a man of the "cloth," but as a consumer who has reacted to impressions as a fellow human being who reacts to likes and dislikes. We should all learn a lesson from his wise evaluation and counseling.

Do not put this aside without instituting some corrective measures. We can all stand some improvements. There is no time like the present to take stock of our own attitudes and operation.

The best start is to become self-critical. Spruce up your store. Change things around a bit. Give your place a good housecleaning. Change displays accentuating seasonal merchandising.

Then attack the "human equation." Hold meetings with personnel. Get their opinions. Make them an integral part of your organization. Adopt a new customer relations policy and put it into effect immediately.

Remember, competition is getting bigger and keener. Although shopping centers and super retail outlets are on the increase, this does not necessarily mean the public readily favors them. Everybody is not attracted to the robot, impersonal operation. Price is not always the major objection.

Don't forget the "human equation". Cater to your trade. Give them the priceless ingredients—personal attention and appreciative service.

The neighborhood Pharmacy is indispensable. Are You?

THE CHARMCRAFT
GREETING CARD SECRET

better profits



*unmatched delivery schedules
and reliability for
Maryland Pharmacists*

Top profits from greeting cards depend first of all on having the cards you need when you need them. That's the CharmCraft secret—personalized delivery schedules to meet every need.

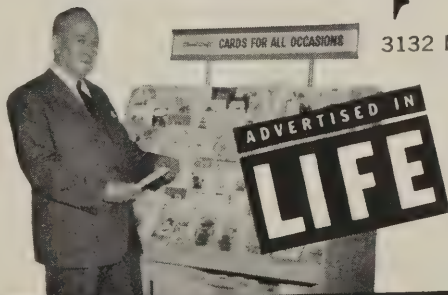
But it's not the whole CharmCraft story. CharmCraft means an exhaustive collection of truly imaginative greeting cards housed in the most eye-appealing cabinets and advertised nationally. It all adds up to top profits with less work and bother for you—a mighty pleasant combination.

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To learn more about the advantages of becoming a CharmCraft dealer, drop us a line today.

PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

Many of us take too much for granted in accepting favors and services from the multitude of individuals and concerns who serve us in our daily pursuits. We should be more cognizant of these amenities and pause occasionally to express appreciation to those falling in this category.

With this in mind, I would like to take this opportunity to express appreciation to those who continue to render a conscientious service to the pharmacists of Maryland, this includes of course, the drug wholesalers and other suppliers who serve the drug trade.

The wholesalers, especially have contributed materially to the success of the Maryland Pharmaceutical Association assuring a smooth effective organization for the benefit of all.

A special thanks goes to the Auxiliaries of the Association, T.A.M.P.A. and L.A.M.P.A., for their devoted and loyal support of the Maryland Pharmaceutical Association in helping to plan meetings and attending the various functions of the Association.

Every representative calling on you has a definite message to tell. Even if his message does not apply to your particular operation, give him the courtesy of an audience just for the sake of good human relations.

Have you ever stopped to consider what the wholesalers have to offer? First, they are vitally interested in your success and well being. They are always ready to render advice and guidance on store and general business improvements. Consult them on financial problems, remodeling, new locations, merchandising and sales promotions. You will find wholesalers helpful in many ways, and if they do not have the information you seek, they will get it for you.

Remember, the majority of those who serve Pharmacy are sincere helpful people. They are our friends, put your confidence in them.

Sincerely,

HAROLD M. GOLDFEDER,
President

Support

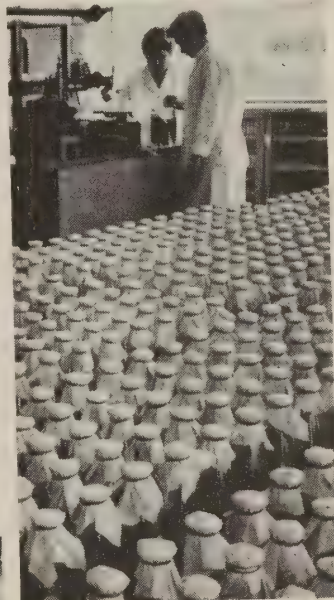
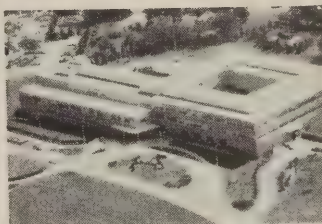
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It Represents The Best In Pharmacy.**

...In Quest of Freedom from Disease

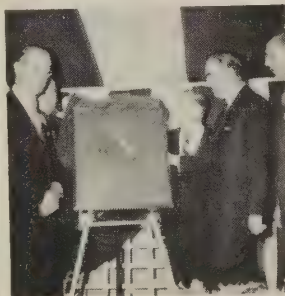
PFIZER'S NEW
MEDICAL RESEARCH LABORATORIES
DEDICATED TO SCIENTIFIC RESEARCH
IN THE SERVICE
OF MEDICINE AND MANKIND
ON OCTOBER 6, 1960
IN GROTON, CONNECTICUT

"In the world of medicine, all of us have a responsibility greater than in most other worlds, for the simple reason that what we produce in materials and services may determine whether a person lives or dies. This is a grave responsibility. It means that strong leadership and high principles are essential ingredients of healthy growth. And healthy growth is further dependent on the proper use of the wealth it creates...."

From the address by Irvine H. Page, M.D., Director of Research, Cleveland Clinic Foundation, at ceremonies of October 6, 1960 held in dedication of the Pfizer Medical Research Laboratories



The 400 scientists and supporting technical and administrative staff in the microbiological, macrobiological, chemical and biochemical research units of the Groton laboratories are part of the world-wide Pfizer research team. This international research project numbers 1,000 men and women who, through organized knowledge, help to create new and better drugs . . . all in quest of freedom from disease.



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of Pharmacy, 301 West Preston Street, Baltimore 1, Maryland, Room 401, to fill out and file your application for this examination.

Please bring with you a recent photograph of yourself, 3 x 3 inches. This photograph must be certified by the Dean or some other official of the School of Pharmacy.

F. S. BALASSONE, Secretary
Maryland Board of Pharmacy

DRUG STORE CHANGES

The following are changes in drug stores for January, 1961:

NEW STORES

Dial Drugs, Inc., 310 Hungerford Drive, Midtown Shopping Center, Rockville, Maryland, Props., Rachmill Schlafstein, David Peskin.

Darlington Pharmacy, Wm. Thomas Foley, Jr., Darlington, Maryland.

Martin E. Deming, Ferndale Pharmacy, 319 Baltimore-Annapolis Blvd., Ferndale, Maryland.

—NOTICE—

TO THE 1961 GRADUATES

The Maryland Board of Pharmacy will conduct examinations for registration as pharmacists at the School of Pharmacy, University of Maryland, Baltimore.

These examinations will begin on Wednesday, June 21 and continue through Friday, June 23, 1961.

Please come to the office of the Board

Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

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Cigars**

**Monument Square
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For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

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Phone PLaza 2-2207

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BLACKMAN'S FRUITS & SYRUPS

"America's Finest"

If it's for your Soda Fountain—we have it'

... Fair Trade News ...

STERLING DRUG FILES FAIR TRADE ACTIONS AGAINST 4 MD. RETAILERS

Separate legal actions have been initiated by Sterling Drug Inc. to restrain Washington Boulevard Farmer's Market, Wheaton Pharmacy, and Towers of Randallstown, all retailers in Maryland, from violating the fair trade prices of Sterling's Glenbrook Laboratories Division.

The complaints filed in the United States District Court for the District of Maryland seek to enjoin these retailers from violating the fair trade prices of Bayer Aspirin, Phillips' Milk of Magnesia and other Glenbrook Laboratories products.

Washington Boulevard Farmer's Market is located at Washington Boulevard in Howard County, Wheaton Pharmacy in Wheaton and Towers of

Randallstown in Randallstown. Each of these retailers is charged with persistently ignoring requests to stop selling Glenbrook Laboratories' products below the fair trade price.

The United States District Court for the District of Maryland has issued a preliminary injunction restraining The Coral Place Drugs, Inc., a retailer in Lexington Park, St. Mary's County, Maryland, from selling Bayer Aspirin, Phillips' Milk of Magnesia and other products of Glenbrook Laboratories below fair trade prices.

Sterling brought this action against Coral Place Drugs, Inc. and sought a preliminary injunction in connection with its campaign of vigorous fair trade enforcement in the State of Maryland.

In addition to the injunction, Sterling Drug Inc. is asking \$25,000. damages from each retailer.

SCHRAFFT'S[®] CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's — recognized by candy-lovers everywhere as supreme in quality and flavor.

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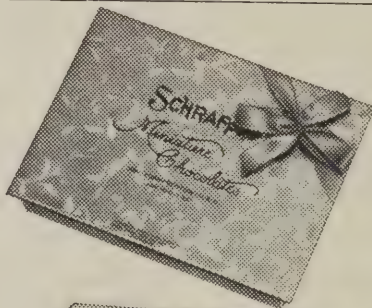
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WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

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. CONTRIBUTIONS .

THE MEASUREMENT OF LIQUID ORAL MEDICATION

by B. F. Allen*

In recent years, many investigations have been conducted on oral liquid pharmaceuticals in an attempt to produce elegant, stable, and palatable preparations which would be useful in the pediatric and geriatric field as well as for the patient who cannot swallow the solid forms of medication.

The result of this research is attested by the appearance of a great number of commercial liquid products. Many of these are suspensions which eliminates some of the classic difficulties in making solutions of aspirin and many other chemical substances used as drugs. This is also reflected in the increase in the number of suspension formulations that are currently official in the new Pharmacopeia.

The public as well as the medical profession appear to have become somewhat "tired" of tablet and capsule types of medication. The patient likes liquid medication because it possesses the advantages of being easy to swallow and the benefits derived from the taste. In fact, the liquid dosage forms are almost an absolute necessity for many individuals. The physician, of course, can easily vary the amounts of the different active ingredients to fit the needs of the patient.

As every pharmacist knows, the most common measure for liquid formulations is the teaspoon. However, in recent years the tablespoon^a has also assumed tremendous importance insofar as directions to the patient are concerned.

The need for a standard teaspoon has been recognized by American Pharmacy for 64 years or more. The U.S.P. XVI

*Associate Professor of Pharmacy, University of Maryland.

^amany important dietary supplements are administered in this quantity.

and N.F.) includes the following statement:

"Agreement has not been reached on a standard pharmacopeial teaspoon, in spite of the need for such a standard measure in connection with compounding and labelling liquid medicines. For household purposes, an American Standard Teaspoon has been established by the American Standards Association¹ as containing 4.93+0.24 ml. In view of the almost universal practice of employing teaspoons ordinarily available in the household for the administration of medicine, the teaspoon may be regarded as representing 5 ml. It must be kept in mind that the actual volume delivered by a teaspoon of any given liquid is related to the latter's viscosity and surface tension, among other influencing factors."

It has been hoped for some time now that dissemination of the knowledge of a standard teaspoon in the U.S.P. would ultimately result in the adoption of a 5 ml. volume as representing one teaspoon.

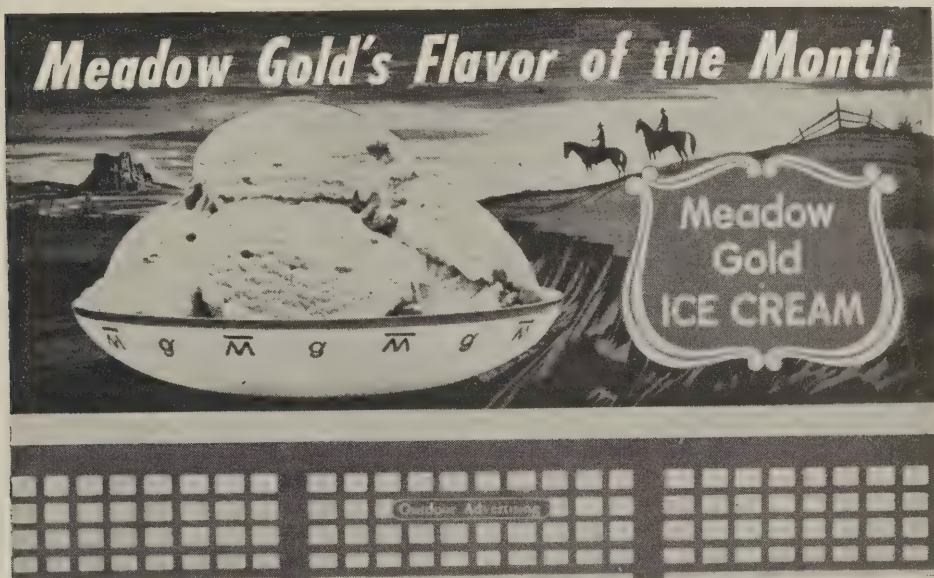
However, confusion still exists all the way from the student to the practitioner and manufacturer. Also, it has been stated that some state boards present problems in pharmaceutical arithmetic and require that 4 ml. be used as the equivalent, whereas others consider 5 ml. to be the correct quantity.

Inconsistent results occur in compounding, prescribing, and administering medication simply because the metric equivalent of the teaspoon has not been universally or even nationally² established and accepted. Therefore, the need for a standard teaspoon in pharmacy is a continuing and urgent one.

Already much has been written about the problems encountered when using domestic teaspoons for the administration of medicines. In judging the

¹70 E. 45th St., New York 7, N.Y.

²and not even locally



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safety of a dose, consideration must be given to the manner in which it is to be measured by the patient. It has been stated that the teaspoon dose as measured with the same spoon by different people varied from 3 to 7 ml.

Statements have also been made that the capacity of a teaspoon³ used in the home has been found to range from 4 to 8 ml.

The aforementioned statements may seem unimportant, but they assume magnitude when large and possibly dangerous doses are being considered. Also, it may make a considerable difference whether one calculates on the basis of 8 or 6 doses to the fluidounce.

Several attempts have been made in the effort to administer more accurately teaspoon doses. The implements which have been advocated include the medicine (or dosage) glass, the "Exacto" bottle with a top which when inserted was a "measuring-cup," and the plastic "tru-spoon." More recently, a full-sized plastic spoon which is designed especially to hold the correct amount for one teaspoonful has been used by some pharmacists in the promotion of their prescription business.

It is very interesting to note that both the new U.S.P. and N.F. still retain the "Table of Metric Doses with Approximate Apothecary Equivalents" in which 4 ml. is the approximate equivalent of one fluid dram. Also, is included the following statement: "When prepared dosage forms such as tablets, capsules, pills, etc. are prescribed in the metric system, the pharmacist may dispense the corresponding approximate equivalent in the apothecary system, and vice versa as indicated in the table."

Another implement commonly used for measuring liquid medicaments is the dropper. Here again there has been a lack of uniformity in the quantity actually administered, especially when "drop" doses have been prescribed, and

by the use of non-graduated as well as non-calibrated⁴ droppers.

Whenever modern aspects of drug administration are discussed, prescription surveys conducted, or the status of medical specialties reported it is noted that the liquids continue to play a very significant role in the practice of medicine.

One writer has recently reported that the "teaspoon equivalent problem" has actually been under discussion and controversy for nearly 300 years and still remains unresolved, even though many of the recent findings, such as variation of capacity depending upon the liquid measured, were anticipated centuries ago. The most ironical of all is that the ancient Greek spoon was the equivalent of 4.5 ml., exactly half-way between the controversial 4 and 5 ml. measure.

The formulation of standards has always been a tremendous task. One of the greatest difficulties experienced in pharmaceutical compounding of liquid preparations is uniformity in technique, etc. This, of course, is reflected in the uniformity of dosage, etc. Some type of uniformity is also important insofar as the prescriber is concerned. Therefore, it appears as though "uniformity" in the aforementioned areas is just as important as accuracy, tolerances, etc. which have been emphasized so many times in the past.

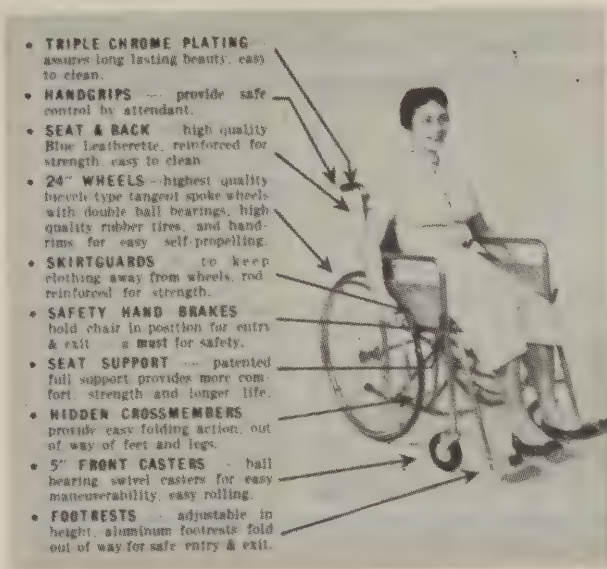
⁴the dropper should be calibrated on the particular liquid medicine being dispensed.

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL
"IN UNITY THERE IS
STRENGTH."**

³the size (or capacity) of this implement is often determined by the user.

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Volume 19

FEBRUARY, 1961

No. 5

TAMPA OYSTER ROAST

Snow or No Snow, when T.A.M.P.A. holds an Oyster Roast the boys show up. This year's roast was held at the Alcazar on Saturday, February 4th, the day after the third big snow of the season. It cost an extra quarter to check boots or other gear for combating the snow, but nobody cared because it was a good affair. This just proves that the T.A.M.P.A. boys are a hearty lot and enjoy getting to-gether for a good time.

Everyone seemed to enjoy the day. The food was good, there was plenty of cold beer, there was group singing, card playing, and just good conversation. Dick Crane drew a big laugh when he held up the winning ticket on the Emery Helm Memorial Fund 50-50 drawing. Dick, of course, didn't want to take the money but was persuaded to accept and so stuffed the \$30.00 in his pocket.

If you missed this one you can look forward to next year.

IN MEMORIAM

Our welfare committee has informed us that T.A.M.P.A. has donated \$10.00 to the Heart Fund in memory of Harry

Oliver who passed away very recently. Harry was a past president of T.A.M.P.A.

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AQUAPAC selected skins

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Not just wet-lubricated and rolled

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SELL ON OPEN CALL.

Retail \$6.50 dozen—3 for \$1.75

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-: NEWS ITEMS :-

FRONT COVER

Continuing the retailer public relations program that has proven so successful, the National Wholesale Druggists' Association has issued a new set of truck posters to be displayed on the sides of delivery trucks throughout the United States.

The poster shown on our front cover will be used during March and April.

IMPORTANT LEGISLATION FOR SMALL BUSINESS

Message by John W. Dargavel, Executive Secretary of the N.A.R.D., in the February 6, 1961, issue of the N.A.R.D. Journal; calls for support in behalf of the Ikard-Curtis-Sparkman Tax Adjustment Bills.

Important companion measures for business firms of small and medium size have been introduced in the 87th Congress by Representatives Frank Ikard (Texas) and Thomas B. Curtis (Mo.) and Senator John J. Sparkman (Ala.). Enactment of the proposal contained in the bills would permit a business (incorporated, partnership, individual ownership) to plow back a percentage of the net profits in a manner that would reduce the tax load now carried by business firms of small and medium size. The proposal is identified in the House as H.R.2 and in the Senate as S.2. However, it is advised that the measures be referred to as the "Ikard-Curtis-Sparkman Tax Adjustment Bills."

"The purpose of the legislation is to provide a fair tax relief for business enterprises of small and medium size in order to enable them to obtain growth capital to finance expansion and modernization. How would the legislation function? The answer in brief is:

"Druggist A, during a tax year increases the investment in his drug store

through (1) depreciable assets, such as fixtures, (2) inventories and (3) accounts receivable. He would be granted, in the calculation of the federal income levy, the right to deduct an amount equal to 20 percent of the net profits (the maximum to be \$30,000).

"Here is an example of the procedure:

"On January 1, 1961, the depreciable assets amounted to \$15,000, the inventories, to \$30,000, and the accounts receivable, \$10,000, to make the grand total \$55,000. Then on January 1 1962, the records show that the depreciable assets had dropped to \$12,000, and the inventories had attained \$35,000, and the accounts receivable, \$13,000. The grand total is \$60,000.

"The calculation is as follows: \$60,000 minus \$55,000 leaves \$5,000 (the added investment during the year 1961. Druggist A determines the net profits for the year 1961 to be \$30,000. So he subtracts \$5,000 from \$30,000 and the remainder is \$25,000 (the business income on which the federal income tax would be based).

"The outlook is that the legislation to materialize the plan has a good chance to be passed by the 87th Congress. All the members of the Senate Select Committee on Small business are among the sponsors of the proposal (S.2). Support for the companion measures is also strong in the House. Moreover, the Ikard-Curtis-Sparkman Bills have been endorsed by more than 70 trade associations and among them is the N.A.R.D. Then, too, the current business recession ought to help multiply the interest in the legislation.

"Every individual retail pharmacist and the state, metropolitan and local associations in the drug field should take an active part in the drive to bring about the enactment of the Ikard-Curtis-Sparkman Tax Adjustment Bills."

THE MARYLAND ASSOCIATION OF HOSPITAL PHARMACISTS

The Maryland Association of Hospital Pharmacists held the first meeting of 1961, on February 2 at Marty's Park Plaza Hotel.

A cocktail and dinner party preceded the business meeting. After the meeting, the newly elected officers were installed:

President—Mr. E. W. Nollau, Chief Pharmacist, Women's Hospital, Baltimore, Maryland.

Vice President, Miss Ursula Heyer, Chief Pharmacist, John's Hopkins Hospital Baltimore, Maryland.

Secretary and Treasurer—Miss Mary Connelly, Chief Pharmacist, Medical Health Center Baltimore, Maryland.

A PHARMACEUTICAL PRIZE WINNER

Milton A. Friedman of the Harris Pharmacy, Lombard and Poppleton Streets, Baltimore, has a hobby which pays in prestige and enjoyable remuneration. Recently he received the first prize in the Maryland Pharmacy Week Window Display Contest.

Since then he secured the National Prize in the Vick's CARE Crusade Promotional by submitting the prize-winning displays and promotional material. Mr. and Mrs. Friedman will go to Europe on March 6, 1961 from New York as good-will ambassadors for CARE and will visit Italy, Greece, Turkey and France. There will be a CARE Crusade Dinner in Rome and they will visit institutions helped by CARE as well as individual homes in the different countries visited. They will also look forward to sightseeing and shopping opportunities.

Mr. Friedman graduated from the School of Pharmacy of the University in 1934 and has been interested and active in many professional groups such as the Maryland Pharmaceutical Association, the Alumni Association of the School of Pharmacy, the Baltimore Metropolitan Pharmaceutical Association and the Associated Jewish Charities.

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PRESIDENT'S MESSAGE

Dear Members:

I should like to express to you my pleasure in meeting and greeting all those who attended the Installation Dinner of the Baltimore Metropolitan Pharmaceutical Association held at Blue Crest North.

The 1961 officers and executive committee were installed with due pomp and ceremony following a full course dinner by Bluefield. An excellent program was presented by the American Greetings Corporation.

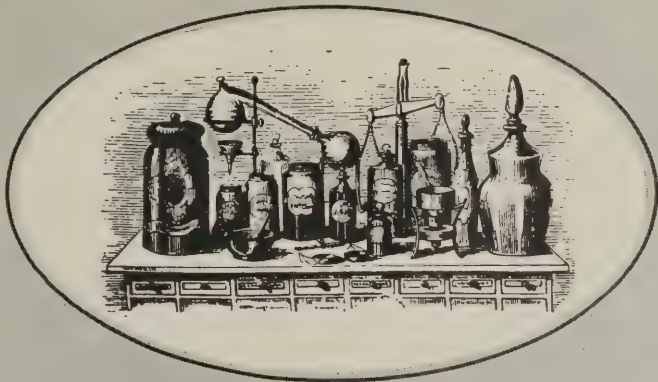
It was a thrill to be joined by so many members and their wives on this auspicious occasion—the first installation dinner meeting of the association. I sincerely hope this has been the inauguration of many such meetings to follow in the years to come.

The next meeting of the BMPA will be held at the Kelly Building on Thursday, April 20th. This is a timely meeting sponsored by the Camp Manufacturing Company, producers of A Plus School Supplies. Special effort will be put forth in showing how to merchandise school supplies and stationery for plus profit, and how to keep this business in the neighborhood. Many valuable prizes will be distributed and delicious buffet refreshments will be served at the conclusion of the meeting.

I will consider it a personal favor if you will attend the meetings of the Association. All meetings are planned to bring you an informative message. Jerry Stiffman and his Place and Arrangements Committee go all out to provide interesting meetings. You can show your appreciation by attending the meetings of the Association and encouraging others to also attend.

Sincerely,

SAM A. GOLDSTEIN
 President



COMMON SENSE *vs.* NONSENSE

*one of a series of classic quotations dealing with
subjects of interest to you*

“It’s unwise to pay too much, but it’s worse to pay too little. When you pay too much, you lose a little money—that is all. When you pay too little, you sometimes lose everything, because the thing you bought was incapable of doing the thing it was bought to do. The common law of business balance prohibits paying a little and getting a lot—it can’t be done. If you deal with the lowest bidder, it is well to add something for the risk you run, and if you do that you will have enough to pay for something better.”

—John Ruskin
(1819-1900)

SMITH KLINE & FRENCH LABORATORIES, PHILADELPHIA

NEW PHARMACEUTICALS IN 1960

The nation's smaller pharmaceutical manufacturers led the drug industry to a record breaking number of new pharmaceutical introductions during 1960, in spite of a drop in the rate of new products marketed by the major manufacturers, according to PHARMINDEX,* new product reference system.

718 new pharmaceuticals were reported in PHARMINDEX during 1960, representing an average of 3.1 products each from the 232 manufacturers announcing new items. This is slightly higher than the 1959 average of 2.7 products. These figures are based upon the new ethical drugs reported in the twice-monthly PHARMINDEX issues for 1960. The reports include the new pharmaceuticals of all national and regional American manufacturers.

Pacing the increase were the 170 firms with less than full national distribution for their products. These companies increased their average rate of introduction to 3 items per firm in 1960 as compared with 2.3 products each in 1959. This increase outweighed the drop in new marketings by the 62 nationally distributing manufacturers whose 210 new ethical drugs for 1960 created an average of just 3.4 products compared to an average of 4.1 items per company the previous year.

Number Of Pharmaceuticals Introduced 1959-1960

| | 1959 | | | 1960 | | |
|---------------------------------------|-------|--------|-------|-------|--------|-------|
| | Firms | Prods. | Aver. | Firms | Prods. | Aver. |
| Firms with full national distribution | 53 | 209 | 4.1 | 62 | 210 | 3.4 |
| Firms with lesser distribution | 155 | 355 | 2.3 | 170 | 508 | 3.0 |
| Total all firms | 208 | 564 | 2.7 | 232 | 718 | 3.1 |

The PHARMINDEX figure most apt to surprise the average reader is the large number of national manufacturers who marketed only a single new product last year. During 1960 better than 1 of every 4 national manufacturers (27%) introduced only 1 new pharmaceutical. In 1959 just 19% of the major firms had such limited new product introduction.

This lower rate of introductions by the national manufacturers is seen also in the figures showing maximum productivity. Topping the 1960 list of national manufacturers is one company which introduced 12 new items. 1959 saw 3 major firms market 12 or more new products. Conversely, more smaller firms introduced large numbers of new products in 1960 than in 1959. While in 1959 no regional firms equalled the 15 new products marketed by each of 2 national manufacturers that year, 1960 saw 3 regional firms each introduce more than the 12 new products which was tops for the nationals.

Two basic facts account for much of the disparity in these 1959-1960 figures. First, PHARMINDEX reports show the larger manufacturers, who are responsible for most of the new chemical entities had fewer such items ready for marketing in 1960 than in 1959. Secondly, extensive introductions by several rapidly growing regional companies and the announcement of a complete line of ethical drugs by a new manufacturer boosted the average of the firms of less than national scope.

Although the figures concerning the most and least productive originators of new products show considerable change from 1959 to 1960, many of the figures

*PharmIndex is a registered trademark

MR. DRUGGIST:

THE

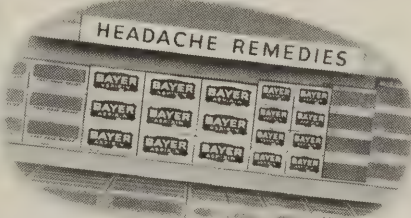
No. 1 DRUG
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GIVE BAYER NO. 1 DISPLAY SPACE WITH...
The New, Unique **AND** FACINGS THAT THE NO. 1 ITEM DESERVES
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representative or write:
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*More Packages Sold Than Any Other Drug Product

which reflect the overall new products picture for the two years remained quite stable. "In both years, 90% of all manufacturers annually marketed 6 or fewer new products. Both years also saw about one-third of the manufacturers announce only 1 new product that year, and these solitary introductions represent only 12% of all new pharmaceuticals."

Analyzing the new products by the number of active chemical ingredients shows a significantly higher percentage of the introductions with single active ingredients to be the products of national firms. The figure is particularly notable in a year when the number of new chemical entities announced is down.

1 of every 4 new products (23%) reported in PHARMINDEX during 1960 contained only one major chemical ingredient. The ratio climbed to 1 of every 3 (35%) of the new products of the national manufacturers but was less than 1 out of 5 (18%) of the products from regional manufacturers.

Multiple ingredient products accounted for 62% of the output of new items by the national companies and 79% of the new drugs from the smaller companies. 3% of the products of all manufacturers were specialized items not applicable to the analysis, such as hospital specialties, devices and diagnostic products.

1960 New Products—By Formulation

| | Single ingred. | Multiple ingred. | Special products | Total products |
|---------------------------------------|-------------------|---------------------|---------------------|-------------------|
| Firms with full national distribution | 73 | 131 | 6 | 210 |
| Firms with lesser distribution | 91 | 403 | 14 | 508 |
| Total all firms | 164 | 534 | 20 | 718 |

Dermatologicals accounted for the greatest number of new products, the PHARMINDEX reports indicate, with that type of product accounting for 91 of the total 718 new pharmaceuticals. Gastrointestinal medications accounted for 76 of the new products as did items designed for respiratory or cold therapy. The fourth largest group of new pharmaceuticals was the nutritional and vitamin products which totaled 68 of the newly marketed drugs.

Comparison of the types of new products from the national and regional firms shows another area of difference in the introduction of the two classes of firms. Four types of products each represented 10% or more of the new products of smaller firms: 1) Dermatologicals; 2) Respiratory or cold therapy; 3) Nutritional and vitamin products; and 4) Gastrointestinal items. Just 3 types of new pharmaceuticals accounted for 10% or more of the new items of national manufacturers: 1) Anti-infectives; 2) Dermatologicals; and 3) Gastrointestinals.

The 27 new anti-infective products released by the national manufacturers were 13% of the new presentations of the major firms and one of four classes of products in which the larger companies introduced a majority of new items. In the remaining 18 classifications, the PHARMINDEX figures show the 170 manufacturers with less than national distribution introduced the dominate share of new products.

Represented in the PHARMINDEX statistics are 718 new pharmaceuticals reported in the publication during 1960. Reported also in the 1960 issues of Pharmindex were 401 changes in products already available but these are not included in the figures.



How will weight-watchers use **Sucaryl**[®] in 1961?

*(Or, how versatile can a non-caloric
sweetener be?)*

In trying to gauge Sucaryl's versatility, you can't just stop at three—or four, or five—general uses. Those weight-watching customers of yours can be an ingenious lot, and it's sometimes surprising how many interesting ways they can find to use the product.

Winter celebrants, for instance, will carry the 100-tablet bottle along with them—perfect complement to a steaming thermos. Friday-afternoon hostesses, on the other hand, frequently like to surprise the ladies with a Sucaryl-sweetened dessert. (Thought for your wife?) And any social-minded weight-watcher worth his Sucaryl will tell you that you just don't mix cold drinks with anything else.

It's as simple as this: Sucaryl *belongs*, when you're watching your weight. It belongs in your store, on your counter. How many new customers will you have this week?



®Sucaryl—Abbott's Non-Caloric Sweetener

101193

ALLEGANY GARRETT COUNTY PHARMACEUTICAL ASSOCIATION

The regular February monthly meeting of the Association was held in Cumberland.

The Association agreed to circulate a poor credit risk list among the stores which cooperated in compiling the list.

It was pointed out that the word DRUGS could only be used by establishments employing a pharmacist and operating under a drug store permit. The Professional Relations Committee was instructed to advise those who did not qualify as drug store owners about this.

The hospital administration at the Memorial Hospital in Cumberland is desirous of discontinuing the practice of having the night supervisor filling emergency prescriptions. The Allegany Garrett County Pharmaceutical Association members have agreed to cooperate by opening their drug stores

during the night to fill emergency prescriptions. The Professional Relations Committee will meet with the County Medical Society and the hospital administrator to set up a feasible plan.

Bill Sullivan told the meeting of a course he had completed in practical politics. Several of those present were so interested that Bill agreed to organize a group of pharmacists to pursue such a course.

The need for better support of pharmaceutical associations was discussed. Everyone agreed that associations needed a much larger membership and budget to be effective. It was suggested the American Pharmaceutical Association collect all dues and reimburse state and county associations. It was further suggested dues be collected semi-annually or quarterly. Those attending the meeting promised to support the proposal.



THE SNOW JOB THAT SHOULD BE DONE!

Mr. Independent Retail Pharmacist.

You cannot afford
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to the
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Maryland Pharmaceutical Associations.

Where there's Unity—There's Strength.

If you are not a member, why not join your Fellow Pharmacists and assist in their endeavors.

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DUES NOTICE

If you have not paid your dues for 1961, may we have it by return mail?

Maryland Pharmaceutical Association

| | |
|---|---------|
| Active Member (Pharmacists Only) | \$25.00 |
| Affiliate Member (Non-pharmacist Executives and Managers) | \$25.00 |
| Associate Member (Employee Pharmacists, Salesmen, Medical Representatives) | \$5.00 |

Baltimore Metropolitan Pharmaceutical Association

| | |
|--|---------|
| Active Member (Store Owners and Former Store Owners) | \$10.00 |
| Associate (Employee Pharmacists, Salesmen, Medical Representatives) | \$5.00 |

MAIL TO: 650 W. Lombard Street
Baltimore 1, Maryland

We appreciate your cooperation and support.

Are your dependents now 18 years of age or older? Do you realize that if this is the case, they are no longer covered under your Group Insurance Plan and should have independent coverage.

Please call our office for any information in regard to this change. We have several very fine policies, reasonable priced, for your consideration.

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MARYLAND PHARMACEUTICAL ASSOCIATION

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July 3, 4, 5, 6, 1961

AN EXCELLENT PROGRAM IS BEING ARRANGED

RELAX IN THE COMFORT OF ONE OF ATLANTIC CITY'S
LUXURY HOTELS.

PACKED SCHEDULE AWAITS 1961 APhA CONVENTIONEERS IN CHICAGO

The 108th. annual American Pharmaceutical Association convention in Chicago, April 23-28, promises to be a stimulating and rewarding experience for all pharmacists, regardless of their specialty. The week will be filled with activity, discussion, and entertainment from the opening of the President's Reception Sunday evening, April 23, to the adjourning gavel at the final APhA General Session Friday noon, April 28. All major meetings have been scheduled in the Hotel Sherman, the convention headquarters.

The Wednesday morning General Session (April 26) is one that no pharmacist will want to miss. Arthur B. Hanson, co-counsel in the Arizona anti-trust case, will discuss the antitrust laws and pharmacy. E. B. Weiss, noted author, provocative *Advertising Age* columnist, and a specialist in spotting merchandising trends, predicts that community pharmacies are facing a total revolution. He will outline why he thinks there is this impending revolution and state what the community pharmacies may have to do in order to survive under the new system.

In the Wednesday afternoon House of Delegates meeting, Harold Hillenbrand, DDS, Secretary of the American Dental Association, will discuss how the ADA developed its integrated membership structure and esprit de corps.

To provide refreshing relief from meetings and discussion, outstanding entertainment programs have been scheduled. One of the highlights will be the Wednesday evening show featuring top name stars and performers. And the famed Great Lakes Blue Jackets will be on hand to entertain APhA members at the opening session Sunday evening, which precedes the President's Reception. The festive APhA annual banquet, set for Thursday evening, will not only provide the conventioners

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THE MONTH**

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Featured in all BMPA Stores

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with an enjoyable and tasty dinner, but with entertainment by the Abbott Vita Men, an all-male chorus.

On Thursday, the Sections on Practical Pharmacy, Education and Legislation and Pharmaceutical Economics will meet in combined sessions. The morning will be devoted to two symposia—one on "Providing Pharmaceutical Services to Nursing Homes" and one on "Compatibility and Incompatibility of Manufactured Pharmaceuticals." The theme of the afternoon joint session is "Challenges and Problems of the Sixties." Among the outstanding speakers selected for this program include Vincent E. Covins, Chief of Industrial Materials and Products Branch of the Bureau of Labor Statistics, Department of Labor, who will speak on "Prescriptions in the Bureau of Labor Statistics Indexes." Following this joint program Thursday afternoon will be a general discussion and action on merger of the

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 to increase your unit sale.
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three sections into a Section on Community Practice.

Each APhA Section will also hold its regular individual meeting. The Section on Pharmaceutical Economics has developed a timely program which includes addresses on "A Survey of the Feasibility, Operation and Principles of Various Plans for the Prepayment of Prescription Medication Expenses," and "The Past, Present and Future of Pre-paid Prescription Plans." This program is set for Tuesday morning.

The Section on Practical Pharmacy has scheduled a symposium for Tuesday morning on "Pharmaceutical Flavorology." The Section on Education and Legislation has arranged the presentation of various pertinent papers, including one on "Narcotics in Disaster Emergencies." And, the Pharmacy Student Section will feature an address entitled "Pharmaceutical Market Research Contributes to Professionalism of Pharmacy."

Two symposia have been scheduled by the Industrial Pharmacy Section, one on the Relationship of Packaging to Quality of Pharmaceutical Dosage Forms," and another on "The Role of Statistics in Product Formulation."

The Section on Military Pharmacy has scheduled an address by Madison Brown, M.D., Associate Director of the American Hospital Association, at its Wednesday luncheon and addresses by Pharmacy Consultants to the Surgeons General of the Army, Navy, Air Force, Public Health Service, and Medical Director of the Veterans Administration at its Monday luncheon. As has been the policy in previous years, these two luncheons and certain other convention meetings are authorized as military training assemblies for reserve officers for which training and retirement point credits will be allowed.

Meeting in conjunction with the APhA are several affiliated and related organizations including the American

THE SOFT SELL

Abbotts Ice Cream is as "soft" —as easy—to sell as it is for a youngster to get hungry between meals.

Why so sell-able? Freshness of ingredient and just right-ness of flavor let ice cream lovers know they're buying the very best. What good does this do? They come back for more and increase your sales as fast as bunny rabbits.



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A NEW PLAN FOR PRODUCT MERCHANDISING—
STORE TRAFFIC—PROFIT—FOR ALL DRUG STORES—
NOW AVAILABLE THROUGH THE COMBINED EFFORTS OF

MUTH BROS. & CO.
and **STANDARD STORE EQUIPMENT Co.**

Now you can remodel your entire store—or any part of it—or, build a new drug store from floor to ceiling—and save the middleman's profit . . . you buy your fixtures DIRECT.

The new "M&S" plan
offers you
FREE
designing and
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No need to put off any longer the idea of remodeling your drug store. Today . . . MUTH and STANDARD make possible a new, economical, efficient plan which enables you to give your drug store a new, bright, modern look . . . complete with merchandise on your shelves. And, if you're not sure of the best way to redesign your store—talk to a STANDARD store design expert or, a Muth Bros. merchandising expert. This service is yours free . . . and, it does not obligate you.

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College of Apothecaries, the American Society of Hospital Pharmacists, the American Association of Colleges of Pharmacy, the National Conference of State Pharmaceutical Association Secretaries, the National Association of Boards of Pharmacy, the American Institute of the History of Pharmacy, and the Metropolitan Drug Association Secretaries.

One of the highlights of the ACA meeting will be an address by Bertram B. Moss, M.D., Member of the Board of Directors of the Illinois Academy of General Practice, on "The Family Physician and the Family Pharmacist."

A leading event in the ASHP program will be the presentation of the H.A.K. Whitney award to Herbert L. Flack on Tuesday evening. And, on Monday afternoon, the ASHP has scheduled an address by Dean Svend Aage Schou, Royal Dutch School of Pharmacy, Copenhagen, Denmark, entitled "Our Professional Ethics."

The AACP has scheduled a panel discussion for Monday afternoon on the topic of "Do the Undergraduate Courses in Chemistry Properly Prepare The Student of Community Pharmacy for Graduate Study." Other AACP General Sessions and sections have been programmed for Sunday, Monday, and Tuesday of the convention week.

The NABP has scheduled a panel discussion on the relationship of the pharmacist with other members of the health team set for Monday afternoon. The panel will consist of spokesmen for the physician, nurse, and the medical service representative.

The American Institute of the History of Pharmacy has scheduled a symposium, in cooperation with the APhA Section on Historical Pharmacy, on "Pharmacy Looks Back at the Civil War Years" for Thursday morning.

Meeting the Saturday and Sunday prior to the convention week, April 22-23, the National Association of State

Pharmaceutical Association Secretaries has arranged two full days of interesting sessions for its members. The Metropolitan Drug Association Secretaries has scheduled three sessions during the convention week.

The ladies traveling to Chicago have not been forgotten either. Two events vie for top billing in the women's program and they are Don McNeill's Breakfast Club broadcast from the College Inn Porterhouse Room of the Hotel Sherman, and the Thursday Ladies' Luncheon and fashion show, which will feature Maggie Daly as commentator and will have the added attraction of musical drama by Sulie Harand, a nationally famous singing actress who will present her one woman music theatre review of a current Broadway musical.

The ladies' program also includes a sightseeing tour of Chicago on Monday and a Ladies' Breakfast on Tuesday morning.

And again this year, an outstanding exhibit program has been arranged. This year's exhibit will be on the mezzanine at the Sherman, and convenient for all registrants to view leisurely. The new APhA Convention Exhibit program was established to provide conventioners with an unparalleled, post-graduate, educational opportunity. This year's exhibit program has been planned with that objective and will be beneficial to all registrants.

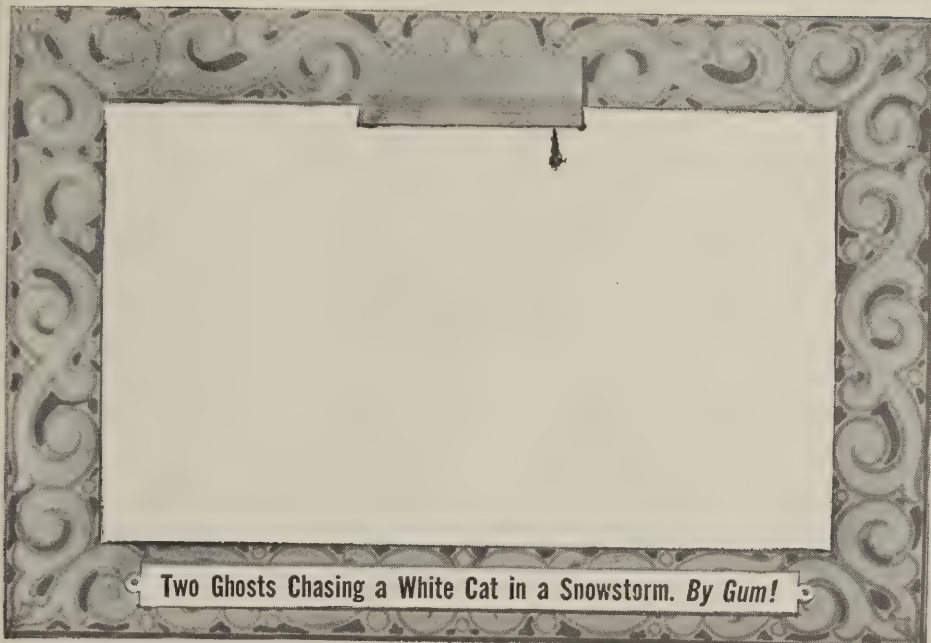
You will not want to miss a single session of this traditional pharmacy forum. This packed schedule has many items of interest for every pharmacist, particularly the community practitioners.

COME TO THE CONVENTION

Shelburne Hotel,

Atlantic City,

July 3, 4, 5, 6, 1961.



Two Ghosts Chasing a White Cat in a Snowstorm. By Gum!

Drawing a Blank in Ice Cream Sales ?

Sealtest Draws Customers and Profits!

Making your ice cream department pay off is easy! Just stock Sealtest — the most advertised, fastest-selling ice cream in America! Sealtest is a one-man show of special flavors that keeps your customers checking to see what's new and different. And *every* special flavor is introduced with effective advertising at point-of-sale and in national and local media. You don't have to be a genius to make customers happier with Sealtest. But most geniuses *do!* Get the picture? Call your local Sealtest Foods plant for details.



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LAMPA LUNCHEON

The annual luncheon of the Ladies Auxiliary of the Maryland Pharmaceutical Association will be held at the Lord Baltimore Hotel on Tuesday, May 2, 1961.

The theme of the program for the afternoon will be "Springtime In Japan."

All members of LAMPA and their friends are invited to attend this festive event.

VETERANS BENEFITS

Administrator of Veterans Affairs responsibilities include administration of the G. I. insurance program serving more than 6,000,000 veterans holding policies with a face value of over \$42-billion; operation of the largest medical program in the United States consist-

ing of 170 Veterans Administration hospitals and 91 clinics; conduct of a G. I. loan program which has provided home loans for more than 5,000,000 veterans, and a G. I. Bill educational program which so far has given training to some 10,000,000 veterans, and administration of a compensation and pension program providing payments on behalf of more than 4,000,000 veterans.

OUR ADVERTISERS

Advertisers make the Maryland Pharmacist possible. This publication is brought to you every month through their generous support. We ask that the members of the Association, as well as the other readers of the Maryland Pharmacist, express appreciation to the advertisers for their loyal support.

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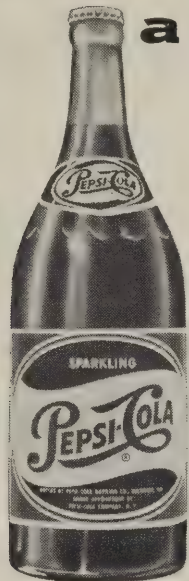
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**HOSPITAL SIZES NOW AVAILABLE TO
RETAILERS — SK&F ESTABLISHES
UNIFORM PRICING AND
PACKAGING POLICIES**

Smith Kline & French Laboratories announced a major revision of its distribution policy which will make available to retail pharmacists for the first time certain of its products in bulk packages. These will be distributed through the company's wholesale customers.

In the past, SK&F's largest bulk packages were available only to hospitals. The change, to be effective February 16, was announced by Frazier Cheston, director of distribution at SK&F.

The new program includes these features:

- New bulk packages will be stocked by wholesalers for sale to retail pharmacies as well as to all hospitals.
- The price both to hospitals and to retailers will be the same.
- Wholesalers will be authorized to accept returns of unopened bulk packages sold by their salesmen in accordance with long-standing SK&F policy.

These changes were announced after a comprehensive six-month study of the firm's distribution program. Cheston stressed that the new policy will eliminate previous inequalities.

SOCIAL SECURITY CHANGES

Effective with January 1, 1961, a change in the law will now permit parents to work for their sons or daughters and receive social security credit. The work, however, must be done in the course of a regular trade or business and the parent's work relationship must be a bona fide one. Work done by a parent for a son or daughter in a private household is still **not** covered by the law and should **not** be reported.

Another change gives ministers up until April 15, 1962, to elect social

**SPOTLIGHT
PRODUCT OF
THE MONTH**

SSS Tonic

Featured in all BMPA Stores

WITH
Dial 123 Live Radio

security coverage for themselves as self-employed persons. Thus, a minister who failed to take action before now has an opportunity to file a certificate with the Internal Revenue Service, indicating his desire to be covered if he nets as much as \$400 a year from his ministerial duties.

Still another change in the law now permits the wife or husband of an old-age or disability beneficiary to receive benefits if married to the worker for at least one year. A stepchild may also qualify now for payments if the marriage creating the stepchild relationship took place at least one year before the application was filed. Formerly the waiting period in these cases was 3 years.

A stepchild may now receive payments on his deceased father's record even though he was living with and being supported by his stepfather at time of his father's death. Under the old law, the father had to be contributing at



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Protecting your customers' health is your duty. Sweetheart Sanitary Wrapped Drinking Straws afford this necessary protection and your customers will show their appreciation through increased patronization. No extra charge for your "Personalized" advertising imprinted on wrappers.

*If Your Wholesaler Can't Supply You,
Write or Phone:*

MARYLAND PAPER PRODUCTS COMPANY
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*The
Sign of
"A Thoughtful Store"*

crowd pleasers a la Lance!



More people prefer and buy tasty Lance snacks than any other brand. And no wonder . . . they're always fresh and there's a wide variety to choose from.

Please your crowd. Display Lance.



LANCE

Charlotte,
North Carolina

least one-half his child's support for him to qualify for monthly payments.

For a free pamphlet giving more details about the 1960 amendments to the Social Security Act, write Social Security Administration, 3107 Greenmount Avenue, or 217 East Fayette Street, and ask for pamphlet OASI 1960-1.

TAKEN FOR GRANTED

The brochure "Taken for Granted" which has been prepared by the American College of Apothecaries is being made available to all pharmacists who might like to utilize it.

Quantities can be obtained by writing to the American College of Apothecaries, Hamilton Court Hotel, 39th & Chestnut Streets, Philadelphia 4, Penna. **Check should be enclosed with orders** and the price for the brochures is \$12.00 per thousand or \$1.50 per hundred.

THE PRICE OF 'FREE PUBLICITY'

At a time when public relations and the public image of pharmacists are of vital concern to the profession, pharmacists must carefully evaluate all offers of "free publicity."

The January 15, 1961 issue of *Parade* magazine featured "A New Program to Protect You against Counterfeit Drugs." The program offered by the National Committee against Counterfeit Drugs—a self-appointed three-man vigilante committee—promises "new safeguards against a multi-million dollar racket that now threatens the health of every American."

Although a projected audience of 11 million readers was offered as bait, APhA refused to endorse or participate in the program which has been described to pharmacists as "a multi-million-dollar public relations program which will benefit your profession and help your business."

The program purports to protect public health more effectively than the

self-imposed ethics of dedicated pharmacists, enacted laws and the efforts of state boards of pharmacy and the Federal Food and Drug Administration. The "new safeguards" are essentially a "Pledge of Ethical Practice" seal which can be displayed to the public by any pharmacist who will pay \$10 and sign an agreement and pledge never to deal knowingly in counterfeit drugs or substitute on bona fide prescriptions and the forfeiture of \$10,000 by participating pharmacists who violate their pledge. "Committee investigators," according to the agreement, "will spotlight drug stores."

We are confident that thinking pharmacists will give the "new program" the consideration it deserves. While this ill-conceived publicity gimmick will quickly evaporate, we are concerned with the residual fall-out it may have triggered.

APhA refused to endorse or participate in the "new program" for many professional reasons which are obvious to every pharmacist who recognizes that his personal professional conduct creates his public image. But our first concern is with the personal health of 180 million people.

APhA recognized that sensational, flamboyant and inaccurate public discussion of the counterfeiting problem could create a serious health problem by shattering the confidence of sick people in the integrity of the prescriptions on which they depend for maintenance of life, cure of disease or relief from pain. We sincerely hope that not a single person in the whole country will have failed to follow his doctor's orders or neglected to take prescribed medication as a result of this questionable and untimely and wasted publicity effort.

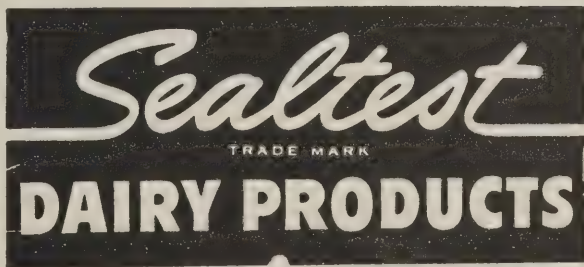
Continuously during 1960 the American Pharmaceutical Association focused the attention of the health professions and governmental agencies on the hazards to public health involved in unorthodox drug operations. Last Aug-

NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST GET



MU lberry 5-3800

ust APha asked enforcement officials to "increase their efforts to detect and eliminate counterfeit operations." There is evidence that federal and state authorities are responding to the APha alert.

We believe that if the few individuals who have endorsed and abetted the promoted of the "seal" program were more concerned with eliminating counterfeit drug traffic and less concerned with "free publicity," the public health would be better served.

LIFE EXPECTANCY UP 22 YEARS SINCE 1900

The average infant born in this country today can expect to live almost half-again as long as one born in 1900, Health Information Foundation reported.

In its monthly statistical bulletin, *Progress in Health Services*, the Foundation discussed the medical and social implications of increased life expectancy.

"Life expectancy," the Foundation pointed out, is a hypothetical measure often used as an overall indicator of health levels in a population. Expressed as a number derived from a "life table," it shows for a given time-period the average lifetime to be expected by a population if at each successive age it experiences the mortality rates prevalent during that time-period.

A baby born in 1900, H.I.F. said, could expect to live 47.3 years, while one born last year has a life expectancy at that time of 69.7 years—the highest ever recorded in this country for the total population.

Although both males and females have benefited from increasing life expectancy in this century, greater gains have been made by females. Thus, while life expectancy for males rose

from 46.3 years in 1900 to 66.4 in 1958 (a gain of 20.1 years), the comparable rise for females was from 48.3 to 72.7 (a gain of 24.4 years).

The Foundation pointed to a number of social consequences arising from the trend toward longer life, notably: a record growth in the number of aged persons, an increase in the working lifetime of the average person, a decline in the number of orphans, and a general postponing of widowhood to the later years.

According to George Bugbee, Foundation President, the increase in life expectancy is "one of the most fundamental changes to affect our country in this century." Not only has the average lifespan lengthened, he said, but "the years of working life have greatly increased and family life has been strengthened. The great majority of parents today will not only live to see their children grow up, but can also look ahead to some reasonably active later years."

The last decade in particular, Mr. Bugbee pointed out, has seen "dynamic growth" in medical knowledge. "The results are nowhere more evident than in the extension of life, largely because the infective and parasitic diseases, which once decimated those at the younger ages, have now been so largely controlled. This class of diseases, which caused about 18 per cent of the deaths in 1900, today causes just over 1 per cent."

Nevertheless, he added, the application of new medical knowledge has imposed on the public "the need for greater investment in public health measures and greater use of physicians, hospitals, drugs, and all components of medical care. Each new breakthrough requires a larger investment by the public if that knowledge is to be converted to longer life and more comfort to those living with illness."

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new business

NEW in product...NEW in package...NEW in promotion

MILES[®]

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MILES Nervine Capsules—a new, easy-to-take form of an established brand. Extensive daytime network and spot TV commercials promote these new capsules with believable and convincing sales messages.

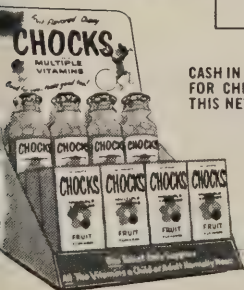
ORDER compact Merchandising Unit #1041

CONTAINS:

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| 3-only 36-capsule bottles at \$1.96 | |
| suggested minimum retail price | \$5.88 |
| 12-only 18-capsule bottles at \$1.23 | |
| suggested minimum retail price | \$14.76 |
| TOTAL RETAIL VALUE | \$20.64 |
| LIST PRICE | \$14.00 |

Less Usual Discounts

**ALSO THESE OTHER PROFIT MAKERS
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CASH IN ON THE ZOOMING MARKET FOR CHILDREN'S VITAMINS WITH THIS NEW SALES-TESTED DISPLAY

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MULTIPLE VITAMINS

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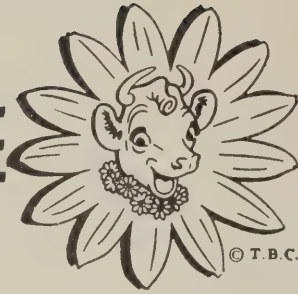
NEW SPACE-SAVER

This amazing **Alka-Seltzer[®]**
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 No. 4045* Floorstand Merchandiser
 displays and stores 12-dozen
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 on only a 10½" square!

*In California order #4046



For maximum discount (18%) put together an order of \$250 or more for any combination of Miles Products



Elsie minds her own business.
But that keeps her busy be-
cause her business is to sell
MORE ice cream for Borden
dealers.

Borden's
ICE CREAM

ORleans 5-0171

Thantis[®]

LOZENGES

THIRTY YEARS OF FIRST AID FOR THROAT IRRITATIONS . . .

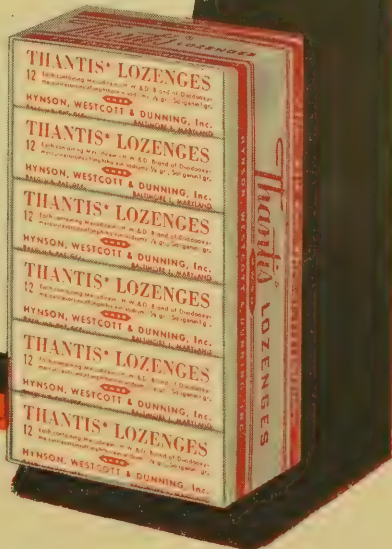
THANTIS—The leading anesthetic-antiseptic lozenge, and
the most imitated product in the lozenge field.

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*Display THANTIS Lozenges at point-of-
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*Supplied in packages of one dozen vials of
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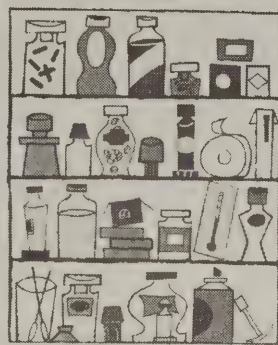
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for your
customers
is best
for you.



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Ice Cream
has been tops
in quality
for over a
half-century.



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YOUR
MEDICINE
CHEST
PREPARED



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YOUR NEARBY PHARMACY
is your most dependable source

The Maryland Pharmacist

PRACTICAL

PROGRESSIVE

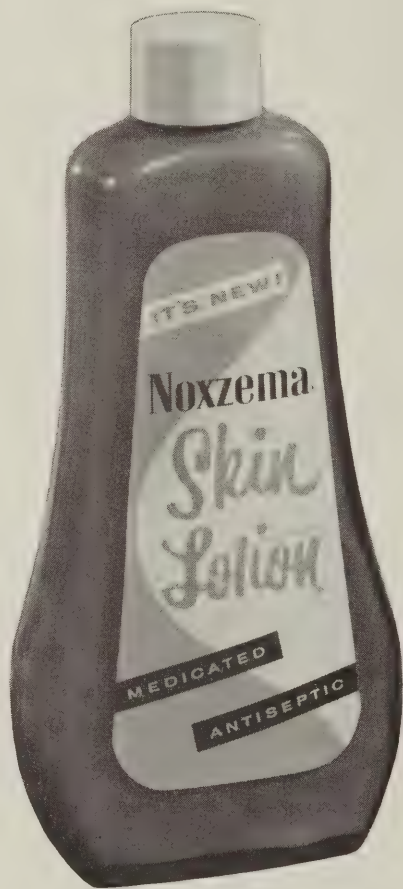
PROFESSIONAL

Volume XXXVII

MARCH, 1961

No. 6

Noxzema's Great New Skin Lotion



★ 6 oz. bottle, retail price 89c. A fast growing companion to America's best known skin cream. Stock now for Fall Profits.

NOXZEMA CHEMICAL COMPANY



THE PHARMACIST WHO SAW HIMSELF AS OTHERS

He looked (and was) professional; he was a pharmacist.

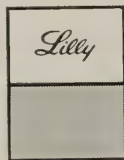
But while storing the stock from his "deals" in the cellar, he noticed he was reflected as a warehouseman.

When his suppliers' invoices started rolling in, he looked again; now he was an accountant.

Soon all of his capital was tied up in inventory. He peeked once more, and this time he looked like a banker.

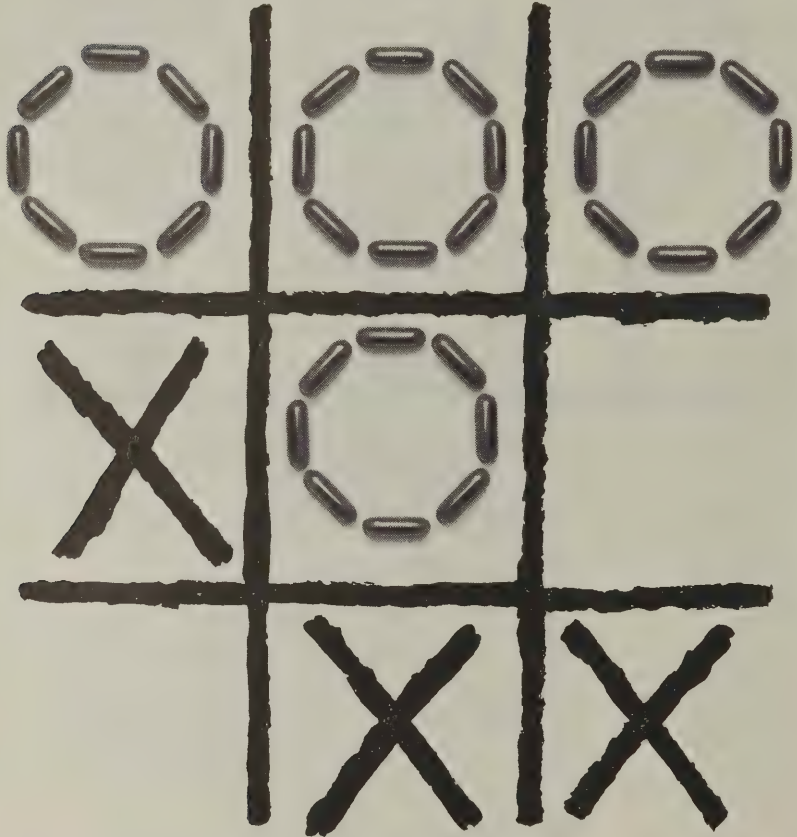
Then one day he realized that his customers liked him as a pharmacist; they just didn't care about his other images.

Moral



The Lilly policy of wholesale distribution helps put the drug business into proper perspective. It provides a network of service wholesalers who are well equipped to assume the responsibilities of large inventories. Thus, the pharmacist can devote his talents to the practice of pharmacy.

If you see yourself as a professional pharmacist rather than as warehouseman, accountant, and banker, clarify your image by routing your orders through one of the 300 Lilly service wholesalers who serve the nation's pharmacists.



SMART MOVE FOR WINNING VITAMIN SALES
play up **ABDOL[®] WITH MINERALS FOR CHILDREN**

Ten vitamins plus nine minerals...formulated to highest quality standards... available at moderate cost. **ABDOL WITH MINERALS FOR CHILDREN** is confidently recommended by doctors, frequently requested by mothers. Better check your stock today. Available in bottles of 100 capsules.

PARKE-DAVIS

The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

MARCH, 1961

No. 6

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... Editorial ...

A MAJOR PROBLEM

As local, state and national publications cross my desk, there seems to be a recurring and almost perpetual series of complaints.

Uppermost among these complaints is the constant blame placed upon associations for not being more active and more effective. The associations in turn plead for more interest, cooperation and support from the practitioners of Pharmacy.

Unfortunately, Pharmacy is faced with the dilemma of both arguments being correct. This tug-of-war, which has existed for years, undoubtedly is responsible for the many weaknesses that exist in Pharmacy. While the rugged individualists do battle with each other, organized antagonists through the simple process of divide and conquer prosper and grow.

Why should it be necessary to beg for membership? It can't be the amount of dues involved, because with very few exceptions, pharmacists are earning more, living better and spending more on luxuries than ever. I would like to see the day when pharmaceutical organizations have a waiting list comparable to the exclusive clubs that exist all over the country.

All of this has been made possible because of favorable economic conditions, rather than the support and industry of those in Pharmacy. Just imagine what could be accomplished through enthusiasm, pride of belonging, and a moral sense of responsibility.

It is not fair to blame associations for price-cutting and discounting conditions; weak Pharmacy regulation; and poor public and professional images that may exist in some areas.

Associations are fully aware as to what needs to be done. They are also cognizant as to their association limitations. Many problems are of a personal nature over which an association is powerless to act. Other problems are confronted with legal barriers involving antitrust and other actions.

In order that association machinery may function effectively, there must first be a strong assembly of component parts—faithful members. You just can't pass with an average of 17%, 65% or 70%. Requirements are too high in today's market of services and trade.

Until Pharmacy is ready to mature and face up to its problems, those engaged in it have no right to find fault and complain. Let's roll up our sleeves and work instead of shirk. Let's stop calling the kettle black—it will solve nothing.

MILLARD E. TYDINGS

The death of Senator Millard E. Tydings brought to a close a career of unusual brilliance and profound worth. Indeed his life of public service was of true significance, not only to his native state of Maryland, but to the nation as a whole. In both domestic and international affairs, he manifested the firm convictions of a farsighted statesman and a truly dedicated American.

To all who really know his unusual sense of duty, he was a dependable friend and trusted adviser. To retail pharmacists, and to all others engaged in the difficult field of independent enterprise, he was their champion, counsellor and leader. Indeed, he seemed almost one of their number, so broad and so deep was his knowledge of the problems and pressures bearing so

The promotion that
HAD to be repeated

A SUCARYL
DISPENSER FREE
TO YOUR CUSTOMERS
WITH EACH
PURCHASE OF

Sucaryl®



Turn the wheel out comes a Sucaryl tablet—fill and use over and over again

You know what happened if you carried our free Sucaryl dispenser offer last year. You picked up new Sucaryl customers. And you still have them.

Well, for Spring, 1961, we're repeating the dispenser giveaway—only this time with added dimension in advertising support and in-store display material.

HERE'S HOW IT ALL WORKS

Abbott again furnishes you with empty Sucaryl dispensers, along with brand new display material. Your customer buys a bottle of Sucaryl Sodium tablets. He gets a dispenser free. That's it.

AND HERE ARE THE PROMOTIONAL ELEMENTS THAT BACK YOU:

- Arthur Godfréy on CBS network radio advertising Sucaryl, week after week.
- A continuing schedule of Sucaryl ads

in Look, Saturday Evening Post, McCall's, Better Homes & Gardens, and Reader's Digest.

- A new combination Display/Floor Merchandiser; proclaims the dispenser offer, holds all sizes and forms of Sucaryl.
- A compact new Counter Display with an actual Sucaryl dispenser incorporated into its unique design.

WHY THE DISPENSER OFFER?

We know that once a weight-watcher begins using Sucaryl, he's likely to stay with the product. And it's a proven fact: The dispenser's a natural for attracting new users.

Your Abbott man will be seeing you with complete details and materials. Look for him.

Abbott's Non-Caloric Sweetener

102208



heavily upon retail distribution as a whole.

Evidence of his profound concern over the permanency and stability of the fate of the so-called small business outlet is found in his broad knowledge of the philosophy and aims of the fair trade movement and in the leadership which he cheerfully gave to the enactment of the federal fair trade enabling measure, the Miller-Tydings Act.

Senator Tydings played the commanding part not only in the formulation of state and national policy, with respect to fair trade, but to him, more than to any others, is due the credit for the enactment of the federal enabling act. He confronted his Senatorial

and Congressional colleagues with the urgency for such legislation and he made them acutely aware of the pressing need for federal action which would enable state fair trade laws to serve the profoundly basic purposes for which they were intended.

It is in profound respect for his memory and an understanding appreciation of his steady sense of public duty that the Maryland Pharmacist, speaking in behalf of his legion of loyal friends, pay him this richly deserved tribute. He should always be remembered by those who value unselfish and devoted public service and who know his dedication to the fundamental welfare of private enterprise whose fighting champion he chose to be.



TIME TO PLAN TO GO!

Mr. Independent Druggist:

Do you know that . . .

Your place in your community is rightfully a position of high esteem—grounded on lofty ideals of service, reliability, advancement of knowledge.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

Although this time of the year calls for relaxation and outdoor activities, unfortunately we pharmacists dare not, in good conscience, exchange our aggressive ammunition and cautious defenses for a golf club or a baseball bat.

When we think our problems have subsided, new problems arise and cast their foreboding shadows over the ever clouded horizon.

It is very important you maintain your interest in all matters concerning Pharmacy. This can be done by reading the Maryland Pharmacist for state news, and Drug Topics and American Druggist for news of national import.

I alert you especially to the following:

- Medical Care Programs for the Aged
- Prepaid Prescription Plans
- Union Owned Pharmacies
- Minimum Wage Proposals
- Medical Care for the Indigent
- Discount Operations
- Physician Owned Clinics
- Manufacturers Welfare Prescription Discounts

It is the duty of all of us to assume our share of responsibility in supporting both preventive and corrective measures to assure Pharmacy's proper place not only as an enterprise, but also as a recognized member of the Health Team.

I am happy to report the Robert L. Swain Seminar was an outstanding success. I want to take this opportunity to thank those responsible for planning the Seminar. It was a job well done. I also want to express appreciation to those who attended the Seminar. When you receive your certificate, post it with pride.

In closing my message, I want to remind you of the Maryland Pharmaceutical Association Convention in Atlantic City, July 3, 4, 5, 6, 1961. This is a good time to get away and relax for a few days. An excellent program has been arranged for your enlightenment and pleasure.

Sincerely,

HAROLD M. GOLDFEDER
President

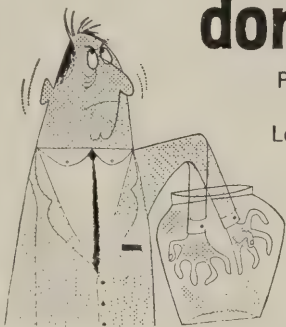
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FLAVOR-IZED **FLARE-TOP** ICE CREAM CONES

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... Fair Trade News ...

A STATEMENT OF POLICY

Since the beginning of the Fair Trade movement, Mead Johnson Laboratories has pursued a vigorous program in support of Fair Trade prices on products promoted exclusively to the physician.

Accordingly, Mead Johnson Laboratories, takes this opportunity to restate this division's policy on Fair Trade:

In those states with Fair Trade laws, Mead Johnson Laboratories will continue its strict enforcement policy.

The program of exclusive promotion of Mead Johnson Laboratories products to the physicians and allied professions is being greatly enlarged in order to create increased physicians specification for the sale of our products in retail pharmacies.

FAIR TRADE STICKER NOTICES

COTY—Page 18

| Item | F.T.M. |
|---|--------|
| Regular Dusting Powder | |
| L'Aimant - Emeraude - Muguet des Bois - L'Origan & Paris | \$2.00 |
| DeLuxe Dusting | |
| L'Aimant - Emeraude - L'Origan & Paris | \$4.50 |

JOHNSON & JOHNSON—Page 45

| | |
|---------------------|-----|
| Johnson's Foot Soap | .39 |
|---------------------|-----|

LACTONA, INC.—Page 47-C

| | |
|-----------------------|-----|
| Lactona Tooth Brushes | .79 |
|-----------------------|-----|

LEHN & FINK—Page 52

| | |
|--------------------|-----|
| Lysol—(Small Size) | .35 |
|--------------------|-----|

McKESSON & ROBBINS—Page 58

| | |
|---|-----|
| McKesson Cut 'n Scratch cream—1 oz. tube | .69 |
| McKesson Aspirin Tablets, USP—12's | .15 |

MENNEN CO.—Page 60

| Item | F.T.M. |
|--------------------------|--------|
| Mennen Acne Blemish Care | .98 |
| Mennen Face Conditioner | .69 |
| Mennen Spray Deodorant | .64 |
| Mennen Speed Stick | .89 |
| Mennen Bath Talc—9 oz. | .75 |
| Mennen Shave Talc—4 oz. | .43 |
| Quinsana—4 oz. | .80 |
| Athlecin— | \$1.00 |

NORTHAM WARREN—Page 66

| | |
|-----------------------------------|-----|
| Cutex No. 222 Spillpruf Polish | .39 |
| Cutex MI Oily Cuticle Remover | .39 |
| Cutex 273S Sheer Lanolin Lipstick | .39 |
| No. 327 Odorono Cream | .29 |
| No. 328 Odorono Cream | .49 |
| No. 329 Odorono Cream | .63 |

NORWICH PHARMACAL CO.—Page 68

| | |
|---|--------|
| Zemacol, Medicated Skin Lotion—3 oz. | .69 |
| Zemacol, Medicated Skin Lotion—6 oz. | \$1.19 |
| Nebs-Anestol Combination Package | \$1.69 |

EFFECTIVE MAY 1, 1961

| | |
|--|-----|
| Amolin Powder—4 oz. (Special Offer, Consumer Package) | .64 |
|--|-----|

ONE SPOT CO.—Page 70

| | |
|----------------------|-----|
| One Spot Flea Killer | .59 |
|----------------------|-----|

PERSONAL PRODUCTS

| | |
|----------------------|---------------|
| CORP.—Page 74 | |
| Modess Vee-Form—12's | .45-2 for .39 |
| Modess Vee-Form—24's | .87 |

TEK-HUGHES—Page 95-D

| | |
|--------------------------------|-----|
| Effective 3-15-61 | |
| Tek Regular Adult Toothbrushes | .33 |
| Tek Youth Toothbrushes | .33 |
| Tek Child Toothbrushes | .25 |

PRINCIPLE

Truth is not a sometime thing; nor does honor recognize a sliding scale of values. In business, as in life, it is never easy to be principled. But it is **always** gratifying...and very frequently **profitable**. Adherence to principles of quality and integrity is a continuing policy at **YOUNGS RUBBER CORPORATION**.

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Secretary

301 WEST PRESTON STREET
BALTIMORE 1, MARYLAND

DRUGSTORE CHANGES

Change of Ownership

Jerex, Inc.—Rockville Drugs, 214 East Montgomery Ave., Rockville, Maryland, Joel Shulman & Arnold Moss Props. Formerly Joseph H. Saks.

Lyon's Pharmacy, 330 St. John St., Havre de Grace, Maryland, G. Taylor & James H. Lyon, Formerly: G. Taylor.

New

Carville Benson Hopkins, Prop., Carville's Cathedral Street Pharmacy, 90 Cathedral St., Annapolis, Md.

Lachman's Walgreen Agency Drugs, 118 Chartley Blvd., Reisterstown, Md. Marvin M. & Bernard B. Lachman, Props.

Drug Fair No. 52, Community Drug Queenstown, Inc., 2451 Chillum Rd., West Hyattsville, Maryland, Milton L. Elsberg, Pres.

Out of Business

Frentz Homeopathic Pharmacy, Herman N. Frentz, Prop., 326 North Eutaw Street, Baltimore 1, Md.

Medical Center Pharmacy of Silver Spring, 10620 Georgia Avenue, Silver Spring, Maryland, Benjamin Paul Bourne, Prop.

Mondawmin Drug Company, Inc., Edgar M. Silberg, Pres., 2441 Reisters-town Road, Baltimore 17, Maryland.

—NOTICE— TO THE 1961 GRADUATES

The Maryland Board of Pharmacy will conduct examinations for registration as pharmacists at the School of Pharmacy, University of Maryland, Baltimore.

These examinations will begin on Wednesday, June 21 and continue through Friday, June 23, 1961.

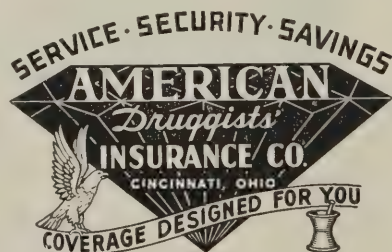
Please come to the office of the Board of Pharmacy, 301 West Preston Street, Baltimore 1, Maryland, Room 401, to fill out and file your application for this examination.

Please bring with you a recent photograph of yourself, 3 x 3 inches. This photograph must be certified by the Dean or some other official of the School of Pharmacy.

F. S. BALASSONE, Secretary
Maryland Board of Pharmacy

YOU CAN SAVE MONEY!!!

and still have the highest
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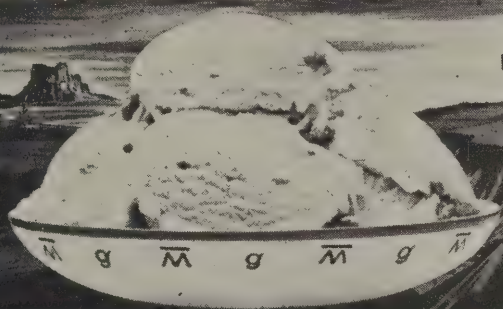
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Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

Tell them you saw it in "The Maryland Pharmacist"

School of Pharmacy, University of Maryland, News

VALENTINE ENTERTAINMENT AND DANCE ALUMNI ASSOCIATION, SCHOOL OF PHARMACY, UNIVERSITY OF MARYLAND

February 8, 1961 was a cold and stormy night, with snow, ice and a parking ban on the main streets of down-town Baltimore.

However, approximately one hundred persons attended the Valentine Party held at the Emerson Hotel, and many were disappointed that they were unable to attend on account of the weather.

The orchestra was that of Sid Cowan and the entertainment was by the Allen Theatrical Agency with Barry Thomas—the man of 1000 voices.

There were gifts for almost every one, donated by the H. B. Gilpin Com-

pany, The Whitman Candy Company, Allen, Son & Company and Owens-Illinois Glass Company. Decorations and signs were by Read Drug & Chemical Company.

One favorable thought that overcame the inclemency of the evening was that the Annual Printed Program, sponsored by friendly advertisers had been completed under the supervision of Robert J. Kokoski and Harold P. Levin, Co-Chairmen of the Program Committee, and the generous amount secured will greatly assist the Treasury of the Alumni Association when considering the loss from sale of tickets, the cost of the Emerson Ballroom, the orchestra and special entertainment for a small crowd when 400 or 500 persons were expected.

SCHRAFFT'S[®] CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's—recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

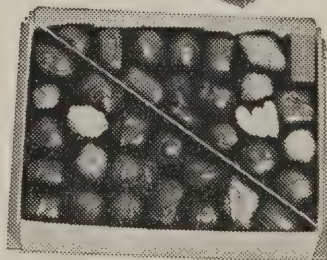
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. CONTRIBUTIONS .

NOTES ON THE EARLY HISTORY OF PHARMACY IN MARYLAND

By **B. Olive Cole**

During the time (1904-1920) when the School of Pharmacy was a unit of the professional schools of the University of Maryland, the Department was fortunate to have the interest and assistance of professors who were seasoned pioneers, well trained in their particular subjects in pharmacy and willing to work for the betterment of pharmaceutical education with little thought of personal remuneration.

Dr. Henry P. Hynson was one of the stalwarts with ideas and ideals. He was born on May 27, 1855 on a farm near Still Pond, Kent County, Maryland, attended the neighboring country schools and the Academy of Middletown, Delaware. He came to Baltimore in 1875, entered the Maryland College of Pharmacy from which he was graduated in 1877, winning the first college prize and the Alumni Prize for proficiency in analytical chemistry.

In 1882 he opened his own store at Baltimore and Calhoun Streets, and another under the Hotel Altamont at Eutaw Place and Lanvale Street. In 1889 he and J. W. Westcott established the firm of Hynson, Westcott & Company at the corner of Charles and Franklin Streets. This group expanded into the manufacture of pharmaceutical products when Dr. H.A.B. Dunning became a member of the well known ethical and manufacturing firm of Hynson, Westcott & Dunning, located at Charles and Read Streets, Baltimore.

Dr. Hynson was active in pharmaceutical work and had a gift in the organization of such groups. He was one of the chief organizers in 1898 of the National Association of Retail Druggists and was the first president of the group. He was one of the prime movers in the establishment of the Drug Trade Con-

ference; the House of Delegates of the American Pharmaceutical Association; one of the originators in establishing the local branches of the American Pharmaceutical Association; and very active in the formation of the American Council of Pharmaceutical Faculties in 1900, which Council became the American Association of Colleges of Pharmacy in 1925. He was temporary president of the American Council of Pharmaceutical Faculties when organized, and served as president in 1908-09. He was chairman of the House of Delegates of the American Pharmaceutical Association in 1915-16. His work on the National Formulary Committee, the Pharmaceutical Syllabus and the American Pharmaceutical Recipe Book are splendid records of his activities.

He was President of the Maryland Pharmaceutical Association in 1895. He was President of the Alumni Association of the Maryland College of Pharmacy, and was also secretary of the College and of the Maryland State Board of Pharmacy.

For several years he lectured on pharmacy at the College of Physicians and Surgeons and at the Women's Medical College. In 1901 he organized the Department of Dispensing and Commercial Pharmacy at the University of Maryland, which professorship he held at the time of his death in 1921.

For several years he was Brigade Hospital Steward of the Maryland National Guard. He was locally and nationally active as a member and official of the Rotarians, and was also president of the Eastern Shore Society.

In recognition of his zeal in his profession, the University of Maryland conferred upon him the Honorary Degree of Doctor of Pharmacy.

Dr. Hynson was a man of large upright frame, balding, with a rather high pitched nasal voice. He was a witty and ready speaker, who reasoned well, had a retentive memory and expressed him-

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self concisely. He was capable of much labor and exhibited a tenacity of purpose concerning principles that he thought were for the betterment of his profession. He was kindly disposed to every one and was quick to advise students concerning their personal appearance and the manner in which they performed their work in the laboratory and conducted themselves on occasions pharmaceutically and socially.

Dr. John F. Hancock in paying tribute to him said: "That the best portion of a good man's life were the little nameless, unremembered acts of kindness and love."

Dr. David M. R. Culbreth was born a little later in the same year as Dr. Henry P. Hynson—December 4, 1855 at Golden Ridge, Delaware. He was educated in the public schools of Delaware and in Felton Seminary, and was a student at the University of Virginia from 1872-77. He graduated from the Maryland College of Pharmacy in 1879, winning three of the prizes and was elected president of the graduating class. In 1885 he received the M. D. degree from the College of Physicians and Surgeons.

Dr. Culbreth conducted a retail pharmacy at the northeast corner of Charles and Eager Streets for fifteen years.

He was professor of Botany, *Materia Medica* and Pharmacognosy of the Maryland College of Pharmacy, later the School of Pharmacy of the University of Maryland, from 1885 to 1920, and Emeritus Professor from 1920 to 1943.

He had the supreme pleasure and satisfaction of attending the Semi-Centennial Celebration of the Maryland College of Pharmacy in 1891 and the Centennial Celebration of the School in April 1941. He prepared a short article for the Alumni News of the Centennial Celebration reminiscent of the celebration at the Academy of Music, the reception at the College building and the banquet at the Eutaw House in 1891, mentioning the celebrated dele-

gates who came from Philadelphia and New York.

Dr. Culbreth served three terms as Commissioner of Pharmacy and Practical Chemistry under the old pharmacy act of the seventies, which applied only to Baltimore City.

Dr. Culbreth was honorary president of the Maryland Pharmaceutical Association in 1933, and of the American Pharmaceutical Association in 1935. He was a member of the American Pharmaceutical Association for fifty years.

Dr. Culbreth enjoyed writing, which he did very concisely and correctly on medical and scientific subjects. His thesis on graduation in 1879 was entitled "Sodium and its Compounds." In competition he was awarded a prize by the Pharmaceutical Record of New York for his essay on "The Successful Pharmacist." His contributions covered such subjects as "The Translation of Pharmacopoeial Weights and Measures"; "The Aroma of *Strophanthus* Seeds"; "The Professor and the Cutter"; "The Critics and their Criticisms of Retail Pharmacy"; "Domestic Crude Drugs of Commerce"; "Classification and Nomenclature of Plants"; "Poisons and their Antidotes."

His "Reminiscences of Early Pharmacy in Baltimore" and his delineation of personalities of the Ex-Presidents of the American Pharmaceutical Association from Baltimore in the Historical Section of the Baltimore meeting of the American Pharmaceutical Association in 1930 was comprehensive and enlightening.

In 1898 he gave a remarkable address before the Delaware Pharmaceutical Society on the topic "The Relation of Physicians to Druggists or the Success of the Practical Druggist of Today," and in 1908 he published "The University of Virginia — Memoirs of her Student Life and Professors."

In connection with his teaching, Dr. Culbreth was the author of "Pharmaceutical Botany" (1892); "*Materia Medica* and Pharmacognosy" (1896),

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarly wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

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both being revised many times. Dr. Culbreth left a gift of \$1000. to the School of Pharmacy, the interest to be used for books which may be needed for Botany, Materia Medica and Pharmacognosy.

He was a member of the Maryland Pharmaceutical Association, the American Academy of Medicine, Maryland Academy of Science, American Association for the Advancement of Science, and the University Club.

Dr. Culbreth was a compact, well-built man, still erect and vigorous in advanced years, with mustache and thinning gray hair. He was a cultured, educated and very versatile personage. His students may well remember his greeting upon starting the classes: "Gentlemen, at the last hour we were considering" and would then give a short resume before proceeding with the lesson of the day.

Dr. Culbreth made no claim to accomplishment, but did not lose sight of a definite purpose and a time for work, and to both work and play he observed health, economy, cheerfulness, thoughtfulness, temperate habits, good citizenship, safe investments, and a kindly sympathetic spirit toward fellowmen.

For many years he spent the summer in New Hampshire and the winter in Florida, and also enjoyed walking on the streets of Baltimore. He died October 20, 1943.

The older generations of pharmacists remember him with regard and appreciation.

COME TO THE CONVENTION

Shelburne Hotel,

Atlantic City,

July 3, 4, 5, 6, 1961.

SOME USES OF BITHIONOL

By B. F. Allen*

Bithionol, U.S.P., is a chemical which combines unusual anti-microbial activity with low toxicity and the ability to cling to the skin. The chemical had been lying dormant for 30 years, but recently has become important in cosmetics and pharmaceuticals. It is commercially available at the present time under the tradenames of Actamer¹ and Bacteriostat CS-1².

Bithionol occurs as a white, grayish white, or light tan crystalline powder. It is odorless or has a very faint aromatic or phenolic odor.

This chemical substance is practically insoluble in water, since at 25°C. only 0.0004 Gm. is soluble in 100 ml. It is freely soluble in acetone, alcohol and in ether. It is soluble in chloroform and in dilute solutions of fixed alkali hydroxides (2-4 percent sodium hydroxide.) However, it may darken slightly in alkaline media on extended light exposure.

Bithionol is also reported to be somewhat soluble in polysorbate 80, polyethylene glycol 200, liquefied lanolin, castor oil, and Tween 20.

This chemical is recommended for incorporation in deodorant soaps where control of skin bacteria is reported as helpful in reducing body odors and minor skin infections. Controlled hand-washing studies employing standardized technique demonstrated a significant reduction in the resident bacterial count³.

In addition to employment in deodorant soap, this ability to materially reduce the skin bacteria also suggests its possible utility in pre-surgical scrub soaps, shampoos, shaving creams, skin lotions, etc.

*Associate Professor of Pharmacy, University of Maryland.

¹Monsanto Chemical Co., St. Louis, Mo.

²Catalin Corp. of America, New York 16, N.Y.

³Therefore, it is used in soaps for the same purpose as hexachlorophene.

No significant reactions have been noted when the substance has been used on human subjects by conventional patch test technique. From the results obtained, it appears that bithionol is neither a primary irritant nor a sensitizer of high index.

Because of its very low oral toxicity, studies into the utility in pharmaceutical and veterinary medicine have been encouraged. As an example, it may prove of value as a de-worming agent in veterinary medicines. Also, it has been suggested in the treatment of athlete's foot and other fungi infections; as well as a preservative in certain fluids.

The effect on the oral microbial flora of lozenges containing bithionol and tyrothricin, singly and in combination, has been determined. The agents when administered alone significantly decreased the total numbers of microorganisms for at least one-half hour after dissolution of a single lozenge. When bithionol and tyrothricin were applied in combination, further decreases in count occurred, significant reduction of which was maintained for as long as four hours. The clinical results obtained with the aforementioned lozenge⁴ indicated very good response when the preparation was employed for topical treatment of infections of the mouth and throat. No indication of sensitization was manifested upon repeated use.

A recent investigation of a mixture of hexachlorophene and bithionol in soap show a high antibacterial activity both in handwashing studies and in deodorant tests. An approximate ratio of equal parts of the two components appears to represent an optimum concentration. Also, the outstanding quality of these two compounds which is at the basis of their deodorant performance is their property of being retained by the skin.

Bithionol at a concentration of two per cent in a milled soap, not only

effectively reduces the bacterial count on the skin surface, but tests indicate it to be neither toxic nor irritating.

In a deodorant cream, about one per cent is an effective concentration, since more cream stays on the skin than is the case with soap. The cream is also formulated so that it will contain ingredients that can function as solvents for the active ingredient. The following is an example of this type of formulation:

| | |
|--|------|
| Stearic acid | 15.0 |
| Tween 61 | 1.0 |
| Sorbitan sesquioleate ⁵ | 2.0 |
| Bithionol | 1.0 |
| Sorbitol | 3.0 |
| Potassium hydroxide | 0.7 |
| Distilled water | 77.3 |

The disodium compound⁶ of bithionol is also available as a bacteriostat for soap, shampoo, shaving creams, etc., as well as an agent for use in self-sanitizing floor wax.

This chemical substance occurs as a white to light pink fine crystalline powder and 0.5 grams is soluble in 100 grams of distilled water at room temperature. Also, increased solubility in water may be obtained by increasing the alkalinity with agents such as sodium hydroxide.

For products to be used on the skin without dilution 0.25-1.0 per cent of this disodium compound by weight of the total formulation is recommended. For surgical liquid scrub soaps a 3-5 per cent concentration is suggested.

It is anticipated that the demand for sanitizing products in the home will follow very closely the tremendous interest and publicity that these products have been receiving in hospitals.

⁵A general-purpose emulsifier available under trade-name of Arlacel-C, Atlas Powder Co., Wilmington, Del.

⁶Available under the tradename of VANCIDE BN, R. T. Vanderbilt Co., Inc., N.Y.-17, N.Y.

⁴also contained benzocaine

The disodium compound, as a sanitizing agent,⁷ is particularly well suited for use in such products.

The following commercial products are available containing bithionol as an ingredient:

ENDEN

FIRST AID CREAM (J&J)

LAN-O-LET HAND CLEANER

LOROTHIDOL (soap)

NOZAIN (oint)

PEMZOLES (loz)

PEPCO ANTISEPTIC HAND CLEANER

pHOAM CLEANSE PAC

THYLOX (cream, soap, shampoo)

TUSSY DEODORANT SOAP

WOODBURY BEAUTY & DEODORANT SOAP w/XL-7^a

⁷The U.S. Dept. of Agriculture defines a sanitizing agent as follows: "A sanitizing agent must reduce bacterial counts to safe levels as may be judged by public health requirements. To claim that a product is sanitizing, test data must show that the sanitizing agent when used in that product reduces the bacterial count by at least 50 per cent.

^adesignation for bithionol

**In sorrow the thoughts of your
friends blends with yours.**

ABRAHAM HILLMAN

Abraham Hillman died on March 23, 1961 at the age of 82.

For many years he owned a drug store in the 3400 block of Park Heights Avenue and after his retirement more than ten years ago he continued in semiactivity at the Rex Pharmacy on York Road, operated by his two sons.

He was a staunch supporter of pharmaceutical endeavors during his active days and will be remembered as an accomplished pharmacist of the old school.

We extend our sympathy to the members of his family.

**THE
SOFT
SELL**

Abbotts Ice Cream is as "soft" —as easy—to sell as it is for a youngster to get hungry between meals.

Why so sell-able? Freshness of ingredient and just right-ness of flavor let ice cream lovers know they're buying the very best. What good does this do? They come back for more and increase your sales as fast as bunny rabbits.



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A suspension of purified colloidal bismuth subcitrate with pectin, possessing highly absorbent and demulcent properties for use in the control of diarrhea.

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KAOPECTATE*

Supplied in 6 fl. oz. and 10 fl. oz. bottles

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Kaopectate is recommended by doctors more often than *any* other antidiarrheal agent.

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MARYLAND PHARMACIST COMMITTEE

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Volume 19

MARCH, 1961

No. 6

PAST PRESIDENTS DAY

T.A.M.P.A.'S past presidents were honored at a luncheon held at the Stafford Hotel on Saturday, March 4, 1961.

The program chairman (Joe Muth) had prepared a lavish program for this annual occasion, but at the last minute the whole plan went out the window so that he could bring us John Unitas of the Colts. It seems as though Unitas was scheduled to visit us in April but because of a change in his schedule might not have been able to do so. He could make it in March though and so Joe Muth, not being one to fool around, took him right up on the offer and threw away his lavish plans already prepared for Past Presidents Day. It was a good thing too, because John Unitas made the luncheon extremely interesting for everyone who attended. After a short introductory talk Unitas answered many varied questions from those present and enlightened even the students of the game.

Unfortunately, due to the last minute change of plans for the Past President's Luncheon, there was not time to notify the membership regarding the program change.

NEWS ITEMS

Our news hawks report that T.A.M.P.A. members are on the go. They say that Lou and Jeff Rockman took a trip to New Orleans while Al Calahan was sunning himself in Florida. Al says that George Brandt was down there too (at company expense). They left their wives at home to enjoy the snow.

The Delaware Travelers held a Valentine dance in February which was attended by Bill and Mabel Harrison and George and Ida Brandt. Both Bill and George are on the board of the Delaware Travelers.

WE SHALL MISS

MEDFORD C. WOOD

Medford C. Wood, who represented Eli Lilly and Company as a salesman in Baltimore for almost twenty-nine years, died suddenly March 8. He was fifty-five years old.

Mr. Wood was born December 9, 1905, in Philadelphia. He was graduated from Glen Rock (Pa.) High School in 1924 and from the University of Maryland in 1927.

A registered pharmacist in Maryland, Mr. Wood joined Lilly on March 21.

NEW

Easy to sell . .

**NO-DEPOSIT
NO-RETURN**

Half quarts

STILL AVAILABLE

Suburban Club fine drinks in the large family size, 10-oz. single drink size and 7-oz. split size. Returnable bottles.

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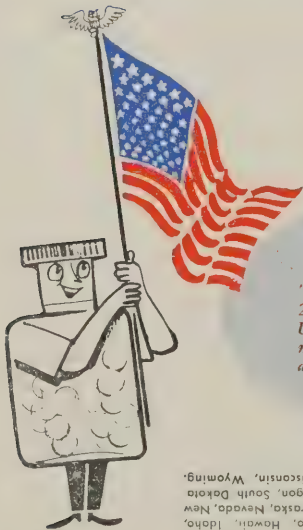
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"Bet you can't name those 22 states that joined the Union after 1845! Turn me on my head for the answers."

Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, West Virginia, Wisconsin, Wyoming.

45 WHEN

HENRY B. GILPIN COMPANY

FOUNDED

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DMITTED.

Only 28 stars appeared on the U. S. flag when the Henry B. Gilpin Company first began service to the apothecary in 1845. Over these many years, Gilpin has built a reputation of the highest standing through the expert and efficient servicing of its customers.

In addition to the Company's traditional attentive and personalized service, customers benefit from Gilpin's up-to-the-minute methods and modern facilities, among which are:

- Remington-Rand Univac Electronic Invoices.
- Store Modernization and Equipment Department.
- Trained Salesmen — Specialists in Inventory Controls Merchandising Modern Business Methods
- Specialized Pharmaceutical Service

—all to insure the pharmacist of the fastest, the most efficient service possible!

B. GILPIN Company

THE PROGRESSIVE FORCE IN MASS DRUG DISTRIBUTION

● DOVER ● NORFOLK ● WASHINGTON

1932. Previously, he had spent five years as a pharmacist with a retail drug company in Baltimore.

Mr. Wood was a member of the Travelers Auxiliary of the Maryland Pharmaceutical Association and Kappa Psi, professional pharmacy fraternity.

Survivors include the widow, Mrs. Marian W. Wood, and a son, William R. Wood, of Silver Spring, Maryland.

WALTHER H. HOLLINGSHEAD

It is with sorrow we list the death of Walter H. Hollingshead on March 12th.

Mr. Hollingshead, who was in retirement, was long associated with Ruse and Company of Baltimore, makers of store fixtures.

He was active in the Travelers Auxiliary of the Maryland Pharmaceutical Association and served as its President in 1931.

Heartfelt sympathy is expressed to his survivors.

Now! dependable Resinol also in Greaseless form

FOR years, Mr. Druggist, you have known Resinol in the familiar white opal jar. You have stocked and sold this ointment (containing many fine ingredients in lanolin) confident of its quick relief for itching, burning skin irritation.

NOW, by popular demand we have added another product—RESINOL GREASELESS. It contains the same fine Resinol medicants, combined in a *greaseless, stainless washable* base—and it's packaged in a handy tube.

Sell RESINOL GREASELESS this summer to take the *burn* out of *sunburn*. Cools flaming skin—helps prevent blistering—so pleasant to use. Wonderful for itching of ivy poison, insect stings, chafing, eczema.

Order from your wholesaler

RESINOL CHEMICAL COMPANY
Baltimore 1, Maryland

Fast Movers in your Cigar Department

Quality tobacco, competitive prices and smoker preference by a generation of Marylanders make these famous brands belong on display in your cigar department.

**Uncle Willie
Cigars**

**Monument Square
Cigars**

**Monument Square
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For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

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AQUAPAC selected skins

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Not just wet-lubricated and rolled

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Professionally promoted—presold

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SELL ON OPEN CALL.

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Represented by—**IRV. NORWITZ**

-: NEWS ITEMS :-

APRIL ISSUE

The April Issue of the Maryland Pharmacist will carry a picture and synopsis of each member of the 1961 University of Maryland Pharmacy School graduating class.

This is being done to introduce the new pharmacists to established Pharmacy and the drug industry of Maryland.

PROFESSIONAL RELATIONS

The Professional Relations Committees of the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association will participate jointly in the annual meetings of the Medical and Chirurgical Faculty of Maryland and the Maryland Dental Society.

Chairman Stephen J. Provenza advises that a new Pharmacy exhibit will be displayed at both meetings accentuating the services of Pharmacy to the professions and the community. Literature on the new federal narcotic regulations will be distributed to the physicians and dentists.

The Medical meeting will be held at the Alcazar in Baltimore, April 26, 27, 28 and the Dental meeting will be held at the Lord Baltimore Hotel, May 8, 9, 10. All pharmacists are invited to attend the scientific sessions of the Medical meeting at the Alcazar.

Members of both committees will man the exhibits. If you are not a member of either committee and wish to volunteer your service, contact Chairman Provenza or the Association office.

NEW MERCY HOSPITAL BUILDING

Maryland Pharmacists, no less than their physician colleagues on the "health team," have a big stake in adequate hospital facilities for our burgeoning population. A 1958 survey by the Maryland Hospital Council esti-

mated the 1960 shortage at 500 hospital beds; predicted 1,000-bed deficit by 1965 in the Greater Baltimore area.

The recently completed Sinai and St. Agnes hospitals are an important gain. Now Mercy Hospital has entered the final phase of construction of its new 400-bed institution and is appealing to the public for the remaining \$3,000,000 of its \$8,000,000 goal.

We recently had a look at a map which supports Mercy's contention that it is more than a "downtown" hospital handling 18,000 accident cases annually and carrying an outpatient load in excess of 27,000. The "inpatients" come from all over Baltimore and, in fact, from all over Eastern and Central Maryland.

When you are asked to "help complete Mercy" consider these facts and respond generously.

PHARMACIST WRITES FROM THE GOOD SHIP HOPE

A young pharmacist has traveled half way around the world to find the more he knows of the earth, the prouder he is to be an American.

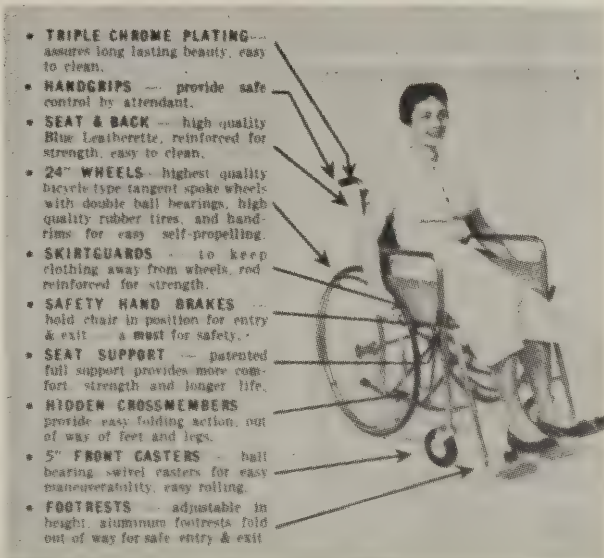
"I have never had the values of my American heritage made so clear to me as out here working with Indonesian medical problems," says Charles Dickerson of Pontiac, Michigan, one of the two pharmacists presently aboard the floating medical center SS HOPE, currently waging the peace in the troubled waters off Southeast Asia.

The HOPE, whose initials stand for Health Opportunity for People Everywhere, is supported by Americans in all walks of life. Members of the American Pharmaceutical Association have contributed over \$7,000 in cash, reports Thomas A. Foster, chairman of the Project HOPE Committee of APhA.

Dickerson, who has been with the HOPE since its arrival in Indonesia in

another "PLUS" Service for you

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October, has been responsible for the cataloguing and stocking of the thousands of drug items carried aboard the vessel, in addition to his regular pharmaceutical duties.

The ship's primary mission is to teach Indonesian medical personnel to be better able to handle their own medical problems. Project HOPE is not a give-away program. It is an attempt to help the newly developing nations help themselves.

"It's been a long haul," Dickerson reported from Sumbawa, Indonesia, to Dr. William B. Walsh at Project HOPE headquarters in Washington, D.C. "We're in pretty good shape now and I think we're going to lick our resupply problems."

The resupply problem of which Dickerson speaks is the staggering 8,000 mile supply line between the United States and the SS HOPE over which pharmaceutical and other medical supplies must travel.

A resupply system, Dickerson reports, has been set up by air between the U.S. and Indonesia, the first shipment by this method, a cargo of smallpox vaccine, arriving from Seattle, Washington, shortly after the HOPE arrived in Djakarta.

On the 15th of December the HOPE received its next consignment of medical supplies, from the President Taft which left the items in Djakarta to be

transshipped to the HOPE in Eastern Indonesia.

"The next major resupply point," Dickerson added, "was Makassar in the Celebes in mid-January. Right now we're in the midst of an inventory of 2,000 expendable items—drugs, bandages, and so forth. When we finish with this we'll know exactly where we stand and can reorder stocks that are low."

"Our job in the HOPE's pharmacy is to fill prescriptions from the doctors here for their patients on the ship," Dickerson stated. The two pharmacists are busiest at the end of each stay in a port when the HOPE puts off sufficient drugs to insure continued treatment of the discharged patients.

American pharmaceutical companies have been generous with their donations to the hospital ship, which is supported by public contributions.

Off hours on the HOPE have been few and far between for Dickerson, whose job keeps him on call every second night and whose working hours have probably totaled more than anyone on the ship except the Captain. Nevertheless, he has been able to attend the receptions given the ship's staff by local medical authorities and take part in the tours to nearby points of interest sponsored by Indonesian civic groups.

What does he think of his work on the HOPE? "It's terrific experience and something I wouldn't miss."

**AMERICAN PHARMACEUTICAL ASSOCIATION
PROJECT HOPE COMMITTEE**

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As an American Pharmacist I will further the cause of world friendship and understanding by supporting adequate pharmaceutical services for Project

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WASHINGTON DRUG CHAIN EXECUTIVE TO BE HONORED AT NEW YORK DINNER



MILTON L. ELSBERG

Milton L. Elsberg, Washington civic leader, and president of Drug Fair, chain operation of drug department stores, in the national capital area, will be honored at a testimonial dinner to be held at the Waldorf-Astoria, in New York City, on May 8.

Joe Rosenwald, executive secretary of Affiliated Drug Stores, has been named as chairman of the dinner committee. The event is being sponsored by the U.S. drug industry and Brandeis University.

Milton Elsberg has been president of Drug Fair since its founding, in 1938. More than 60 stores in the District of Columbia, Virginia and Maryland, presently comprise the chain. It has been one of the fastest-growing enterprises of its kind in the country.

Last year, Drug Fair was selected by the U.S. Department of Commerce to set up a full scale duplicate of one

of its super department drug stores at the 1960 International Trade Fair, in Zagreb, Yugoslavia. Elsberg personally supervised planning, organizing and installation of the Drug Fair exhibit in the U.S. Pavilion at the Zagreb Fair. Nearly two million people saw the display, according to the Commerce Department's Office of International Trade Fairs.

The dinner committee chairman Rosenwald stated that Elsberg is being honored "for his forthright leadership in the industry, as an outstanding developer of unique, imaginative merchandising techniques, and for his bold personal devotion to educational, philanthropic, and civic and national affairs."

Proceeds of the Milton Elsberg dinner will go to Brandeis University for furtherance of its instruction facilities in the field of the Humanities, particularly for special graduate and professional training with the U. S. State Department and various foundations engaged in international relations.

GILPIN COMPLETES ANNUAL SUMMER GOODS SHOW

Joseph P. Fitzsimmons, General Sales Manager of The Henry B. Gilpin Company, announced the completion of the annual Gilpin Summer Goods Show and extended his sincerest thanks to the Pharmacists of Maryland for their support of this merchandising event.

This show annually features the new and the established lines of merchandise which reach their peak consumer sales during the summer months.

Mr. Fitzsimmons states that this show was originally designed to make accessible to the Pharmacist the diversified lines necessary to keep abreast of the newest merchandising trends in "front store merchandise." The growth of newer and larger drug stores has created the need for expansion of commodity lines by the "full line, full service, wholesaler."

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

I am pleased to report that the 45th Annual Banquet and Dance of the Baltimore Metropolitan Pharmaceutical Association held at the Lord Baltimore Hotel on March 19th was an outstanding success in every respect.

I want to take this opportunity to thank the Social Committee for their sincere effort and hard work in assuring the success of the affair. There is more to putting together a large event of this kind than meets the eye. The teamwork was wonderful and I appreciate it.

The 45th Banquet will be remembered in particular because Charles (Buck) Neun was honored as the first Honorary President of the Association and was presented a plaque "in recognition of his devoted service to Pharmacy." A most deserving honor to a fine gentleman. Buck gives to Pharmacy, unselfishly, of himself and of material things. We are indeed, proud of him.

The next meeting of the Association will be held at the Kelly Building on April 20th. This meeting will be sponsored by the Camp Manufacturing Company, makers of A Plus School Supplies. Camp will present a constructive program on the profitable merchandising of school supplies and stationery in the drug store. Valuable prizes will be distributed. It will be well worth your time to attend this meeting.

I expect to attend the American Pharmaceutical Association Convention in Chicago, April 23-28. I will give a report on the A.Ph.A. Convention at the May 18th meeting of the Association which will be sponsored by S. F. Whitman and Sons.

Again I ask you to come to meetings. You will find them interesting and informative.

Sincerely,

SAM A. GOLDSTEIN
 President

ANNUAL MEETING

ALUMNI ASSOCIATION

University Of Maryland School Of Pharmacy

U. of M. BALTIMORE UNION BUILDING

621 West Lombard Street

Thursday, May 11, 1961-8:00 P.M.

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It is the foundation of the Pharmacy profession
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Refreshments Will Be Served

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**Annual Alumni Banquet In Honor of the
1961 Pharmacy Graduating Class**

Thursday, June 8, 1961

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1961-62 BLUE BOOK TOPS ALL PREVIOUS EDITIONS

The new 1961-62 AMERICAN DRUGGIST BLUE BOOK is bigger and better than ever. A record number of products, 178,310, are listed in its 748 pages—2% more than in the last edition.

New features this year have enhanced the usefulness of this valuable reference book. Printed by a new press, on an improved type of paper, the BLUE BOOK is even easier to read than before. The paper also increases the flexibility and durability of the publication while diminishing its bulk—a feature which will be appreciated by druggists referring to it constantly.

A service pioneered by BLUE BOOK last year has been expanded in the 1961-62 edition. This service consists of including the manufacturer's catalog or list number with the names of the products. The companies to which this service applies has been increased from 50 in the last edition to 105 in the new edition—and now includes proprietary as well as pharmaceutical houses. Catalog numbers are designed to cut down errors by retailers in ordering products—and errors by wholesalers and manufacturers in filling retailer orders. A pharmacist placing an order can give the number as well as the name of the product to make sure he gets the specific item he wants.

To the 6 reference symbols—virtually all of them exclusive with BLUE BOOK—a 7th symbol, also exclusive, has been added this year . . . representing products that fall in the U. S. Narcotic Bureau's "M" classification. This new category of exempt narcotics is explained on page 14. The 7 symbols are:

- or A...Signifies narcotic drug products
- ◆ or B...Oral Rx allowed for narcotic items
- ◎ or X...Exempt narcotics requiring records
- ▲...Means that item requires refrigeration
- Rx...Signifies products sold on 'Rx Only'
- ★...Former 'Rx Only' products now o-t-c

☐ or M...Exempt narcotic products not requiring records

In addition, the alphabetical index of manufacturers at the back of the BLUE BOOK this year lists the names and addresses of 7,250 manufacturers—cross-indexed to the products.

Every retail pharmacy is receiving one copy of the new BLUE BOOK free of charge. Additional copies are available at \$9 each from the Circulation Department, AMERICAN DRUGGIST BLUE BOOK, 250 West 55th Street, New York 19, N. Y.

RESOLUTION ON NARCOTIC REGULATIONS

Because of the confusion and disregard of the Narcotic Regulations the following resolution has been sent to the Narcotic Bureau, the Medical Profession, the Pharmaceutical Press and all State Pharmaceutical Associations. The response has been gratifying. We feel corrective measures will be taken in the near future.

WHEREAS, Narcotic Regulations apply equally to prescribers and dispensers legally licensed to prescribe or dispense them, and

WHEREAS, Narcotic Regulations are subject to change whenever conditions of usage warrant a change, and

WHEREAS, prescribers and dispensers are equally obligated to abide by the Narcotic Regulations established by the Bureau of Narcotics of the Treasury Department, and

WHEREAS, there is at present, ignorance and disregard by both prescribers and dispensers of the Narcotic Regulations governing the legal handling of Narcotic drugs, therefore

BE IT RESOLVED by the Maryland Pharmaceutical Association that the Narcotic Bureau be requested to bring its published regulatory matter up to date, and to emphasize changes and penalties for violation of the Narcotic Regulations, and

BE IT FURTHER RESOLVED, each prescriber, dispenser and professional society be furnished up to date copies of the Narcotic Regulations periodically.



CASE HISTORY

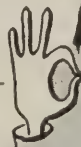
PATIENT: A. Pharmacist

HISTORY: Chronic anxiety caused by fear he is losing extra store traffic, sales and profits by not following the lead of other profit-minded pharmacists in selling National Express Company Money Orders. Suffers from frustration at not adding to his earnings when no cash outlay or expense is involved.

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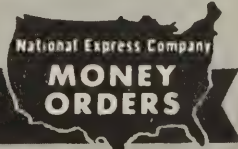
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JUSTICE DEPARTMENT CONTINUES ATTACKS ON PHARMACY

The Department of Justice continues their attacks on pharmacy opening two new fronts on March 6 and 7—one in Idaho and the other in Utah. On March 6, a civil suit was filed in Boise charging the Idaho State Pharmaceutical Association with conspiracy to fix prices for prescription drugs, and the following day a similar complaint was filed in Salt Lake City against the Utah State Pharmaceutical Association.

The complaints, which relegate pharmacy to a trade, were the third and fourth antitrust actions taken by the Justice Department against pharmaceutical associations in the West. Last June, a civil complaint charged the Arizona Pharmaceutical Association and two county associations with "conspiracy to fix prices" and in December a federal grand jury indicted the Northern California Pharmaceutical Association and Donald K. Hedgpeth on similar charges. The case in California has been set for trial in San Francisco on April 18, while the case in Arizona has not yet been set for trial. APHA's counsel, Arthur B. Hanson of the Law Offices of Elisha Hanson, serves as co-counsel in both the Arizona and Northern California cases.

The Idaho and Utah complaints follow patterns similar to the attacks in Northern California and Arizona.

Both actions ask the Court for an injunction restraining the Association and their members from "fixing, determining, maintaining, or suggesting prices or other terms or conditions for the sale of prescription drugs" or from "formulating, adopting, issuing, distributing, recommending or suggesting for use by pharmacists any list, formula or guide for pricing prescription drugs." In the Utah complaint, the Justice Department even asks the Court to order and direct the Association "to dissolve the Committee on Prescription Pricing, Wages and Hours."

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U.S. DEATH RATE CUT IN HALF SINCE 1900

Mortality rates, the best available measure of a nation's health level, dropped by almost one-half in this country from 1900 to 1960, Health Information Foundation reported.

In the February issue of **Progress in Health Services**, its monthly statistical bulletin, the Foundation reviewed the main trends in U.S. mortality on the basis of published and unpublished data of the National Office of Vital Statistics.

In 1900, the Foundation stated, the death rate in this country was 17.2 per 1,000 persons. The 1960 rate (estimated by the Foundation research staff) was only 9.4 per 1,000—a reduction of about 45 per cent.

Moreover, when the crude mortality rates were adjusted to a standard population (the 1940 U.S. population), the estimated 1960 death rate was only

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7.7 per 1,000 population—less than one-half the comparable 1900 rate.

Although mortality declined for each age group in the nation's population, the largest relative gains took place at the younger ages, especially during childhood. Between 1900 and 1959, the Foundation pointed out, the mortality rate dropped by 82 per cent during infancy and by 94 per cent at ages 1-4. The comparable declines at other age groups were: ages 5-9, 89 per cent; ages 35-44, 72 per cent; ages 65-74, 28 per cent; ages 85 and over, 21 per cent.

Death rates have dropped more rapidly for females than for males since the turn of the century, the Foundation added. In 1900 the death rate for females was 16.5 per 1,000; by 1959 it had gone down to 8.0, a decline of 51.5 per cent. For males the corresponding drop was from 17.9 to 10.9 per 1,000, or 39.1 per cent.

Unlike the widening sex differential, the mortality differential between the white and the nonwhite populations

has narrowed, the Foundation reported. Thus in 1900 the death rate for nonwhites exceeded that for whites by 47 per cent. But by 1959 the rate for nonwhites (9.9) topped that for whites (9.4) by only 5 per cent.

One of the main reasons behind the decline in mortality rates, according to the Foundation, has been the fact that the major communicable diseases—leading causes of death in 1900—have been largely brought under control. During the last 60 years the death rate for influenza and pneumonia, for example, has dropped by 86 per cent and that for tuberculosis by 97 per cent.

As George Bugbee, Foundation President, pointed out, "Gains in fighting infectious diseases have centered around the early and middle years. Children do not die in epidemics as they once did. The benefits have been almost as great to persons in the childbearing and chief work years. These are precious attainments, leading to more stable family life and a more active work force."

Are your dependents now 18 years of age or older? Do you realize that if this is the case, they are no longer covered under your Group Insurance Plan and should have independent coverage.

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Today's American adult has seen the development of a health system that in retrospect seems a fantasy. Nearly two decades have been added to his life span. When he gets sick and goes to the hospital, he stays only a third as long as his father did. Most of yesterday's killer diseases lie vanquished or impotent. America's research weapons are being focused with a vengeance on the remaining killers.

Relentless has been the onslaught against needless pain and premature death. Today's life-saving marvels are only a few minutes from the family doorstep or as near as a telephone.

The American family's health is better, more stable, more predictable than ever before, at a cost that is relatively low. Yet, a smaller portion of the family's paycheck goes for medical bills than was true a generation ago.

Thus, there is baffling irony in the considerable hue and cry about today's "high cost of health care." While all of us—laymen, medical people, businessmen, leaders in government—should be deeply, concerned with the costs of bringing to everyone the benefits of medical progress, cost is only part of the problem.

Some well-meaning Americans are being lulled into an apathy that could sacrifice on the altar of bureaucracy the private and local responsibilities for large segments of our medical system. Instead of tackling problems as forthrightly and tirelessly as the researchers do, some suggest that you "let Uncle Sam do it for you." But superimposing on our lean and vigorous medical system a massive federal bureau would only result in spiraling taxes and new roadblocks, slowing the march of medical progress.

SPOTLIGHT PRODUCT OF THE MONTH

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More important, you can't legislate standards of health care. Only the best will do. There can be no bargain basement medicine or cut-rate hospitals.

There's really no mystery about today's hospital costs. More than sixty-five cents of every dollar hospitals receive is earmarked in advance for payroll. This trend will continue because hospitals require higher-trained personnel to cope with unending growth in hospital technology.

The only practical hope of holding the cost line is through research and development of new products, new medical techniques and new concepts in health institutions. It is in this area that the pumps of research should be primed and community initiative stimulated.

The proven performance of medical science, hospitals and industry in extending the horizons of health through research and discovery is in the best American tradition of perpetual

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Delicious Austin varieties
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Tell them you saw it in "The Maryland Pharmacist"

achievement. On this pathway of success is the answer to the mounting cost of health care. Here, inviting renewed effort with rolled-up sleeves and inquisitive minds, is the way to cut the cost of good health. Here, too, inevitably, is better health for all.—From Annual Report to Share Owners, American Hospital Supply Corporation, 1961.

HUMPHREY PROPOSES "FREE CHOICE" AMENDMENT TO MEDICAL CARE

Carrying out his promises to the nation's retail pharmacists, Senator Hubert H. Humphrey (D., Minn.) introduced legislation to guarantee "free choice" of doctor and hospital for patients under the medical care program approved by Congress last year.

Humphrey's bill is an amendment to the Kerr-Mills plan (H.R. 12580) which provides Federal grants to States to establish medical care programs for elderly citizens who do not qualify for old-age assistance.

The Senator said that his bill would prohibit any State to deny, by law or regulation, the right of an individual under the medical care program to select his own hospital, nursing home, doctor or druggist.

Humphrey emphasized that he favors a health insurance program through the Social Security System and that the bill he has co-sponsored to establish such a program includes a guarantee of "free choice." But he added:

"There is nothing in the present law to prevent a State from setting up a medical care for the aged program requiring beneficiaries to go only to certain hospitals or nursing homes, or to only certain physicians or druggists.

"There is nothing in the act which prevents a State from setting up a system whereby older citizens would be required to go only to State hospitals and clinics and to doctors employed by the State.

"In fact, the present law would permit a complete system of socialized medicine."

The Senator also introduced an amendment to make clear that when a Kerr-Mills program beneficiary obtains prescribed drugs, he is obtaining not merely a commodity but the services of a highly trained professional pharmacist. As the Senator pointed out, "pharmacists are understandably proud of the professional services they render, and, in my judgment, it is only fitting that we indicate recognition of such services."

GILPIN'S JOHANSON RETIRES

Howard C. Johanson, Vice-President and Treasurer, retired on February 28, 1961, following 52 years of continuous service with The Henry B. Gilpin Company.

James E. Allen, President of the Gilpin wholesale drug firm which was established in 1845, expressed appreciation and congratulations to Mr. Johanson, and presented him with an envelope filled with gift certificates for the Baltimore Orioles ball games, along with a silverframed and engrossed Board of Directors' Resolution, as follows:

"Whereas Howard C. Johanson has continuously served The Henry B. Gilpin Company for 52 years, advancing from office boy to Vice-President and Treasurer . . . faithful always in his concern for the welfare of the company and diligent in his efforts to achieve fiscal soundness and financial security . . . for his loyalty and dedication to the firm, we, the Board of Directors, do hereby declare our esteem and appreciation for him and his devotion to duty, which he has so steadfastly demonstrated.

"As Howard C. Johanson enters retirement, we further express our interest and concern for his continued happiness through all the years to come."

**SATURDAY EVENING POST AND DSC
ANNOUNCE NEW PROGRAM
FOR PHARMACY**

At a meeting of over 300 wholesale drug executives who are members of Druggists' Service Company, John F. Hunsicker, Drug Marketing Manager of the Saturday Evening Post, unveiled the 1961 Post Program for Pharmacy. The campaign was announced at the Waldorf-Astoria D.S.C. meeting. It will build on the success of last year's Program which appeared in over 20,000 retail pharmacies. Directed at the consuming public, the 1961 Program tells the story of medical research and progress during the past years. Its basic theme is "better health through medical research." Mr. Hunsicker noted that "it is in the drug store that the public meets the pharmaceutical industry face to face, and the retail pharmacist is

the man to put the industry's best foot forward." To aid him in doing so, the Post is furnishing a plastic base for displaying at the prescription counter a series of eight messages of a public service nature. Subjects covered include immunization programs, polio prevention, and the great importance of intensive research in the development of new pharmaceuticals.

The Programs also features a booklet for the pharmacist, entitled "So-Called Generic Equivalents and Your Future." This outlines the hazards of generic prescribing, and states that such products merely "ride the coattails of reputable research conducted by the industry's creative leaders."

The Post Program for Pharmacy, which will break in May, will be made available to pharmacists by DSC wholesalers.

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PHARMACY TO AID POLIO CONTROL PROGRAM

Advisory Commission To Draft Plans Based on Findings Submitted to Surgeon General

The American Pharmaceutical Association, along with other organizations in the health and welfare areas, participated in a two-day conference of the Surgeon General's Committee on Poliomyelitis Control. The APhA was represented by Robert E. Abrams, Secretary of the American College of Apothecaries, an APhA affiliate, and Ralph S. Tilly, member of the APhA Committee on Professional Relations.

At this meeting, held at the Public Health Service's Communicable Disease Center in Atlanta, Georgia, on January 23-24, 1961, extensive reports were presented by numerous consultants and Public Health physicians including Surgeon General Leroy Burney, Drs. Jonas E. Salk, Albert B. Sabin, A. D. Langmuir, Roderick Murray, and C. A. Smith.

The Committee indicated the four poliomyelitis control goals:

1. Eradication of polio from the population.
2. Prevention of endemic outbreaks.
3. Prevention of epidemics.
4. Control of epidemics.

To achieve these goals the Committee recommended that:

A. Immediate steps be taken to intensify drives for vaccination with Salk Vaccine.

B. Priorities for immunization be suggested which include children under age six as the primary goal and children under 10 and parents of young adults as the second most important group.

C. All immunization be handled under medical supervision.

D. Approved the dosage schedule for Salk immunization similar to that now in use, except the third dose should be administered before the polio season even though seven months had not elapsed between doses.

E. Communities conduct periodic evaluation of poliomyelitis immunization status.

F. The National Poliomyelitis Surveillance Program be continued and expanded.

G. Behavior studies be made to determine why people do not utilize the vaccine more extensively.

H. Research in the field of inactivated virus vaccines and oral vaccines be intensified.

I. The Public Health Service should continue to make every effort to encourage the early production and ready availability of an oral polio vaccine.

J. If the first available supplies of oral poliovirus vaccine should be limited in amount, then priorities for use should be epidemic control, investigations and community studies; second—immunization of infants and preschool children; and third—selected areas of population.

K. The use of vaccines, Salk or oral, when available should be intensified in the face of an epidemic.

L. The Public Health Service should maintain an epidemic reserve of oral poliovirus vaccine.

On January 16, 1961, a meeting of the Pharmacy Advisory Commission on Poliomyelitis Control was held in Washington, D. C., to formulate recommendations which were submitted by representatives of Pharmacy at the Atlanta meeting. "As a result of the Pharmacy Advisory Commission on Poliomyelitis Control meeting," APhA Secretary William S. Apple stated, "pharmacy was prepared and contributed several constructive suggestions to the Surgeon General's Committee."

Because it was the consensus of the Atlanta conference that no oral product will be available for the 1961 polio season, APhA plans to call another meeting of the Pharmacy Advisory Commission to develop plans for cooperating with medicine at the county and community level in promoting the recommended program of fuller use of the currently available Salk vaccine

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Attending the January 16th Pharmacy Advisory Commission meeting were Robert E. Abrams, representing the American College of Apothecaries; Robert M. Leonard, representing the American Association of Colleges of Pharmacy; Joseph A. Oddis, representing the American Society of Hospital Pharmacists; Joseph Cohen, representing the Metropolitan Drug Association Secretaries; James O. Hubbard, Jr., representing the National Conference of State Pharmaceutical Association Secretaries; and Ralph R. Rooke, the National Association of Retail Druggists representative to the Surgeon General's Committee on Poliomyelitis Control.

OLDER PEOPLE URGED TO AVOID PHYSICAL AND MENTAL ATROPHY

An authority on problems of the aging cautioned older people against a "rocking chair" existence because "if you just sit and wait for death you will not have to wait so long."

The result of such inactivity is atrophy of the mind and body, which is directly related to incapacity and death from degenerative diseases among those over 60, the second White House Conference on Aging was told by Dr. Theodore G. Klumpp, president of Winthrop Laboratories, pharmaceutical manufacturer.

He suggested to the Conference that priority be given to problems of health maintenance so that more people reach old age "sound in body and mind."

"Surveys bear out the impression that an appallingly high percentage of those who survive to the sixth decade enter that period with bodies so badly damaged by disease that they function only to a limited extent," said Dr. Klumpp, former chairman of the Hoover Commission Medical Services Task Force on Organization of the Executive Branch of Government.

Most older persons, he said, are basically unhappy unless they have some

useful work to do. In addition, atrophy of the body's muscles and tissues, from lack of use, accentuates the decreased capacity of older people to react to stress. While extremes of stress were called harmful, "moderate or graded stress is necessary to maintain good health, vitality and an adequate reserve against the extremes of stress that happen to all of us."

Dr. Klumpp said that heart disease, the leading killer of aged people, is not an inevitable part of growing old. He also disagreed with the view that the rising death toll from heart attacks and "strokes" is a result of the increasing tensions of modern society.

"Indeed, were strain, tension and anxiety the critical factors in the cause of heart attacks and similar vascular accidents, I see no reason why they should not occur more commonly in young individuals where these factors are often at their maximum intensity.

"On the other hand, all the evidence points to arteriosclerosis as the basis of heart attacks and "strokes" and I have found no convincing explanation of the role of anxiety in the development of this process."

Over-eating and the technological advances in labor-saving devices, enabling man to avoid effort, exertion and activity, were called more incriminating factors in the rising death rate than the tempo of living.

"We no longer tend the furnace, or carry out the ashes; we drive a block for the newspaper instead of walking and don't even need to use muscles to steer or apply the brakes. Yet we are more tired than our fathers who ran, walked, chopped wood, pitched hay and did all the physical chores so abhorred to the mid-twentieth century," Dr. Klumpp said.

Criticizing the view that physical exertion in adult life and middle age is harmful, Dr. Klumpp told the Conference "we are afraid to live for fear of dying."

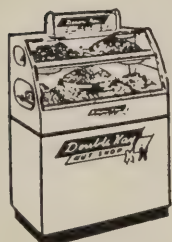
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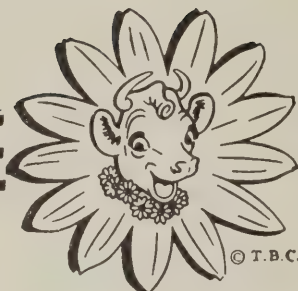
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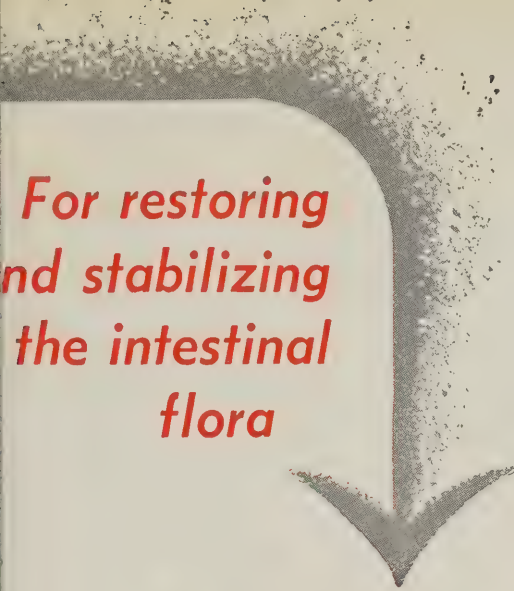
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(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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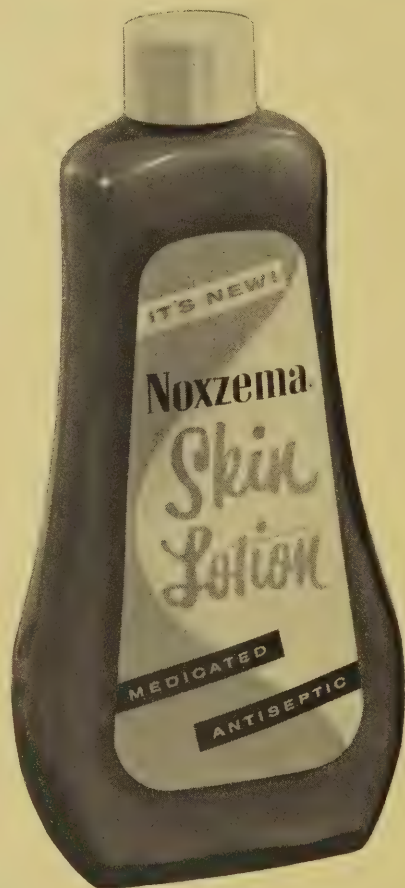
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Volume XXXVII

APRIL, 1961

No. 7

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THE PHARMACIST WHO SAW HIMSELF AS OTHERS

He looked (and was) professional; he was a pharmacist.

But while storing the stock from his "deals" in the cellar, he noticed he was reflected as a warehouseman.

When his suppliers' invoices started rolling in, he looked again; now he was an accountant.

Soon all of his capital was tied up in inventory. He peeked once more, and this time he looked like a banker.

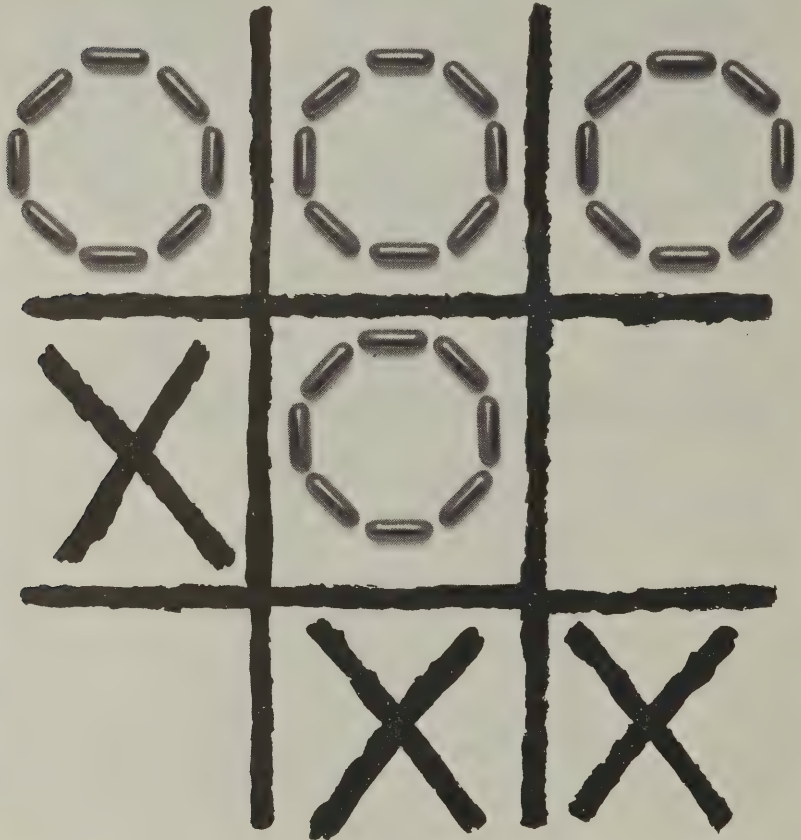
Then one day he realized that his customers liked him as a pharmacist; they just didn't care about his other images.

Moral



The Lilly policy of wholesale distribution helps put the drug business into proper perspective. It provides a network of service wholesalers who are well equipped to assume the responsibilities of large inventories. Thus, the pharmacist can devote his talents to the practice of pharmacy.

If you see yourself as a professional pharmacist rather than as warehouseman, accountant, and banker, clarify your image by routing your orders through one of the 300 Lilly service wholesalers who serve the nation's pharmacists.



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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

APRIL, 1961

No. 7

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... Editorial ...

WELCOME FELLOW PHARMACISTS

We extend hearty congratulations and best wishes to the 1961 graduating class in Pharmacy, U.S.A. We extend particular greetings and welcome to the graduating class of the University of Maryland School of Pharmacy. We hope for each and everyone of you, a successful career no matter what line of endeavor you choose to follow.

Pharmacy is a time-honored profession. Those who have gone before us have laid a solid foundation of usefulness which has earned us the utmost of respect from the community we serve. We of the present must cherish our heritage and build for the future so that posterity shall some day look upon us with pride and honor in the same light as we reflect upon our forebearers.

The practice of Pharmacy is good to those who are good to Pharmacy. It should never be looked upon as a "love's labor lost." Those who have chosen unwisely, or who have found themselves unsuited to the calling, should adjust themselves rather than follow a course of criticism and condemnation the rest of their lives resulting in a life of unhappiness and misery.

Indeed, Pharmacy has its faults and problems. What hasn't? On the whole, however, it is a gratifying vocation. Aside from its dedicated service to the health and welfare needs of the community, Pharmacy offers many opportunities in its diversified practice—research, teaching, selling, management, administrative, writing—all specialties and challenging within themselves. The field is wide open with opportunities galore for those showing initiative, ambition and an aptitude to work. The starting remuneration is not bad either considering other professions and the fact you do not have to stand in line to get employment.

Upon graduation, graduates of the University of Maryland School of

Pharmacy were given complimentary memberships in the Maryland Pharmaceutical Association, the Baltimore Metropolitan Pharmaceutical Association, and the Alumni Association for the balance of the calendar year. Those memberships entitle the holder to all the rights and privileges of the Associations named. These memberships should not be taken lightly. Organization activity is a must in these changing times. Local, State, and National pharmaceutical associations can well serve as perpetual extension courses in your chosen field. Daily advances in Pharmacy demand constant education. An informed public is also demanding.

As a member of the family pharmaceutical you will earn, as time goes on, that loyalty and devotion to the cause of Pharmacy will be rewarding. You will experience a true sense of satisfaction in knowing that you are giving your conscientious best in the performance of your duties as a trusted member of the health team, entrusted with the ministrations of health-giving drugs and supplies to both the well and the sick.

Associates, both fellow-pharmacists and employer, are alert to recognize effort and loyalty. He who measures his efforts and limits his duties is also limiting his progress. Promotions, salary increases, bonuses and fringe benefits unquestionably come to those who are deserving of it. *Sow well and ye shall reap a bountiful harvest of success.* The adoption of good habits in the young formative stages of a career is a sure formula for a full and rewarding life.

The office of both the Maryland Pharmaceutical Association and the Baltimore Metropolitan Pharmaceutical Association stand ready to assist you at all times. Feel free to avail yourself of these services at all times without hesitation.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

The most significant impression I obtained while attending the American Pharmaceutical Association Convention in Chicago recently was the weakness of organized Pharmacy.

This is not to be construed as criticism or condemnation of the A.Ph.A., but rather criticism of individual pharmacists and the splinter groups who are dividing our house.

The A.Ph.A. is valiantly trying to correct existing shortcomings. Whether the A.Ph.A. succeeds or not depends on moral and financial support. A strongly organized and effective Pharmacy will not become a fait accompli through lip service. It will take action and plenty of it.

The A.Ph.A. took a strong stand when it amended its Constitution and By-Laws restricting its Active membership to pharmacists. This does not mean that others can not participate in the discussions and programs of the A.Ph.A. It means that decisions will be made by pharmacists in the future and that the A.Ph.A. becomes a professional society of pharmacists.

On the other hand, weaknesses were evident at the Convention. The A.Ph.A. straddled important issues involving the practice of hospital pharmacy and the drug industry. I speak specifically on matters regarding the use of generic drugs and formularies on the one hand; and discounts on welfare prescriptions and licensing of manufacturers on the other.

The A.Ph.A. has also taken on the gigantic task of raising funds to fight state antitrust battles. This is indeed a formidable task that merits support.

Another step in the right direction is the formation of an A.Ph.A. Section of Community Practice. This section will highlight the practice of Retail Pharmacy.

Remember, nothing can be accomplished unless you are willing to assume your share of responsibility. It is important to belong. It is more important to participate by attending and voicing opinions.

Sincerely,

HAROLD M. GOLDFEDER
President

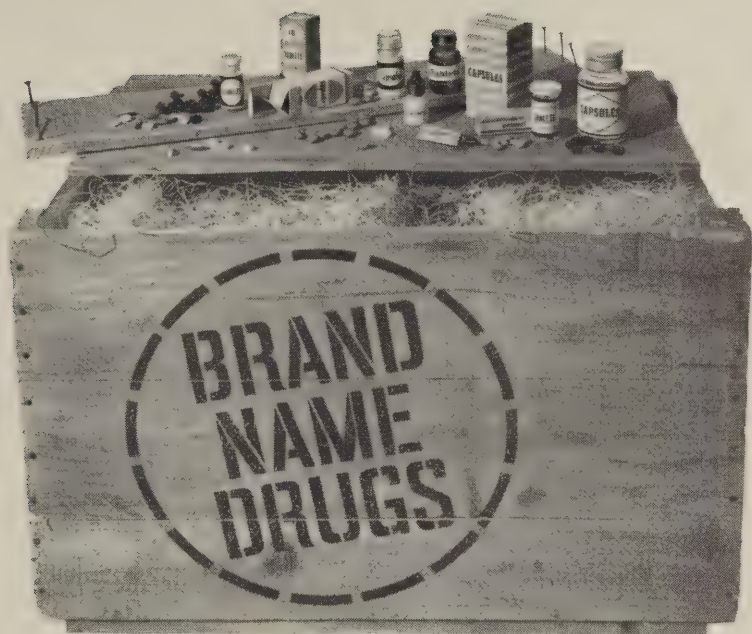


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BEHIND THE IRON CURTAIN

Ever wonder what happens to gift parcels of western "brand" drugs sent to families behind the Iron Curtain? Well, as reported from one of the satellite countries, if the recipient wishes to use it, he can. If not, the government buys the drugs... supposedly as a gesture of good will to the family. ■ But actually, the western brands are bought and resold through stores to government leaders and others who can afford the price. They are sold even though the government manufactures a generic product of each type for **free** distribution. ■ Strange? Or not so strange. When it comes to a matter of life, health and disability, **trust** becomes a critical factor to anyone, anywhere—trust in the knowledge of the physician... trust in a known drug. And apparently even in the "land of generics" more trust is placed in the brand name system of a free economy. They acknowledge what we hold to be fundamental: **In order to exist, the brand name manufacturer must do his job better...select raw materials with greater care...exercise greater control in compounding and testing...meet more than average or acceptable specifications...know more about possible pitfalls of production through original research.** ■ These are the factors built into a reputable brand name...ultimately the only assurance to physician and patient of maximum drug performance.

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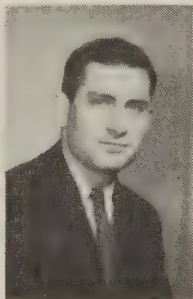
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CODE: 1. NAME—2. HOME—3. EMPLOYMENT PREFERENCE



1. Amass, Arnold L.
2. Westminster,
3. Maryland.



1. Block,
Lawrence Y.
2. Baltimore
3. Baltimore and
Vicinity



1. Bozman, Bennett
2. Princess Anne,
Md.
3. Eastern Shore



1. Cwynar,
Frank F., Jr.
2. Baltimore



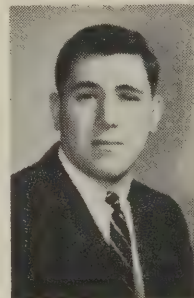
1. Diamond, Louis
2. Baltimore
3. College Park,
Baltimore



1. DiPaula,
Vincent R.
2. Baltimore



1. Evert, Helen E.
2. Lutherville
3. Bel Air,
Harford County



1. Gordon,
Gerald S.
2. Pikesville
3. Baltimore



1. Greenblatt,
Elliott
2. Baltimore
3. Baltimore



1. Grossblatt,
Norton J.
2. Baltimore
3. Baltimore



1. Hamet, Harry
2. Baltimore
3. Baltimore



1. Heinrich,
William J.
2. Baltimore
3. Eastern Shore,
Harford County

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1. Huber, George H.
2. Baltimore
3. Baltimore, Washington



1. Kushnick, Marvin S.
2. Baltimore
3. Baltimore



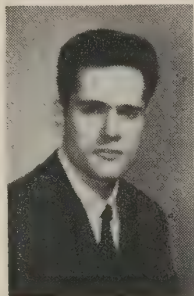
1. Lee, June E.
2. Baltimore
3. Baltimore



1. Lerner, Beryl
2. Baltimore
3. Baltimore



1. Levin, David G.
2. Baltimore
3. Baltimore



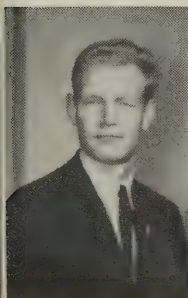
1. Maschas, Constantine N.
2. Dundalk,
3. Baltimore, Baltimore County



1. McKenna, Richard S.
2. Annapolis
3. Baltimore County



1. McNeill, Douglas W.
2. Baltimore
3. None



1. Reisenweber, Harvey D.
2. Baltimore
3. Baltimore, Western Maryland



1. Robinson, Zoe C.
2. Baltimore
3. Baltimore, Baltimore County



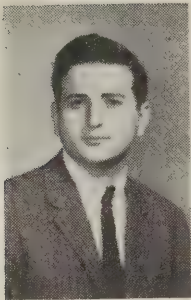
1. Sappe, Nancy
2. Baltimore
3. Baltimore



1. Silen, Irvin
2. Baltimore
3. Baltimore

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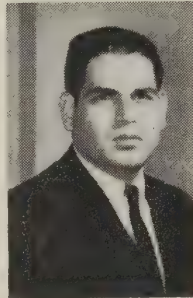
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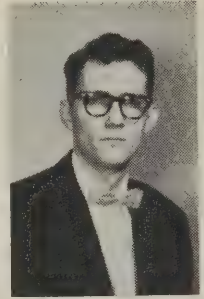
1. Sopher, Martin J.
2. Baltimore



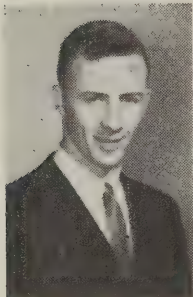
1. Stank, Janice P.
2. Dundalk



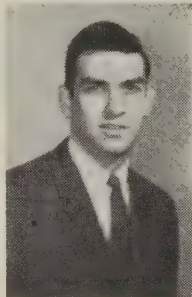
1. Stiekman,
Robert B.
2. Baltimore
3. Baltimore



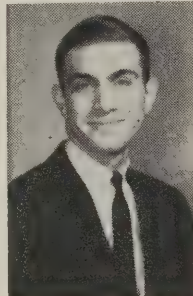
1. Stime, Peyton O.
2. Bel Air
3. Maryland



1. Struntz, James P.
2. Baltimore
3. Western Maryland



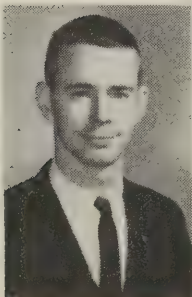
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2. Baltimore
3. Baltimore



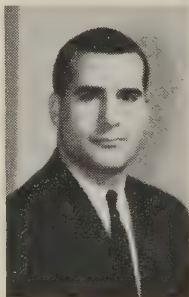
1. Tamberino,
Frank J.
2. Baltimore
3. Baltimore



1. Tinelli, Vito, Jr.
2. Chestertown



1. Walking,
W. Douglas
2. Towson



1. Weiner,
Phillip P.
2. Baltimore



1. Yospa, Irvin
2. Baltimore
3. Baltimore



1. Zerwitz,
Warren G.
2. Baltimore
3. Baltimore

School of Pharmacy, University of Maryland, News

U OF M SCHOOL OF PHARMACY HONOR ROLL

Dr. Noel E. Foss, dean of the University of Maryland School of Pharmacy, has announced the names of undergraduate pharmacy students on the Dean's Honor Roll for the first semester of the school year 1960-61.

An academic standing equivalent to a B average is required for eligibility to the honor roll.

Students in the Baltimore area who are included in the list are:

Sophomores—

Marjorie S. Abramovitz, 4007 Eldaron Avenue

Jeanne A. Baker, 620 Sussex Road, Towson

David A. Blake, 645 Orpington Road

Yale H. Caplan, 3916 1/2 Ridgewood Avenue

Stephen P. Levin, 3912 Strathmore Avenue

Leon D. Shargel, 3917 W. Cold Spring Lane

James J. Welsh, 5130 Hillburn Avenue

Juniors—

Louis Gubinsky, 2934 Edgecombe Circle N.

Sydney H. Hamet, 2610 Quantico Avenue

James G. Konrad, 3500 Elmley Avenue

Herbert C. Wagner, 6619 Dalton Drive

Seniors—

Lawrence Y. Block, 4024 Grantley Road

Louis Diamond, 4908 Queensberry Avenue

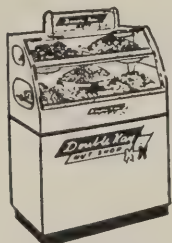
Constantine N. Maschas, 2953 Liberty Parkway

Douglas W. McNeill, 2805 Pinewood Avenue

Walter D. Walkling, 27 Linden Terrace, Towson

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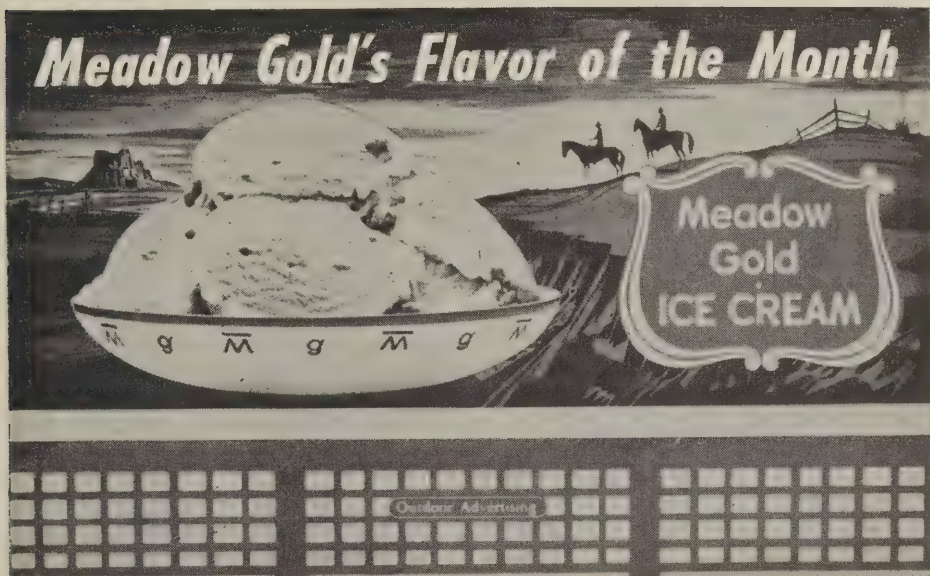
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Tell them you saw it in "The Maryland Pharmacist"

... Fair Trade News ...

STERLING DRUG INC. OBTAINS FAIR TRADE INJUNCTION AGAINST MARYLAND RETAILER

The United States District Court for the District of Maryland has issued a permanent injunction against Wheaton Pharmacy, a retailer in Wheaton, Maryland, from selling Bayer Aspirin, Phillips' Milk of Magnesia and other products of Glenbrook Laboratories below fair trade prices. Glenbrook is a division of Sterling Drug Inc.

Sterling brought this action against Wheaton Pharmacy last winter as part of its continued program of vigorous fair trade enforcement.

SAV-MOR LOSES APPEAL

The Court of Appeals of Maryland upheld the civil contempt findings of the Montgomery County Court against Sav-Mor of Bethesda.

Sav-Mor was cited for violation of an injunction to prevent the sale of Upjohn products below minimum Fair Trade prices.

Sav-Mor was ordered by the Court to pay Upjohn, \$4,175.00 "as a reimbursement for costs of this litigation and reasonable solicitor's fees to date."

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Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's—recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

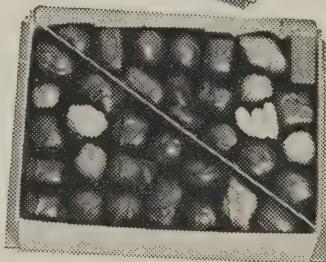
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Be Lief

In the past year, more than 25,000,000 customers bought Youngs prophylactics. This, we aver, represents conclusive belief in the quality of our products. Coincidentally, it also represents **your** belief in our continuing policy of "drugstores only." **YOUNGS RUBBER CORPORATION**

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Tell them you saw it in "The Maryland Pharmacist"

. CONTRIBUTIONS .

PHARMACEUTICAL APPLICATIONS OF PECTIN

By B. F. Allen*

During recent years considerable interest has been exhibited in pectin and this has resulted in the appearance of many commercial products containing this substance.

The principal medical oral use of pectin is in the treatment of gastrointestinal disorders such as diarrhea and dysenteries. It adsorbs toxins, soothes inflamed mucosa, and coats the intestinal walls with a smooth, protective, soothing film. In addition, this substance has hydrophilic properties and helps to consolidate fluid stools. Pectin also forms conjugation products with many toxins and in this way converts them to non-toxic substances.

At the present time, Pectin is officially recognized in the N. F. and is described as a purified carbohydrate product obtained from the dilute acid extract of the inner portion of the rind of citrus fruits or from apple pomace. It consists chiefly of partially methoxylated polygalacturonic acid.

Pectin occurs as a coarse or fine powder, yellowish white in color, almost odorless, and with a mucilaginous taste. It is almost completely soluble in 20 parts of distilled water, forming a viscous opalescent, colloidal solution which flows readily and is acid to litmus. It is insoluble in alcohol or in diluted alcohol, and in other organic solvents. Pectin dissolves in water more readily if first moistened with alcohol, glycerin, or simple syrup, or if first mixed with 3 or more parts of sucrose.

Pectin has been found useful in bulk laxative preparations as well as in emulsions and suspensions for medication and as a stabilizer.

It has been reported that pectin is as good an emulsifying agent as traga-

canth for olive oil. As an emulsifying agent for mineral oils, pectin is better than tragacanth or acacia and as good as gum karaya. These findings have an important bearing on the use of pectin in salad creams, mayonnaise, cosmetics, pharmaceutical emulsions and the oil-containing insecticidal sprays. Also, it is unexcelled as a suspending agent for kaolin with which it is combined in many of the anti-diarrheal formulations.

Another principal medical use of pectin has been in the treatment of bed-sores, wounds, burns and external ulcers. Excellent results have been reported from the application of "pastes" which are water-soluble gels. Not only was the period of hospitalization shortened, but the cost of materials and the time required for changing dressings were greatly reduced. Another important advantage of these pectin pastes is that they will mix with the secretions which are generally associated with the aforementioned conditions.

Pectin has been suggested for use as an oral, topical or parenteral hemostatic or coagulant for postoperative bleeding. At one time, it was highly recommended as a blood plasma substitute. However, it has since been superseded by other materials because of the danger of its retention in the body tissues.

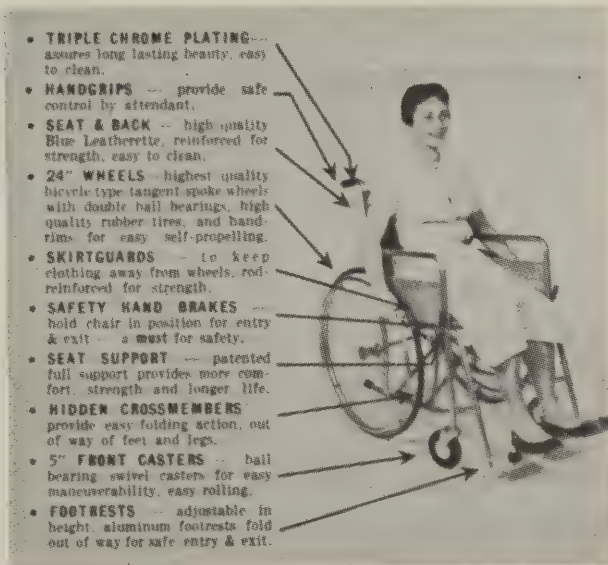
It is also stated that the detoxication mechanism of pectin and its derivative galacturonic acid reduces many reactions caused by therapeutic or toxic agents.

An important "note" appears in the N. F. about commercial pectin. This is the type that ordinarily would be found in a food store to be used in the production of jellied food products such as dessert preparations. In fact, during the recent contaminated cranberry crop problem a substitute was

* Associate Professor of Pharmacy, University of Maryland

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recommended using a red wine, sugar, and pectin combination.

The factors affecting the jelly strength of pectin are the nature of the pectin and its concentration, the pH, the nature and quantity of soluble solids, the nature and quantity of buffer salts, the method of preparation and the method of measurement of the jelly strength.

Commercial pectins often contain dextrose or other sugars, and sometimes contains sodium citrate or other buffer salts. Therefore, the N. F. monograph refers to the pure pectin to which no such additions have been made.

The role of sugar in pectin jelly formation is that of a dehydrating agent causing a precipitation of pectin molecules as a continuous network which, in some way, hold water molecules within their framework thus forming a rigid or semi-rigid system. Also, it has been stated that in pectin jellies pectin molecules are joined by hydrogen bonds and that sugars and polyhydroxy alcohols play a part in this binding.

Liquefaction of pectin products is frequently reported and is usually due to mold growth and the resultant enzymatic hydrolysis of the pectin. This physical change is sometimes noted in pectin pastes (or "gels") when improperly preserved. Incidentally, these pastes or "gels" are capable of absorbing large quantities of water. Also, they are incompatible with alkalis and may even darken when contaminated with iron and other metals.

Emulsions may be prepared using pectin in the powdered form or as a mucilage. However, the Continental (Dry Gum) method is more satisfactory and the concentration of pectin generally employed is from 1 to 2 per cent. It is often used in conjunction with acacia since it also functions as a quasi-emulsifier (auxiliary emulsifier) and lends viscosity to emulsions.

Pectin pastes are generally prepared by using hot instead of cold (room

temperature) solutions. A hot solution will allow the pectin to hydrate more quickly and evenly, and, due to decreased viscosity while hot, the paste will contain fewer air bubbles and be more transparent. Pastes prepared with cold solutions are more opaque and white in appearance.

It has been reported that the anti-septic value of a pectin paste containing 2 per cent of phenol is slightly greater than a similar concentration of phenol incorporated in a fatty ointment base.^a

A pectin type jelly base has been used in the preparation of palatable cough formulations. Also, a similar pectinized base has been included in an aqueous nose drop product. Insofar as this latter product is concerned, it is stated that the resulting increase in viscosity prevents the nose drops from running out of the nose or down the throat. It helps hold the medication where it is most needed to bring longer-lasting relief.

The following are some useful formulations containing pectin:

BISMUTH AND PAREGORIC MIXTURE

| | |
|-----------------------|------------|
| Bismuth subcarbonate | 7.50 Gm. |
| Paregoric | 50.00 ml. |
| Pectin | 1.50 Gm. |
| Sodium citrate | 0.75 Gm. |
| Cinnamon oil | 0.10 ml. |
| Alcohol | 2.00 ml. |
| Syrup | 10.00 ml. |
| Distilled water, q.s. | 100.00 ml. |

GERMICIDAL LOTION

| | |
|------------------------------------|-----------|
| Benzalkonium chloride ^b | 0.2 Gm. |
| Pectin | 1.0 Gm. |
| Wool fat | 1.0 Gm. |
| Liquid petrolatum | 12.0 ml. |
| Boric acid | 2.0 Gm. |
| Distilled water, q.s. | 100.0 ml. |

^a the agar cup-plate method recommended by F.D.A. was used to test the preparations.

^b can be replaced with Zephiran chloride

ENTHUSIASM IS CATCHING

And so is lack of enthusiasm. The retailer who is not enthusiastic or sold on his merchandise cannot help but communicate some of this feeling to his prospects. The enthusiastic retailer never has trouble with boredom and, as a result, adds to his efficiency and to his stamina.

Emerson said:—"Nothing great was ever achieved without Enthusiasm". These are famous words indeed, but perhaps the quotation to receive more favor at this time would be by William McFee, who said: "The world belongs to the enthusiast who keeps cool".

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Member
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United States and Canada

WASHABLE-GEL PASTE

| | |
|---------------------------------------|-----------|
| Pectin | 5.0 Gm. |
| Glycerin | 12.0 Gm. |
| Methyl parahydroxybenzoate | 0.1 Gm. |
| Ringer's solution ^c , q.s. | 100.0 Gm. |

The following is a list of some of the pectin-containing products which are commercially available.

ALOPCTOSE (powd, tab)
 ANDIRA (tab)
 BISMU-RHEA (tab)
 COLITONE (tab)
 CREMOMYCIN (liq)
 DIAMAGMA (liq)
 DONNAGEL (liq)
 DONNAGEL-PG (liq)
 DONNAGEL W/NEOMYCIN (liq)
 FERROMAX¹ (inj)
 FUROXONE (liq)
 GELCOMUL (liq)
 GUIAMIDE (liq)
 KAOPECTATE (liq)
 KAOPECTATE W/NEOMYCIN (liq)
 K-B-P (liq)
 KAMALOSE (liq)
 KOABIOTIC² (tab, liq)
 KECTIL (powd, liq)
 KENPECTIN (liq)
 KENPECTIN-P (liq)
 LOUKAPEC-N (liq)
 LUBISMIN (liq)
 METROPECTIN (tab)
 MUL-SED (liq)
 NEO-KOLEFAN (liq)
 NION-LAX³ (tab)
 ORAGEN³ (tab)
 PALSORB (liq)
 PAREPECTOLIN (liq)
 PECTA-DIAZINE⁴ (liq)
 PECTOCEL (liq)
 PECTO-KALIN W/NEOMYCIN (liq)
 PECTOLOID (liq)
 PEKTAMALT (liq)
 POLYMAGMA (tab, liq)
 POMACO IMPROVED (liq)
 POMALIN (liq)

^c Isotonic Solution of Three Chlorides

¹ as methoxylated polygalacturonic

² veterinary use

³ as a pectin cellulose complex

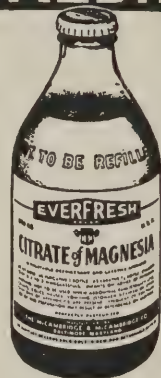
⁴ as a pectinized syrup base

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clearly the best seller*

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*In the emerald green bottle
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- sparkling "lemonade" taste
- perfectly pasteurized and manufactured under strict supervision and controls
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 SIBLIN (tab)
 SPENSIN-PS (liq)
 STREKACIN (liq)
 STREPTOMAGMA (liq)
 SULFASED (liq)
 THALAJEN (tab, liq)
 THALACTIN (liq)
 TRISULECTIN² (liq)
 VALMYCIN (tab)

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Volume 19

APRIL, 1961

No. 7

NEWS ITEMS

Frank Watkins (Calvert Drug Co.) and David Newman (City Pharmacy) have just returned from the Bahamas after several days of fishing and lounging at the Grand Bahamas Club in West End Bahamas. These two sports were winners in the Westclox "Hunt and Fish Contest" that sent thirty salesmen and dealers from the United States to the Bahamas for a five day all-expense paid vacation. We sure like to see our boys getting around this way but we can't understand what they went hunting for in the Bahamas.

Our welfare committee reports that James Allen is recovering from a recent operation. We all wish him a speedy recovery and hope to have him back with us before too long.

M.P.A. REGIONAL MEETING

T.A.M.P.A. was well represented at the M.P.A. Spring Regional Meeting held April 13th at the Turf Valley Country Club. Those who attended were

treated to several interesting discussions and excellent food and refreshments. The informality of these regional meetings allows our T.A.M.P.A. members the opportunity of getting better acquainted with the druggists and their many problems. If you have never attended one of these meetings try to make the next one. You will be glad if you do.

MONTHLY LUNCHEON

T.A.M.P.A.'s April luncheon was held on Saturday, April 15th at The Orchard Inn, Baynesville on the Joppa Road east of Towson. After a few warm up tosses at the bar and a delicious crab cake lunch those present were entertained by Chuck Thompson, who related several interesting personal experiences as a sportscaster. At the end of the meeting a number of interesting door prizes were awarded to lucky ones present. Joe Muth won the long-playing record, a real classical number for adult listening. Next month anything can happen.

The most widely accepted pediatric
vitamins are now available with
10 mg. prophylactic iron

TRI-VI-SOL[®]

VITAMIN DROPS WITH IRON

DECA-VI-SOL[®]

CHEWABLE VITAMINS WITH IRON

These two new formulations—one for infants, one for older children—are distinctive additions to the line of Vi-Sol[®] vitamins, which now provides a choice of Tri-Vi-Sol vitamin drops with and without iron and Deca-Vi-Sol chewable vitamins with and without iron. To help prevent iron deficiency anemia, "...the most common deficiency disease of infancy and childhood,"* both Tri-Vi-Sol vitamin drops with Iron and Deca-Vi-Sol chewable vitamins with Iron supply infants and children with the iron they need at the ages they need it.

| | SIZE | YOUR COST | FTM RETAIL** |
|---|---------------------|--------------|-----------------|
| TRI-VI-SOL [®] vitamin drops with Iron | bottles, 30 cc. | \$1.60 | \$2.39 |
| DECA-VI-SOL [®] chewable vitamins with Iron | bottles, 50 tab. | \$1.79 | \$2.98 |

Order these important new additions to your pediatric line from your wholesaler today.

**Mead Johnson & Company minimum resale prices established by retailer contracts under state Fair Trade Laws. In states not having Fair Trade Laws, these are suggested prices.

Note: Store Tri-Vi-Sol vitamin drops with Iron under refrigeration.

*Jacobs, I.: GP 21:93-97 (Jan.) 1960.

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Laboratories

Symbol of service in medicine

-: NEWS ITEMS :-

SPRING REGIONAL MEETING

The Spring Regional Meeting of the Maryland Pharmaceutical Association held at the Turf Valley Country Club, on April 13th was an exceptionally well attended meeting.

The morning was devoted to a meeting of the Executive Committee of the Association. Such vital matters as finances, legislation and scholarship funds were resolved. Reports were given on membership, the convention, professional relations, the Swain Seminar and the Kelly Building. After three hours of deliberations, the meeting was recessed for lunch and a date set to complete the business on the agenda.

The afternoon meeting took up matters of general Association interest. The feature was a panel presentation and discussion: "The Pharmacist's Position In The Community."

The panelists were: L. E. F. Minnich, York Pharmacist and Fellow of the American College of Apothecaries who spoke on Political Action on a community level; Earle R. Poorbaugh, Special Events Officer, Maryland Department of Economic Development whose topic was, "What The Consumer Thinks of Pharmacy;" and Solomon Liss, Member of the Baltimore City Council, whose topic was, "Community Interests." All of the talks were provocative and highlighted the importance of community civic and political participation by pharmacists. Pharmacy's public image was emphatically presented by Mr. Poorbaugh. Vice President Morgenroth served as Moderator.

The full day of activity adjourned with dinner at 6:30 P.M.

200 ATTEND SWAIN SEMINAR

The first Robert L. Swain Pharmacy Seminar sponsored by the Maryland Pharmaceutical Association and held in conjunction with the University of

Maryland School of Pharmacy was enthusiastically attended. The Seminar was held in the Health Sciences Library Auditorium on the Baltimore Campus of the University on March 23rd.

The session opened with a brief address by Dr. Swain in whose honor the annual Seminar has been established. The entire morning was devoted to two excellent presentations by Dr. John C. Krantz, Jr., Professor of Pharmacology, U. of M. School of Medicine and Dr. Albert A. Kurland, Director of Medical Research, Maryland State Department of Mental Hygiene on the history and application of Psycho Therapeutic Drugs.

The afternoon session featured speakers in government service. Samuel L. Williams, Chief Project Attorney, Bureau of Investigations, Federal Trade Commission, spoke on false advertising claims of drugs and the close liaison of the FTC with FDA.

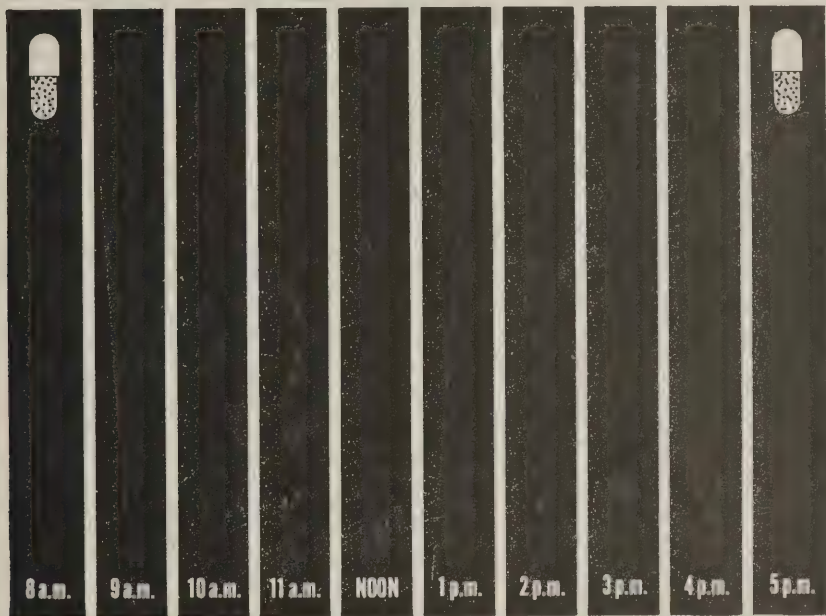
Wallace F. Janssen, Director of Public Information, Food and Drug Administration, gave an interesting talk on counterfeit and quack drug products and cures. He explained how illegal sales of dangerous drugs are a constant problem and how the FDA protects the interests of the public.

Wayland L. Speer, Assistant to the Commissioner, Legal Enforcement Section, Bureau of Narcotics, reviewed the Harrison Narcotic Act and explained the new Narcotic Regulations under the Karsten Act of 1960.

All presentations were followed by a question and answer period.

Through the Robert L. Swain Pharmacy Seminar, the Maryland Pharmaceutical Association is striving to bring to pharmacists and the allied drug industry, information of interest to all segments of the profession and the industry. Changing conditions and practices demand we keep pharmaceutically alert and informed.

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**the new long-acting form of Equanil...
the sure way to higher Rx sales**

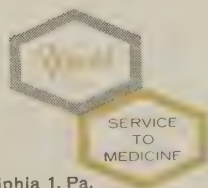
NOW there is a convenient continuous release form of EQUANIL—the most widely prescribed ataraxic—new long-acting 400-mg. capsules. The average adult daily dose is 1 capsule twice a day although a dosage range up to 2 capsules twice a day may be required by certain patients.

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- **assured** Wyeth promotion—detailing, direct mail and journal
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| WILLIAM Y. KITCHIN | A. FRANK TURNER |
| FRANCIS S. BALASSONE, | Ex-Officio |

PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

The regular meeting of the Baltimore Metropolitan Pharmaceutical Association of April 20th ran true to form. It was a meeting with a definite message.

The Camp Manufacturing Company, makers of the "A Plus" line of school supplies put on a first rate demonstration on how to profitably merchandise school supplies. Camp has a beautiful line of school supplies and offers a promotion that is geared to every type of drug store.

Meetings are planned not only to keep you up-to-date on Association and Pharmacy matters, but to also make available the tools and know-how to merchandise better and make more profit. The next meeting will be sponsored by S. F. Whitman & Sons makers of Whitman's Candies. By attending all meetings you will become a specialist in each department.

I know you will be pleased to learn that Governor Tawes signed House Bill 952 which makes it illegal to advertise prescription or legend drugs to the general public. The entire legislative program effecting Pharmacy will be reviewed in the next issue of the Maryland Pharmacist.

Again, I want to remind you of the Maryland Pharmaceutical Association Convention in Atlantic City, July 3, 4, 5, 6, 1961. This is a good time of the year to get away for a few days of relaxation and fun. Make plans to attend.

Sincerely,

SAM A. GOLDSTEIN
 President

“I’d go out
for some Kaopectate,
Helen, but
it’s two o’clock in
the morning.”



Perhaps next time you'll have a chance to sell the larger bottle—or, better yet, a second bottle, against future emergencies. You can help to convince your customer by pointing out that four out of five doctors routinely recommend Kaopectate for simple diarrhea.

Supplied in 6 fl. oz. and 10 fl. oz. bottles
Each fluidounce contains:

Kaolin 90 gr.
Pectin 2 gr.
In an agreeable, pleasant-tasting liquid.

Upjohn 75th year

Kaopectate
Trademark, Reg. U.S. Pat. Off.

THE UPJOHN COMPANY, KALAMAZOO, MICHIGAN

CONVENTION RESOLUTIONS

Resolutions to be presented at the Annual Convention of the Maryland Pharmaceutical Associations should be in the hands of the Resolutions Committee in advance of the Annual Meeting of the Association.

This is necessary so that resolutions may be properly considered and presented in good form.

Submit all resolutions to Dr. Noel E. Foss, Chairman; Simon Solomon, Co-Chairman; or the members of the Resolutions Committee: Aaron M. Libowitz, Max M. Zervitz, Howard L. Gordy, Morris R. Yaffe, Herman B. Drukman, James A. I. Parker, Morton J. Schnaper, Walter E. Albrecht, John F. Neutze, Frank L. Black, John F. Wannenwetsch, Francis S. Balassone, and Frank Block.

ALPHA ZETA OMEGA DRUG SHOW

The AZO Fraternity held its Annual Drug Show at the fraternity house on the evening of April 9th.

The guest speaker was Dr. Sylvan Shane. His topic was: Personal Impressions on the Soviet Union.

UNIFORM CIGARETTE TAX

The 1961 Session of the Maryland Legislature passed a uniform Cigarette Tax measure of six cents per package. The tax of 6c will apply throughout the state. Governor Tawes signed the bill which will become effective on July 1st.

Also, on June 1st, the 3% Sales Tax will apply to purchases beginning at 25c. In order to avoid charging a tax on a tax, you may post a schedule of cigarette prices showing the base price of each package of cigarettes plus the tax charged.

If you follow this procedure you can avoid charging the Sales Tax on single packages, and reduce the Sales Tax on multiple packages. Check with your cigarette supplier for complete details.

Robins

APRIL CHECK LIST

Tear out for a handy check of your current stock of these Robins products that are receiving special promotion in your area THIS MONTH

Dimetane[®]

Tab. 100's Tab. 500's Extentabs 100's Extentabs 500's
 Elix. 16 oz. Elix. Gal.

Donnazyme[®]

Tab. 100's Tab. 500's

Entozyme[®]

Tab. 100's Tab. 500's

Allbee[®] with C

Cap. 100's Cap. 500's Cap. 1000's

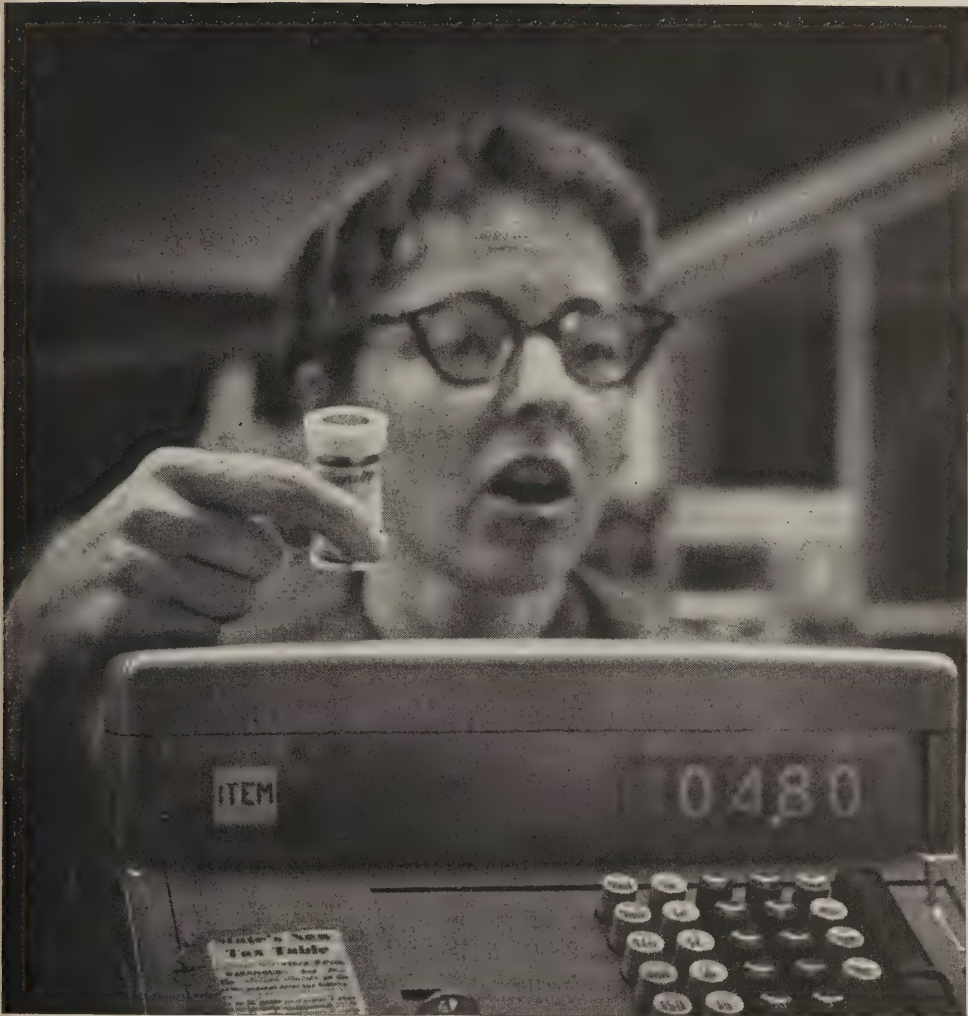
Donnatal[®]

Tab. 100's Tab. 500's Tab. 1000's
 Cap. 100's Cap. 500's Cap. 1000's
 Elix. 16 oz. Elix. 1 gal. Extentabs 100's Extentabs 500's



Why not check your stock of all Robins products at the same time — and be prepared

A. H. ROBINS CO., INC., RICHMOND 20, VA.



“\$4.80 for 10 little pills?”

For the moment, young Mrs. Brown has forgotten her Jimmy's serious illness and all the worry it has caused. She's remembering what she's heard about the "high cost" of drugs, and unpleasant thoughts are crossing her mind.

What Mrs. Brown is thinking is as important to you as it is to the people behind you that she never sees. Her misconceptions are damaging to us all.

When she presents you with an opportunity like this, won't you take a few minutes to set the record straight? You'll be rendering a valuable service to *all* those who develop, produce, distribute and dispense the little pills that help make the little Browns well.

Smith Kline & French Laboratories, Philadelphia

FOR DRUG FIXTURES THAT SELL DRUGS

BERNHEIM - SIEGEL CORPORATION

401 E. PRICE STREET

PHILADELPHIA 44, PENNSYLVANIA

MODERNIZE
FOR
FULL
PROFIT
POTENTIAL

INFORMATION WITHOUT OBLIGATION

DISTRIBUTED THRU

THE HENRY B. GILPIN COMPANY

BALTIMORE - WASHINGTON - NORFOLK

NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarly wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

Call or write for a free demonstration:

Stewart In-Fra-Red Commissary

360 SOUTH DUKELAND STREET

BALTIMORE 23, MARYLAND

CEnter 3-9110

NPC PROPOSES MODEL DRUG COUNTERFEITING LAW

A model drug counterfeiting law, designed as a result of a survey of laws in the fifty states, was presented for consideration to the second session of the fifty-seventh annual convention of the National Association of Boards of Pharmacy meeting at the Hotel Sherman. The model drug counterfeiting laws was described in an address on "Drug Counterfeiting and State Laws" by William E. Woods, Assistant to the Executive Vice President of the National Pharmaceutical Council of New York City. The N.A.B.P. convention sessions were part of the 108th annual convention of the American Pharmaceutical Association, held at the Hotel Sherman.

Mr. Woods, whose organization represents 21 manufacturers of drugs used for prescription purposes, said that very few state pharmacy laws specifically mention drug counterfeiting. He said that some of the general criminal statutes of the various states have provisions which might prohibit drug counterfeiting, and also that some sections of the pharmacy laws possibly could be interpreted to apply to certain aspects of drug counterfeiting.

The speaker explained that as a result of the survey of the state laws, and in view of the many problems which would arise in attempting to deal with counterfeit drugs under existing legislation, a model drug counterfeiting law had been drafted by the N.P.C. and that it was being presented for consideration by the Boards of Pharmacy of the various states.

The N.A.B.P. delegates were told that one of the primary aims of the manufacturers' organization is to maintain public confidence in the drug distribution systems without damaging in any way the good name of the pharmacy profession. Mr. Woods said that the proposal should enable enforcement authorities to deal effectively with all kinds of drug counterfeiters, regard-

**SPOTLIGHT
PRODUCT OF
THE MONTH**

SHULTON BRONZE TAN

Featured in all B.M.P.A. Stores

WITH

Dial 123 Live Radio

less of where they are operating—the manufacturing wholesaling, retailing, or peddling levels. The speaker declared that the existence of such legislation providing criminal penalties will definitely deter the "fast-buck operator" who thinks that civil litigation is the worst that can happen to him.

The model drug counterfeiting law proposed by the N.P.C. in substance prohibits the following acts:

1. Placing upon any drug or container with intent to defraud, the trademark, or trade name of another, or
2. Selling or possession of any drug with knowledge that the trademark or trade name of another has been placed thereon, or
3. Making, selling, or possession with intent to defraud, any punch, die, or plate designed to imprint or reproduce the trademark of another.

Annual Graduation
BANQUET and DANCE

of the

ALUMNI ASSOCIATION
University Of Maryland School Of Pharmacy

U. of M. BALTIMORE UNION BUILDING
621 West Lombard Street

Thursday, June 8, 1961—7:30 P.M.

LOUIS E. KAZIN, Editor, Drug Topics
Will Address the 1961 Graduating Class of the School of Pharmacy

The Honored Alumnus Award Will Be
Presented to Joseph Cohen, Class of '29

Dancing To The Scintilating Music of Sid Cowen

Join Friends and Classmates For An Enjoyable Evening

**TICKETS: \$6.50 per person at the U. of M. School of
Pharmacy, 636 West Lombard Street**

WORKING-LIFE EXPECTANCY RISES BY ONE-THIRD SINCE 1900

One of the most important results of medical progress in this century has been a large increase in the average American's working-life expectancy, Health Information Foundation reported.

In the April issue of its monthly statistical bulletin, *Progress in Health Services*, the Foundation pointed out that an American male baby born in 1958 had a working-life expectancy of 42.3 years—11.2 years over the comparable figure for a baby born in the 1900-02 period.

In terms of manpower potential, the H.I.F. report stated, "a group of 100,000 males born in 1900-02 could expect to put in average of 3,106,000 man-years of work during their lives. By 1939-41 the comparable figure was 3,815,000 man-years, and by 1958 it was 4,228,000. Thus the working-life expectancy in man-years of a group of 100,000 male infants has risen by over 1 million since 1900-02, or by about one-third."

Not only do American males today have a longer working lifetime, but they can also expect to spend more years *outside* the labor force, the Foundation stressed. The average number of non-working years for males increased from 16.8 in 1900-02 to 24.1 in 1958.

Young men now enter the labor force more than two years later, on the average, than was true at the turn of the century. And during the same period retirement-life expectancy has more than doubled—from 2.7 years for a 20-year old male in 1900 to 6.3 years in 1958.

According to the Foundation, the increases in both working and non-working years are part of a larger trend—the "remarkable increase in life expectancy" (or expectation of life from birth to death). Life expectancy for males at birth rose from 47.9 years

THE SOFT SELL

Abbotts Ice Cream is as "soft"—as easy—to sell as it is for a youngster to get hungry between meals.

Why so sell-able? Freshness of ingredient and just right-ness of flavor let ice cream lovers know they're buying the very best. What good does this do? They come back for more and increase your sales as fast as bunny rabbits.



ABBOTTS DAIRIES, INC.

45 S. CATHERINE ST.

Baltimore, Md.

CEnter 3-4000

**NEW! Easy
to sell**

**NOW!
PEPSI
NO-DEPOSIT
NO-RETURN
HALF-QUARTS!**

Pepsi is also available in cartons of six 12-oz. bottles and the large family size. Returnable Bottles.



**CHECK WITH YOUR DRIVER-
SALESMAN OR PHONE
LE. 9-7171**

Bottled by PEPSI-COLA Bottling Co. of Baltimore
Under appointment from Pepsi-Cola Co., N.Y., N.Y.

McDOWELL, PYLE & CO., INC.

(Est. 1892)

Exclusive Distributor of



"THE CANDY OF EXCELLENCE"

NATIONALLY ADVERTISED

LExington 9-4987, 9-4988, 9-4989

221-23 W. PRATT ST.

BALTIMORE 1, MD.

in 1900-02 to 66.4 in 1958, or by 18.5 years. The effect of this increase has been to add years not only for work but also for additional education and retirement.

The working-life expectancy of American females has also increased sharply in this century, from an average of 6.9 years at birth in 1900-02 to 19.9 years in 1958. This trend, said the Foundation, has been largely due to two factors: a substantial rise in the proportion of women who work and, to a lesser extent, a decline in mortality.

Longer working-life expectancy "has been of basic importance in increasing both national and personal income," commented George Bugbee, Foundation

President. "The non-productive or dependent years today are no greater as a proportion of total life expectancy than was true in 1900. Because of the increased number of employed women, the number of non-working years by men and women as a proportion of total years of life has actually decreased. By these measures the time for education of the young and retired leisure for older people, while longer today than in 1900, is less of a drain on income during employed years.

"Added work years are one dramatic result of better and wiser use of medical care," he added. "The opportunity remains for further improvement as the public takes greater advantage of modern health services."



WORTH HEEDING!

TAKE AN EXTRA SALE

every 900 calorie dieter

MELOZETS®

Methylcellulose Wafers

es bulk, needed by people on 900 calorie
es and other weight reduction programs.
es the appetite, promotes normal bowel
n. Backed by heavy professional promotion.



BONUS OFFER, 1 FREE WITH 11

Starts April 1, Ends July 31

| | |
|-------------------------|----------------------|
| Original Price @ \$1.35 | \$16.20/doz. |
| Regular Cost | 10.80/doz. |
| Cost with Bonus | 9.90/doz. |
| OUR PROFIT WITH BONUS | \$6.30/doz. = 39% |

or profitable consumer products, prescription chemicals
and narcotics — **CALL YOUR MERCK WHOLESALER**



CONSUMER PRODUCTS DEPT.
MERCK & CO., INC. • RAHWAY, NEW JERSEY

DELAWARE

Smith, Kline & French, Inc.
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DISTRICT OF COLUMBIA

District Wholesale Drug Co. Washington 1
The Henry B. Gilpin Co. Washington 3
The Washington Wholesale Drug Exchange Washington 2

MARYLAND

Calvert Drug Co. Baltimore 18
The Henry B. Gilpin Co. Baltimore 3
Loewy Drug Co., Inc. Baltimore 13
Muth Brothers & Co. Baltimore 3

PENNSYLVANIA

Lancaster Drug Co. Lancaster

NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST GET . . .



MU lberry 5-3800

**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

DISTRIBUTORS

Baltimore — Hagerstown — Washington

SMALL PHARMACY ADVERTISING

Opportunities for advertising are more numerous for small pharmacies than a great many owners realize. This is because too many store managers and proprietors have a narrow view of what advertising consists of.

To begin with, the most basic advertising any pharmacy can do is the arranging of in-store selling displays. Through this medium a store capitalizes on the enormous national promotion investment made by manufacturers. A display is the final reminder to customers to buy. How attractively the merchandise is arranged is often the key to how well the product sells. While random stacking is better than nothing, the expert merchandiser takes a number of factors into consideration. Among the more important items to check off are: the location of the display; current national advertising behind the product; supporting display materials from the manufacturer; accessibility including the ease with which the product can be removed from the pile (too tricky displays discourage buyers because they're often afraid they'll cause the rest of the merchandise to topple over); and, of course, is it a product that is going to have repeat demand when it returns to its normal shelf position? A display should work like a pump that starts sales flowing and not as a syringe for one-shot promotions.

Another way in-store displays can work as advertising is when they are utilized to show-off the character of a store. They can vary from window to counter to wall. Ethical products, cosmetics, proprietaries, etc., can all be arranged to indicate the breadth of stock and the emphasis the store places on each group. These aren't mass displays, nor are they intended to promote immediate sales, though they often do. If your store is small, but still departmentalized, it is a good idea to place these displays in departments other than the one they represent. For instance, if you have a fountain with

**SPOTLIGHT
PRODUCT OF
THE MONTH**

KOOL CIGARETTES

Featured in all BMPA Stores

WITH
Dial 123 Live Radio

a good looking back bar, you can set up the most attractive packages from your cosmetic section on a shelf where women will see them and be reminded that you carry the advertised lines they want. Other product lines are equally interchangeable and provide a way to advertise the goods you sell.

Windows, in older stores particularly, present the toughest display problem, yet they are in all probability the best in-store advertising opportunity small pharmacies have.

The stores that are satisfied to get along with stretched crepe paper and third-rate cardboard point-of-sale pieces can't possibly hope to enthrall window shoppers or casual passers-by about the products that are for sale inside. In fact, a weary approach to window decor casts a shadow on the most important facet of all, the prescription department. It's as bad as a doctor's waiting room with dirty ash trays and broken-down furniture.

If you have difficult windows, it

The
Burrough Bros.
MANUFACTURING CO.
Quality
Pharmaceuticals
Since 1863
123 MARKET PLACE
BALTIMORE 2, MD.



meet
TAKE-ALONG
Hassidy, pardner

This drug store cowboy is one reason your Austin stocks sell out so fast. Folks take along a package or two — back to the office, or for the trip in the car. A husky supply of Austin varieties pays off in fast turnover, repeat business, more profit! (Customer satisfaction, too.)



Austin's®

Peanut Butter Sandwiches
Cookies & Snack Varieties

Austin's
Box 1936
Balto. 3, Md.

Tell them you saw it in "The Maryland Pharmacist"

might pay you to call a local decorator and spend some money having them renovated. Remember, the exterior speaks the interior. As for the material you use to build your actual displays with, if you have neither the time nor the inclination to do the job yourself, get someone who wants to do it. Be sure that the finished job, whatever is done, is easy to clean and in character with the store. If there are store windows around town that you admire, find out who did them and don't be afraid to pay a few dollars to an expert. Or even put a good one under contract for a once-a-month installation. Again, let us stress we are not talking about the hacks with stapling guns and paper. We're talking about decorators who treat store windows as three-dimensional advertisements.

Another advertising opportunity you have is as obvious as the label on a prescription . . . because that's exactly what it is. Stock labels printed at a stationer's are certainly serviceable. They tell the user how to use the medication, they provide room for a serial number and the name of your store. They could do a lot more, however. A label with a striking design can convey a subtle impression. It can do many things besides simply identifying the contents, prescribing physician and directions. Why not call an art studio and talk to an expert in design? It will cost you anywhere from \$100 to \$200 to have a unique label designed, but the investment will be worth that amount many times over. Do it and people will have a really forcefully reminder of your store every time they open their medicine cabinet.

Other chances to advertise are all about you. Are your statement stuffers well thought out? Have you kept your store renovated and decorated on a regular schedule? Has it ever occurred to you to send a get-well card to an old and valued customer who you know is ill? Public relations; advertising, promotion, call it what you will—it's all selling your store and services.

If you're doing the best with what you have, don't worry about bigger stores with radio programs, weekly newspaper schedules and TV spots. Your pharmacy can be made important by doing whatever you do well, by giving it character and dignity . . . by "advertising it with the opportunities at hand."

*Ladies Home Journal
of Drug Merchandising*

FREE . . . AUTOMATIC PROFIT CHART FOR OUR READERS

Precision Equipment Co. has announced production of an automatic profit chart . . . a device every businessman needs. This new invention provides a means of figuring profits or establishing a selling price speedily and accurately.

Operation of the chart is extremely simple. For example: If you buy an item at \$7.50 per dozen and wish to figure the selling price each, at a profit of 40%, you merely pull an inner tab up until \$7.50 appears under the column heading "Cost per dozen". You will instantly find your answer "\$1.04", under the column heading 40%. Similarly, if you wish to figure profit on your cost instead of selling price, the operation is just that simple . . . results are accurate. Complete instructions are included with each chart.

For your free Profit Chart write on your business letterhead to Precision Equipment Co., 4411 N. Ravenswood Ave., Chicago 40, Illinois, and be sure to mention the name of this magazine. To those of our readers who do not qualify as a business executive to receive a free profit chart, Precision Equipment Co. will be pleased to send one for 50c.

**PATRONIZE
OUR ADVERTISERS
THEY ARE OUR FRIENDS**

THE CHARMCRAFT
GREETING CARD SECRET

better profits



*unmatched delivery schedules
and reliability for
Maryland Pharmacists*

Top profits from greeting cards depend first of all on having the cards you need when you need them. That's the CharmCraft secret—personalized delivery schedules to meet every need.

But it's not the whole CharmCraft story. CharmCraft means an exhaustive collection of truly imaginative greeting cards housed in the most eye-appealing cabinets and advertised nationally. It all adds up to top profits with less work and bother for you—a mighty pleasant combination.

CharmCraft Publishers
OF WASHINGTON

CARDS FOR ALL OCCASIONS

3132 M STREET, N. W., WASHINGTON 7, D. C.

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BALTIMORE: VErnon 7-4213

ADVERTISED IN
LIFE

To learn more about the advantages
of becoming a CharmCraft dealer,
drop us a line today.



HOSPITAL PHARMACY SYMPOSIUM

The Maryland Association of Hospital Pharmacists held a Symposium at Maria's Restaurant on April 15th.

The "price" of admission was unique: a copy of any old pharmaceutical reference book to be donated to Project Hope. The Symposium sponsored in cooperation with Lederle Laboratories, was well attended.

The program included a selected topic talk by George White, Regional Manager, Lederle Laboratories; Monganga, a medical missionary film on the Belgian Congo; and a panel discussion on Pharmacy Service and Central Sterile Supply. The panelists were: Milton W. Skolaut, NIH; Martha Thomlinson, R.N., Johns Hopkins Hospital; and Edward H. Morolian, University Hospital. E. W. Nollau, President, Maryland Association of Hospital Pharmacists presided.

DRUG STORE CHANGES

The following are changes in drug stores for March:

Changed to Corporation

Chelsea Pharmacy, Inc., 3801 Woodhaven Avenue, Baltimore 16, Maryland—Benjamin Yevzeroff, Pres.

Seechuk Pharmacy, Inc., 5814 Belair Road, Baltimore 6, Maryland—William W. Seechuk, Pres., Formerly: William W. Seechuk.

Jerex, Inc., T/A Rockville Drugs, 214 East Montgomery Ave., Rockville, Maryland—Joel Shulman, Pres., & Treas., Formerly: Joel Shulman & Arnold Moss, partners.

Out of Business

Mondawmin Drug Co., Inc., Edgar M. Silberg, Pres., 2441 Reisterstown Road, Baltimore 17, Maryland.

Insects -- Termites -- Rodents

"Call The  Rose Man"

Saratoga 7-6118

Serving for

100

Years

ROSE

EXTERMINATOR CO.

Since  1860

WISE PROTECTION

Always Dependable

Tell them you saw it in "The Maryland Pharmacist"

Fountain Customers Appreciate



Sweetheart

SANITARY WRAPPED

Straws

Protecting your customers' health is your duty. Sweetheart Sanitary Wrapped Drinking Straws afford this necessary protection and your customers will show their appreciation through increased patronization. No extra charge for your "Personalized" advertising imprinted on wrappers.

*If Your Wholesaler Can't Supply You,
Write or Phone:*

MARYLAND PAPER PRODUCTS COMPANY
1100 South Eutaw Street - - - Baltimore, Md.

*The
Sign of
"A Thoughtful Store"*

crowd pleasers a la Lance!



More people prefer and buy tasty Lance snacks than any other brand. And no wonder . . . they're always fresh and there's a wide variety to choose from.

Please your crowd. Display Lance.

LANCE

Charlotte,
North Carolina

Headquarters for

**HOOVEN LETTERS
ROBOTYPED LETTERS
LYKA TYPED LETTERS
MONOCAST LETTERS
PRINTING
PHOTO-OFFSET PRINTING
MULTIGRAPHING
MIMEOGRAPHING
MAILING**

call

MULberry 5-3232, 33, 34

SARatoga 7-5172, 73

D. Stuart Webb
ADVERTISING SERVICES, INC.

306 N. GAY STREET

Baltimore 2, Maryland

**"Over 55 Years Service To
Baltimore Druggists"**

Trojans
Guardians
Lambskins-Wet
Dr. West's Toothbrushes
Davol Rubber Goods
Ace Hard Rubber Combs
Ajax Hard Rubber Combs
Devilbiss Atomizers
Camp Stationery
Lacross Manicure Implements
Millers Forge Manicure Implements
Jones Enamelware
Gillette, Gem, Razors and Blades
Schick Blades and Razors
Eaton High Grade Stationery
Becton Dickinson Products
Kotex, Kleenex, Modess, Yes
Tampax
Doeskin Products
Foster Forbes Glassware
American Thermos Bottles
Sheiks-Ramses

Miller Drug Sundry Co.
105 W. Redwood Street
Baltimore 1, Maryland

8 GOOD REASONS

Why You should Buy Your Pharmaceutical Needs from

NATIONAL

- 1 — Highest Quality
- 2 — Quick Service
- 3 — Right Prices
- 4 — No Freight Problems
- 5 — No Minimum Order Required
(Greater Baltimore and Washington)
- 6 — Free Advice on Private Formulae
Packaging and Labeling Problems
- 7 — 100% Support to Local and State
Organizations
- 8 — WE WANT YOUR BUSINESS!

Call Lou Rockman FO. 7-6416

Bernie Ulman VA. 3-9135

NATIONAL PHARMACEUTICAL MFG. CO.

Manufacturers of Fine Pharmaceuticals for over 42 years

314 LIGHT STREET

MULberry 5-4065

BALTIMORE 2, MD.

FDA COUNTERFEIT DRUG SURVEY

The Food and Drug Administration has released the results of its nationwide investigation of drug counterfeiting.

Almost 2,700 samples were collected from 900 drug stores selected at random between January 24, 1961 and March 30, 1961. Of these samples, 9 samples from 9 stores were found to be counterfeit. Six drugs were selected for sampling, all of them known from previous experience to have been counterfeited.

Commissioner of Food and Drugs George P. Larrick said that all of the counterfeits whose origin has thus far been determined, came from the General Pharmacal Co., Inc., Hoboken, N.J. Commenting on the results of FDA's investigation Commissioner Larrick said:

"Counterfeiting of new and potent drugs has been a recurrent problem of varying intensity for years. Our legal actions in this field date back to 1951. Because of the economic incentive and the lure of easy profits, the problem will recur.

"However, it has been and still is our view that the facts to date do not warrant disturbing sick people about the quality of the medications they have been taking. The survey results support this conclusion and indicate that the vast majority of our drugs are authentic. Still, the origin of counterfeits and the possibility that they have not been properly manufactured leaves us no room for apathy or complacency.

"Potentially, the problem is an explosive one and unless constant vigilance is maintained by law enforcing officials and tough enforcement pressure constantly applied, the problem could get out of hand to the detriment of public health and welfare. We have directed and are directing every available resource to the task of putting this racket out of business and to that end are planning a continuing, broad investigation.

"Marketing of counterfeit drugs is a

bootleg operation easily detected by the retail pharmacist. I again urge, as I did last October, that retailers insist upon receiving drugs only in original, sealed, manufacturer's packaging. The racket could not exist without the cooperation of unethical druggists."

Selective coverage of suspected retailers, which is still in progress, has revealed that 59 out of 1,020 samples, or 5.8 percent collected were counterfeit. Most of them came from General Pharmacal.

In addition to those surveys, a special random survey of Washington, D. C., drug stores was conducted. A total of 293 samples of the same drugs were collected at 100 stores. All proved to be authentic.

Of 91 analyses of counterfeit drug samples to date, 14 samples were found to be slightly below standards of potency generally required of such drugs and two were substantially below this standard (73% and 76% of the declared potency of the genuine products).

A counterfeit drug is a drug which is manufactured for the specific purpose of being passed to—and by—the retailer when filling prescriptions as the product of another manufacturer. The great danger is that critically important medications do not pass through the safety clearance or manufacturing control procedures necessary to assure compliance with the Federal Food, Drug and Cosmetic Act and, therefore, there can be no assurance that they contain the kind or amount of the drug supposed to be present.

Counterfeit drugs are made in precise simulation of well known trademarked and usually patented prescription items in great demand. The simulation extends even to the use of the same monograms appearing on the genuine and is so close that differences are discernable only by microscopic and chemical examination. Counterfeits are generally sold unlabeled, often in paper or pliofilm bags or in partially filled bottles. The distribution is always surreptitious.

NOW

**Is The Time To Make Your Reservation
for the**

79th ANNUAL CONVENTION

MARYLAND PHARMACEUTICAL ASSOCIATION

in conjunction with

T.A.M.P.A. and L.A.M.P.A.

SHELBURNE HOTEL

ATLANTIC CITY, NEW JERSEY

July 3, 4, 5, 6, 1961

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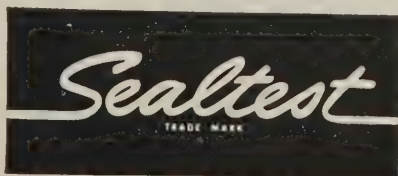
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Sealtest Ice Cream

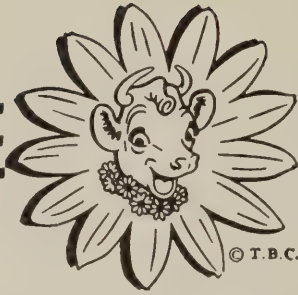
Begin with ice cream . . . *everyone* loves it. Make it Sealtest, and you're in. That's because customers just naturally cluster wherever Sealtest ice cream is displayed and sold. Not only do they go for Sealtest's extra special flavors, but they make everyday specials out of those perennial favorites like Sealtest vanilla, chocolate or strawberry. Remember, too, Sealtest ice cream is nationally advertised. It's pre-sold which means it turns over faster, brings in the profits faster. Sell the ice cream that's always "something special." Sealtest!



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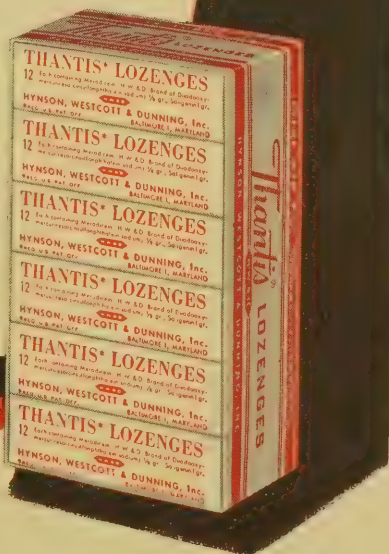
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79th Holiday Convention

MARYLAND PHARMACEUTICAL ASSOCIATION

SHELBURNE HOTEL

ATLANTIC CITY, NEW JERSEY

July 3, 4, 5, 6, 1961

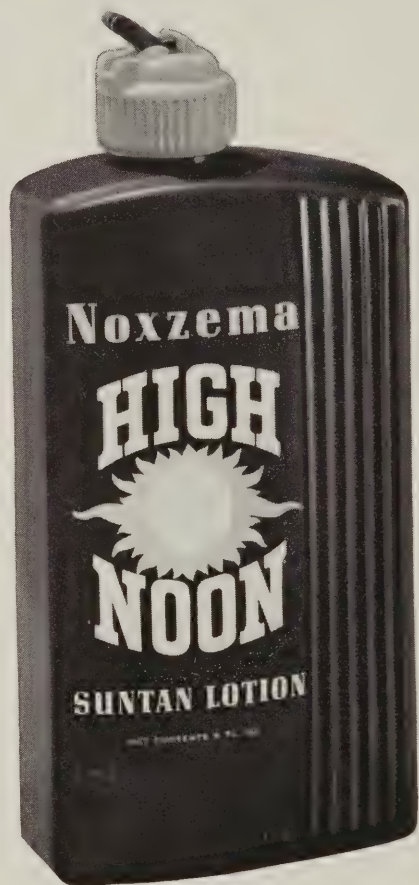
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Volume XXXVII

MAY, 1961

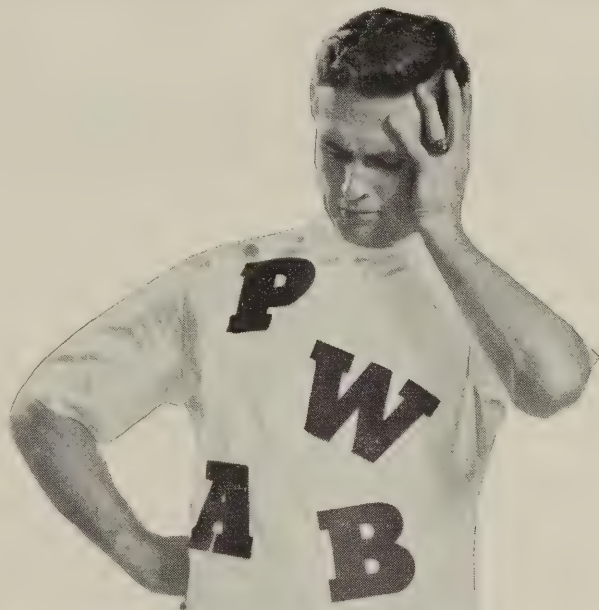
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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

MAY, 1961

No. 8

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... Editorial ...

THE HOLIDAY CONVENTION

The Maryland Pharmaceutical Association will hold its 79th Annual Convention at the Shelburne Hotel, Atlantic City, New Jersey, July 3, 4, 5, 6, 1961, with privileges of checking-in on Sunday July 2nd.

In planning its conventions, the Association takes many things into consideration. Painsstaking hours are devoted to details. Locale, accommodations and comfort are given prime attention. The Shelburne Hotel certainly offers these requirements. This is the reason it has been chosen again for the third time as a Convention site.

The Program Committee, with the advice of President Goldfeder and General Chairman Levin, and working in conjunction with all other committees, has arranged what it sincerely believes to be the perfect convention program. The most important facet of the Maryland Pharmaceutical Association Convention is its business and speaking program. By attending the 1961 Convention, you will obtain first hand information on what is transpiring pharmaceutically, not only in your own State of Maryland, but throughout the entire United States. By being there to hear and discuss, you will benefit individually and your own enterprise will reflect progress through the knowledge you will have gained.

Two days of streamlined speaking programs have been scheduled. The programs will include legislation both state and national, Medical Care for the Aged, Welfare Programs, Prepaid Prescription Insurance, Generic Drugs, the new Fair Competitive Practices Bill and plans for Small Business. All of these topics are extremely important in considering the future of Pharmacy. The information you will receive will prove to be invaluable to you personally. There will be ample opportunity to discuss matters that do not appear on

the formal program. You are encouraged to participate in the entire business proceedings of the Convention.

You will hear committee reports, giving an insight as to the workings of the Association throughout the year. Reports will be given by the Maryland State Board of Pharmacy and the School of Pharmacy of the University of Maryland. You will have an opportunity, as a member of the Maryland Pharmaceutical Association, to participate in business meetings; consider resolutions and policy of the Association; take part in nomination and election of officers, and to the State Board of Pharmacy.

We realize of course, that all work and no play will make "Doc" a dull boy. So with this in mind, an excellent program of entertainment has been arranged to follow all business sessions during the afternoons and evenings of the Convention. In fact, business sessions will adjourn at 2:00 P.M. each day except Monday, which will be the only afternoon meeting. Afternoons and evenings will be devoted to entertainment and relaxation.

The festivities of the Holiday Convention will conclude with a sumptuous Banquet on Thursday, July 6th. Several major prizes will be drawn at the Banquet which is included in the daily rate if you are registered until Friday, July 7th.

Special features have been provided for both the Ladies and Travelers Auxiliaries of the Maryland Pharmaceutical Association.

Those who have worked hard on the Convention with conscientious and unselfish vigor, realize that nothing is perfect. However, they have put forth their best efforts to put together a professionally educational and entertaining Convention. Won't you respond by being present and participating in the planned events? Remember, this is YOUR Convention.

“I’d go out
for some Kaopectate,
Helen, but
it’s two o’clock in
the morning.”



Perhaps next time you’ll have a chance to sell the larger bottle—or, better yet, a second bottle, against future emergencies. You can help to convince your customer by pointing out that four out of five doctors routinely recommend Kaopectate for simple diarrhea.

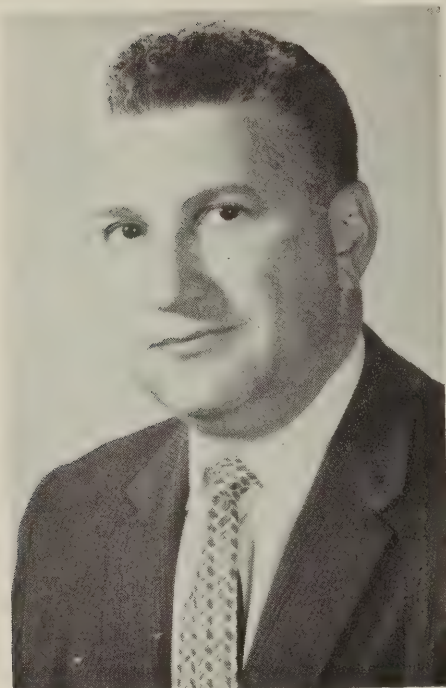
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PRESIDENT'S MESSAGE



HAROLD M. GOLDFEDER

Dear Fellow Pharmacists:

I hope by the time you read this message, you will have already made your arrangements to attend the gala Holiday Convention of the Maryland Pharmaceutical Association to be held at the Shelburne Hotel, Atlantic City, New Jersey, July 3, 4, 5, 6. If not do it today, there is still time to make reservations.

The unusual time of the Convention gives you an excellent opportunity to plan a family holiday. Friends are also welcome to attend. Every consideration will be given to fulfilling your accommodation requests.

I am confident the programs arranged by the committees, under General Chair-

man Norman Levin and Secretary Joseph Cohen, will be both enlightening as well as entertaining. The business and speaking sessions have been planned in such a way so that they will be informative no matter what your interest in Pharmacy may happen to be. I am sure the social functions, measured by past standards, will afford you many hours of unforgettable pleasure.

Having served as your President the past year, and before that, as a line officer and committeeman for several years, in retrospect I feel that much has transpired and much has been accomplished in Pharmacy in Maryland.

I do not propose to take credit for these accomplishments. Many, through unselfish devotion to the cause of Pharmacy may lay partial claim to what good has been accomplished. However, I am both grateful and proud of the opportunity I had and the cooperation I received as President in serving Pharmacy.

I am looking forward to the Convention as the climax of this phase of service. I do not intend to "retire" from association activity just because I have been privileged to have served you as President. Pharmacy is my life and as long as I live I shall be devoted to it.

I hope I will have the opportunity to personally welcome and greet you at the Convention.

Cordially,

Harold M. Goldfeder
President

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OUR ADVERTISERS
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BEST WISHES

TO

The Maryland Pharmaceutical Association

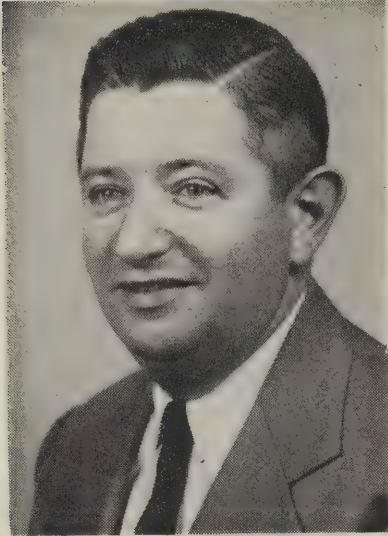
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A MESSAGE FROM THE GENERAL CHAIRMAN OF THE CONVENTION



NORMAN J. LEVIN

The 79th Annual Convention of the Maryland Pharmaceutical Association will be held again this year at the "Fabulous Shelburne," Atlantic City, New Jersey, on July 3, 4, 5, & 6, 1961.

This is the first time our association has held the convention over the Fourth of July holiday and it affords us an opportunity to explore new areas of social activities for your enjoyment.

Although the time the place and the social program should be adequate reason for your attendance, pharmacy has many grave problems that require your attention.

Pharmacists are being attacked in Arizona, California, Idaho and Utah. Our professional status is at stake in the Federal Courts. The grocery chains and discount stores seem hell-bent on entering the retail drug field by purchasing existing chains or by establishing prescription departments in their present stores.

Details of the business meetings and entertainment can be found elsewhere in this journal. It will be to your advantage to attend this Convention and

hear the message which our speakers have to present.

We need your support in the association and at the convention. We need an expression of your ideas and you need to be informed about these and the many other problems of our profession. Won't you please attend?

"LAMPA" and "TAMPA" will hold their annual meetings and are very busy completing their convention plans for your enjoyment.

As general chairman of the Convention, I wish to thank the entire Convention Committee, President Harold M. Goldfeder and Secretary Joseph Cohen for their sincere efforts in planning this Convention. I would also like to thank the members of the various committees, and T.A.M.P.A. and L.A.M.P.A. for their cooperation.

Looking forward to seeing you all at "The Shelburne"!

NORMAN J. LEVIN
General Chairman

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Be **Insured** Against Them!!!!
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IT WON'T BE LONG BEFORE CONVENTION TIME!

What is a Convention?

The remarks are often made "Why hold a Convention?" "What good do they do?" and "Why bother attending?"

A Convention is our democratic way of doing business, and the representatives you have appointed report on the work they have done for you during the year.

Some say Conventions are too dry and everything is pre-arranged. Conventions are what you make them . . . and you get out of them just what you put in. If you are interested in the work of your Association you are interested in the reports presented by your representatives. These reports are presented so that you may know what your officers are doing. If you agree with them you accept the reports. If you disagree with what has been done you ask questions and find out why these things were done. With the explanation you are usually told of the many details that are dealt with by your officials before they act on any matter, and on nearly every occasion the explanation is accepted.

Conventions are necessary. It is the only way your officials can openly tell you how they are functioning. Some say Conventions are unnecessary . . . but if you don't hold Conventions (or Annual Meetings) the critics would be the first to say you are undemocratic and are not letting them know what is going on.

There are three classes of people in most Organizations.

1. Those who attend Meetings.
2. Those who do not attend but have faith in the officials they appoint.
3. Those who do not attend, but are critical.

Conventions are held so that members can hear and see what is going on. It is the open door of an organization, but unfortunately too many people prefer not to go through the door.

Conventions will always be a part of our democratic system and as our system functions we will always have those who will attend and those who stay away. We will also have those who are workers and those who prefer to criticize. A Democracy gives them that privilege. Conventions, therefore, are necessary, so why not M.P.A.—TAMPA and LAMPA members plan to attend the **79th Annual Convention of the M.P.A.—July 3, 4, 5, 6, 1961—Shelburne Hotel, Atlantic City, New Jersey.**

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**PRESIDENT'S MESSAGE
LADIES AUXILIARY MARYLAND
PHARMACEUTICAL ASSOCIATION**



ETHEL LEE RAICHLEN

Dear Members,

I accepted the presidency of the Ladies Auxiliary with some misgivings, not because I was not grateful for the honor bestowed upon me, but because I felt perfection had been achieved and I did not want to impair what had been established by those who preceded me. Now that my year is coming to a close, I am happy to say that my term of office was pleasant because of the cooperation of my officers, chairmen and committees.

Our first regional meeting in October at the Peter Pan Inn at Urbana, Maryland was excellently attended. The program of flower arrangements by Mary Johnston florists, was both outstanding and instructive.

Our next regional meeting at the Turf Valley Country Club was held in April and again was very well attended. The movie presented by the American Express Company on the Carribean Islands in conjunction with the N.A.R.D. Convention to be held in Florida in October, was very interesting—many of our members are planning to go.

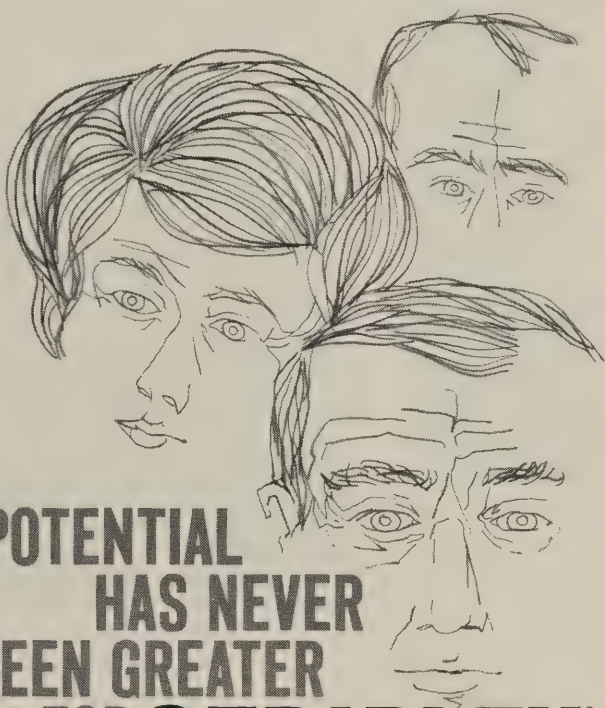
Our annual luncheon which was usually held in February, was changed to May 2nd, because of the bad weather we had this winter. It was held at the Lord Baltimore Hotel, Caswell room. The amount of work that was put into this day by our officers, committee chairmen and their committees, showed up in the attendance—the largest that we have had at any luncheon. Our theme for the afternoon, "Springtime in Japan" was very entertaining and a good time was had by all.

We are now looking forward to our Convention to be held in Atlantic City on July 3-6 at the Shelburne Hotel. We have an excellent program prepared and there will be something interesting for everyone during the whole convention. Our meeting will be held on Wednesday, with many door prizes and a gift for all L.A.M.P.A. members. It will be followed by a "Mad Hatters" show at the pool. I would like to urge everyone to participate for some fabulous prizes and lots of fun for everybody. Make yourself up an original hat or a crazy hat and enjoy the fun. You'll find much more fun in joining in than looking on.

It has been an honor and a pleasure serving you this year. I could write many names of those people who have made my job so enjoyable and so productive. The best that I could wish for my successor is the same kind of cooperation that I have received.

Respectfully yours,

ETHEL LEE RAICHLEN,
President



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Convention Speakers

Timely presentations dealing specifically in the areas of Medical Care, Welfare Programs, Generic Drugs, Small Business and Legislation affecting the Health Team will be featured in the Speaking Program of the 75th Annual Convention. Our speakers, outstanding in their respective fields, will present interesting information for the benefit of Pharmacy and its practitioners.



PHILIP F. JEHLE

*Washington Representative
National Association Of Retail Druggists*

Mr. Jehle has been Washington Representative of the N.A.R.D. since 1959. His special fields of interest include fair trade legislation and antitrust problems of small business. He has a wealth of experience in legislative matters and is well liked on Capitol Hill. He has a vigorous and untiring understanding approach to the problems confronting retail pharmacy.

Mr. Jehle is a graduate of Stanford University and holds a Law degree from Catholic University in Washington.

Prior to joining the National Association of Retail Druggists Staff, Mr. Jehle was a member of the Senate

Small Business Committee for six years and was Chief Counsel to the Committee at the time of his resignation.



JAMES W. FORISTEL

*Legislative Representative
American Medical Association*

Mr. Foristel graduated from the St. Louis University with a Bachelor of Laws degree in 1934.

Upon graduation, he engaged in the private practice of Law for eight years. Since then, Mr. Foristel served four years in the Navy; was a Congressional secretary; was Executive Director, House of Representatives, Small Business Committee; Associate General Counsel, Department of Health, Education, and Welfare. He has been asso-

ciated with the American Medical Association for more than ten years, first, as Washington Legal and Legislative Advisor, and presently, as Legislative Representative.

Insurance Committee. He also served as chairman of the Committee on Economics of Financing of Medical Care. He has been a frequent speaker on the subject of Medical Care Insurance before groups of physicians and insurance executives.



WILLIAM deVEER WASHBURN

President, American Health Insurance Corporation

Mr. Washburn, a native of Illinois, received his high school and college education in Washington, D. C. He majored in Economics at American University and attended the Harvard Graduate School of Business Administration.

Mr. Washburn has been associated with the Commercial Credit Company since 1934 and has been President of its American Health Insurance Corporation since 1951.

Mr. Washburn has devoted his activity to health insurance since 1942. He helped to form the insurance industry's first Hospital Insurance Committee and was chairman of its first Medical



WILLIAM E. WOODS

Assistant To The Executive Vice President National Pharmaceutical Council

Mr. Woods holds degrees in Pharmacy and Law from the University of Texas.

He has acquired a wealth of experience in many phases of Pharmacy since 1932 including retail, hospital, manufacturing, government and education.

Mr. Woods served on the staff of the Pharmaceutical Survey Office in Washington, working on study of Pharmacy Laws and State Boards of Pharmacy.

He was the first Director of the Pharmacy Extension Service at the University of Texas, and also lectured in Pharmaceutical Jurisprudence, as well as Executive Assistant of the University of Texas Pharmaceutical Foundation.

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**SUPPORT
FAIR TRADE**

FAIR TRADE STICKER NOTICES

A.S.R. PRODUCTS CO.—Page 1

| Item | F.T.M. |
|--|---------|
| Gem Push Button Razor w/5 Blades in Dispenser | \$ 1.00 |
| Pal Premium Edge Injector Blades (20 blades) | .98 |

KIMBERLY-CLARK—Page 43

| | |
|-----------------|---------|
| Fems—12's | .45 |
| Fems—40's | \$ 1.45 |

NORWICH PHARMACAL

COMPANY—Page 68

| | |
|---------------------------------|-----|
| Ugentine Liquid Spray—2¾ oz... | .98 |
| Necta, Liquid Saccharin—4 oz... | .98 |

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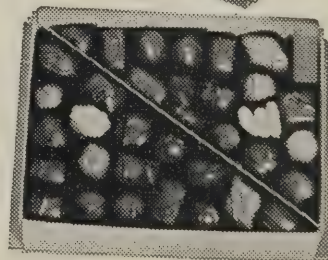
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School of Pharmacy, University of Maryland, News

ALUMNI ASSOCIATION U OF M SCHOOL OF PHARMACY REUNION LUNCHEON AT A.P.H.A. CONVENTION

The Annual Convention of the American Pharmaceutical Association and allied groups was held in the Hotel Sherman, Chicago, April 23-28, 1961.

Many Alumni of the School of Pharmacy, University of Maryland were active in the parent and allied groups, presenting papers, discussions, acting as secretaries, School Association, State Board and Hospital groups.

On Wednesday, April 26, 1961 the Alumni of School of Pharmacy of the University of Maryland enjoyed an informal mid-day luncheon. The following responded, giving their professional or business affiliation:

Marvin J. Andrews, Sutcliffe & Case Company, Delavan, Ill.

Mrs. Marvin J. Andrews.

John Autian, University of Texas, Austin, Tex.

Francis S. Balassone, Secretary, Maryland Board of Pharmacy.

Fred J. Bandelin, Strong, Cobb, Arner, Cleveland, O.

Richard H. Barry, Schering Corporation, Bloomfield, N. J.

Andrew J. Bartilucci, Dean, St. John's University, Jamaica, N. Y.

Frederic T. Berman, Retail Pharmacist, Baltimore, Md.

Mrs. Frederic T. Berman.

Ursula Biermacher, Chemist, Abbott Laboratories, N. Chicago, Ill.

Frank Block, Retail Pharmacist, Baltimore, Md.

Mrs. Frank Block.

Gordon H. Bryan, Montana State University, Missoula, Mont.

Kenneth Chan, Student, School of Pharmacy, Univ. of Maryland.

B. Olive Cole, Emeritus Professor School of Pharmacy, Univ. of Maryland.

Joseph Cohen, Executive Secretary, Maryland Pharmaceutical Assn.

Mary Ann Coleman, Pharmacist, Bayonne Hospital, Bayonne, N. J.

Mary J. Connelly, Pharmacist, Medical Health Center, Baltimore, Md.

John M. Cross, Rutgers University, Newark, N. J.

John L. Cunzeman, Smith Kline & French Laboratories, Phila., Pa.

Amelia C. DeDomicis, Chemist, State Health Department, Md.

Conrad P. Dorn, Jr., School of Pharmacy, University of Maryland.

Norman J. Doorenbos, Chemistry Department, School of Pharmacy, Univ. of Md.

Mrs. Andrew G. DuMez, Baltimore.

Noel E. Foss, Dean, School of Pharmacy, University of Maryland.

Mrs. Noel E. Foss and her guest, Mrs. F. E. Poulson, Chicago.

Alvin N. Geser, Secretary, New Jersey Pharmaceutical Assn., Trenton, N.J.

Sam A. Goldstein, President, Baltimore Metropolitan Pharm. Assn.

Mrs. Sam A. Goldstein.

Harold M. Goldfeder, President, Maryland Pharmaceutical Association.

Samuel W. Goldstein, Staff, American Pharmaceutical Assn., Wash.

Salvadore J. Greco, Dean, Creighton University, Omaha, Neb.

Ursula E. Meyer, Chief Pharmacist, Johns Hopkins Hospital, Baltimore.

Oscar Klioze, A. H. Robins Co., Richmond, Va.

Robert H. Klotzman, Lt. Col. U.S.F. Retired, Great Falls, Mont.

Albert Mattocks, University of Michigan, Ann Arbor, Mich.

Bernard Misek, Vick Chemical Company, Mt. Vernon, N. Y.

Alexander J. Ogrinz, State Board of Pharmacy, Baltimore, Md.

Joseph S. Rowe, Abbott Laboratories, Chicago, Ill.

John J. Sciarra, St. John's University, Jamaica, N. Y.

Margaret Sherwood, St. Luke's Hospital, Cleveland, O.

Charles J. Schwartz, Ciba Corporation, Springfield, N. J.

Harkishan Singh, Post Doctorate Fellow, School of Pharmacy, U. of M.

John F. Wannewetsch, Retail Pharmacist, Baltimore, Md.

Kenneth L. Waters, Dean, School of Pharmacy, University of Georgia, Athens, Ga.

It was a happy group and those who answered roll call evidenced pleasure in meeting old and new friends. Good fellowship and hearty laughter prevailed.

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. CONTRIBUTIONS .

SODIUM CARBOXYMETHYLCELLULOSE

By B. F. Allen *

Sodium carboxymethylcellulose is recognized in the current edition of the U.S.P. as the sodium salt of a polycarboxymethyl ether of cellulose. Also, the "official compendium" states that this substance occurs as white powder or granules which can be easily dispersed in water to form colloidal solutions. A 1 in 100 aqueous suspension of this material has a pH between 6.5 and 8.0. It is insoluble in alcohol, ether, and most other organic solvents.

Sodium carboxymethylcellulose can absorb moisture from the atmosphere. The amount absorbed depends upon the amount of moisture already in the sample and the relative humidity of the surrounding air. It is, therefore, desirable to keep this material stored in tightly closed containers and in a dry atmosphere, if moisture pickup is to be kept to a minimum.

Small amounts of sodium carboxymethylcellulose, greatly increases the viscosity of water. This basic property, plus its availability in highly purified form at economical cost, makes it useful in a wide variety of applications. Industries applying this substance in volume include food, pharmaceutical, cosmetic, detergent, emulsion paint, ceramics, paper processing, and others.

Sodium carboxymethylcellulose has many useful properties of interest to the pharmacist, among which are: (1) physiological inertness, (2) emulsion stabilization, (3) suspending action on finely divided solids, and (4) flexible-film formation.

This material is commercially prepared by treating alkali cellulose with sodium monochloroacetate. The insoluble cellulose is thus converted to a water soluble compound by the introduc-

tion of sodium carboxymethyl groups. The number of these groups introduced is related to the viscosity of aqueous solutions of these products. Therefore, this material is commercially available in various viscosity grades. Also, these grades are designated by numbers which represent the degree of substitution and letters for the viscosity type.

Extensive studies by qualified laboratories have indicated that the purified-food-grade type (also known as premium grade) is suitable for incorporation into pharmaceutical preparations designed for human consumption.

It is interesting to note that the previous edition of the U.S.P. listed the category of sodium carboxymethylcellulose as that of an emulsifier while the current listing is that of a bulk laxative, and a dose of 1.5 Gm. three times a day.

Sodium carboxymethylcellulose is sometimes referred to in literature as sodium cellulose glycolate or cellulose gum. Also, the abbreviations CMC and sod.-CMC or Na-CMC are often used for this water-soluble cellulose material because of the awkward length of the correct chemical name.

For example, CMC-70-M-premium grade^a, generally meets the U.S.P. specifications for sodium carboxymethylcellulose. The letter M represents the word medium, and the number 70, the degree of substitution. The combination of these two designations then indicates the viscosity type.

Sodium carboxymethylcellulose is used in various food products just as are other well-known water-soluble gums such as agar and tragacanth. It can be used as a full replacement or in conjunction with the other water-soluble gums. It has found favor in food products application because of its high uniformity from lot to lot, and other

*Associate Professor of Pharmacy, University of Maryland

^arecently designated as CMC-7MP

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desirable qualities when compared to other water-soluble gums.

In frozen foods, it prevents ice crystals from becoming objectionably large. In chocolate milk, its suspending ability prevents settling out of the chocolate. It acts as a thickening agent in such food products as glazes for rolls, icings for marshmallows and cakes, in meringues, and in pie fillings. It is used in mayonnaise and salad dressing as an emulsion stabilizer. The addition of this substance to foods prior to dehydration has been found to result in an improved retention of natural flavors^b.

In pharmaceutical ointments and pastes, it serves as a stabilizer of the formulation and as a carrying agent for the medicaments. In lotions and jelly bases, it acts as a thickening agent and helps hold the water-soluble medicaments on the surface of the skin after the water evaporates. The uniformity and purity, plus the high water-holding properties of this hydrophilic colloid, have won it an important place in bulk laxatives. Also, because of its adhesive qualities, sodium carboxymethylcellulose is used as a binding and disintegrating agent in the manufacture of tablets. It has also been suggested for use as an enteric coating for tablet formulations because it is insoluble in gastric juices.

In recent years, many experiments have been conducted to determine the effectiveness of natural and imitation flavors for masking distasteful drugs. To increase the viscosity of the vehicle used, one group of investigators added 0.6 Gm. of CMC, high viscosity, per a six-fluid ounce drink. A diabetic simple syrup that closely resembled Syrup, U.S.P. in sweetness and viscosity has been prepared. It is composed of sodium CMC, 1.5 per cent, cyclamate sodium, 2.8 per cent, and purified water.

A water-soluble packaging film consisting of a water-soluble salt of car-

boxymethylcellulose plasticized with a combination of glycerin and sorbitol has been patented. It is useful in packaging such products as soap, soup concentrates, detergents, sugar, dehydrated foods, pharmaceuticals, etc., which are generally added to water in fixed amounts in use-size packages that can be tossed into the proper quantity of water. The "skin" for such packages is stronger than many existing water-soluble films like gelatins, etc., and is essentially odorless, tasteless and non-toxic.

Because of the film-forming action and other properties, sodium carboxymethylcellulose has been investigated as a substitute for gelatin in the manufacture of hard capsules. These properties have also caused it to be recommended for use in many experimental formulas for Calamine Lotion, hydrophilic gel-like ointment bases, and many other similar pharmaceutical preparations.

A dehydrating jelly which draws liquid through the cornea to effect removal of the "ground glass" appearance of bedewing is prepared by dissolving sodium-CMC, 2 per cent, in glycerin at 70°C. The jelly is very stable, fairly transparent, and tends to liquefy as it takes up water. The degree and duration of the clearing of the cornea by the jelly are more marked and prolonged than when glycerin alone is used.

An economical surgical lubricating jelly may be produced with this substance without relying on any natural gums such as acacia and tragacanth. It is stated that this type of preparation has "good slip" and is more transparent than most natural gum lubricants. Also, the viscosity can be varied consistently by altering the sodium carboxymethylcellulose content to facilitate tubing or bottling.

A crude technical grade of sodium carboxymethylcellulose is used as a laundry aid for use with synthetic detergents and soaps. It causes white cotton goods to come through repeated launderings with their full whiteness,

^bis an ingredient in the breakfast drink
TANG

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and dyed cotton goods to come through with their full brightness. This property of sodium-CMC is due to its ability to keep soil, once removed from the cloth, from being redeposited before final rinsing^c.

Some of the so-called synthetic starching preparations are made with this material. Clothing treated with these solutions is more resistant to soiling than is untreated or starched clothing. They also show easier ironing qualities since the sodium-CMC makes them less likely to stick to a hot iron. The usual harshness of finish associated with conventional starching is entirely absent. Also, the clothing has a crisp, soft, fresh look, and feel usually found only in new goods.

In insecticides, it can serve two purposes: (1) in solution it acts as a stabilizer of emulsions and dispersions, and (2) after the insecticide (dusting or spraying type) has been applied, its adhesive properties function to hold the active ingredients in their intended locations.

The following formulas are listed in order to show the practical usefulness of this substance to a practicing pharmacist.

Sulfonamide Suspension

| | |
|--|-----------|
| Sulfadiazine | 3.3 Gm. |
| Sulfamerazine | 3.3 Gm. |
| Sulfamethazine | 3.3 Gm. |
| Sodium lactate | 30.0 Gm. |
| Saccharin | 0.1 Gm. |
| Lemon tincture | 3.0 ml. |
| Sod.-CMC-medium, 1 per cent solution, q.s. | 100.0 ml. |

Lubricating Jelly

| | |
|--------------------------|------------|
| Sodium-CMC-high | 1.50 Gm. |
| Propylene glycol, U.S.P. | 25.00 ml. |
| Methylparaben, U.S.P. | 0.15 Gm. |
| Perfume | 0.10 ml. |
| Distilled water, q.s. | 100.00 Gm. |

^celiminates condition referred to as "tattletale gray"

Dermatological Lotion

| | |
|---|----------|
| Calamine | 8.0 Gm. |
| Zinc oxide | 8.0 Gm. |
| Sodium-CMC-medium | 2.0 Gm. |
| Diocetyl sod. sulfosuccinate (10% sol.) | 1.0 ml. |
| Glycerin | 3.0 ml. |
| Distilled water | 95.0 ml. |

It is very interesting to note that several of the commercial products^d include many "aged" ingredients which have had their "heyday" in the practice of medicine. Whether this is an indication of a trend toward the utilization of natural products in the modern therapeutic armamentarium—well, we shall have to wait and see.

The following products are available containing sodium carboxymethylcellulose as an ingredient:

| |
|-------------------------------|
| ADHES-ILLIN PENICILLIN (oint) |
| BACID ¹ (cap) |
| BISLUMINA ² (tab) |
| BONTRIL TIMED (tab) |
| CARMETHOSE (tab, liq) |
| CARMETHOSE-TRASENTINE (tab) |
| CETHYLOSE (tab) |
| CETHYTIN (tab) |
| COLOSTAT (liq) |
| CORTEF (amp) |
| DIALOSE PLUS (cap) |
| EFFERGEL (powd) |
| GELCOMUL (liq) |
| FOXALIN ³ |
| IODURON-B (amp) |
| NABULAX ⁴ (tab) |
| ORAHESIVE (powd) |
| STERANE (amp) |
| URESTRIN (amp) |
| XYLOCAINE (jel) |
| XYLOCAINE VISCOUS (liq) |
| ZYLAX ⁵ (tab) |

^dThe above products contain:

- 1 lactobacillus acidophilus
- 2 calamus root and frangula
- 3 digitalis

⁴ prune, black fig and vegetable concentrates (alfalfa, okra, parsley)

⁵ brewer's yeast

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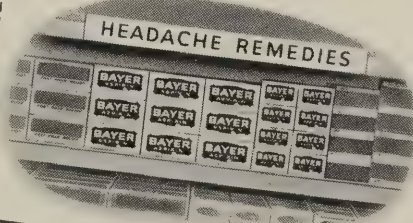
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| Bering | Optimo | John Ruskin |
| Bock | Royalist | Lord Clinton |

PIPES

| | | |
|-----------|------------|--------|
| Kaywoodie | Yello-Bole | Medico |
|-----------|------------|--------|

LIGHTERS

| | | |
|--------|-------|--------|
| Ronson | Zippo | Rogers |
|--------|-------|--------|

FAMOUS SUNDRY LINES

| | | | |
|-----------|----------|------------|---------|
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| Telechron | Polaroid | Paper Mate | Thermos |
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all TAMPA members to support the various pharmaceutical activities. Both organizations benefit by combined cooperation.

Among our guest luncheon speakers we have had John Unitas, star quarterback of the Baltimore Colts; Chuck Thompson, nationally known sports-caster; Mrs. Mary Goodspeed, Field Director of CARE. We have mixed our business meetings with a little pleasure and have found no incompatibilities. Therefore, we apparently have the right prescription—Cooperation, Business and Pleasure.

Speaking of business and pleasure, have you been planning to attend the MPA convention in Atlantic City this summer? TAMPA is cooperating with the MPA to help make this an outstanding event. Why not plan now to attend!

DICK CRANE,
President

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Registration in the Georgian Lounge (lobby) beginning 9 A.M. Monday, July 3rd.

MONDAY, JULY 3—FIRST SESSION—KERRY HALL

2:00 P.M. Convention Call to Order—President Harold M. Goldfeder
Opening Remarks—President Goldfeder
Communications
Committee Reports
Treasurer's Report
Secretary's Report
Announcements
Attendance Prizes
Adjournment

ENTERTAINMENT FEATURES:

8:30 P.M. "Wonderful World," Film Scenic Travel Through Six Continents—Ballroom
9:00 P.M. Dancing and Entertainment—Ballroom
Refreshments
Prizes

TUESDAY, JULY 4—SECOND SESSION—KERRY HALL

10:00 A.M. Call to Order—President Harold M. Goldfeder
Early Bird Attendance Prize
Invocation
Report of the Board of Pharmacy—Francis S. Balassone,
Secretary, Maryland Board of Pharmacy.
Report of the School of Pharmacy, University of Maryland,
Dr. Noel E. Foss, Dean
Address of President Harold M. Goldfeder
Prize Drawings
Address: Philip F. Jehle, "Pharmacy Fights Back"
Report on Fair Trade, Simon Solomon
Announcements
Prize Drawings
Adjournment

ENTERTAINMENT FEATURES:

7:00 P.M. T.A.M.P.A. Dinner-Dance and Show—Ballroom
Refreshments
Prizes
1960 Convention Review Film, George M. Brandt

WEDNESDAY, JULY 5—THIRD SESSION—KERRY HALL

10:00 A.M. Call to Order—President Harold M. Goldfeder
Presiding—First Vice President Norman J. Levin
Early Bird Attendance Prize

DAY CONVENTION PHARMACEUTICAL ASSOCIATION

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BRIDGESEY — JULY 3, 4, 5, 6, 1961

Panel Presentation:

"Health Programs and Pharmacy"

Moderator: Victor H. Morgenroth

Address: William DeVere Washburn, "Whoever Pays The Piper"

Address: James W. Foristel, "Health Legislation Before Congress"

Address: William E. Woods, "Generic Equivalents Are Everybody's Business"

Prize Drawings

Discussion Period On Panel Presentation

Announcements

Prize Drawings

Adjournment

11:00 A.M. L.A.M.P.A. Annual Meeting—Brady Room

ENTERTAINMENT FEATURES:

2:00 P.M. Wienie Roast at the Empress Swimming Pool

3:00 P.M. L.A.M.P.A. Mad-Hatters Party at the Empress Swimming Pool

9:00 P.M. Dancing—Ballroom

10:00 P.M. Professional Variety Show—Ballroom

Refreshments—Prizes

THURSDAY, JULY 6—FOURTH SESSION—KERRY HALL

10:00 A.M. Call to Order—President Harold M. Goldfeder

Early Bird Attendance Prize

Communications

Memorial Services

Report of the Nominating Committee

Election of Officers and Members of the Executive Committee

Election of Three Nominees for Appointment of One to the
State Board of Pharmacy

Prize Drawings

Adjournment of the Convention

10:30 A.M. T.A.M.P.A. Annual Meeting—Brady Room

3:00 P.M. Meeting M.P.A. Officers and Executive Committee—Brady Room

ENTERTAINMENT FEATURES:

6:00 to 7:00 P.M. Cocktail Party—Courtesy Calvert Drug Company, Henry B. Gilpin Company, Loewy Drug Company, and Muth Brothers and Company.

7:00 P.M. Annual Banquet

Pharmacy Week Awards

Installation of Officers

PLEASE NOTE: Badges Must Be Worn At All Times.

Banquet Tickets Available For Those Not Registered at the Shelburne at \$15.00 per person. The Banquet is considered as Part of the Hotel Convention Rate.

Breakfast will be served from 8:00 to 11:00 A.M.

Dinner will be served from 6:00 to 8:00 P.M., or as noted in program.

Donors of gifts, prizes and favors shall be announced throughout the events of the Convention.

LEGISLATIVE REPORT

LAWS NOW IN EFFECT

The 1961 Session of the Maryland General Assembly considered and resolved legislation that was of importance to Pharmacy in Maryland.

Although the Maryland Pharmaceutical Association did not introduce any legislation, it supported the programs of the Maryland State Department of Health and the Maryland Board of Pharmacy.

The Association also supported other legislation favorable to Pharmacy and retail druggists generally, as well as opposing detrimental legislation.

The 90 day Session was trying. It required alert, constant attention. Success was achieved through unity, preparedness and the conscientious work of many, under the guidance of Victor H. Morgenroth, Jr., Chairman of the Legislative Committee and the Legislative Steering Committee consisting of Francis S. Balassone, Aaron M. Libowitz and Alexander J. Ogrinz, Jr.

Following are the Bills that passed, were signed by Governor Tawes and became effective June 1, 1961:

Senate Bill 5:

Section 1. Be it enacted by the General Assembly of Maryland, That new Sections 266A and 266B, be and the same are added to Article 43 of the Annotated Code of Maryland (1957 Edition), title "Health," sub-title "Commissioner of Pharmacy," to follow immediately after Section 266 thereof and that a new Section 270A of the same Article and sub-title be added to follow immediately after Section 270 thereof, and to read as follows:

266A. Suspension and Revocation of Pharmacists' licenses.

(a) The Board of Pharmacy is hereby granted power and authority either

to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license for any reason as hereinafter set forth by a unanimous vote of the members of the Board, after a hearing upon not less than twenty (20) days' written notice to such pharmacist or assistant pharmacist. The notice shall be given by registered mail directed to his last known address and shall contain and state the date, hour and place of hearing, the specific charges against the pharmacist or assistant pharmacist upon which evidence will be heard by the Board, and such other information as the Board shall deem proper. At the hearing, the pharmacist or assistant pharmacist charged is entitled to be present in person and with counsel of his own choice, to hear and examine the evidence presented in support of the charges, and to cross-examine adverse witnesses, and thereafter to present evidence and witnesses, and to testify in his own defense.

(b) Any person whose license has been revoked or suspended, within thirty (30) days from the date of the decision and order, or of any order denying an application for rehearing, may file an action against the Board of Pharmacy in the Circuit Court of the County or in the Baltimore City Court as the case may be, where the party resides, to vacate the order.

(c) The Board's power either to reprimand a pharmacist or assistant pharmacist or to suspend or revoke his license shall be for any of the following causes:

(1) Conviction of:

(i) A crime involving professional misconduct respecting the pharmacy and drug laws.

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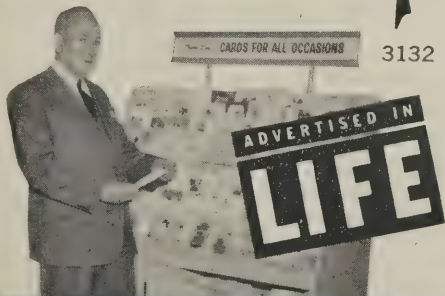
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(ii) A crime involving the State Uniform Narcotic Drug Act or the Federal Narcotic Laws.

(iii) His addiction to the use of morphine, cocaine, or narcotics of any kind.

(iv) His knowingly, intentionally or fraudulently adulterating, or causing to be adulterated, drugs, chemicals, or medicinal preparations.

(2) procuring, or attempting to procure, registration in Maryland as a pharmacist for himself or another by knowingly making or causing to be made false representations to the Board.

(3) Adjudication as an incompetent under the provisions of Article 59 of this Code.

(4) Paying rebates or entering into an agreement for payment of rebates to any physician, dentist or other person for the recommending of the services of any person.

266B. Certificates of renewal as required.

The Board of Pharmacy shall issue every two years a certificate of renewal, in such form and style as it shall deem proper, to every licensed pharmacist who is entitled thereto and who makes application therefor, these certificates shall be secured every two years on or before the last day of September upon payment of a fee of \$3.00. Any pharmacist who fails for any reason to register or re-register hereunder within the time prescribed shall pay an additional fee of \$2.00 for each renewal period that he shall fail to register or re-register.

270A. Permit for dangerous drugs.

(a) No jobber, distributor, wholesaler, or manufacturer shall sell, distribute, give or in any way dispose of dangerous drugs (as that term is defined in Article 27 of this Code, sub-title "Health - Dangerous Drugs") except to a licensed pharmacy, or to a phy-

sician, dentist or veterinarian or practitioner who may be authorized by law to dispense dangerous drugs in this State or to such other person who may be approved by the Board of Pharmacy; and no jobber, distributor, wholesaler or manufacturer shall sell, distribute, give or in any way dispose of dangerous drugs without first obtaining a permit to do so from the Board of Pharmacy. Such permit shall be subject to such rules as the Board of Pharmacy may from time to time adopt for the protection of the public health and safety. No person, firm or corporation in this State shall purchase or have in his possession any dangerous drugs except from a licensed jobber, distributor, wholesaler or manufacturer.

(b) The application for such permit shall be made on a form to be prescribed and furnished by the Board and shall be accompanied by the required fee of \$10.00 which amount shall also be paid as the fee for each renewal of such permit.

(c) Permits issued under the provisions of this section shall be exposed in a conspicuous place in the place of business for which it was issued; such permits shall not be transferable; shall expire on the last day of December following the date of issue and shall be renewed annually.

(d) Nothing in this section shall be applied or construed to affect the right of a manufacturer of dangerous drugs to sell a dangerous drug to a licensed jobber, distributor, wholesaler or manufacturer.

(e) Any person, firm or corporation violating any of the provisions of this section, or of any permit under this section, or of any of the rules and regulations adopted by the Board of Pharmacy in administering the provisions of this section, shall be deemed guilty of a misdemeanor and upon conviction thereof, fined not

PROGRESS

There is a school of thought which believes that simple product change inspires purchase. Another school opines that product changes should be made **only** when serious, effective **new** advances are discovered. This, they say, is progress. We agree with the latter. Dedication to **progress**, not change, is an unswerving principle of **YOUNGS RUBBER CORPORATION**.

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more than fifty dollars (\$50) for each offense; and each and every day such violation continues shall constitute a separate and distinct offense; and upon conviction of the holder of a permit it shall forthwith be revoked and become null and void.

Farm, poultry and animal drugs and preparations are exempt from the provisions of this Section.

Senate Bill 75:

Section 1. Be it enacted by the General Assembly of Maryland, That a new Section 551A be and it is hereby added to Article 27 of the Annotated Code of Maryland (1957 Edition AND 1960 Supplement), title "Crimes and Punishments," to follow immediately after Section 551 thereof, and to be under the new sub-title "Shoplifting," and to read as follows:

Shoplifting

551A.

(a) In any mercantile establishment, it is unlawful for any person

(1) To remove any goods, wares or merchandise from the immediate place of display or from any other place within the establishment with the intent to appropriate the same to the use of the person so taking, or to deprive the owner of the use, or value, or any part thereof; or

(2) To obtain or attempt to obtain possession of any goods, wares or merchandise, by charging the same to a real person without the authority of such person, or to a fictitious person, with a like intent; or ,

(3) To conceal any such goods, wares or merchandise with a like intent; or,

(4) To alter, remove, or otherwise disfigure any label or price tag with a like intent; or,

(5) To transfer any goods, wares or merchandise from a container in which the same shall be displayed or packaged to any other container with a like intent; and any person com-

mitting any of the acts mentioned is guilty of shoplifting.

(b) Any person who aids or abets in the commission of any of the acts set out in subsection (a) is guilty of shoplifting.

(c) A merchant, agent or employee of the merchant, who detains or causes the arrest of any person shall not be held civilly liable for detention, slander, malicious prosecution, false imprisonment or false arrest of the person so detained or arrested, whether such detention or arrest takes place by such merchant, his agent or employee, provided that in detaining or in causing the arrest of such person, the merchant, agent or employee of the merchant, had at the time of such detention or arrest probable cause to believe that the person committed the crime of shoplifting as defined in Section 551A.

(d) Every person convicted of the crime of shoplifting to the value of \$100.00 or upwards, or as accessory thereto before the fact shall be deemed guilty of a felony and shall restore any goods, or things taken, to the owner or shall pay him the full value thereof, and shall be fined not more than \$1,000.00 or be imprisoned in the Penitentiary for not more than three years. If any person shall be convicted of the crime of shoplifting under the value of \$100.00 he shall be deemed guilty of a misdemeanor and shall restore the goods and chattels so taken, or pay the full value thereof to the owner thereof, and be fined not more than \$100.00 or imprisoned for not more than eighteen months in the House of Correction or Jail, or both fined and imprisoned.

Senate Bill 363:

Reinstatement of Physician, Dentist, Pharmacist, Veterinarian Drug Ad-dicts.

This Bill allows each professional board stated, upon favorable evidence,

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to reinstate the practitioners of the respective professions named to be allowed to practice under probation of the board.

House Bill 737:

Reorganization of the Health Department

Through the efforts of the Association, Pharmacy is assured representation on the new Maryland State Board of Health and Mental Hygiene.

House Bill 952:

Advertising Dangerous Drugs

Section 1. Be it enacted by the General Assembly of Maryland, That Section 311 of Article 27 of the Annotated Code of Maryland (1957 Edition), title "Crimes and Punishments," sub-title "Health - Dangerous Drugs," be and it is hereby repealed and reenacted, with amendments, to read as follows:

311. (a) The provisions of this sub-title shall apply to the sale by any manufacturer, wholesale druggist, retail pharmacist, or jobber of dangerous drugs, to any person, firm, corporation, association other than those legally qualified and authorized to purchase and hold same for use or resale, and to any practitioner's assistant who is not legally licensed to administer dangerous drugs.

(b) No pharmacist or pharmacy shall be permitted to advertise through any media other than a professional or trade publication any dangerous drug by either its "trade name" or by its generic or formulary name.

(c) The provisions of this sub-title shall not apply to the sale or offering for sale, or distribution of drugs, devices or supplies of any kind whatsoever for the treatment, care or cure of farm animals, poultry, fowl, or other animals used in furtherance of farming activities, providing further that the provisions of this sub-title

shall not apply to the sale or offering for sale, or distribution of seeds, feed for livestock and poultry, fertilizers, lime, land plaster, fungicides and insecticides, nor to apply to any drug which on June 1, 1961, may be sold without a prescription.

These Bills Did Not Pass:

Senate Bill 6:

This bill attempted to give the Division of Drug Control authority to declare dangerous drugs to be sold on prescriptions only; to prohibit the advertising of dangerous/prescription drugs; and to prohibit the sale of drugs and devices by itinerant vendors. At a Senate Judicial Proceedings Committee hearing only one opponent appeared against the bill—he represented the door-to-door peddlers. Some members of the Senate Committee spoke out against the bill. The bill died in committee. (The advertising clause of this Bill was introduced as H. B. 952, passed and signed.)

Senate Bill 294:

Anti-Monopoly Act

This bill was introduced by Senator Baer. Because it would affect the status of Fair Trade contracts, Senator Baer was convinced of the dangers involved. The bill died in committee.

Senate Bill 493:

To Repeal Fair Trade in St. Mary's County.

Senator Dorsey introduced this bill to exempt St. Mary's County from Fair Trade on Drugs. A hearing was requested before the Senate Judicial Proceedings Committee which was not granted. The bill passed the Senate but was blocked in the House of Delegates by a flood of telegrams and letters protesting it and asking for a hearing. The bill died in the House Judiciary Committee. Such an exemption would

destroy Fair Trade in Maryland as it would affect adjoining counties and eventually spread to other counties.

Forms, applications and other pertinent information will be furnished to all those affected by the foregoing enacted legislation by the Maryland Board of Pharmacy and/or the Maryland State Department of Health.

The Maryland Pharmaceutical Association wishes to express appreciation to the many individuals and Pharmacy organizations in the State who cooperated in the overall 1961 Legislative Program.

A PRAYER FOR THE THOUGHTFUL OLD PERSON

Lord, Thou knowest better than I know myself that I am getting older.

Keep me from the fatal habit of thinking I must say something on every subject.

Release me from craving to try to straighten out everybody's affairs.

Make me thoughtful, but not moody; helpful, but not bossy. With my vast store of wisdom, it seems a pity not to use it at all, but Thou knowest, dear Lord, that I want a few friends at the end.

Seal my lips on my aches and pains—they are increasing and my love of rehearsing them is becoming sweeter as the years go by.

Keep me reasonably sweet; I do not want to be a saint—some of them are so hard to get along with—but a sour old person is one of the crowning works of the devil.

Help me to extract all possible fun out of life—there are so many funny things around us and I don't want to miss any of them. AMEN.

THE SOFT SELL

Abbotts Ice Cream is as "soft"
—as easy—to sell as it is for a
youngster to get hungry be-
tween meals.

Why so sell-able? Freshness of
ingredient and just right-ness of
flavor let ice cream lovers know
they're buying the very best.
What good does this do? They
come back for more and in-
crease your sales as fast as
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-: NEWS ITEMS :-

IMPORTANT NOTICE

The General Assembly of Maryland has made two important changes in the Maryland Sales Tax Law, which became effective June 1, 1961:

1. The starting point of the taxable sale has been lowered from 51c to 25c.
2. Certain foods are now taxable. Restaurant and Drug Store meals have been made subject to the tax starting at \$1.00.
3. Only food consumed on the premises is subject to the tax. Carry-out prepared foods are exempt.

If you have not received Sales Tax information, or you are in doubt, contact:

Retail Sales Tax Division
State Office Building
301 W. Preston Street
Baltimore 1, Maryland

Remember—ignorance of the law excuses no one.

LESTER R. MARTIN HONORED

The Allegany Garrett County Pharmaceutical Association honored Lester R. Martin for his outstanding leadership in Pharmacy at the Fort Cumberland Hotel in Cumberland on May 10th.

Mr. Martin, a Past President and present Honorary President of the Maryland Pharmaceutical Association was presented a certificate of merit citing his devoted services to the profession of Pharmacy.

Mr. Martin is a graduate of the University of Pittsburgh School of Pharmacy. He has operated drug stores in Pennsylvania and Maryland since 1924 and has resided in Cumberland since 1941. He has maintained a keen interest in national, state and local organizations in and out of the profession.

Murray Allen was in charge of arrangements assisted by Robert Svec, Sr.

and Patrick Daugherty. Howard Cooper served as Toastmaster. The affair was well attended and included a group from Baltimore.

300 ATTEND LOEWY MEETING



In cooperation with Clairol Incorporated, Loewy Drug Company of Baltimore conducted a Hair Coloring Forum at Bluecrest on May 16th. The presentation was enthusiastically attended by pharmacists, their wives and key store personnel.

George Payne, Clairol Sales Representative, conducted the Forum with the aid of live models to demonstrate the proper use of Clairol products. The demonstration was both interesting and informative. A question and answer period followed the formal program.

Marty Rochlin, Vice President and Sales Manager of Loewy Drug, said: "We are happy to cooperate in bringing you the Clairol Forum because it is in line with Loewy's merchandising policy. Hair Care, one of the fastest growing departments in the drug store today, has reached such proportions that this type of merchandise requires definite techniques in selling."

A Bluecrest sweet buffet followed the Forum. According to reports, the attendance was the largest in the experience of Clairol.

Congratulations
and
Best Wishes
to the
Maryland Pharmaceutical Association

JULIUS SCHMIDT, INC.

NEW YORK CITY

Baltimore Metropolitan Pharmaceutical Association

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PRESIDENT'S MESSAGE



SAM A. GOLDSTEIN

Dear Fellow Pharmacists:

By the time you read this message, I will have completed six months of my term as President of the Baltimore Metropolitan Pharmaceutical Association.

I mention this at this particular time because as I think of the forthcoming Convention of the Maryland Pharmaceutical Association at the Shelburne

Hotel in Atlantic City, July 3-6, I cannot help realizing what knowledge I have acquired regarding the problems of Pharmacy since becoming President.

I have gained this knowledge from attending meetings and reading reports in the B.M.P.A. Newsletter, the Maryland Pharmacist, national organization magazines, and the drug trade press.

The monthly regular meetings of the Baltimore Metropolitan Pharmaceutical Association have been excellent. The meeting on May 18th sponsored by Stephen F. Whitman and Sons was an unusually fine and well attended meeting. Again, I want to thank Jerry Stiffman and his committee for obtaining sponsors and arranging the meetings. I am looking forward to a continuation of the meetings in the Fall.

The Regional Meetings of the Maryland Pharmaceutical Association were also interesting and informative. With this in mind, I urge the members of the Baltimore Metropolitan Pharmaceutical Association to attend the State Convention. A program of timely subjects will be presented by able speakers. Much planning has been devoted to the Convention. It will be worth your while to spend a few days in an atmosphere of relaxation with colleagues and friends for business, for knowledge, and for pleasure.

I am looking forward to seeing you in Atlantic City.

Sincerely,
 Sam A. Goldstein

WHO SAID IT COULDN'T BE DONE

JUST ATTEND THE MPA CONVENTION
AND YOU TOO CAN COMBINE BUSINESS AND
PLEASURE . . .

HOTEL SHELBURNE - ATLANTIC CITY, N. J.

JULY 3, 4, 5, 6, 1961

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A

SUCCESSFUL CONVENTION

1961 CONVENTION COMMITTEES

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 John F. Wannewetsch, Treasurer
 Joseph Cohen, Secretary

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Program Committee: Joseph Cohen, Chairman; Victor H. Morgenroth, Jr.; Simon Solomon; Harold M. Goldfeder; John F. Wannewetsch; Norman J. Levin; H. Sheeler Read.

Publicity Committee: C. Wilson Spilker, Chairman; Charles E. Spigelmire; James A. Allen; Milton A. Friedman; Joseph A. Costanza; Alan L. Settler.

Prizes and Awards Committee: Thomas J. Kelly, Chairman; Solomon Weiner; Jack M. Albert; Alexander J. Ogrinz, Jr.; B. Dorsey Boyle; Sam A. Goldstein; Laurance A. Rorapaugh.

Banquet Committee: Morris R. Yaffe, Chairman; Jerome Mask; Gordon A. Mouat; Herman Bloom; John C. Cornmesser; Marcus Satou.

Attendance Committee: William H. Harrison, Chairman; William A. Cooley; George M. Brandt; Albin A. Hayman; Alfred E. Callahan; Aaron M. Libowitz; Robert B. Kettlewell; Milton E. Zentz; Irving I. Cohen; A. G. Leatherman.

Registration Committee: John A. Crozier, Chairman; H. Sheeler Read; Bernard Ulman, Sr.; Louis M. Rockman; B. Dorsey Boyle; Thomas J. Kelly.

Entertainment Committee: Edwin M. Kabernagel, Jr., Chairman; Joseph J. Hugg; Bernard Ulman, Jr.; Alfred E. Callahan; Joseph L. Muth; Albert Heydemann; Richard R. Crane; Morris J. Rockman; Maurice B. Brager.

NOXZEMA CONVENTION SPECIAL TREAT

The Noxzema Chemical Company, a Maryland institution, has contributed an

ample supply of its sun-tanning preparation **High Noon** for distribution to those attending the Maryland Pharmaceutical Association Convention in Atlantic City. Why burn when you can tan with High Noon?

STATE SECRETARIES ELECT OFFICERS

Henry M. Moen, executive secretary of the Minnesota State Pharmaceutical Association, was elected president of the National Conference of State Pharmaceutical Association Secretaries, meeting at the Hotel Sherman on April 22, just preceding the annual A.Ph.A. convention. Mr. Moen succeeds Cecil A. Stewart, of Los Angeles, Calif.

Other officers include: James Cope, Columbus, Ohio, 1st vice president; Paul J. Kunkel, Waterbury, Conn., 2nd vice president; Joseph Cohen, Baltimore, Md., 3rd vice president.

William J. Dixon of Oak Hill, W. Va., was re-elected secretary.

Harold C. Kinner of Ft. Myers, Florida, was elected delegate to the A.Ph.A. House of Delegates.

The following is a resolution passed by the Conference during their meeting at Chicago:

"WHEREAS the National Association of Retail Druggists is recognized as the leader in the fight for the enactment of national Fair Trade, and

WHEREAS the National Conference of State Pharmaceutical Association Secretaries has continually demonstrated their readiness to work for its passage,

THEREFORE BE IT RESOLVED that the National Conference of State Pharmaceutical Association Secretaries again urge the introduction of a sound, effective national Fair Trade bill in Congress and request for full support of its members in giving the National Association of Retail Druggists its complete and enthusiastic support."



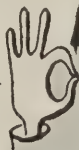
CASE HISTORY

PATIENT: A. Pharmacist

HISTORY: Chronic anxiety caused by fear he is losing extra store traffic, sales and profits by not following the lead of other profit-minded pharmacists in selling National Express Company Money Orders. Suffers from frustration at not adding to his earnings when no cash outlay or expense is involved. Result: Tension, worry for not taking advantage of the greater promotional help all pharmacies get from National Express Company.

PROGNOSIS: Rapid, complete cure possible by using the company that helps you the most.

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Tell me how I can profit more with
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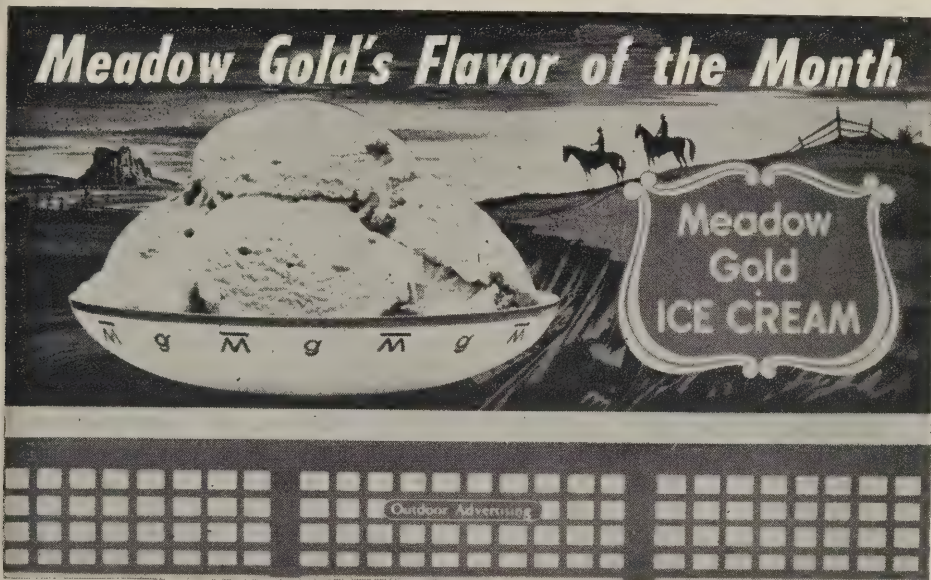
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Tie-in with this great promotion! Feature the MEADOW GOLD "Flavor of The Month" and CASH-IN with bigger sales!

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MATCHING GRANTS FOR PHARMACY SCHOOLS

At the request of the N.A.R.D., Senator Humphrey introduced an amendment that would make pharmacy schools eligible for the matching grants program that the bill now extends only to medical and dental schools.

Another N.A.R.D. proposal offered by Senator Humphrey as an Amendment to the original bill, S-1072, would make pharmacy students also eligible for the scholarship funds that S-1072 would provide medical and dental students. The needs of all the health professions should be met by S-1072 in an all-embracing, non-discriminatory manner.

FAIR COMPETITIVE PRACTICES BILL—S-1722

Senator Hubert H. Humphrey (D-Minn.) has introduced the newly designed **Fair Competitive Practices Bill**. Co-sponsoring this legislation with Senator Humphrey was Senator William Proxmire (D-Wisc.). Both Senators enjoy a well-earned reputation as able and articulate champions of the independent businessman.

In principle and purpose, S-1722 is remarkably similar to the national fair trade legislation introduced in the past Congress. It should be noted, however, that the bill contains a number of perfecting provisions that were lacking in



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Peanut Butter Sandwiches
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Austin's
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Balto. 3, Md.

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the fair trade legislation of the past. Furthermore, the new name, **Fair Competitive Practices Bill**, seems to better describe the nature and function of the bill than would the simple term, Fair Trade.

Introduction of the Fair Competitive Practices Bill was hailed by N.A.R.D. Executive Secretary John W. Dargavel as "an important step forward in the campaign against predatory and destructive price-cutting practices. S-1722 can provide the means of suppressing the vicious and anticompetitive pricing practices that create monopolies which eliminate independent retailers. To the extent that the nation's retail pharmacists and their small business allies in other retail fields give the bill their all-out support, their competitive future will be assured.

"The task ahead is indeed formidable.

But a thousand difficulties do not constitute a single doubt about our ability to do the job successfully. What must be done to enact S-1722 can and will be done, provided all of us remain unified and determined in our efforts."

We agree wholeheartedly with Mr. Dargavel and we should all be grateful beyond measure for the aggressive initiative shown by the N.A.R.D. in being instrumental for the introduction of the Fair Competitive Practices Bill in the 87th Congress.

Gratitude is not enough however. We must respond with enthusiastic effort in seeing S-1722 through. It takes hard work and stamina to put a job like this over. When called upon to act, please respond without delay.

Remember — the **Fair Competitive Practices Bill** is everything the title implies. It is for YOU.

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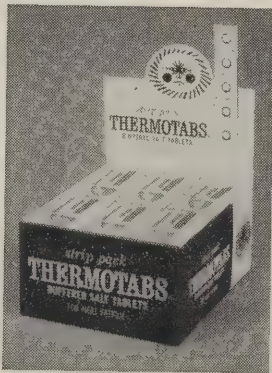
NEW PACKAGING BOOSTS VOLUME

THERMOTABS®

The Buffered Heat Fatigue Tablets

Now **THERMOTABS** also comes in new strip packaging for greater convenience of use and faster turnover. It is the same buffered formula heat fatigue product, now packaged in strips of 25 tablets per box in addition to 100 tablet bottle, 500 tablet wall dispensers and 1,000 tablet bottles.

Earn full 40% profit with bonus goods deal. You get 12 boxes of **THERMOTABS** (2 counter display cartons) for the price of 11 boxes. Order now for extra profits!



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DISTRICT OF COLUMBIA

District Wholesale Drug Co. Washington 1
The Henry B. Gilpin Co. Washington 3
The Washington Wholesale Drug Exchange Washington 2

MARYLAND

Calvert Drug Co. Baltimore 18
The Henry B. Gilpin Co. Baltimore 3
Loewy Drug Co., Inc. Baltimore 13
Muth Brothers & Co. Baltimore 3

PENNSYLVANIA

Lancaster Drug Co. Lancaster

DEFEND THE PROFESSION CAMPAIGN

"WANTED, Pharmacists who will Defend the Profession."

This is the battle cry of the fund-raising campaign to be launched by the American Pharmaceutical Association on May 22 to defend the principles involved in the Justice Department attacks in Arizona, California, Idaho and Utah. It is also on May 22 that the criminal trial is scheduled to start in Federal District Court, San Francisco. An appeal for contributions will be sent directly to every community pharmacy in the United States, and to every pharmacist through their state and local pharmaceutical associations. The brochure addressed to the individual pharmacist emphasizes that:

"Your professional status is at stake TODAY in the Federal Courts. The Justice Department has charged pharmacists with "price fixing" for using traditional guides to determine professional fees for prescription services. The criminal actions and civil suits against pharmacy associations in Arizona, California, Idaho and Utah NOW before the Courts equate the professional activities of the pharmacist with the commercial activities of the merchant."

The brochure will include a counter-check made payable to Defend the Profession. Pharmacists will be asked to designate the amount they wish to contribute, fill in the name of their bank, sign it and mail it to DEFEND THE PROFESSION, P. O. Box 1921, Washington 13, D.C.

The brochure will explain that "the Associations defending the 'test cases' against Federal control over professional fees have exhausted their funds in preparing for the trials, and that APhA is utilizing all of its available resources in providing legal and technical assistance." The mailing urges that:

"Pharmacists everywhere must immediately answer this S.O.S. for funds

to continue the legal fight to DEFEND THE PROFESSION. Your professional tomorrow depends on your complete support today." Contributions should be sent to **Defend the Profession**, P.O. Box 1921, Washington 13, D.C.

The House of Delegates of the American Pharmaceutical Association at the Chicago convention during the week of April 23, noted that "whereas certain antitrust cases are now pending which are vital to the entire profession," that the House "... endorse the action of the Council of the American Pharmaceutical Association (to) undertake at once a national fund raising drive among individual pharmacists to defend the professional principles involved in these test cases." With this mandate, the campaign is being launched less than 30 days following the House action.

COCA-COLA ADDS NEW GLASS

The Coca-Cola Company has added a new 16-ounce Jumbo glass to its family of distinctively-shaped glasses bearing its famous trademark.

The design of this newest glass lends itself to a variety of uses as a container for FLOATS, as well as Coca-Cola in the Jumbo size. This versatility of use was accomplished by enlarging the opening at the top of the glass to accommodate the easy placement of a scoop of ice cream.

A Company official said the 16-ounce container is being added after extensive test marketing indicated strong consumer demand for such a size drink.

The Jumbo glass is available through regular supply sources for fountain glassware.

GO! GO! GO!
CONVENTION



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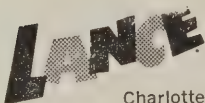
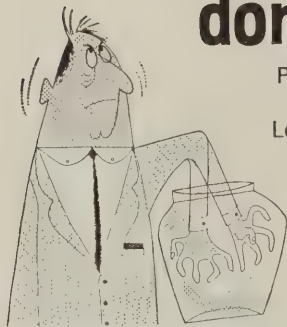
An unbeatable combination of your most popular food item and most asked-for soft drink! A highly successful promotion last year, this year it promises to be even bigger. You'll be backed by:

Exciting new point-of-sale material and advertising in national magazines, spectacular bulletins, illustrated photomurals and outdoor posters for a total of 2½-billion consumer impressions . . . plus network television.

For more information and point-of-sale advertising on the biggest promotion of Coke and Burger yet, see your representative for Coca-Cola or write: The Coca-Cola Company, Dept. S-3, P. O. Drawer 1734, Atlanta 1, Ga.

don't be caught short

People get mad when they can't buy their favorite tasty Lance snacks. So don't be caught short. Let your Lance salesman help. He can stock your displays with enough of the right flavors to keep your customers happy.



Charlotte, North Carolina



*All the Features
you'd choose
yourself!*

FLAVOR-IZED **FLARE-TOP** ICE CREAM CONES

TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

MARYLAND BAKING COMPANY
1200 South Eutaw Street, Baltimore, Md.



Tell them you saw it in "The Maryland Pharmacist"

DRUG STORE CHANGES

The following are changes in drug stores for April:

New

Gem Drug Company, Inc., Robert Presler, Pres., Nicholson Lane & Rockville Pike, Rockville.

Beach Drugs, Inc., Wm. Wallace Malone, Pres., Bay Avenue, North Beach.

Cub Hill Pharmacy, Mallonee Lund, Inc., James J. Mallonee, Pres., 9994 Harford Road, Baltimore 34.

Ridgeway Manor Pharmacy, John E. Burleigh, Jr., 5743 Edmondson Ave., Baltimore 28.

Change of Ownership

Jonas J. Yousem, Pres., Hilton Pharmacy, Inc., formerly: Albert Freedman, 246 N. Hilton Street, Baltimore 29.

**SATURDAY EVENING POST
"PROGRAM FOR PHARMACY"**

It is significant timing that the Saturday Evening Post's new booklet "So-Called Generic Equivalent Drugs and Your Future" is being released during Brand Names Week, according to John F. Hunsicker, Drug Marketing Manager of the magazine.

He said the new booklet stresses the importance of promoting the trademark concept in the drugs prescribed by physicians and dispensed by pharmacists.

Mr. Hunsicker said that the booklet will be distributed through Druggists' Service Company member wholesalers to an estimated 20,000 drug stores.

"The publication is a crusade by the Post to point up the fallacy of generic drug prescribing without specific reference to the manufacturer's name," he said.

"This program is another documentation of the Post interest in promoting brand names and the trade mark concept," he added.

Robins

MAY CHECK LIST

Tear out for a handy check of your current stock of these Robins products that are receiving special promotion in your area THIS MONTH

AmbarTM

- No. 2 Extentabs 100's No. 2 Extentabs 500's
 No. 1 Extentabs 100's No. 1 Extentabs 500's
 Tab. 100's Tab. 500's

Robaxin[®]

- Tab. 50's Tab. 500's

Robaxisal[®]

- Tab. 100's Tab. 500's

Robaxisal-PH[®]

- Tab. 100's Tab. 500's

Entozyme[®]

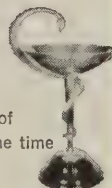
- Tab. 100's Tab. 500's

Donnazyme[®]

- Tab. 100's Tab. 500's

Dimetane[®]

- Extentabs 100's Extentabs 500's
 Tab. 100's Tab. 500's
 Elix. .16 oz. Elix. Gal.



Why not check your stock of all Robins products at the same time —and be prepared

A. H. ROBINS CO., INC., RICHMOND 20, VA.

FEDERAL OLD-AGE INSURANCE

By the end of 1960, more than 75,500 people in Baltimore City were receiving old-age, survivors and disability insurance benefits. The total benefits paid to these people for December 1960 was \$4,992,043, according to William M. Donlin, manager of the downtown Baltimore social security district office.

Nationally, almost 15 million people were receiving about a billion dollars a month in old-age, survivors, and disability insurance benefits at the close of 1960. Many of these people were made eligible for benefits by the changes in the law made in 1960—such as the reduction in the amount of work required to qualify for benefits and the removal of the age 50 requirement for disability benefits.

Payments to a retired worker with no dependents receiving benefits averaged \$70.00 in December 1960; to a retired couple, both receiving benefits, the average payment was \$124.00. The average for an aged widow was about \$58.00.

1960 was the 20th year that social security benefits were payable, and the 25th anniversary of the Social Security Act, which became law in 1935. Changes in the law since 1935 have brought more than 9 out of every 10 people in the United States protection by old-age, survivors, and disability insurance—protection paid for by taxes on em-

ployees, their employers, and the self-employed. Earnings will be reported to the social security accounts of more than 75 million workers during 1961.

Baltimore City people participate and share in this program along with the rest of the United States. The table below shows the number and monthly amount of each type of benefit being paid in Baltimore City as of December 31, 1960—the date of the latest available figures.

| Beneficiary Group | Number of Beneficiaries | Monthly Amount |
|--|-------------------------|----------------|
| Retired Worker | 40,894 | \$3,082,724. |
| Disabled Worker | 2,940 | 258,174. |
| Wife or Husband of Retired or Disabled Worker | 8,898 | 382,695. |
| Widow or Widower | 9,958 | 596,452. |
| Dependent Parent | 195 | 11,909. |
| Mother with Child | 2,483 | 152,077. |
| Children of Retired, Deceased or Disabled Worker | 10,146 | 508,012. |

For the entire State of Maryland, old-age, survivors, and disability insurance payments at the end of December 1960 were being paid to 196,060 persons at the rate of \$12,371,034. per month. Benefits totaling \$140,691,000, were paid in Maryland during 1960.

Editor's Note: This subject will be fully presented at the Convention in Atlantic City July 3 - 6.

LAST CALL . . .

Make Your Convention Reservations NOW!

Phone

Maryland Pharmaceutical Association

SARatoga 7-0746

SUMMER IS HERE

Hot weather brings with it many opportunities to feature profitable seasonal merchandise.

Now is the time to display Summer drugs, toiletries and sundries. These are impulse items that customers will purchase if they see them attractively displayed and priced for ready sale.

A Vacation Needs Department is a must. More people are on the move during the hot Summer months than ever before. Feature such items as: first aid kits, poison ivy remedies, insect repellants, suntan and sunburn remedies. It should include deodorants, talcum and dusting powder, toilet water, and other articles of a personal nature.

Sunglasses and picnic supplies should be part of the Vacation Needs Department. There are also the wide variety of water and beach supplies.

Be competitive. Take a lesson from the stores that feature Summer and vacation needs. Keep your displays clean and attractive to get your share of this lucrative business.

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL
"IN UNITY THERE IS
STRENGTH."**

NEW! easy to sell...

**NO-DEPOSIT
NO-RETURN**
half
quarts

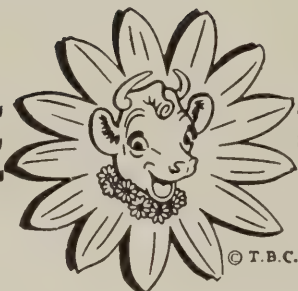
STILL AVAILABLE

Suburban Club fine drinks in the large family size. 10-oz. single drink size and 7-oz. split size. Returnable bottles.

**CHECK WITH YOUR
DRIVER SALESMAN OR
PHONE OR. 5-0100**



Tell them you saw it in "The Maryland Pharmacist"



Elsie is an all-weather girl.
Never complains about the
heat. In fact, she's for it because
then people eat more of
Borden's ice cream.

Yep--she's a good friend of the
dealer at all times.

Borden's
ICE CREAM

ORleans 5-0171

Lutrexin[®]

uterine relaxation
with no side effects

TABLETS

(H.W. & D. brand of lututrin)

IN PREMATURE LABOR THREATENED AND HABITUAL ABORTION AND DYSMENORRHEA

LUTREXIN is the protein-like, water soluble, non-steroid uterine relaxing hormone, which decreases uterine contractions within 30 minutes following oral administration.

LUTREXIN has been used successfully for the past eight years in thousands of cases of dysmenorrhea, premature labor and threatened and habitual abortion.

Recent animal and laboratory experiments by Bryant¹ demonstrate the almost complete blocking by LUTREXIN of the contracting action of Pitressin and oxytocin on uterine muscle. This complements the bio-assay technique of Krantz, Bryant and Carr², which demonstrates how LUTREXIN completely relaxes uterine contractions.

Being a non-steroid, LUTREXIN causes no untoward by-effects even when massive doses are used.

Supplied In Bottles Of 25 — 3000 Unit Tablets

1. Bryant, H. H.: to be published.
2. Krantz, J. C.; Bryant, H. H. and Carr, C. J.; *Surg., Gyn. & Obst.*, 90: 372-375, 1950.



in vivo measurement
of LUTREXIN on
contracting uterine muscle

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1, MARYLAND

Our motto is
"Do better
every day."

It means
steady progress.

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efficiency.

Keeps us on
our toes.



First name in ice cream for over a half-century



The Maryland Pharmacist

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PROGRESSIVE

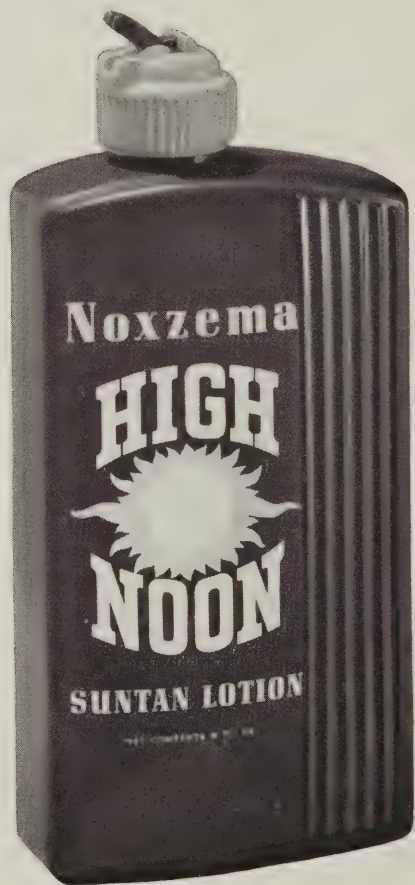
PROFESSIONAL

Volume XXXVII

JUNE, 1961

NO. 9

America's Fastest Growing Sun Tan Lotion



★ Three popular sizes: 3 oz. tube, 89c; 6 oz. plastic bottle, \$1.45; 12 oz. plastic bottle, \$2.45. Stock now for quick summer profits.

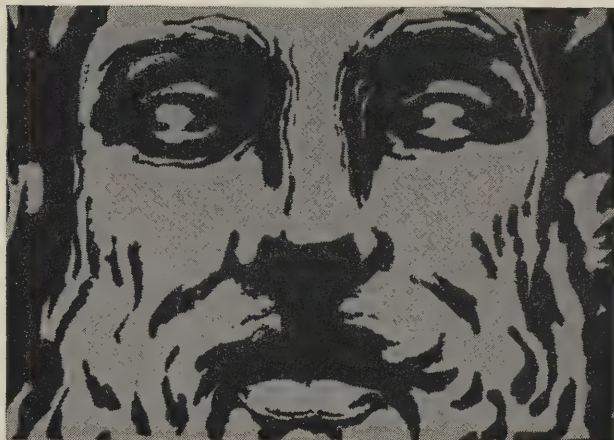
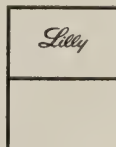
NOXZEMA CHEMICAL COMPANY

*New Product Announcement

a significant
achievement in
corticosteroid research

HALDRONE™

(paramethasone-acetate, Lilly)



Æsculapius

Haldrone is a potent synthetic corticosteroid with marked anti-inflammatory activity. In steroid-responsive conditions, it provides predictable anti-inflammatory effects with a minimum of untoward reactions. Gratifying response has been observed in patients transferred from other corticosteroids to Haldrone. There is relatively little adverse effect on electrolyte metabolism. With Haldrone, sodium retention is unlikely, psychic effects are minimal, and there appears to be freedom from muscle weakness and cramping.

Although the incidence of significant side-effects is low, the usual contraindications to corticosteroid therapy apply to Haldrone.

Supplied in bottles of 30, 100, and 500 | Tablets Haldrone, 1 mg., Yellow (scored)
Tablets Haldrone, 2 mg., Orange (scored)

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ITCHING FOR MORE SUMMER SALES?

CALADRYL® In past years, pharmacists everywhere have discovered that CALADRYL is not only an effective formula for relief of itching... it is also a potent one for increasing summer

sales. The reason? CALADRYL combines valuable antipruritic and antihistaminic actions to soothe the distress of prickly heat, insect bites, hives, mild sunburn, and other skin irritations prevalent in warm weather. To make those extra sales this summer, feature and recommend CALADRYL. Stock up today... and see your Parke-Davis representative for details of an attractive new merchandising unit designed to spark impulse sales of this popular product. *Benadryl Hydrochloride (diphenhydramine hydrochloride, Parke-Davis)

1961

PARKE-DAVIS

PARKE, DAVIS & COMPANY, Detroit 37, Michigan

The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVII

JUNE, 1961

No. 9

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... Editorial ...

THE PHARMACY IMAGE

We have heard much in recent months about professionalism and Pharmacy's image. But nothing has brought home more emphatically the distorted and misconceived image of Pharmacy than the recent statement issued by Judge Louis E. Goodman in the Northern California Pharmaceutical Association antitrust case.

In finding the Northern California Association guilty Judge Goodman stated, "if pharmacy is a profession the Court should keep hands off, but he didn't see that the pharmacist was any different than any other merchant, and that 'the sale of soap by a druggist' was no different than dispensing a prescription."

The significance of the Judge's statement is the absolute ignorance and lack of appreciation of Pharmacy's role in medical care and the health and welfare of the community.

It hurts to be compared to "any other merchant." Does any other merchant sweat and worry through a five year college course? Does any other merchant take a State Board Examination to allow him to sell his wares? Does any other merchant have the concern and responsibility of dispensing medication to the sick? Does any other merchant have to take as much ridicule and abuse as Pharmacy does?

The fine of \$40,000 against the Association, although excessive for the offense, is not as important as the image the case has brought out in the open. Unfortunately such images mold public opinion.

Every profession, trade or union jumps to the defense when facts and principle are distorted. That is, every profession except Pharmacy. Pharmacy does not

defend itself in the public eye. It takes one beating after another and remains inert. Why?

Perhaps the Judge is not altogether wrong. After all he has a right to his own impression of Pharmacy. Instead of comparing the pharmacist's service with the sale of a cake of soap, he could have very well have chosen garden hose, wading pools, barbecue grills or any number of products foreign to health usage for comparison.

Pharmacy is creating its own image. As long as we tolerate and support the wrong image, we must bow to criticism and insults. We have talked also of cleaning our own house. The longer we talk and wait, the greater becomes the distorted image of Pharmacy.

Pharmacy must understand that it can not cringe forever and expect public and professional respect. Stop selling yourself short. Have the courage to defend yourself at every opportunity that presents itself. Explain your charges and fees intelligently and stop worrying about the guy down the street. In most cases he is a figment of imagination. Does the automobile mechanic, the TV repairman, the electrician or the plumber apologize for his charges? Thee keep you waiting too.

The time has come to truly defend Pharmacy through an honest-to-goodness Public Relations Program. It will cost money. Maybe some of our manufacturing friends can spare a few dollars to say some kind words about Pharmacy via Television and the Press.

Maybe the wholesalers will see the wisdom in financially supporting such a program. And maybe retail pharmacists everywhere will pitch in their dollars too for their own salvation. We all need some soul-searching.

How Filmtab® Vitamins by Abbott Stack Up

Until we put the coatings on the Optilets® below, the tablets were all the same. Now, consider the differences.

The left column contains 125 Optilets with conventional sugar coatings. The right column—125 Optilets with Filmtab coatings.

How do they stack up?

Well it's easy to see that the column on the right is much shorter. That's because the Filmtab coating cuts tablet bulk up to 30%. The result is a small, streamlined vitamin that's easy to swallow—the most compact tablet of its kind.

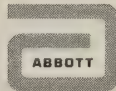
Stability? Actually enhanced. Unlike sugar coatings, the Filmtab covering is applied without water. There is virtually no chance of moisture degradation.

Filmtab Coatings Protect These Vitamins by Abbott

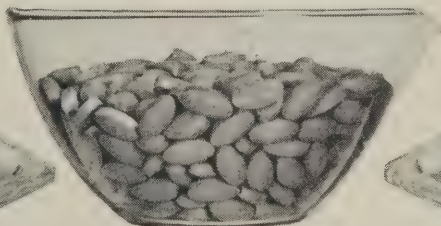
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Maintenance formulas.

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Top profits from greeting cards depend first of all on having the cards you need when you need them. That's the CharmCraft secret—personalized delivery schedules to meet every need.

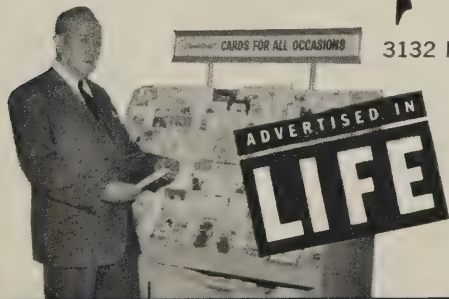
But it's not the whole CharmCraft story. CharmCraft means an exhaustive collection of truly imaginative greeting cards housed in the most eye-appealing cabinets and advertised nationally. It all adds up to top profits with less work and bother for you—a mighty pleasant combination.

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To learn more about the advantages of becoming a CharmCraft dealer, drop us a line today.

PRESIDENT'S MESSAGE

Dear Fellow Pharmacists:

As I come to the end of my regime as President of the Maryland Pharmaceutical Association, it is natural to review the term of my office.

I am reminded of hopes and ambitions in anticipation of a successful year for Pharmacy in Maryland, with the realization that Maryland is but a small segment of the body pharmaceutical.

I feel that some good was accomplished during the past year and I am deeply grateful to those who are responsible for these accomplishments. If nothing else, I am satisfied with the knowledge that Maryland is blessed with many dedicated people in Pharmacy who devote unselfish effort for the benefit of all.

Your attention is called to the Maryland Pharmaceutical Association Convention that was held in Atlantic City, New Jersey, July 3-6. From advance registration figures it is evident that only 15% of the drug store owners of the State would attend the Convention. With such lack of interest is there any wonder that Pharmacy is beset with problems? A house is as strong as its foundation—you are the foundation of Pharmacy. What are your plans for next year?

To those who did not attend the convention—the 85%—please read what transpired at the Convention both in the pharmaceutical press and in the Proceedings Number of the Maryland Pharmacist.

Make it your business to know your business and to fight for it. You will be called upon to support legislation to strengthen the place of Pharmacy and Small Business in the scheme of things.

Hearings have been set on the Fair Competitive Practices Act, S 1722, for July 25 and 27. Fair Trade is the life-blood of Small Business. When you are called upon to support this legislation, respond promptly with enthusiasm.

In saying adieu, I want to express my appreciation to you for your support while serving you as President. I also want to extend my sincerest congratulations and best wishes to President Norman J. Levin, my successor. I hope you will join me in giving him support and cooperation as the head of a successful organization. Remember—nothing is insurmountable, especially if we recognize leadership and work together.

Sincerely,

HAROLD M. GOLDFEDER
President

*Watch For Convention News
In The July Issue*

Maryland Board of Pharmacy

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Secretary

301 WEST PRESTON STREET
BALTIMORE 1, MARYLAND

REREGISTRATION

Dear Pharmacist:

As you well know, Governor J. Millard Tawes has signed Senate Bill No. 5, and it became effective June 1, 1961.

Of immediate interest to pharmacists is Section 266B, Article 43, Annotated Code of Maryland (1957), which provides for the issuance of Certificates of Renewal to pharmacists biennially.

The Board is presently designing a suitable application form to be mailed to each pharmacist practicing in Maryland.

It is requested that you forward to us at your earliest convenience your name and home address, and the names and home addresses of all pharmacists employed by you.

Your cooperation and assistance will be greatly appreciated, inasmuch as it will facilitate and expedite our forwarding an application directly to each pharmacist.

Yours very truly,

F. S. Balassone, Secretary
MARYLAND BOARD OF
OF PHARMACY

BEWARE OF REPACKAGED DRUGS

Commissioner of Food and Drugs George P. Larrick warned the Nation's druggists that physicians' samples of

potentially dangerous prescription drugs are being mixed and mislabeled by repackers who collect them from physicians and drug salesmen.

Druggists who have purchased any drugs from repackers of physicians' samples should destroy them, Mr. Larrick said.

He said a serious error has been found during the inspection of Nathan H. Baier, large drug repacker located at Shiller Park, Ill. Among the repackaged drugs at this establishment FDA inspectors found bottles containing "Tofranil," a potent drug for treating mental depression, labeled as "Donnazyme," a preparation for mild gastrointestinal conditions, and also as "Albee With Vitamin C," a vitamin product that is sold without prescription.

The substitution of Tofranil for the latter drugs could cause serious harm to the user, Larrick said. He particularly urged those druggists who have purchased drugs from Baier to immediately examine their stocks and to destroy any they have obtained from that source.

The entire remaining stocks of physicians' samples at the Baier establishment, both repackaged goods and those in original containers, have been placed under Federal seizure. The estimated retail value of this stock is in excess of \$50,000. Baier obtained his physicians' samples entirely from doctors whom he circularized with a mailing card.

Commissioner Larrick said, "This incident is concrete evidence of the very serious harm that may result from the improper handling of physicians' samples by untrained and irresponsible people. Manufacturers, doctors, detail men and druggists are urged to take immediate steps to control the handling of physicians' samples so that they will be used for their intended purpose. Any other purpose is contrary to the pro-

MORE YEARS OF SERVICE

SERVING THE PHARMACIST LONGER THAN ANY
OTHER DRUG WHOLESALER—
124 YEARS OF CONTINUED SERVICE
ESTABLISHED 1837

MORE HOURS OF SERVICE

SERVICE 7 DAYS A WEEK—24 HOURS A DAY—
ON WEEKENDS OR AFTER 5 P.M. DAILY PLACE
YOUR ORDER WITH OUR ELECTRONIC SECRETARY

MUTH BROTHERS & CO.

PLaza 2-0480

visions of the Federal Food, Drug, and Cosmetic Act and to sound professional ethics."

Sample drugs at the Baier establishment were from at least 10 different pharmaceutical firms. Some were in their original manufacturer's packages and others were repackaged with labels which do not indicate their source. The Government charged that the drugs were misbranded because they were not labeled with the name and address of the manufacturer, packer or distributor and because they were not being distributed according to their labeling as physicians' samples, but were being held for repackaging and resale to retail druggists for filling prescriptions.

The Chicago seizure was the fourth such action. Earlier, U. S. Marshals seized drug sample stocks at three other repackaging plants: Fall Drug Co., Jersey City, N. J.; Marshel Sales Co., Palisades Park, N. J.; and I. Zonana and Bronx Drug Co., Bronx, N. Y.

DRUG STORE CHANGES

The following are changes in drug stores for May:

Change of Ownership

Gerald Schonfeld, 2443 E. Monument Street, Baltimore 5, Maryland Monument Pharmacy, Formerly: Howard S. Rice, Prop.

Sam Sowell, Hughesville Pharmacy, Hughesville, Maryland Formerly owned by Marion S. Hamer.

Medical Center Pharmacy, Inc., S. Salisbury Blvd. & Pine Bluff Road, Salisbury—Albin A. Hayman, Pres.—**Now Corporation.**

Kay's Pharmacy T/A Lamar Drug Co., Inc., Howard R. Schiff, Pres., 2444 E. Biddle St., Baltimore 13, Maryland. Formerly: Kay's Drug Store, Jacob L. Kronthal, Pres.

Jerome Berlin, Waltz Pharmacy, 1831 W. Mosher Street, Baltimore 17, Maryland. Formerly: Mrs. Doris Rotkovitz.

William J. Appel, Peoples Rexall Drug Store, 6 N. Washington St., Easton, Maryland. Formerly: Peoples Drug Store, Carl W. Stahlhut.

Closed

Donald Allan Ullman, Donald's Pharmacy, 3101 Gwynn's Falls Parkway Baltimore 16, Maryland.

Kaywood Drugs, 2209 Varnum Street Mt. Rainier, Charles Shillet, Prop.

Greenbelt Pharmacy, Leon Strauss Pres., 131 Centerway, Greenbelt, Md.

Lester D. Windsor, Windsor Drug Store, S. Division St., at Lincoln Ave. Salisbury, Md.

Save Mor Drugs Wheaton, Inc., Albert Pearlman, Pres., 11201 Viers Mill Road, Wheaton, Maryland.

Hillendale Pharmacy, Inc., T/A Falkland Pharmacy, Samuel Morris, Pres. 1401 East-West Highway, Silver Spring Maryland.

*clearly the purest...
clearly the best seller*

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CITRATE of MAGNESIA

*In the emerald green bottle
customers recognize instantly*

- sparkling "lemonade" taste
- perfectly pasteurized and manufactured under strict supervision and controls
- Your wholesale druggist has Everfresh, the standard citrate for 35 years

350 cc size: list price, \$2.45 per dozen. Minimum retail price, 30¢ each.

This price effective in all New England and Mid-Atlantic states

see the difference in purity
see the difference in sales

**Everfresh Manufactured by
THE MIFFLIN McCAMBRIDGE CO.**

6400 Rhode Island Avenue • Riverdale, Maryland



THE HOWARD DRUG & MEDICINE CO.

**101 CHEAPSIDE
BALTIMORE 2, MD.**

A Family Tradition

**Serving Retail Pharmacy
Since 1894**

Drugs—Pharmaceuticals—Toiletries—Sundries

No Order Too Small—No Distance Too Great

**Daily Delivery Service In The Greater
Baltimore Area**

Call: PLaza 2-6290

We Appreciate Your Patronage

School of Pharmacy, University of Maryland, News

ANNUAL BANQUET AND DANCE OF THE ALUMNI ASSOCIATION OF THE SCHOOL OF PHARMACY, U. OF M.

By B. Olive Cole

The 36th Annual Banquet and Dance of the Alumni Association of the School of Pharmacy of the University of Maryland was an enjoyable affair, held at the Baltimore Union of the Professional Schools of the University, 621 W. Lombard Street on Thursday evening, June 8, 1961.

Approximately 400 persons attended, which included the 1961 graduates, with their wives, ladies or escorts, and many groups of parents of the graduates.

The invocation was given by Dr. Israel M. Goldman, Rabbi of the Chizuk Amuno Congregation of Baltimore.

President Irving I. Cohen welcomed the members of the 1961 Graduating Class, who were guests of the Association, their parents, members of the Alumni, guests and friends.

Mr. Victor H. Morgenroth, Jr., Chairman of the Executive Committee, was the Toastmaster, and introduced the guests at the top tables.

Dr. Louis L. Kaplan brought Greetings from the Board of Regents of the University of Maryland, and Dr. R. Lee Hornbake, Vice-President for Academic Affairs, the Greetings from the University of Maryland.

Dr. Louis E. Kazin, Editor of *Drug Topics*, was the principal speaker and outlined the special position which pharmacy and pharmaceutical education enjoys in the sphere of the Health Groups of the community, and predicted a future full of promise for the members of the 1961 graduating class.

Mr. Joseph Cohen, Executive Secretary of the Maryland Pharmaceutical

JOSEPH COHEN RECEIVES ALUMNI AWARD



From left: Joseph Cohen; Victor H. Morgenroth, Jr., Toastmaster; Louis E. Kazin, Editor, *Drug Topics*; Irving I. Cohen, Alumni President.

Association and of the Baltimore Metropolitan Pharmaceutical Association Editor of the *Maryland Pharmacist*, and active in City, State and National pharmaceutical affairs, including special interest in Legislative matters, was presented the Honored Alumnus Award for 1961 by President Irving I. Cohen.

The Honorary President's Award was presented by Dr. Frank L. Black to Mrs. Frank N. Budacz, who was Treasurer of the Alumni Association for twenty-three years.

The 1961 Graduating Class of the School of Pharmacy was presented by Dean Noel E. Foss, who mentioned the

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honors received by several of the graduates.

Mr. Vito Tinelli, Jr., President of the 1961 Class responded.

Special certificates were presented to the 50-Year graduates of the School. Those present to receive the certificates were:

Dr. Filiberto Artigiana of Baltimore; Dr. Paul F. Flynn, Unionville, Conn.; Dr. Harry C. Lewis, Cumberland, Maryland and Dr. George H. Waltz of Baltimore.

Class reunions were celebrated in groups at different tables and represented many graduates from other localities and states. A great interest is manifest in these reunions.

The following officers were installed for the year 1961:

Honorary President—Simon Solomon
 President—James P. Cragg, Jr.
 First Vice-President—Samuel A. Goldstein
 Second Vice-President — Milton A. Friedman
 Executive Secretary—Frank J. Slama
 Treasurer—H. Nelson Warfield

Executive Committee

Irving I. Cohen, Chairman
 Robert J. Kokoski
 Harold Levin
 Vito Tinelli, Jr.
 with Noel E. Foss and B. Olive Cole—
 Ex-Officio

The following were presented as new Associate Members of the Alumni Association:

Mrs. Andrew G. DuMez
 William H. Harrison
 Herman Blum

Particular attention was called to the splendid planning and work of the officers and members of the committees, and praise was given to them for the success of the banquet and dance.

The Past President's Award was presented to Irving I. Cohen by newly-installed President James P. Cragg, Jr.

The benediction was pronounced by Dr. Israel M. Goldman.

The tables were beautifully decorated by Hahn & Hahn in memory of Drs. Charles C. Neal, E. F. Kelly and Andrew G. DuMez.

The ice-cream was donated by the Meadow-Gold Company, and the cigars by Schafer-Pfaff.

Dancing on the roof was enjoyed to the music of Sid Cowen.

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. CONTRIBUTIONS .

WHY MANUFACTURERS OF DANGEROUS DRUGS SHOULD BE LICENSED

Simon Solomon

The purpose of licensing manufacturers of dangerous drugs is designed to give the public added protection against drugs that are contaminated and particularly to expose counterfeiting by those unscrupulous manufacturers who are producing drugs under the labels of legitimate pharmaceutical firms of excellent reputation without their authorization.

Only recently, a grand jury severely criticized the Board of Pharmacy in a neighboring state for failure to take action against operators of counterfeit drugs. It was pointed out that counterfeiters operate clandestinely and are beyond inspection controls, and could therefore go undetected for a long period of time. It is very evident that if boot-legging of these drugs goes unchecked, as happened in the above state, chaos is bound to follow, not only resulting in the marketing of many new drugs which would be therapeutically ineffective, but delaying the recovery of many seriously ill patients.

It is interesting to note that one of the recommendations of the grand jury was legislation for licensing or registration of all drug manufacturers and wholesalers.

Pharmacists have a great responsibility in protecting the public against the use of inferior drugs. Drug counterfeiting is reprehensible and any pharmacist who knowingly dispenses such drugs on prescriptions is probably more guilty than the individual who sells them to him.

It is puzzling us as to why the members of the Pharmaceutical Manufacturers Ass'n who has appealed to Pharmacy Boards in many states to cooperate for the purpose of taking action against unscrupulous operators, is op-

posed to any licensing or registration that makes manufacturers subject to the jurisdiction of State Pharmacy Boards, and their rules and regulations. It is very difficult to follow the reason for such opposition as licensing will protect rather than harrass the legitimate manufacturers, but what is more important protect the public against the use of unworthy drugs. If licensing of drug manufacturers is obnoxious to these companies, then they have no one to blame but themselves, because it appears they have abused the relative freedom from strict government regulations that they have enjoyed for many years and the honeymoon could not be expected to last forever. Of course, not all manufacturers should be included in this category.

It is important to note whether we pharmacists approve or not that the trend of prescribing generic (non-trade name) drugs is increasing.

Last year the State Welfare Department of New York adopted a policy requiring physicians writing welfare prescriptions to use generic names for 17 commonly used drugs.

The State Welfare Department of California urged that wherever possible all welfare prescriptions be written in generic terms.

The State of New Jersey decided to purchase drugs on the basis of generic names for state institutions and welfare.

In Connecticut, the State Welfare Department recommended to physicians that they prescribe generic name products.

In Maryland the State and City Health Departments have placed certain restrictions on prescribing trade name products as it applies to welfare prescriptions particularly vitamins.

Hospitals secure blanket consent for the dispensing of generic equivalents from physicians on the medical staff by making it a requirement for staff membership.



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The American Medical Association recommended generic name prescribing when drugs of equal therapeutic effectiveness are available; when the quality of the product is assured and when a price differential exists. What the American Medical Ass'n should tell its members is that despite a price differential we are not dealing with an ordinary commodity, but with drugs, where the saving of human lives is involved and that generic name drugs will never compare with trade name products when it comes to uniformity, quality and dependability.

To stress that generic name products are less in price than trade name products is like reporting something out of context, and really not giving the whole picture so as to justify the differential in price between the two products and why physicians prefer products of trade name manufacturers in whom they have complete confidence.

The American Medical Ass'n should come out openly and explain to the public—

- 1—That trade name manufacturers spend millions of dollars on controls which is not true of generic name manufacturers.
- 2—That trade name manufacturers spend millions of dollars on research, which is not true of generic name manufacturers to any great extent, if at all.
- 3—That trade name manufacturers employ only the best available scientific minds, which is not true of generic manufacturers.
- 4—That the trade name manufacturers in order to get the most effective results use only the purest ingredients in their products.
- 5—That generic name manufacturers in many instances, reap the reward of many years of labor spent by trade name manufacturers besides the tremendous financial outlay by the latter.

When the above is taken into consideration, is the price of trade name prod-

ucts too high? This we cannot answer, but we do know that the saving of human lives is more important than the saving of a few dollars.

We should not fail to remember that the increased use of generic name products over trade name products will be responsible for many inferior products entering the market thus creating cut throat prescription business and thereby cause the public to lose respect for our profession. But we must face realities. If a representative of the State Department of Health should appear before any legislative body and recommend that only trade name products be used for indigent patients the increased appropriation asked for would be so astronomical, that perhaps a psychiatrist would be called in to examine the person making such a request.

If the cost of such a program of using only trade name products is financially prohibitive, then one must accept the other alternative of the prescribing of many generic name products for welfare programs. In this case, then the pharmacists are duty bound to protect those people for whom they are prescribed by insisting that the best quality of such drugs be used. The pharmacist has a responsibility and obligation to dispense only those generic name products, when the physician fails to name the manufacturer as he frequently does, of those manufacturers whose products have been accepted for safety and efficacy. We feel that the pharmacist can be held legally responsible if he selects a manufacturer whose products do not meet the standards required by the F.D.A. In other words, it is also the moral obligation of the pharmacist to protect the thousands upon thousands of indigent patients, who through no fault of their own must accept non-trade name products prescribed by the physician. This also holds true of many thousands of patients not on welfare, but because of low income, cannot afford to pay for

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trade name products. Now with the Kerr-Mills Law which provides medical services to persons in Maryland, 65 years of age or over, it will mean increased prescribing of generic name products.

If we are to eliminate or at least reduce to a minimum those unscrupulous fellows who are handling counterfeit drugs, and also those manufacturers whose generic name products do not meet the safety and efficacy tests, then the only answer is the licensing of manufacturers of dangerous drugs in every state so that the individual states can cooperate effectively with the F.D.A. This will then enable the pharmacist to get the necessary information as to the background of every manufacturer and whether his products meet the required tests. Under such circumstances every pharmacist should be willing to accept the responsibility for the non-trade name products he dispenses.

Licensing of manufacturers will result in exposure of counterfeiting within our state's borders, and also act as a deterrent to all unscrupulous manufacturers. These fellows will stay clear of those states which compel them to be licensed, as they do not want any state agency to have them on record, which could easily reveal their activities. Naturally some will attempt to operate without being licensed, but eventually the long arm of the law will catch up with all such violators.

There is no question but that the profession of pharmacy will be greatly benefited by the licensing provision of the law recently enacted, and the public will be adequately protected against the use of inferior drugs.

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STRENGTH."**

SOME USEFUL APPLICATIONS OF GELATIN

By B. F. Allen *

Gelatin is described in the United States Pharmacopeia as "a product obtained by the partial hydrolysis of collagen^a derived from the skin, white connective tissue, and bones of animals."

The official compendium also states that "gelatin derived from an acid-treated precursor is known as Type A¹ and exhibits an isoelectric point between pH 7 and pH 9, while gelatin derived from an alkali-treated precursor is known as Type B² and exhibits an isoelectric point between pH 4.7 and pH 5."

Therefore, the U.S.P. recognizes the important fact that all gelatins are not identical by specifying the type to be used in the extemporaneous preparation of emulsions and suppositories. Also, the minimum of gel strength officially is that a one per cent solution, kept at 0°C. for 6 hours, must show no perceptible flow when the container is inverted.

In addition, the Pharmacopeia states that "gelatin for use in the manufacture of capsules in which to dispense medicines, or for the coating of pills, may be colored with a certified color, may contain not more than 0.15 per cent of sulfur dioxide^b, and may have a lower gel strength than is specified in the monograph."

Gelatin is a complex material, high molecular weight protein, composed entirely of amino acids. However, it is not a complete protein in that it is lacking in the essential amino acid tryptophan. It has also been stated to be lacking notably in adequate amounts of other essential acids.

*Associate Professor of Pharmacy, University of Maryland

^a an albuminoid substance

¹ available as Pharmagel A

² available as Pharmagel B

^b preservative and gives to hard capsules an increased transparency and brilliance.



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Gelatin occurs in sheets, flakes, or shreds, or as a coarse to fine powder. It is faintly yellow or amber in color, the color varying in depth according to the particle size. It has a slight, characteristic bouillion-like odor. It is stable in air when dry, but is subject to microbial decomposition when moist or in solution.

The color of gelatin depends on the nature of the raw material used in the manufacturing process and whether it represents a first, second or later water extraction. The last extraction usually possesses considerable color. However, the color does not influence the properties of gelatin nor reduce its usefulness.

Gelatin is insoluble in cold water, but swells and softens when immersed in it, gradually absorbing from 5 to 10 times its own weight of water. It is soluble in hot water and in a hot mixture of glycerin and water. It is insoluble in alcohol and in fixed and volatile oils.

Sheet gelatin is today sold but rarely by the gelatin industry. Many years ago it was necessary to soak these sheets in cold water before using them in order to remove the impurities by osmosis. Today, gelatin is so pure that this preliminary soaking is an unnecessary step and it may be dissolved directly in a solvent. For this reason most commercial gelatin is "granulated" —actually it is broken to a coarse powder.

The problem of dissolving gelatin in large amounts in polyhydric alcohols such as glycerin has always been a troublesome one. Where only comparatively small amounts of gelatin are to be dissolved in a solvent, consisting of glycerin and water, no difficulty is experienced. The problem arises when one attempts to dissolve 30-50 per cent of gelatin in a solvent of glycerin and water. In such cases the gelatin absorbs the solvent before all of the gelatin is wet. Stirring causes lumps to form and entrains air. A considerable amount of difficulty has been experienced along

this line by many pharmacists in the preparation of glycerinated gelatin.^c

As previously mentioned, gelatin for use in the preparation of emulsions is described in great detail in the U.S.P. At a pH of approximately 3.2. Type A is highly hydrated, positively charged, and functions well as an emulsion stabilizer. Tartaric acid is recommended to attain the desired pH. However, the presence of the positive charge causes difficulty when an attempt is made to use it with the negatively charged gums such as acacia and tragacanth. This is due to the formation of a coacervated which inactivates or impairs the protective action of the colloid. At pH 8, Type B has an effective degree of hydration and a strong negative charge. Thus it may be used with negative charged gums, and alkaline substances. The inclusion of sodium bicarbonate is recommended in the emulsion formula to attain the desired pH.

It has been reported that gelatin is one of the most suitable emulsifying agents in the preparation of flavor emulsions. Several outstanding virtues of such products have been noted. As an example, upon dilution with syrup or water a fine permanent "cloud" is produced which is a very desirable feature in this type of product. Also, the alcoholic content may be reduced somewhat^e provided some other suitable preservative is added.

In all products employing gelatin as a stabilizing agent the use of a homogenizer or colloid mill is required.^f This is due to the fact that although extremely efficient as a stabilizer, gelatin solutions do not have the high viscosity

^c in the formulation of suppositories, the current U.S.P. uses 20 per cent of gelatin.

^d a kind of "precipitate" when oppositely charged colloids are brought together.

^e as compared to flavor extracts.

^f the principle of operation of these machines described in this Journal, Dec. 1958, p. 334.



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required when ordinary mixing devices are employed for emulsion manufacture.

It is the lack of high viscosity on the part of emulsions made with gelatin which places them in a different category than ordinary emulsions. Generally, an oil-in-water emulsion is intended to render the oil more palatable and produce a preparation which is readily miscible with aqueous liquids. Both of these objectives are partially obstructed in highly viscous products.

An absorbable gelatin sponge is used in surgery as a means of arresting hemorrhage. It is made by partially denaturing gelatin and whipping it into a porous mass and drying. This product is said to take up approximately 50 times its weight of water or 45 times its weight of whole blood.

Many paste formulas have been employed containing gelatin which are melted and then applied to the skin. At the present time the U.S.P. recognizes a similar preparation^g which is used in the treatment of varicose ulcers.

Gelatin is one of many substances which has been tried as a plasma expander in the treatment of shock. The molecular weight of gelatin used in such products has ranged from 20,000 to 36,000. In addition, it is referred to as a special type—sterile, non-antigenic, and non-pyrogenic.

Gelatin is well known as a vehicle to increase the effectiveness of drugs. It is used for subcutaneous injections when slow absorption of a drug is desired. Also, gelatin has been used as a retarding agent both with and without additional ingredients. The gelatin so used has been known to cause between twofold and eightfold increase in effectiveness of the drugs.

It has been reported that the sticky properties of gelatin make it a superior vehicle for local oral medication since spreading of the medicinal agent in this vehicle takes place more readily than when nonsticky substances are used as a base. The spreading, adherence, and penetration of the medi-

cal agent on the oral mucosa, as well as on the tonsils and pharynx are enhanced by the physical properties of gelatin.

A glycerinated gelatin base is used in the manufacture of many so-called "cough drops." It is stated that this type of product has the great advantage of not producing a sore mouth which sometimes occurs from the frequent use of the sugar type of "cough drop." This is because the gelatin product is always surrounded in the mouth with a soft delicate fluid which lubricates its surface so that no sharp edges are possible to irritate delicate tissues.^h

Among the outstanding properties of gelatin is its ability to "stabilize" chemical substances such as silver iodide and silver protein. Both of the aforementioned chemicals are commercially available in combination with gelatin.

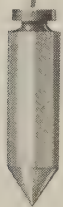
Manufacturers have been able to reduce the cost of multi-vitamin formulations by using materials such as "Vitamin B/12 in Gelatin." In vitamin-mineral combinations ascorbic acid and iron sulfate are "bad actors" and a high overage of B/12 is customary to maintain its potency over a prolonged period. The extra cost of this overage can now be greatly reduced since tests show that there is no loss of B/12 activity when the gelatin form is used.

Also, available is a new form of Vitamin A Palmitate stabilized in gelatin and expressly designed to solve the stability problem in high moisture products. It is said to be extremely useful in the manufacture of soft compressed tablets and dry pharmaceutical preparations where rapid solubility is required. The same company manufactures a Vitamin A Acetate in an oxidation-resistant matrix of gelatin and sugar. The high stability of this

^g Zinc Gelatin Boot

^h the popular confection PEZ contains both sugar and gelatin.

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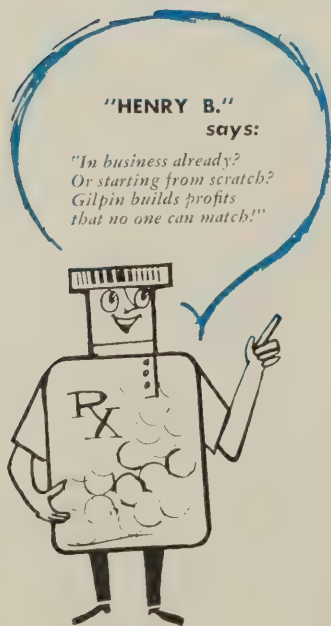
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Gelatin is extensively used in many food products such as desserts, jellied meats, pastries, modified milk formulas, and candies. It is also sometimes used as a clarifying aid in the wine industry.

Severe protein deficiency in young children and adults is certainly among the most prevalent nutritional diseases in many areas of the world. Consequently, much research has been conducted into the relationship of diet and adult growth. The purpose of many of these studies has been to try to establish: (1) whether a low-protein diet will reduce the rate of growth of an adult, (2) whether calcium and phosphorus in the diet is as important in this regard as protein.

Recently, a research team at the University of Maryland (College Park Branch) has been studying the relationship of diet and fingernail growth. The measurements have been confined to the subjects' nails because these are parts of the human body that continue normal growth after maturity. A significant finding, in the opinion of the researchers, is that low-protein diet stimulates nail growth. That came as a surprise since they expected just the opposite.

As is true of medicine in general, there are many minor conditions in dermatologic practice which are very common but which receive scant attention due to their apparent unimportance. The brittle, splitting nail is just such a condition. Of great importance to a woman who is meticulous in her appearance and fastidious about her hands, it can be a vexing and embarrassing therapeutic problem.

The manufacturer of one well known brand of gelatin has stated that the one way to restore problem nails as shown by published medical research is to drink daily approximately 115-120 grains of their product stirred into bouillon, fruit or vegetable juice, or water.

Articles published in several of the "lay magazines" emphasize that food plays an important role in the production of healthy nails. Also, that a sensible, medically approved course of action is to start treating this as a nutritional problem—emphasizing the consumption of all-protein, sugar-free unflavored gelatin.

One published study states that 43 of 50 patients with brittle nails who ingested gelatin daily for three months showed improvement in their nail structure. Also, 8 out of 8 cases of recurrent brittle nails could again be controlled by gelatin. According to this study, the cause of brittle nails still remains obscure, as does the mechanism of the action of gelatin. This investigation again bears out the concept that brittleness of nails has no relation to Ca and P metabolism.

Gelatin is suggested as an important constituent in any sound reducing program since it eases between-meal hunger pangs without piling up calories. Simple directions are that it should be taken as a between or before meals drink in fruit or vegetable juice, bouillon or water.

A recent statement indicates that gelatin will stimulate hair from within—that is, it reconditions dry brittle hair, and restores the life, lustre and natural color.

Recently, a new specially processed gelatin has been prepared which is available under the tradename of Thiogel^h. It is a thiolated gelatin^j and occurs as a white anhydrous powder which must be protected by a drying agent. This change in chemistry creates a material with all the advantages of gelatin plus many new and desirable qualities.

Preliminary data indicate that this material adheres firmly to glass and metal surfaces and also to the skin, and in addition has bacteriostatic

^h Schwarz Bio Research, Inc., Mount Vernon, N.Y.

^j SH groups into high molecular weight gelatin inserted.

properties. With much greater tensile strength than gelatin, considerable lower concentrations can be used.

Some of the suggested applications for this material are: (1) coating of therapeutic agents or addition to capsules, (2) skin coating to provide a protective wound-healing gel film, (3) surgical sponges, (4) medicated packs in dentistry, (5) coating for protection of foods, (6) hair setting formulations and finger nail polishes.

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 CORTROPHIN GEL (amp)
 CYGEL (amp)
 DENYLEX GEL (amp)
 DEPO-ACTH (amp)
 ENZEON (amp)
 GELATIN GLORY (cap)
 GELATIN-PLUS¹ (cap)
 GELATIN-SLIM² (cap)
 GELFILM (sponge)
 GELFOAM (sponge)
 HP-ACTHAR GEL (amp)
 NEO-SILVOL (powd)
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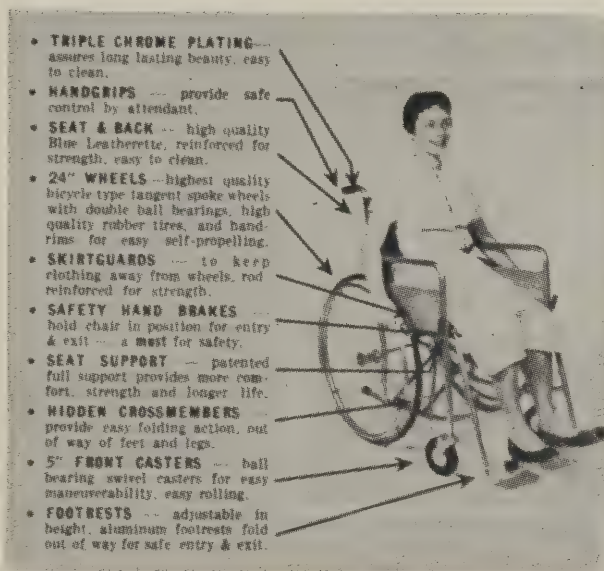
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Volume 19

JUNE, 1961

No. 9

CONVENTION TIME

At the T.A.M.P.A. pre-convention luncheon meeting held on June 3rd at the St. Charles Restaurant, Ed Kabernagel advised us of his conviction that T.A.M.P.A. would provide good entertainment for the coming convention.

Providing entertainment for those who attend the Maryland Pharmaceutical Association convention is T.A.M.P.A.'s primary objective and its greatest challenge each year. The responsibility of providing this entertainment always belongs to the Vice President who must plan a lively and entertaining program and with the help of his committee carry that plan through to its conclusion. While the success or failure of these programs is necessarily attributable to the Vice President who is automatically chairman of convention entertainment, it is also true that this success or failure depends greatly on the efforts of all T.A.M.P.A. members who attend the convention.

The success of the 1961 convention entertainment is in itself a tribute to the careful planning and hard work of Ed Kabernagel and his committee. They

can feel justly proud of the success of their joint effort. Ed's conviction was correct.

NEWS ITEMS

Congratulations are in order for Mr. and Mrs. Murray Bradley who are the proud parents of a baby girl (Jenny) born May 4, 1961.

It's good to see Jim Allen back with us. After getting out of the hospital, Jim took off for Florida and spent two weeks relaxing in Miami Beach acquiring a beautiful tan that gives him that millionaire sportsman look.

We know Lou Rockman must feel gratified at the big turnout for this year's Tuesday Club outing held on May 23rd. Lou was chairman of the affair which turned out to be one of the best. Many T.A.M.P.A. boys were there to help make it a success.

T.A.M.P.A. members also showed up in good force at the delightful joint meeting of the RX and Wedgewood Clubs held on June 1st at the Turf Valley Country Club.

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-: NEWS ITEMS :-

FDA MAKES SEIZURE OF 6,000 TABLETS IN NATIONWIDE COUNTERFEIT DRUG DRIVE

The Food and Drug Administration announced seizures of more than 6,000 tablets as counterfeits of well-known drugs at four firms in three widely separated states.

The actions, the latest in FDA's continuing drive to abolish the counterfeit drug racket, involve products at the following concerns:

McKinney's Apothecary, 542 Church St., Decatur, Ga.

Crow's Drug Store, Inc., 283 Clayton St., Athens, Ga.

Yielding's Pharmacy, 1358 West 54th St., Los Angeles, Calif.

Accurate Wholesale Drug Corp., 818 Milwaukee Ave., Chicago, Ill.

A total of 3,430 imitation Dexedrine, Dexamyl and Diuril tablets were taken at McKinney's Apothecary. The imitation Dexedrine and imitation Dexamyl tablets were contained in dispensing bottles bearing labeling indicating the tablets to be the legitimate Smith, Kline and French products. The counterfeit Diuril tablets were contained in a bottle bearing the Merck, Sharpe and Dohme label for Diuril.

At Crow's Drug Store, 1,480 counterfeit Serpasil and Equanil tablets were found. Counterfeit Serpasil tablets were in two bottles, one bearing a Ciba Serpasil label and the other unlabeled. Counterfeit Equanil tablets were in an unlabeled bottle.

Yielding's Pharmacy had on hand 900 Serpasil and Equanil tablets imprinted Ciba and 229 tablets with the Wyeth imprint, in bottles of manufacturers of the genuine articles — Ciba Pharmaceutical Corp. and Wyeth Laboratories.

A total of 500 counterfeit Meticorten tablets in a dispensing bottle bearing the Schering Corp. Meticorten 5 mg. tablet label was seized at Accurate Wholesale Drug Corp.

FDA charged that the products violate the Federal Food, Drug and Cosmetic Act because counterfeit tablets have been substituted for the genuine articles, because the labels are false and misleading and because the tablets are imitations of other drugs and were offered for sale under the names of the genuine drugs.

The counterfeit drugs seized at McKinney's Apothecary, Crow's Drug Store and Yielding's Pharmacy were shipped there by Palmer and Co., Houston, Texas, which is owned by William L. Palmer, Sr., and William L. Palmer, Jr. The Palmers were among eight men recently charged in United States District Court in Newark, N.J., with conspiring to violate the Food, Drug and Cosmetic Act by distributing counterfeit drugs.

Talay Drug Co., 810 West Lake St., Chicago, Ill., shipped the counterfeit drugs to Accurate Wholesale Drug Corp.

The goods in possession of McKinney's, with the exception of counterfeit Diuril, were manufactured by General Pharmacal Co., Hoboken, N.J. That firm has been charged with counterfeiting drugs in New Jersey. The manufacturer of the counterfeit Diuril tablets has not been established.

Commenting on the counterfeit cases, Commissioner of Food and Drug George P. Larrick again urged retail druggists to insist upon receiving drugs only in original, sealed, manufacturer's packaging.

"This is a bootleg operation easily detected by the retail pharmacist," Mr. Larrick said. "The racket could not exist without the cooperation of unethical druggists."

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THE NINTH ANNUAL

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**N.A.R.D. CONVENTION
MAKE RESERVATIONS NOW**

Join the Maryland contingent. Attend the National Association of Retail Druggists Convention, Miami Beach, Florida, October 1st through the 5th, 1961. See the N.A.R.D. Tour story in this issue of the Maryland Pharmacist.

**ALLEGANY-GARRETT COUNTY
ASSOCIATION ELECT OFFICERS**

The Allegany-Garrett County Pharmaceutical Association elected officers for 1961-62 at their June meeting.

The new officers are: Joseph Eshleman, President; James Salmon, Vice President; Robert Svec, Sr., Secretary-Treasurer.

Members of the Executive Committee are: Howard Cooper, Murray Allen, Myron Blough, Patrick Daugherty and Linn Sheetz. Lester R. Martin was elected Honorary President.

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Eleven Regal Days following the NARD Miami Beach Convention, October 6, 1961—only \$428.00 plus tax, including Jet Air Transportation.

Jet transportation throughout from Friendship Airport, luxurious hotel accommodations, including Modified American Plan arrangements in Jamaica and Haiti, Night Club Tours and never-to-be-forgotten sightseeing in the Caribbean. American Express meets you on arrival and departure.

The third annual Post NARD Convention Tour will take place immediately following the NARD Convention in Miami Beach, Florida, October 1-October 6. Special reservations are being held aboard Northeast Airlines 880 Jet from Friendship, September 29th, 1961. Visits will be made after the Convention to the new Arawak Hotel on the north shore of Jamaica, to the Riviera Hotel in Haiti and to the fabulous San Juan Intercontinental in San Juan, Puerto Rico. Enough time is allowed in each island with your friends, to take advantage of all the recreational facilities of resort hotels or to enjoy the exotic displays of beautiful, tropical scenery. Sightseeing trips have been planned to include quaint buildings of 2½ centuries old where Bluebeard and his pirates ruled the roost; and a wealth of extras.

Shopping? You have never seen bargains like those in the duty-free Caribbean. Come—enjoy the West Indies, a comfortable 72° in October, 1961. Reservations are limited and deposits are now being accepted.

COST PER PERSON—(2 persons per twin bedroom) 10 nights Land Arrangements, including breakfast and dinner in Jamaica and Haiti, transfers and sightseeing.

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| | \$428.00 |
| Plus Tax | 6.60 |
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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

It was indeed a pleasure to meet and greet so many members of the Baltimore Metropolitan Pharmaceutical Association at the Maryland Pharmaceutical Association Convention in Atlantic City.

For all those who attended, I am sure that they were greatly benefitted by the fruitful meetings. The programs were well planned as far as constructive information on current topics is concerned. The presentations by Panelist William E. Woods, on "Generic Equivalents", and Simon Solomon's outstanding report on Fair Trade was very impressive.

The Medical Care Committee of the Baltimore Metropolitan Pharmaceutical Association met with Baltimore City Health Department representatives and plans are being formulated which I believe will be of mutual benefit to everyone concerned. The "Medical Care For The Aged" program, the "Medical Care Formulary", as well as an increase in the Pharmacist's fee, due to the increased cost of operation, were discussed. We are to meet again in the very near future.

Again I want to remind you that the new Pharmacy Laws are now fully in effect! Be sure to keep your Newsletter bearing the Pharmacy Laws and read it over again to be fully acquainted with them!

A cordial invitation is extended to the Pharmacists of Maryland to attend the Baltimore Metropolitan Pharmaceutical Association Christmas Holiday and Gift Show at the Emerson Hotel on August 20, 21, 22. This show is a project of the Association to give you the opportunity of buying your Christmas holiday merchandise and gifts through a jobber of your choice without having to inconvenience yourself with distant traveling.

Our membership now stands at 94%. For those who have not as yet paid their dues for 1961, please do so! We hope for 100% membership!

Wishing each and everyone a most pleasant summer, I am

Cordially yours,

SAM A. GOLDSTEIN
 President

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MARYLAND

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Loewy Drug Co., Inc. Baltimore 13
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PRINCE GEORGES-MONTGOMERY COUNTY INSTALLATION

The Prince Georges-Montgomery County Pharmaceutical Association held its annual Installation Dinner-Dance at the Indian Springs Country Club on May 24th.

Dancing and entertainment followed the installation formalities. Ellis Gadol, Four Corners pharmacist, was presented a plaque as the Man of the Year for his loyal devotion to Pharmacy.

The new officers for 1961-62 are: W. Les Brunnett, President; Robert Sinker, 1st Vice President; Melvin Sollod, 2nd Vice President; Dominic Vicino, 3rd Vice President; Gerald Dechter, 4th Vice President; Paul Fenton, Jr., Secretary; and Fred Sullivan, Treasurer.

Elected to the Executive Committee are: Herman Taetle, N. W. Chandler, Morris Yaffe, James A. I. Parker, Nicholas Toronto, A. Lester Batie, S. Greenberg and Morton Schnaper.

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Looking for new ways to make money? This new glass size for Coca-Cola trades-up check averages and increases your profits.

Many food operators are already merchandising a Jumbo Size Coke at drive-in restaurants, snack bars, theatres, etc. Their experience indicates a steady demand for the larger sizes of your most-asked-for soft drink.

In-store tests in three major markets last year and a national consumer survey* further confirmed this. Greatest potential: when served with food or as refreshment for teenagers and young adults. The new Jumbo

glass with the trade-mark "Coca-Cola" is top-quality glassware... competitively priced. Versatile, too. It's ideal for floats, sodas, milkshakes... as well as the Jumbo Size Coca-Cola.

Order your Jumbo glasses from your wholesaler now. Then have your attendants suggest "Jumbo?" when a customer calls for a Coke.

For point-of-sale material and assistance, see your Representative for Coca-Cola or write: The Coca-Cola Company, Department S-4, P. O. Drawer 1734, Atlanta 1, Georgia.

* Alfred Politz Consumer Research - 1960

EXCISE TAX INQUIRIES

During recent months the Maryland Pharmaceutical Association has received inquiries regarding the collection, re-recording and checking of Federal Excise Taxes.

Legal Counsel was asked to obtain as much information as possible to help the members of the Association understand more clearly procedures being followed by the government.

We are printing Mr. Melnicove's letter for your convenience:

LAW OFFICES
NEEDLE & MELNICOVE
111 NORTH CHARLES STREET
BALTIMORE 1, MD.

Dr. Joseph Cohen
Executive Secretary
Maryland Pharmaceutical Association
Kelly Memorial Building
Baltimore 1, Maryland

Dear Dr. Cohen:

We have your letter of June 9, 1961 outlining the present policy of the United States Internal Revenue Service with regard to checking retail pharmacies' records as they relate to excise taxes.

You pose three questions which we categorically reply to herewith:

1. As to the suggested method of collecting excise taxes, the pharmacist should have on his cash register a separate key to record amounts collected for excise taxes. Also, on his daily resume there should be a separate column indicating the amount of money collected that day for excise taxes.

2. Regarding permanent records that should be maintained by the pharmacist; as suggested by the Internal Revenue Service it would be advisable that cash register tapes be kept for a period of at least six

months, and permanent books indicating amounts collected for excise taxes should be retained for at least five years. In any case, any and all records which would substantiate the amounts reported on said return should be kept for a period of five years.

3. As to the method of determining excise taxes due, when records are not available, the Internal Revenue Service uses a formula based on the amount of taxable goods purchased by the pharmacist and the amount of taxes which should have been collected, if these goods were sold. The Internal Revenue Service takes into consideration such factors as breakage, pilferage, and related items in arriving at this formula. I might add at this point in answering these questions that once the Government decides an amount due as additional excise taxes, this figure, if not accepted by the pharmacist, must be affirmatively shown to be inaccurate. It is almost an impossible burden because the pharmacist has no records with which to challenge the findings of the Internal Revenue Service.

The most important item stressed by the Internal Revenue Service was the fact that all pharmacists should have a competent bookkeeper or, preferably, an accountant to assist them in the preparation and maintenance of these records. If the books are properly kept and the pharmacists checked by the Government, the fact that he kept good records will weigh heavily in his favor in the event of a dispute.

Should there be any other pressing inquiries concerning this matter, I would be appreciated if you would let me hear from you direct, rather than from the constituent members of the Association.

Sincerely yours,

BERNARD S. MELNICOVE

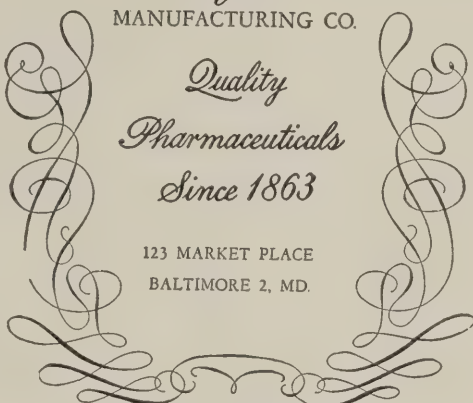


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FRONT COVER

A pharmacy exhibit at the annual meetings of Medical and Chirurgical Faculty of Maryland, April 26-28, and Maryland Dental Association, May 8-10, was planned and co-sponsored by the Maryland and Baltimore Metropolitan pharmaceutical associations under their combined professional relations committees, headed by Stephen J. Provenza. Committee members manned the exhibit.

NEW MERCK MANUAL

More than 100 authorities in the various fields of medicine have contributed to the tenth edition of *The Merck Manual*, which will be published in June.

A feature of the new edition is the grouping of several hundred carefully

selected prescriptions, including the most recent medicinal advances, into a single chapter. In previous editions prescriptions were divided among the main sections of the manual. Now they have been combined with nine special therapy chapters into a single section categorized according to clinical indications and mode of action.

The new 1900-page Merck Manual contains 384 chapters on the diagnosis and treatment of diseases. Chapters are grouped into 21 main sections, each covering a specific field of practice. Over 20 completely new subjects and additional tables and original illustrations bring the latest medical development to the new *Merck Manual*. All main sections are thumb-indexed.

Coverage in the tenth edition has been broadened to include a wide variety of disorders, such as disturbances of

Insects -- Termites -- Rodents


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inorganic metabolism, dental and oral developmental defects, the malabsorption syndrome, group A streptococcal infections, toxoplasmosis, pulmonary granulomatoses, and genetic metabolic anomalies.

Other new, revised or updated material covers care of normal newborns and preschool children; antihistaminic, thrombolytic, diuretic and psychopharmacologic therapy; the dermatitides; resuscitation methods; tubeless gastric analysis; rheumatoid arthritis tests; recognition of tumor cells in body fluids; diagnostic use of radioisotopes, and many other topics.

The Merck Manual, Tenth Edition, is printed in handbook size on strong Bible paper with a dark blue, gold-stamped, durable Fabrikoid binding. All copies are thumb-indexed. Published as part of a program of service to the medical and allied professions, the volume is priced at \$7.50 for the Regular Edition. A De Luxe Edition with gold-edged pages is also available at \$9.75.

Other publications in the program are *The Merck Index* and *The Merck Veterinary Manual*.

Physicians and members of allied professions may order directly from Merck & Co., Inc., Publications Department, Rahway, New Jersey.

ALLEGANY COUNTY TEST AREA FOR SABIN VACCINE

Twenty-five members of the Allegany County Pharmaceutical Society volunteered their time and services in a community-wide mass inoculation of the Sabin-type Oral Polio Vaccine.

The pharmacists, under the direction of Linn Sheetz, Eugene Judy and William Sullivan cooperated with Wyeth Laboratories and the County Medical and Nurses Societies to make the mass inoculation.

The inoculations took place in Cumberland June 2nd and 3rd. The pharmaceutical society further supported the program by placing a large paid announcement in the Cumberland paper.



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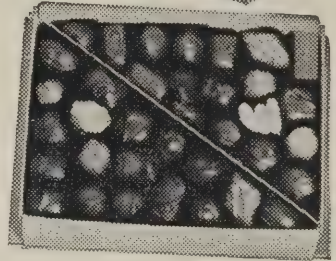
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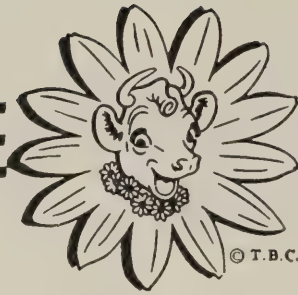
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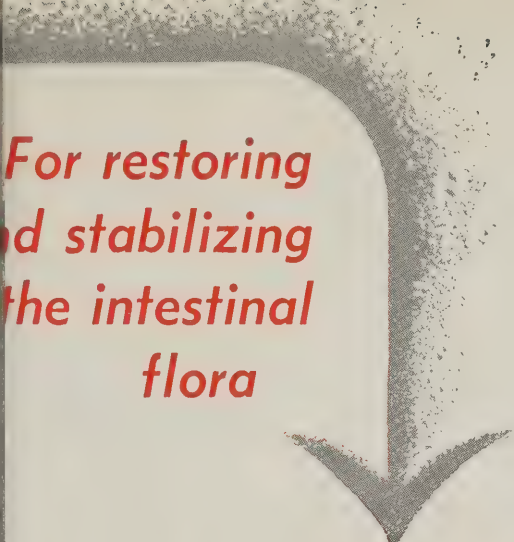


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*Supplied: Tablets in bottles of fifty—Granules in
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(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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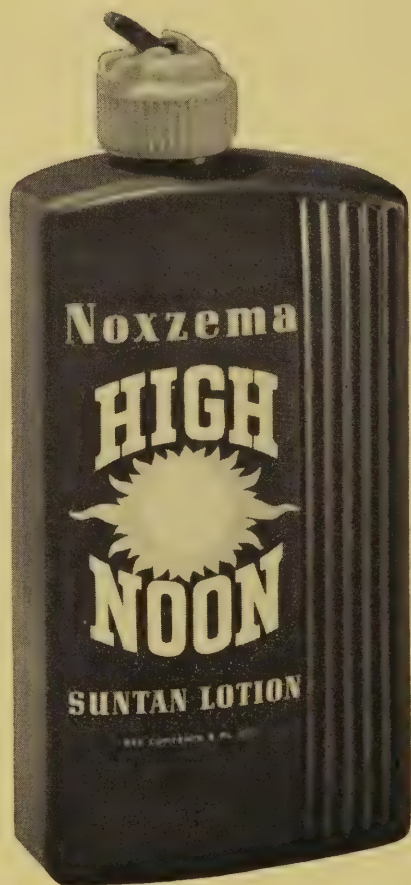
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JULY, 1961

NO. 10

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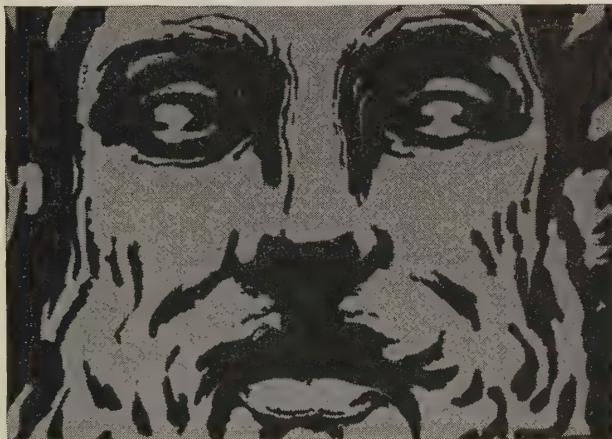
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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVI

JULY, 1961

No. 10

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... Editorial ...

THE CONVENTION

The 79th Annual Convention of the Maryland Pharmaceutical Association was held at the Shelburne Hotel in Atlantic City, New Jersey, July 3-6. This was the third Convention in succession held at the luxury Shelburne.

Those who attended the Convention will fully agree the time was well spent. The attendance was disappointing however.

In planning the Convention, the Committee felt a holiday convention would be an innovation and worth trying. It turned out however that many "regulars" who attended Conventions were reluctant to leave their business during a holiday. There were other reasons: Regular vacation plans interfered and others intimated they were tired of the seashore.

Several years ago a plan was proposed to alternate the Convention between the seashore and the mountains. It was felt that in doing this, the greatest number of those attending M.P.A. Conventions would be happy at least every other year depending on whether the seashore or the mountains was preferred. This is not to intimate that all have a preference. There is a hard core of members who will go anywhere the Convention is held.

For those who are interested in statistics: 371 attended the 1961 Convention in comparison to 402 for 1960. This figure includes 90 pharmacists and their families out of an estimated total of 1500 pharmacists in Maryland. Draw your own professional conclusions. The balance consisted of members of the Travelers and Ladies Auxiliaries and friends of the combined members. New faces were noted. We sincerely hope they will continue to attend.

It is regrettable to note pharmaceutical manufacturers and the drug

manufacturing industry as a whole are so poorly represented at our State Convention. There has been a steady decline over the past few years to the point that representation is practically nil. This is a sad observation especially when good attendance at other professional meetings is noted. It seems that problems should bring us closer. As far as Pharmacy is concerned, this is not true.

It should also be noted the chain drug stores of Maryland are conspicuous by their absence at State meetings. We realize of course the chains have their own organizations. But since they operate under Maryland laws, and chain and independent alike are confronted with mutual problems, it seems to me much could be gained by both in sharing views in the face of competitive adversity affecting retail pharmacy as a whole.

In every respect, other than attendance, the Convention was an outstanding success. The accommodations, food and entertainment were excellent. All were in a gala holiday mood.

The speaking program was timely. The highlight was a panel presentation and discussion on Medical Care and Welfare Programs. Each phase was aptly covered by expert speakers well versed in their respective fields covering the subject. The full text of the presentation will be reported in the Proceedings Number of the Maryland Pharmacist to be published at a later date.

Our own Si Solomon gave an excellent report on Fair Trade; and Philip Jehl of the N.A.R.D. gave a detailed talk of the new Fair Competitive Practices Bill now before Congress.

Committee reports, the Board of Pharmacy and School of Pharmacy reports were interesting and informativ

reflecting a good deal of work and effort on the part of the committees as well as the efficiency of the Board of Pharmacy and the College of Pharmacy. All reports will be included in the Proceedings Maryland Pharmacist.

Again, you are urged to attend meetings for your own self preservation. The 1962 Convention of the Maryland Pharmaceutical Association will be held at Galen Hall, June 25, 26, 27, 28. You and yours are cordially invited to attend.

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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

This message affords me an opportunity to thank you, the members of the Maryland Pharmaceutical Association, for honoring me by selecting me as your President.

I approach the coming year cognizant of the many problems confronting pharmacists both on a local and national level. I cannot recall a period in our history when the problems of our profession have been so fundamental and when the bulk of the practitioners of pharmacy were so apparently indifferent and apathetic to these problems.

Let us examine some of the problems that are existent within our own state. We find that those who are outside of our profession seek to acquire pharmacy permits when at the same time there are those within our profession who do not appreciate the value of their pharmaceutical birthright. What we have must be valuable, otherwise the discount operators, the super markets and the closed-door operations would not covet drug and prescription departments.

Retail pharmacy distribution has been and is undergoing tremendous change since World War II. The change will probably continue for some time. There will be much opportunity for enterprising pharmacists and this need not be at the expense of the profession of pharmacy.

It is not enough that we are beset by these external problems, but we have internal conflict. Evidences of this were present at our convention in Atlantic City. Those of us that have been close to our Association have known of these problems for some time, and we also know that we cannot present a solid front as long as we have these internal conflicts. Differences of opinion are desirable when they are constructive. They are fundamental to the democratic operation of an organization. But where these differences become irreconcilable and when the pharmacy profession is subordinated to personal interest, they cause a deterioration and a weakening of our efforts to build a strong pharmacy.

One of the important objectives of this administration will be to find ground to resolve these internal differences.

Maryland pharmacy legislation has made tremendous progress in recent years. It has pioneered in many areas and we can be proud of our record. We cannot rest on our laurels however, but must seek additional legislation when needed.

There are many pharmacists that have remained outside of our Association—the employee pharmacists, the manufacturers and some of the retailers. It would seem to me that these pharmacists would seek membership, if for no other reason than to participate actively in their profession. Ways and means will have to be found to convince these people that membership in their state pharmaceutical association is a professional asset.

It cannot be expected that all of the problems of pharmacy can be resolved during this year. Nothing is guaranteed not even life itself. I promise that sincere and wholehearted effort will be made to protect and improve the interests of you and the profession. I solicit your understanding help.

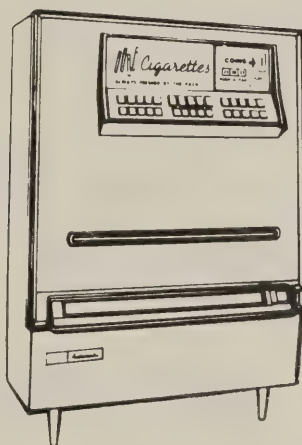
Sincerely,

NORMAN J. LEVIN,
President

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... Fair Trade News ...

OHIO ACT UPHELD

Ohio's embattled Fair Trade Act which has been the center of legal controversy since its passage in 1959 was held constitutional by a state court of appeals.

The Ohio Eighth District Court of Appeals upset an earlier opinion by the Court of Common Pleas for Cuyahoga (Cleveland) County, which held that the statute represented an unwarranted delegation of authority by the state legislature to private persons.

The appeal was brought by The Upjohn Company and Eli Lilly and Company, who had been defendants in the lower court. The original suit was brought by Hudson Distributors, Inc.

The present law replaces an earlier statute passed in 1936 and declared unconstitutional in 1958. The appeals bench, in a 2 to 1 decision, pointed out that the new Act was approved by an overwhelming majority of both houses of the legislature following a gubernatorial veto.

"We must conclude," the court said, "that the Act was passed within the constitutional powers of the legislature of Ohio, and that its provisions violate no constitutional rights of the plaintiff or any others in a like situation."

Hudson is an operator of retail stores, selling pharmaceuticals as well as other products. Upjohn and Lilly, in cross-petitions, charged Hudson with selling their products at cut-rate prices "in total disregard of the Fair Trade Act."

J. B. WILLIAMS VS DART

J. B. Williams Company, Inc. has also obtained an injunction against Dart Drug Corporation in Maryland which

prohibits them from selling J. B. Williams Company, Inc. products below fair trade prices.

G-E-M INJUNCTION

A temporary fair trade injunction against G.E.M., Inc. in Hyattsville, Md., has been granted to Abbott Laboratories in the United States District Court for the District of Maryland.

Issued on July 7, the injunction restrains G.E.M. from further violations of the Maryland Fair Trade Law. The firm had been charged with selling and advertising Abbott products in Hyattsville at less than fair trade prices.

Now! dependable Resinol also in Greaseless form

FOR years, Mr. Druggist, you have known Resinol in the familiar white opal jar. You have stocked and sold this ointment (containing many fine ingredients in lanolin) confident of its quick relief for itching, burning skin irritation.

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Sell RESINOL GREASELESS this summer to take the *burn* out of *sunburn*. Cools flaming skin—helps prevent blistering—so pleasant to use. Wonderful for itching of ivy poison, insect stings, chafing, eczema.

Order from your wholesaler

RESINOL CHEMICAL COMPANY
Baltimore 1, Maryland

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to the
Newly elected Officers
of the
Maryland Pharmaceutical Association*

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Secretary

301 WEST PRESTON STREET
BALTIMORE 1, MARYLAND

CERTIFICATES OF RENEWAL FOR PHARMACISTS POSSESSING MARYLAND PHARMACIST LICENSES

Senate Bill No. 5, which was signed by Governor J. Millard Tawes, became effective June 1, 1961.

All pharmacists who possess a license to practice pharmacy in Maryland who have not yet received an application form from the Maryland Board of Pharmacy by September 30, 1961, should notify the office of the Board, 301 West Preston Street, Baltimore 1, Maryland, immediately. This includes pharmacists out-of-state who possess a Maryland license and who wish to keep their pharmacist license active.

Section 266B, Article 43, of the Annotated Code of Maryland
(1957 Edition)

The Board of Pharmacy shall issue every two years a certificate of renewal, in such form and style as it shall deem proper, to every licensed pharmacist who is entitled thereto and who makes application therefor; these certificates shall be secured every two years on or before the last day of September upon payment of a fee of \$3.00. Any pharmacist who fails for any reason to register or re-register hereunder within the

time prescribed shall pay an additional fee of \$2.00 for each renewal period that he shall fail to re-register.

DRUG STORE CHANGES

The following are changes in drug stores for June:

New Store

Howard S. Rice, 5508 Bel Air Rd., Balto. 6.

Leonard H. Pomerantz, Prop., Deale Pharmacy, Nutwell Road, Deale, Md.

Read Drug & Chemical Co., 4315-17-19 New Joppa Rd., Perry Hall, Baltimore 6.

Closed

Martin D. Eisen, Hamilton Drugs 3801 Hamilton Street, Hyattsville, Md.

Markland M. Boyce, Jr., 4701 Eastern Ave., Balto. 24.

Change of Ownership

Park Pharmacy, Wm. Fishbein, Prop. 6933 Laurel Ave., Takoma Park, Md. Formerly: Thomas F. Connor & Mrs. Alice Dudley.

Koldewey's Pharmacy, Inc., 1801 W Pratt St., Balto. 23. Martin Roth, Gar L. Taylor, Morris J. Arenberg, Owners. Formerly: Jack B. Gordon.

OGRINZ NEW PRESIDENT OF THE BOARD OF PHARMACY

At the recent meeting of the Maryland Board of Pharmacy, held in Atlantic City, New Jersey, on July 3, 1961, Mr. Alexander J. Ogrinz, Jr. was elected President of the Board, succeeding Mr. S. Earl Webster of Cambridge.

For several years, Mr. Ogrinz has been assigned the Chemistry portion of the Board examination. Recently, he has been appointed to the Committee

Examinations of the National Association of Boards of Pharmacy.

At the recent convention of the Maryland Pharmaceutical Association, Mr. Ogrinz was elected Fourth Vice President. Mr. Ogrinz is a partner in the firm of Burriss and Kemp, with Mr. Gordon A. Mouat.

HARBAUGH APPOINTED TO BOARD OF PHARMACY

Mr. Arthur C. Harbaugh, Hagerstown, was re-appointed to membership on the Maryland Board of Pharmacy for a term of five years recently by Governor J. Millard Tawes.

Mr. Harbaugh is a graduate of the School of Pharmacy, University of Maryland. He has practiced retail pharmacy since graduation. For many years he has been a partner in the firm of David P. Schindel and Son.

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- _____ 9. New Fixtures? New Store? Experts at no cost?
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- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

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. CONTRIBUTIONS .

PHARMACEUTICAL USES OF ISOPROPYL ALCOHOL

By B. F. Allen*

Isopropyl Alcohol, N.F. XI, official synonyms — Isopropanol, 2-Propanol, known also as secondary propyl alcohol, dimethyl carbinol, and Petrohola, was first prepared in 1855 by the reaction of propylene with sulfuric acid and subsequent hydrolysis of the sulfuric acid esters. At the present time it is primarily a by-product of the petroleum and natural gas industries.

The first use of the compound in the manufacture of pharmaceuticals appears to have been in 1922 when two investigators employed it to replace ether and acetone in the preparation of several oleoresins, thus reducing the fire hazard as well as the loss by evaporation.

In 1923, fluidextracts of digitalis, belladonna, cinchona, cascara and gentian were prepared with isopropanol as the solvent instead of ethyl alcohol. In all cases the percolation proceeded with the same degree of facility as if the menstrum prescribed in the U.S.P. and N.F. had been employed, and the resultant finished products were of excellent appearance with the full content of active principles.

An early group of researchers indicated that isopropyl alcohol is safe internally in small doses in diluted form, and should be useful in the manufacture of tinctures^b. They found that the physical aspects of tinctures made with isopropyl alcohol compared favorably with those made with ethyl alcohol.

*Associate Professor of Pharmacy, University of Maryland

^a tradename of Standard Alcohol Co., New York, N. Y.

^b to the writer's knowledge, isopropyl alcohol has never been sanctioned for internal consumption

In 1938, it was reported that isopropyl alcohol compared favorably with ethyl alcohol in its extraction capacity for the alkaloidal drugs cinchona and nux vomica but that it gives a somewhat lower yield of extract from rhubarb than does ethyl alcohol. The author also stated that, with few exceptions, the

preparations made with isopropyl alcohol exhibited a lower stability than those prepared with ethyl alcohol, and considered from the scientific standpoint, the use of isopropyl alcohol embodies no advantage over ethyl alcohol.

However, several other investigators have stated that the alkaloid content of extracts and tinctures of a variety of drugs prepared with isopropyl alcohol compared favorably to equivalent preparations made with ethyl alcohol. The drugs studied included belladonna, aconite, nux vomica, cinchona, digitalis, hyoscyamus and opium.

Isopropyl alcohol has been used in industry in the manufacture of dry powdered extracts, the production of tablet granulations for compression, a moistening liquid in the preparation of molded tablets, as a solvent in enteric coating formulas, and in the film coating of tablets where the solvent is completely removed from the final product by evaporation. It is also interesting to note that a U.S. patent has been granted describing the use of isopropyl alcohol in flavoring extracts.

Isopropanol possesses a lower surface tension, a greater fat solvent action, more rapid killing power on many organisms, and is more economical than ethyl alcohol. It does not produce the exhilaration in the human body that is characteristic of ethyl alcohol, hence there is no object in using it as a beverage, and therefore, it is free from the burdensome government control and taxation to which ethyl alcohol is subjected. In general its effects are ve

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similar to that of ethyl alcohol in regard to absorption, combustion, and elimination. It produces weak irritation of mucous membranes but moderately strong irritation when inhaled. Skin irritation is very slight and similar to that of ethyl alcohol. Quantities up to 20 ml., diluted with water have been administered to humans and cause only a sensation of heat and a slight lowering of the blood pressure, but no other noticeable effects.

Isopropanol is a material of relatively low order of toxicity and its physiological effects are not cumulative. For example, it has been used safely for many years as a rubbing alcohol. Several agencies have set a value of 400 parts per million by volume in air as the maximal safe concentration to be inhaled for an eight-hour exposure. The corresponding figure for ethanol is 1000 parts per million. The difference is due to the fact that isopropanol has a greater narcotic effect than ethanol.

Isopropyl alcohol is sometimes used for tepid sponging of febrile children. A case report describing acute poisoning in a child following this procedure has recently appeared in the literature. The case involved a 2½ year-old girl with a fever which accompanied an ear infection. In addition to drug therapy, alcohol sponging was prescribed. At midnight, the child was wrapped in a towel saturated with 12 fluid ounces of 70 percent isopropyl alcohol. A second, dry towel was used to cover the first, and the patient was placed in bed with her aunt. A window in the bedroom was partly open. The following morning the child could not be aroused, and she was limp and totally unresponsive. Her pupils were small and did not respond to light; only corneal reflexes were observed. The patient became apneic for a short period and artificial respiration was required. Urinalysis revealed the presence of acetone in the urine, and the odor on the breath resembled acetone. The blood contained 130 mg. of isopropyl alcohol per 100 ml.

The treatment was mainly supportive and included intravenous fluids, oxygen and antibiotics. An endotracheal tube was inserted because of the poor pulmonary ventilation. By the following morning the patient was fully conscious; however, she remained irritable and inactive for several more days. It was thought that the coma resulted from inhalation of isopropyl alcohol.

A similar case history reported in 1953 involved a 22 month-old boy in whom acute poisoning also occurred as a result of inhalation of large quantities of isopropyl alcohol. In this case, bed linens drenched with 1¼ pints of isopropyl alcohol were used in the sponging procedure. Within 5 hours after the procedure, the child was in a comatose state such as that described for the above case. The blood of this child was found to contain 128 mg. of isopropyl alcohol per 100 ml.

In view of the potential hazards of employing alcohol in tepid sponging to reduce body temperature in fever, it would appear that water would be a more desirable liquid to use in the sponging procedure.

It is generally stated that isopropanol is an effective germicide and research workers early considered this compound for external application and even used it experimentally in oral antiseptics. In a review of the literature, it is noted that on occasions some variations have existed on the germicidal power of this substance. However, it is important to take into consideration the methods employed and the strain of bacteria treated.

On many occasions in the past, war requirements, etc., for ethyl alcohol and its resulting scarcity have directed increasing attention toward isopropyl alcohol for drug and cosmetic use. It has frequently been used in experimental formulations of official liniments and is currently in the N.F. as

^c some authorities do not agree with this statement

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a rubbing compound for massage purposes. It is widely used in many commercial lotions, liniments, liquid soaps and antiseptic solutions. As an example, the present edition of the N.F. recognizes a Monobenzene Lotion which is a solution of the hypopigmenting agent monobenzene in isopropyl alcohol and propylene glycol.

Since isopropyl alcohol is lower priced, free of denaturants and alcohol tax regulations it is ideal for use in cosmetics as a substitute solvent for ethyl alcohol. Also, the solvent powers of isopropyl alcohol for some essential and synthetic oils allow a higher water content in many preparations. However, it does have a characteristic odor resembling acetone which necessitates high degree of compounding skill to produce a more delicate bouquet. Small quantities of acetaldehyde and butyl acetate have been recommended for modifying the odor of isopropyl alcohol. This material is a more efficient fat solvent than ethyl alcohol. In the anhydrous form it is recommended where extra dryness is a desired factor in a cosmetic product. In hair preparations, the addition of a little castor oil or other fatty substance will prevent this defatting action. After-shave preparations made with isopropyl alcohol, possess the same cooling after-effect as those made with ethyl alcohol.

In spite of the fact, that at various times, medical science seems to have recognized the dangers of this alcohol, it continues to be widely utilized. Isopropyl alcohol has been substituted for ethyl alcohol throughout a recent edition of a so-called popular laboratory manual of organic chemistry. The authors state that this eliminates dispensing ethyl alcohol to large numbers of students, and, at the same time, causes no loss in the effectiveness of the experiments, or increase in cost.

The continued use of this alcohol is further illustrated by the recent appearance of a new noncorroding solution for cold disinfection of dental and

surgical instruments, as well as, pharmaceuticals advocated for the relief of fungus infections, acne, blackheads, poison ivy, and numerous other skin afflictions.

The following are some of the pharmaceuticals^d which have appeared on the market listing isopropyl alcohol as an ingredient.

- Cenac¹ (lot)
- Dermagel² (susp)
- Desenex³ (liq)
- Ivotox² (lot)
- Pentacresol⁴ (liq)
- Pro-Blem⁵ (liq)
- Pyrogel² (emul)
- Rhulifoam⁶ (aerosol)
- Sporostacin (liq)
- Tryosum⁷ (liq)

^disopropyl alcohol content of the above products:

- 1 30 percent
- 2 8 percent
- 3 40 per cent, designated as propanol
- 4 86.76 per cent
- 5 70 per cent
- 6 8.4 per cent
- 7 50 per cent

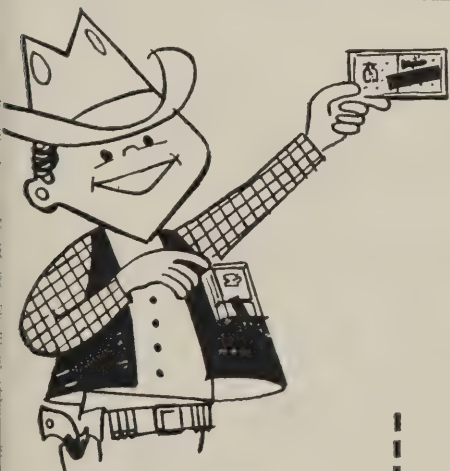
BEWARE OF TROJAN HORSES

Many times you have been urged by these columns not to fall for gimmicks that "guarantee" to double your business.

These "deals" are usually sold to you disregarding your sacrifice of hard earned profit. I am talking about stamps, coupons, pennies for something or another, discount clubs, charitably group discount plans, book and magazine plans. You can not afford to absorb the cost of these give-aways any more. Competition is too keen and expense too high.

If you must succumb to these "surprises" at least consult legal counsel or the Association before signing a contract. Think safe—play safe—be safe—look before you leap. It's much cheaper that way.

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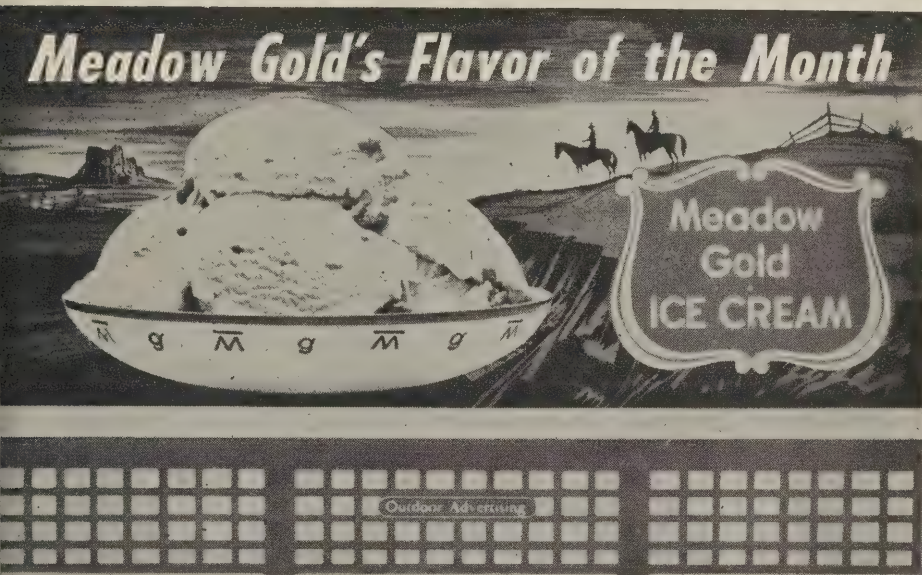
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Volume 19

JULY, 1961

No. 10

T.A.M.P.A. PRESIDENT'S MESSAGE



EDWIN M. KABERNAGEL, JR.
President Travelers Auxiliary -
Maryland Pharmaceutical Association

Dear Members of T.A.M.P.A.:

July 6, 1961, will always stand out in my mind as the memorable occasion

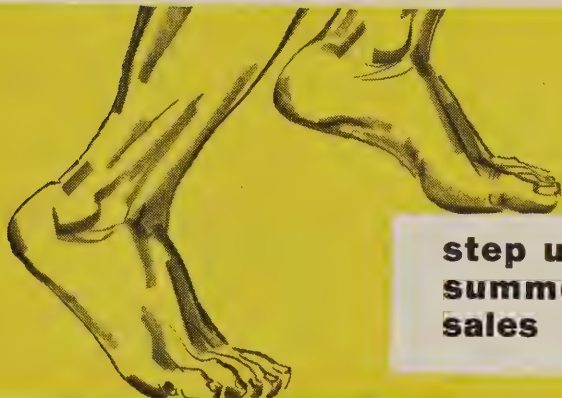
when I was named as President of T.A.M.P.A. I am both honored and grateful for the opportunity to serve this very fine organization.

Eight years ago when I was accepted as a member of this group I did not know of the other members; however after several months I felt like I had known them for many years.

What impresses me most is the sincerity and cooperation shown at all times. Many very important discussions and decisions may meet with a great deal of criticism, but once the course has been set the most serious objectors are the ones who work the hardest to make a success of the event in question. With this type of cooperation I look forward to an extremely progressive year for T.A.M.P.A.

It has given me a great deal of satisfaction and pleasure to work so closely with our retiring president, Dick Crane this year as he so ably carried on the work of our past presidents.

On behalf of T.A.M.P.A. we wish to extend our best wishes to Norman Levin, President of M.P.A.; to Mrs. Felia Kaminski, President of L.A.M.P.A. and



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| 21 | 3 | 49.1% | 50.7% | 49.1% | 49.1% | 48.7% |
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Sincerely,

EDWIN M. KABERNAGEL, JR.
President

CONVENTION MEETING

The 1961 convention held at the Shelbourne Hotel in Atlantic City culminated a very interesting and successful year for T.A.M.P.A. under the direction of President Dick Crane. T.A.M.P.A. has always provided good entertainment for the M.P.A. Convention and this year was no exception. Vice President Ed. Kabernagel, Jr. headed up the entertainment committee for this year's TAMPAGIC show. All the boys who worked with Ed to put this show over deserve our thanks for making it such a success.

At the annual T.A.M.P.A. meeting called to order by President Crane the following officers and directors were elected by a unanimous vote.

Honorary President—

Maurice B. Brager

President—

Edwin M. Kabernagel, Jr.

First Vice President—

H. Sheeler Read

Second Vice President—

James A. Allen

Third Vice President—

John C. Cornmesser

Treasurer—

John A. Crozier

Secretary—

Thomas J. Kelly

Directors

For One Year

Alfred E. Callahan

George B. Rider

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RESOLUTIONS ADOPTED AT THE 1961 CONVENTION

The following resolutions were adopted by the Maryland Pharmaceutical Association at its 79th Annual Convention held in Atlantic City, July 3-6, 1961.

A study of these resolutions will acquaint you more thoroughly with the problems confronting Pharmacy.

These resolutions also indicate that the Association recognizes the importance of these problems, and that it has instructed the Executive Committee to take action in an effort to solve them.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it urge all pharmacists to participate in the drive to interest the public in the need to immunize against poliomyelitis, and that all store owners display posters, cards, etc. designed to stimulate the public to its urgent obligation to cooperate in efforts to bring about the control and eradication of this dread disease, and

BE IT FURTHER RESOLVED, that the Association commend the Allegany-Garrett County Pharmaceutical Association which, in cooperation with the medical associations in Allegany and Garrett Counties, has conducted such an excellent publicity program emphasizing the desirability and necessity of proper immunization against poliomyelitis.

WHEREAS, the fundamental interests of the pharmaceutical professions demand full public knowledge and appreciation of the many health conveniences and contributions that a retail pharmacy offers to the neighborhood and public, therefore.

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the Executive Committee be urged to develop some practical means, through a public relations or other suitable program, whereby every retail pharmacy in the state of Maryland will be recognized as the community or area authority for health information and health needs.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that the President,

Secretary and members of the Executive Committee be directed to make themselves fully familiar with the meaning and impact of the decision by the California Federal Court which defeated efforts by pharmacists to bolster the economic foundations of prescription practice, and thus maintain the professional services of pharmacists upon a sound, practical and generally desirable economic basis, and,

BE IT FURTHER RESOLVED, that every pharmacist in the state be encouraged and admonished, acting in his own personal capacity, to put his prescription services on an equitable business-like basis so that this phase of his professional work may be economically sound and professionally rewarding.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge the cooperation and support of itself and its members to President John F. Kennedy as he seeks to make our country safe and secure from Communist threats and possible attack, as he works for the solidarity of all Americans in meeting world dangers, and that we express our confidence in his leadership in these trying and dangerous times, and,

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the President as evidence of our support and confidence as he meets the serious problems and powerful demands of his high office.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it tender the

thanks of all its members and to all who played a part in the success of the Association's legislative campaign which saw most of the Association's legislative program enacted into law, and

BE IT FURTHER RESOLVED, that a letter of thanks and appreciation be sent to Mr. Chester Kosokowski, a pharmacist and a Delegate to the Maryland General Assembly, who introduced House Bill 952 and who was most instrumental in having it, as well as Senate Bill 5, approved by the General Assembly, and

BE IT FURTHER RESOLVED, that letters of appreciation also be sent to the other members of the Legislature, to the respective members of the State Health Department and all others who played a leading part in the successful completion of our legislative program.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it heartily condemns the publication and distribution of obscene and indecent magazines and periodicals, and their display and sale in retail pharmacies is highly detrimental to the standing and prestige of the profession, and that the Association should play a leading part in bringing about their elimination and eradication from the public.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that every pharmacist in the state give constant and careful attention to the display and merchandising of drugs, medicines, patent and proprietary remedies, household health products, first aid supplies, cosmetics, and toiletries, so that the public will recognize the drug store as the safe, logical and dependable source of its essential medical and health care needs.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that all pharmacists

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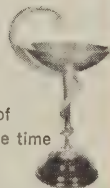
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in the state be urged to give prominent displays to Fair-Trade merchandise so that Fair-Trade manufacturers may be made aware of our appreciation of their efforts in behalf of sound economic practices in the distribution of their products and thus in the basic economic soundness of Fair Trade principles in distribution as a whole.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that every pharmacist be urged to determine his basic costs in the operation of his prescription department so that he can price prescriptions in such a manner as to compensate for these costs and to provide for proper remuneration and profit commensurate with his training, professional skill, and investment.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it warmly commend Dr. William S. Apple, Executive Secretary of the American Pharmaceutical Association, for his energetic and understanding leadership, not only of the American Pharmaceutical Association, but of all activities having a bearing upon professional pharmacy in these challenging and changing times, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Dr. Apple as evidence of our sincere admiration and support.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to the passage of Senate Bill 1722 and House of Representatives Bill 7685, the Fair Competitive Practice Bill, and that it call upon every pharmacist in the state to give fullest cooperation to the National Association of Retail Druggists and to its Executive Secretary, Dr. John W. Dargavel, in securing enactment of the measure, and

BE IT FURTHER RESOLVED, that the President and Secretary of the As-

sociation be instructed to notify the Maryland delegation in Congress of this action and call upon them to work actively for the adoption of S.B. 1722 and H.R. 7685.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express, on behalf of all pharmacists in the state, a feeling of sadness and personal loss in the death of Senator Millard E. Tydings, because of his many years of devoted service to his state and nation, his dedication to the fundamental principles of sound government, and his deep interest in the economic welfare of small business as manifested by his sponsorship of the Fair Trade Enabling Law, the Millard Tydings Act, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to Mrs. Tydings as evidence of our love and esteem for her husband.

WHEREAS, in all cases the citizens of Maryland are not sufficiently informed as to the right and desirability of choosing their own pharmacist, therefore,

BE IT RESOLVED, that the Maryland Pharmaceutical Association, in annual convention assembled, go on record as advocating that the citizens of Maryland be given complete freedom and privilege of choice in the selection of their retail pharmacist, and that the pharmaceutical and other health professions advocate and actively seek to inform the citizens of Maryland of the desirability of that freedom and privilege of choice of retail pharmacist and further that the members of the medical profession of the State of Maryland decline to direct their patient to any particular retail pharmacist, and

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to all medical associations in Maryland.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it record it

thanks and appreciation to Governor J. Millard Tawes for appointing Dr. Lloyd N. Richardson as a member of the Maryland Board of Health and Mental Hygiene, as such appointment will give pharmacy a voice and a responsibility in developing the programs in these overall health and welfare fields, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the Governor as evidence of the appreciation and esteem in which he is held by the pharmacists of the state.

WHEREAS, the T. A. M. P. A. and L.A.M.P.A. have been tireless in their efforts to do an outstanding job, and

WHEREAS, the president and secretary both of T.A.M.P.A. and L.A.M.P.A., with the assistance of their respective officers and members, did everything possible for the comfort and convenience of our members and guests,

THEREFORE, BE IT RESOLVED, that the Maryland Pharmaceutical Association express its profound gratitude to these organizations and their respective officers for their splendid cooperation which contributed so much to the success of the convention.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to the School of Pharmacy, University of Maryland, in efforts to build up the enrollment in the School of Pharmacy and to effectively present the excellent opportunities of pharmacy as a career to the young people of the state.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it pledge its full support and cooperation to President Elkins and the Board of Regents of the University of Maryland in their long range program for the sound growth and expansion of the University, both in Baltimore, as evidenced by the establishment of the School of Social

Work, and in College Park, as it is by this course of action that the University achieves its greatest potential value to the people in all sections of the state.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its profound gratification for the new facilities now available on the Baltimore Campus of the University of Maryland, namely, the Health Sciences Library and the Student Union, and

BE IT FURTHER RESOLVED, that the thanks and appreciation of the pharmaceutical profession be extended to President Elkins and the Board of Regents as evidence of its sustained interest in the public welfare and development of the University, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to President Elkins.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its appreciation to the Baltimore Evening Sun, the Baltimore News-Post, and any other newspaper in the state for the publicity given the Association during the convention and also for acquainting the public during the year with Pharmacy's many contributions and services to the public, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the editors of these newspapers.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it extend its sincere appreciation and thanks to Radio Stations WITH and WCAO in Baltimore, and any other radio or television station in the state for their genuine cooperation and assistance in giving favorable publicity to the pharmacists in Maryland, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the managers of the respective sta-

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DOVER • NORFOLK • WASHINGTON

tions as a symbol of appreciation by the Maryland Pharmaceutical Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation and thanks to Norman J. Levin, Chairman, and other members of the Convention Committee, for the wonderful job they have done in planning and contributing to the success of the convention, and in gladly catering to the comfort of the persons attending this convention, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to Mr. Levin, the chairman of the Convention Committee.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its sincere appreciation to the management of the Shelburne Hotel for the many courtesies extended to our members and guests, and also for the excellent manner in which the management handled the many details which were largely responsible for making this convention a success, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded to the manager of the Shelburne Hotel.

WHEREAS, some pharmaceutical manufacturers have instituted a change in discount schedules whereby those pharmacies that are able to buy directly from the manufacturer obtain an additional discount, and

WHEREAS, this extra discount policy creates a hardship for the retailer who buys his pharmaceuticals directly from a wholesaler,

BE IT RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that these manufacturers be urged to reconsider their discount policy so as to permit the smaller retailer to enjoy the same discounts as the larger retailer, and

BE IT FURTHER RESOLVED, that a copy of this resolution be forwarded

to the Pharmaceutical Manufacturers Association.

RESOLVED, by the Maryland Pharmaceutical Association, in annual convention assembled, that it express its deepest appreciation and thanks to the various contributors who have generously helped to assure the success of this convention, and

BE IT FURTHER RESOLVED, that an appropriate acknowledgment be forwarded to each of these companies and/or individuals.

PATRONIZE

OUR ADVERTISERS

THEY ARE OUR FRIENDS

RELAX

Let Us Buy Your Insurance Worries
You Concentrate On Your Prosperity
We Concentrate On Your Protection

For All Druggists' Insurance Needs
Its

The American Druggists' Insurance Co.



CONSULT OUR AGENTS

Mayer-Steinberg Agency
Maryland State Agents

1800 NORTH CHARLES STREET
Baltimore 1, Maryland

Phone—PLaza 2-7311—Office
MOhawk 4-3106—Home

**SODA FOUNTAINS & FOOD SERVICE EQUIPMENT
AND SUPPLIES**

TAFT, WARREN & TAFT, Inc.

ESTABLISHED 1909

122-124 South Street • Baltimore 2, Md.

Phone PLaza 2-2207

Exclusive Distributors For

BLACKMAN'S FRUITS & SYRUPS

"America's Finest"

"If it's for your Soda Fountain—we have it"

-: NEWS ITEMS :-

OFFICERS OF THE MARYLAND PHARMACEUTICAL ASSOCIATION 1961-62



From left: Harold M. Goldfeder, immediate past president and Chairman of the Executive Committee; Solomon Weiner, Third Vice President; William A. Cooley, Second Vice President; Norman J. Levin, President; Victor H. Morgenroth, Jr., First Vice President; Alexander J. Ogrinz, Jr., Fourth Vice President; Joseph Cohen, Executive Secretary; John F. Wannewetsch, Treasurer.

MEET THE PRESIDENT

Norman J. Levin was elected the 78th President of the Maryland Pharmaceutical Association at the 79th Convention of the Association held at the Shelburne Hotel, Atlantic City, New Jersey, July 3-6, 1961. He was installed at the Annual Banquet on July 6.

Norman is a native of Maryland. He was born in Baltimore on February 8, 1918 and has been a resident of Maryland all his life with the exception of a period of military service.

Our new President was educated in the Baltimore Public Schools graduating from the Baltimore City College in 1934. He attended the University of Maryland School of Pharmacy receiving a Bachelor of Science Degree in 1938.

Upon graduation from Pharmacy School, President Levin entered retail

pharmacy and was associated with the Brookfield Pharmacy and the Charles Street Pharmacy until 1941.

In 1941, Norman enlisted in the Army as a Private and attained the rank of Captain in the Medical Administrative Corps.

Upon his discharge from the Service in 1946, Norman purchased Field's Pharmacy in Pikesville. He still owns and operates Field's Pharmacy, considered one of the outstanding model drug stores of Maryland.

President Levin is a member of the Maryland Board of Pharmacy; Planning Council of Pikesville; Pikesville Development Commission; Board of Trustees of Chizuk Amuno Congregation. He is also a member of Amicable Lodge #25, A. F. and A.M., and B'nai B'rith.

He holds membership in the American Pharmaceutical Association, Na-



**YOU, TOO, CAN GO MODERN
...with the BERNHEIM-SIEGEL**

NEW



**"RENT-ALL"
PLAN**

Maintenance-Free

Drug Fixtures

... At No Extra Cost!

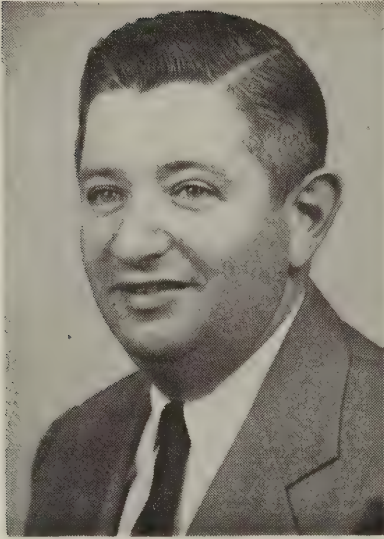


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Call, Wire or Write*

BERNHEIM-SIEGEL CORPORATION

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PHONE: GERMantown 8-5255



NORMAN J. LEVIN
President

Maryland Pharmaceutical Association

tional Association of Retail Druggists; Alumni Association University of Maryland School of Pharmacy; Baltimore Metropolitan Pharmaceutical Association and the Arex Club.

Norman is a past president of the School of Pharmacy Alumni Association and the Pikesville Business Association.

President Levin is married to the former Ruth Singer. They have a son Jeffrey and a daughter Susan, and reside in Pikesville.

Our President likes baseball and is an avid Oriole fan. He also indulges in some occasional golf.

His greatest interest however, is the profession of Pharmacy. He has demonstrated a deep concern for both the protection and progress of Pharmacy. His goal is to establish the position Pharmacy rightfully deserves as one of the health team professions. Let us all join in helping him achieve his goal.

A MESSAGE FROM THE PRESIDENT OF L.A.M.P.A.

For eight years I have worked as one of you on many committees to further promote the ideals to which L.A.M.P.A. is dedicated. I have enjoyed this work, never thinking it would lead me to the honor of being President of LAMPA.

Relying on your confidence in me and the ever existing spirit of cooperation that characterizes our organization, I can only say that I will do my best to make the ninth year of LAMPA as successful and outstanding as the previous eight.

The Convention in Atlantic City has been the most successful one I had ever attended. The Mad Hatters Party showed that the spirit of cooperation really existed in our organization because so many of you turned out for it. I want to thank everyone for partici-



MRS. FELIX H. KAMINSKI

President Ladies' Auxiliary
Maryland Pharmaceutical Association



NEW 16-OUNCE **JUMBO** GLASS FOR COKE

Looking for new ways to make money? This new glass size for Coca-Cola trades-up check averages and increases your profits.

Many food operators are already merchandising a Jumbo Size Coke at drive-in restaurants, snack bars, theatres, etc. Their experience indicates a steady demand for the larger sizes of your most-asked-for soft drink.

In-store tests in three major markets last year and a national consumer survey* further confirmed this. Greatest potential: when served with food or as refreshment for teenagers and young adults. The new Jumbo

glass with the trade-mark "Coca-Cola" is top-quality glassware... competitively priced. Versatile, too. It's ideal for floats, sodas, milkshakes... as well as the Jumbo Size Coca-Cola.

Order your Jumbo glasses from your wholesaler now. Then have your attendants suggest "Jumbo?" when a customer calls for a Coke.

For point-of-sale material and assistance, see your Representative for Coca-Cola or write: The Coca-Cola Company, Department S-4, P. O. Drawer 1734, Atlanta 1, Georgia.

* Alfred Polit: Consumer Research... 1960

pating. As far as I was concerned, you were all winners.

I would also like to thank the members of the Maryland Pharmaceutical Association and the Traveler's Auxiliary for helping us at our Party and extend to both organizations, under the leadership of Mr. Norman Levin and Mr. Ed Kabernagel respectively, our best wishes for success in the coming year.

If you have any suggestions for the betterment of our organization, I would be glad to hear from you.

In closing I can only say that I am looking forward to meeting all of you personally during this coming year.

Sincerely,

MRS. FELIX H. KAMINSKI
President

MRS. ANDREW G. DUMEZ
Honorary President of L.A.M.P.A.

Mrs. Andrew G. DuMez has been chosen Honorary President of LAMPA. She was the wife of the former Dean of the U. of M. Pharmacy School who had served the School of Pharmacy from 1926 until his death in 1948.

Since his death Mrs. DuMez has been active in various organizations. She is a Member of the Board of the Rosewood Training School. She had been an officer and is still a member of the Woman's Club of Roland Park. She is a past President of the Women's Civic League and is an active member of the Women's Organization of the Second Presbyterian Church.

She is also a member of the Women's Auxiliary of the American Pharmaceutical Assn. Her chief interest in this organization at present is the preservation of the Hugh Mercer Apothecary Shop in Fredericksburg, Va.

Pharmacy has always been first and foremost in her heart and she still enjoys all functions pertaining to Phar-

macy and tries to participate in them as much as she possibly can.

It stands without saying that Mrs. DuMez is a member of our organization and we are pleased to have her accept the title of Honorary President.

**L.A.M.P.A. OFFICERS AND DIRECTORS
FOR 1961 - 62**

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Mrs. Felix H. Kaminski
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Mrs. Norman J. Levin
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Mrs. Albert Rosenfeld
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Mrs. Frank Block
Historian



CASE HISTORY

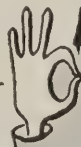
PATIENT: A. Pharmacist

HISTORY: Chronic anxiety caused by fear he is losing extra store traffic, sales and profits by not following the lead of other profit-minded pharmacists in selling National Express Company Money Orders. Suffers from frustration at not adding to his earnings when no cash outlay or expense is involved.

Result: Tension, worry for not taking advantage of the greater promotional help all pharmacies get from National Express Company.

PROGNOSIS: Rapid, complete cure possible by using the company that helps you the most.

TREATMENT: Immediate use of prescription attached below.



USE THE COMPANY THAT HELPS YOU THE MOST



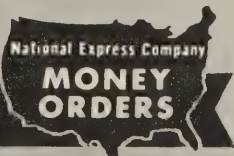
Rx

National Express Company (Dept. M)
MONEY ORDERS
 1520 Market St., Phila. 2, Pa.
 Tell me how I can profit more with
 National Express Company **MONEY**
ORDERS.

Name _____ State _____
 Address _____
 City _____

MAIL TODAY • NO OBLIGATION

NATIONAL EXPRESS CO.
1520 Market St. • Phila. 2



NO ONE

Ever Outgrows the Need for

MILK

GET THE BEST GET . .



MU lberry 5-3800

another "PLUS" Service for you

INVALID AND SICKROOM NEEDS



- **TRIPLE CHROME PLATING**— assures long lasting beauty, easy to clean.
- **HANDGRIPS** — provide safe control by attendant.
- **SEAT & BACK** — high quality Blue Leathersette, reinforced for strength, easy to clean.
- **24" WHEELS** — highest quality bicycle type tangent spoke wheels with double ball bearings, high quality rubber tires, and hand-rims for easy self-propelling.
- **SKIRTGUARDS** — to keep clothing away from wheels, reinforced for strength.
- **SAFETY HAND BRAKES** — hold chair in position for entry & exit — a must for safety.
- **SEAT SUPPORT** — patented full support provides more comfort, strength and longer life.
- **HIDDEN CROSSMEMBERS** provide easy folding action, out of way of feet and legs.
- **5" FRONT CASTERS** — ball bearing swivel casters for easy maneuverability, easy rolling.
- **FOOTRESTS** — adjustable in height, aluminum footrests fold out of way for safe entry & exit.

LET US SHOW YOU HOW TO:

1. Utilize floor space to more profitable use.
2. Capitalize on present prescription traffic to build additional sales.
3. Enhance your ethical appearance.
4. Build a rental reputation for new increased business. (A customer makes 2 or more trips on a rental . . . there are very few item sales that necessitate a return visit.)

GET YOUR SHARE OF VOLUME AND PROFITS IN THIS FAST GROWING INVALID AND SICK ROOM NEEDS MARKET!

SEE YOUR LOEWY SALES COUNSELOR FOR FULL DETAILS AND INFORMATION.

LOEWY DRUG CO., INC.

1120 NORTH CHESTER ST., BALTIMORE 13, MD.

Dickens 2-3610

Baltimore Metropolitan Pharmaceutical Association

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 A. FRANK TURNER
 Ex-Officio

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

The Baltimore Metropolitan Pharmaceutical Association Holiday Merchandise and Gift Show will be held on August 20, 21, 22, 1961, Sunday, Monday and Tuesday, at the Emerson Hotel.

The Merchandising Committee, Irving I. Cohen, Chairman, has worked hard to bring you a most complete Merchandise and Gift Show. Show your appreciation and attend.

This year the Show is new and different. The manufacturers, and not the wholesalers, will be the exhibitors. You will, however, be able to make your purchases through the wholesaler of your choice. Plenty of valuable prizes, too.

The Place & Arrangement Committee, Jerry Stiffman, Chairman, is setting up our Fall meetings. These promise to be most helpful and informative to all.

The National Association of Retail Druggists Convention, will be held on October 1st through the 5th at the Hotel Fontainebleau, Miami Beach, Florida. Active members of the N.A.R.D. are independent drug store owners only. Many pertinent problems affecting retail pharmacy will be thoroughly discussed. Make every effort to attend. The scheduling of meetings and events will leave plenty of time for bathing and social functions.

Wishing you a most pleasant summer,

I am,

Cordially yours,

SAM A. GOLDSTEIN, President

ATTORNEY GENERAL FINAN ISSUES RULING ON ADVERTISING PRESCRIPTION DRUGS

July 20, 1961

Mr. F. S. Balassone, Chief
Division of Drug Control
State Department of Health
301 W. Preston Street
Baltimore 1, Maryland

Dear Mr. Balassone:

You have forwarded to this office the July 1961 issue of Better Homes and Gardens, as well as a recent issue of the Wall Street Journal. Both of these publications have advertisements listing prescription drugs for order by mail from a company whose address is listed as Kansas City, Missouri. The drugs listed require a prescription and are therefore dangerous drugs as defined by Sections 307 and 308 of Article 27, Annotated Code of Maryland (1957 Edition).

The General Assembly of 1961, by virtue of Chapter 590 of the Laws of Maryland of 1961, amended the dangerous drug law by adding subsection (b) to Section 311, which reads as follows:

“(b) No pharmacist or pharmacy shall be permitted to advertise through any media other than a professional or trade publication any dangerous drug by either its ‘trade name’ or by its generic or formulary name.”

You have requested to know whether the advertisements violate the provisions of subsection (b) of Section 311, *supra*.

The dangerous drug law was enacted to prevent the opportunities to obtain drugs for illicit use in traffic, to require the use of professional personnel in filling prescriptions, and to require the keeping of files and records of prescriptions for the use of dangerous drugs.

The 1961 amendment aforementioned, was intended to further implement the public policy against allowing illicit traffic in dangerous drugs, and also to discourage self-medication practices among the citizens.

In reading the advertisements forwarded to us, it appears that the drugs involved are, in fact, dangerous drugs as defined by the Dangerous Drug Act and further, that the advertising is not in a professional or trade publication, but rather has been distributed to the public in general.

For the foregoing reasons, I believe that these advertisements violate the Maryland law.

I believe it is incumbent upon you as Chief of the Division of Drug Control to notify the publishers of these advertisements of the violation of law, and further request that they cease and desist from such violations.

Very truly yours,

THOMAS B. FINAN

Attorney General

A LETTER OF APPRECIATION

Mr. Joseph Cohen
650 W. Lombard Street
Baltimore 1, Maryland

Dear Joe:

During my term as President of L.A.M.P.A. one of the things that bothered me most was whether I had recognized and thanked those people who have helped me make my endeavors so successful.

Of course, during the convention, with the excitement and its activities, the same question again came to my mind, and hence this letter.

I wish to thank you, Joe, for the cooperation you gave me all during the year and at the convention. I wish to thank Harold Goldfeder for his many kindnesses and consideration. Arlene Padussis, as chairman of the board, for her guidance and understanding. Helen Kaminski, my successor, as chairman of entertainment for the year, has worked diligently far beyond the call of duty, and I wish for her the same kind of cooperation and work from her first vice-president.

To the rest of my officers, my heartfelt thanks for jobs well done. To my committee chairmen, all who worked with dedicated devotion, I offer my thanks. To T.A.M.P.A., for the help that they gave me. To those who entered into the spirit of our luncheon in May and the Mad Hatters contest at the convention, thanks for making this a record year, both in attendance and participation.

To Mickey Friedman and Mel Asch, a special thanks for a tough job well done, for without them the afternoon would not have been so successful.

To those who contributed gifts for our meeting and Mad Hatters contest, merci.

And last, but not least, to Mr. Lou Sulsky, who although not a member of our organization, most generously gave a gift of a cummerbund and necktie to each person participating in our

Mad Hatters contest, a special personal thanks.

The year has been a most stimulating one for me, and from the bottom of my heart, I thank all who helped make it so.

Sincerely,

ETHEL LEE RAICHLEN

PRESCRIPTION PRICES

Prescription prices, says the Bureau of Labor Statistics of the U. S. Department of Labor, are moving down. In a report published in May, 1961, the Bureau showed that prices for prescriptions were continuing their downward trend which began last June.

This may surprise those who, thanks to the Kefauver hearings, think prescription prices move only in one direction—up.

It is true, of course, that the long-term trend of prescription prices has been upward. Drugs cost more than they used to. So does nearly everything. Drug prices have gone up along with all others, and like any other medical expense they hit us on a tender nerve. It is bad enough to be sick, without having to pay the inevitable bills.

But the Consumer Price Index of the Bureau of Labor Statistics shows that from 1949 through 1959 drug prices have risen about half as much as total medical care costs and slightly less than the cost of living as a whole.

What is the price of the average prescription? A survey published in the April 3, 1961 issue of *American Druggist* showed that in 1960 the prices most frequently charged for prescriptions were \$1.25, \$1.50 and \$2.00. At the opposite extreme, prescriptions costing \$10.00 or more made up only 1.5 per cent of all prescriptions sold. The average prescription price was \$3.25. These statistics hardly seem to support the frequent and well publicized criticism that

SCHRAFFT'S[®] CHOCOLATES

Feature the candy that creates quick turnover and repeat business. Profit by the ever-growing demand for Schrafft's—recognized by candy-lovers everywhere as supreme in quality and flavor.

It pays to promote Schrafft's Chocolates!

Distributed By

ALLEN, SON & CO., INC.

Phone Center 3-1300

25 South Warwick Avenue

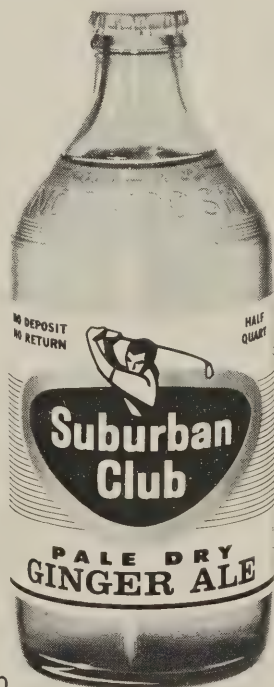
Baltimore 23, Md.



the
"Convenience Market"
keeps growing!
**STOCK,
SELL, DISPLAY...**

**STILL
AVAILABLE**

Suburban Club fine drinks in the large family size, 10-oz. single drink size and 7-oz. split size. Returnable bottles.



Check With Your Driver-Salesman or Phone OR. 5-0100

Tell them you saw it in "The Maryland Pharmacist"

prescription prices have risen to unreasonable heights.

Prescription Expenditures

Confusion sometimes results from failure to distinguish between prescription prices and prescription expenditures. The average American in 1959 spent nearly three times as much for prescriptions as he did in 1949. But this does not mean prescription prices were three times as high in 1959 as they were a decade earlier. Statistics published by *American Druggist* explain this: Americans simply were buying more drugs in 1959. Since 1949 the average number of prescriptions filled per person rose from about 2 to more than 3.5.

Value of Prescriptions

One reason people are buying more prescription drugs is that today many potent new drugs are available to treat illnesses that ten years ago could not be effectively treated at all. It is hardly surprising, for example, that more tranquilizers were sold in 1960 than in 1950; in 1950 these drugs didn't exist.

Today's potent new medicines often lower the cost of being ill. In the past, people who contracted pneumonia had to spend several weeks in the hospital, plus weeks for convalescence, at a cost of at least \$300 to \$400. Today, pneumonia can often be cured at home in a short time with less than \$20 worth of antibiotics.

At one time, mastoiditis often involved surgery and cost the patient or his family around \$1,000. Today there is usually no surgery. Instead, the infection is treated with drugs costing around \$15, and classical cases of mastoiditis have become so rare that medical schools have difficulty in locating enough for teaching purposes.

Prescription Expenditures and Personal Income

Moreover, while the nation's total outlay for drugs has gone up, purchasers' incomes have risen too.

Even though they are buying a larger number of prescription drugs, people are spending only a slightly larger amount of their income for them. In 1949, out of every dollar which Americans earned, three-tenths of a cent went for prescriptions. Today we are spending six tenths of a cent. (Compare this amount with the two cents spent for tobacco products and the three cents spent for alcoholic beverages.) The slight increase in drug expenditures certainly does not seem unreasonable when one considers that each of us now purchases nearly twice as many prescription drugs, most of which are far more effective than those available ten years ago.

If drug prices had risen as much as other prices since 1949, the nation's annual bill for drugs would be approximately two hundred million dollars higher than it is.

SPOTLIGHT PRODUCT OF THE MONTH

Artra Skin Cream

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

THE CHARMCRAFT
GREETING CARD SECRET

better profits



*unmatched delivery schedules
and reliability for
Maryland Pharmacists*

Top profits from greeting cards depend first of all on having the cards you need when you need them. That's the CharmCraft secret—personalized delivery schedules to meet every need.

But it's not the whole CharmCraft story. CharmCraft means an exhaustive collection of truly imaginative greeting cards housed in the most eye-appealing cabinets and advertised nationally. It all adds up to top profits with less work and bother for you—a mighty pleasant combination.

CharmCraft Publishers
OF WASHINGTON

CARDS FOR ALL OCCASIONS

3132 M STREET, N. W., WASHINGTON 7, D. C.

WASHINGTON: FEderal 3-1500

BALTIMORE: VErnon 7-4213

ADVERTISED IN
LIFE

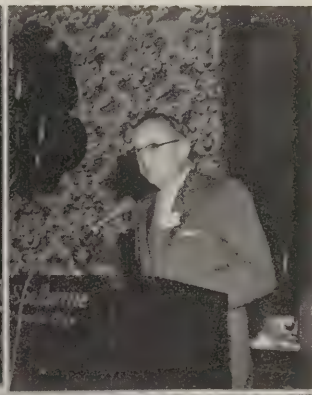
To learn more about the advantages of becoming a CharmCraft dealer, drop us a line today.



Pictorial Scenes of the



1961 Convention . . .



**Baltimore City Health Department
Medical Care Section
THE MAA PROGRAM AND THE
PHARMACIST**

There is some confusion, both to the pharmacist, as well as the layman in regards to the new MAA program instituted under the Baltimore City Medical Care Program. The following is an attempt to clarify the situation.

By congressional action, specifically the Kerr-Mills Law, Federal funds were allocated to aid a fringe group of people in obtaining the best medical care available in this country. The fringe group that are mentioned are (a) those people 65 years of age or over, (b) not receiving a Welfare grant and (c) unable to pay for medical services, these services being either or both physician and clinic treatment as well as necessary drugs and medical supplies.

On June 1 of this year, Baltimore City as well as the State of Maryland, instituted a new program entitled "Medical Assistance for the Aged," hence the MAA designation.

For simplicity of administration the Program was placed within the operating framework of the existing City and State Medical Care Programs, and eligibility was determined by the departments of Public Welfare through the following table:

| 1 Number of Persons | 2 Annual Income | 3 Average Monthly Income |
|---------------------------|-----------------------|--------------------------------|
| 1 | \$1,140 | \$ 95 |
| 2 | 1,560 | 130 |
| 3 | 1,920 | 155 |
| 4 | 2,160 | 180 |
| 5 | 2,640 | 220 |
| 6 | 2,940 | 245 |

Those persons found eligible by the Public Welfare Department are then so certified to the Medical Care Section of the City or State. It is then the

responsibility of the person so certified to register at either the City or State Medical Care Section.

When the eligible person registers at the Medical Care Section he will receive an identification card which is very similar to the one which the pharmacist filling medical care prescriptions is familiar. It is differentiated by being green in color and bears the large letters MAA.

All persons having been so certified by the respective Welfare Departments and registered with their Medical Care Section are then eligible for any or all of the following services when they are required:

1. Home and office care by a private physician of the patient's choice.
2. An initial medical evaluation and, also, diagnostic, consultation and special treatment services, all through a hospital medical care clinic.
3. Laboratory and X-ray services.
4. Prescribed drugs and some medical supplies.
5. Dental care to a limited extent, and not including initial dentures.
6. Eyeglasses for post-operative cataract cases only.

Hospital inpatient care for eligible individuals, while not provided under this City program, is available through the Hospital Inpatient Program which is administered by the Maryland State Department of Health.

The preceding is intended to enable the pharmacist to answer question from his customers and when necessary help them obtain the necessary aid.

At this point the pharmacist will proceed with his function of supplying drugs and medical supplies in the same manner in which he is accustomed under the existing Medical Care Program.

don't be caught short

People get mad when they can't buy their favorite tasty Lance snacks. So don't be caught short.

Let your Lance salesman help. He can stock your displays with enough of the right flavors to keep your customers happy.



LANCE

Charlotte, North Carolina



*All the Features
you'd choose
yourself!*

FLAVOR-IZED FLARE-TOP ICE CREAM CONES

TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

MARYLAND BAKING COMPANY
1200 South Eutaw Street, Baltimore, Md.



Tell them you saw it in "The Maryland Pharmacist"

If the Medical Care Section can be of any further help call or write the State Department of Health, Medical Care Section or call the Medical Care Section of the Baltimore City Health Department (telephone 752-2000, extension 316). The office force or the staff pharmacist are at your service.

THE TUBERCULOSIS PROBLEM

Each month almost 1,000 Americans are dying of tuberculosis, and 6,000 Americans are contracting the disease. Today, about 35,000,000 people harbor the tuberculosis germ.

A new case of tuberculosis is reported every seven minutes, and it is estimated that 75 per cent of the new cases of the

future will come from those now infected.

Although great advances have been made in the treatment of tuberculosis, it is estimated that about 100,000 people in this country have active tuberculosis that has never been reported to health authorities.

In order to treat all active cases, they must be located. Two methods for finding the unknown cases are the chest X-ray and the tuberculin test. A chest X-ray can detect lesions in the lungs before symptoms are apparent. The tuberculin test is an allergy test. A reaction to it does not indicate active disease, but it does indicate exposure and the individual should be followed up with a chest X-ray.

Insects -- Termites -- Rodents

"Call The  Rose Man"

Saratoga 7-6118

Serving for
100
Years

ROSE
EXTERMINATOR CO.

Since  1860

WISE PROTECTION

— Always Dependable —

Come To The 1961

HOLIDAY FAIR

Sponsored by

PHILADELPHIA SERVICE DRUG WHOLESALERS' HOLIDAY FAIR CORPORATION

Participating Wholesalers

KRULL WHOLESALE DRUG CO.
SHOEMAKER & BUSCH, INC.SMITH KLINE & FRENCH INC.
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ONE STOP HOLIDAY Shopping FOR PHARMACISTS**SEPTEMBER 23-27, 1961** George Washington Motor Lodge
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The firms and others listed below have contributed cash and merchandise to the 79th Annual Convention of the Maryland Pharmaceutical Association held at the Shelburne Hotel, Atlantic City, New Jersey, July 3-6, 1961. The cash contributions were used to provide the entertainment features of the Convention and the merchandise was distributed as prizes at the meetings and various functions of the Convention. Both played an important role in the outstanding success of the Convention. It is with grateful appreciation the Association acknowledges their generous contributions.

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LACTINEX EFFECTIVE FOR ACNE

Lactinex, *Lactobacillus acidophilus* and *bulgaricus*, combined with good personal hygiene, was a considerable aid in the control of acne in 300 cases treated by Dr. Robert H. Siver of Baltimore, Md. (JOURNAL MEDICAL SOCIETY NEW JERSEY).

According to the manufacturer, Hynson, Westcott & Dunning, Inc., evidence that Lactinex^r was effective in treating acne-form conditions was first noted in Dr. Siver's original investigation of the treatment of gastrointestinal disturbances.

In the 300 cases treated, most patients showed some response during the first two weeks; some severe cases required 3 months. The 12-18 year age group showed the most favorable response. Patients were given 2 or 3 tablets, t.i.d., with milk for eight days, followed by two weeks with no medication. The course was repeated as many times as indicated.

Lactinex^r produced no untoward effect, whether in small amounts or massive doses.

PHYSICIANS' SAMPLES ABUSE

Commissioner of Food and Drugs George P. Larrick called on the pharmaceutical industry, the medical profession, and retail druggists to intensify their efforts to stamp out abuses in the repackaging of physicians' samples.

At the same time, the Commissioner directed Food and Drug Administration inspectors throughout the country to increase their activities in this field.

The action came in the wake of discovery of an additional mix-up in repackaged physicians' samples in the possession of a retail pharmacy in Kansas City, Mo.

A total of 15 seizures of physicians' sample drugs that were being held for sale has been instituted by FDA in the last two weeks.

Mr. Larrick said that associations representing the industry, the medical profession, and retail pharmacists had expressed their deep concern over the problem and their willingness to cooperate wherever possible.

However, he said, "the important protective provisions of the Federal Food, Drug and Cosmetic Act that are intended to insure the purity and safety of drugs are being ignored and nullified by handlers of physicians' samples.

"While we believe that the major drug supply of this country is entirely reliable, the abuses that have been found in the handling of physicians' samples do represent a serious problem. So, I again call on the drug manufacturing companies, doctors, and druggists to immediately institute necessary control procedures to insure that physicians' samples are used by physicians in their professional practices."

The Commissioner recommended:

1. A reduction in the distribution of physicians' samples of drugs to that quantity which may reasonably be used by physicians in their practice.

2. A system of accounting for drug samples calculated to avoid accumulations and diversion for sale.

3. A policy to be followed by physicians of destroying samples which they do not use in their practice.

4. A practice of not using physicians' samples to fill prescriptions and the use only of drugs, the integrity of which is beyond question in pharmacy practice."

"We intend to use all the resources of the Food and Drug Administration and the full authority of the Federal Food, Drug, and Cosmetic Act to stamp out carelessness and abuses in the handling of physicians' samples," Mr. Larrick said.

The abuses that have been found in the handling of physicians' samples include:

1. Mix-ups—where one drug is in a container bearing the label of another drug.
2. The repackaging of physicians' samples by untrained people who have no concept or appreciation of the importance of maintaining the authenticity and labeling of potent drugs.
3. Destruction of all, or practically all, the labeling which includes warnings, contra-indications, directions for use, etc.
4. Disregard of the expiration dates on antibiotics — many outdated anti-biotics have been found, some on the shelves of prescription pharmacies.
5. Failure to obtain recertification of antibiotics after repackaging when batches have been mixed and the identity of lots destroyed.
6. The handling of new drugs in such a way as to destroy the identity of codes and labeling.

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7. Holding of repackaged samples in unlabeled containers or in containers with labeling loosely affixed to bottles with rubber bands or in containers bearing only the name of the product written in pencil or with crayon.
8. Mixing together of physicians' samples from many sources without regard to codes, expiration dates, age of drugs, etc.

The two latest seizures covered large stocks of repackaged physicians' samples in possession of Prospect Pharmacy, 18th and Prospect St., Kansas City, Mo.,

and Zackian Brothers, 27 South 60th, Philadelphia, Pa.

At the Kansas City store a bottle labeled as "Eskatrol Spansule" manufactured by Smith, Kline and French Laboratories, Philadelphia, Pennsylvania, actually contained a product called Entozyme manufactured by A. H. Robins, Richmond, Virginia. Eskatrol is a prescription drug consisting of Dexedrine with Compazine, a potent product used in the treatment of obesity. Entozyme is a preparation sold without prescription which consists of enzymes, with bile salts.



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AMA TESTIFIES ON KEFAUVER BILL; EMPHASIZES IMPORTANCE OF APhA LAB

The first battle over the proposed Drug Industry Antitrust Act (S. 1552) was fought on July 5-6 with Senator Estes Kefauver and the Senate Antitrust and Monopoly Subcommittee on one side, and principals of the American Medical Association—with the support of Senators Everett Dirksen and Roman Hruska and their minority counsel on the other.

Speaking for the AMA was Board of Trustees chairman Hugh H. Hussey, Jr., M.D., accompanied by AMA assistant executive vice president Ernest B. Howard, M.D., AMA general counsel C. Joseph Stetler, and assistant to the secretary of the AMA Council on Drugs Joseph B. Jerome. Dr. Hussey announced that the AMA opposes those sections of S. 1552 "which would grant to the Food and Drug Administration the authority to determine, evaluate and pass on a drug's efficacy and thus determine beforehand that a drug should not be marketed." In explaining the decision, Hussey added that "the marketing of a relatively useless drug is infinitely less serious than would be arbitrary exclusion from the market of a drug that might have been life saving for many persons."

In explaining new AMA programs, Hussey singled out the new drug standards laboratory inaugurated as a joint venture of the American Pharmaceutical Association, the United States Pharmacopoeia and the American Medical Association. Dr. Hussey noted that the laboratory, to be located in the APhA headquarters in Washington, D. C., "will develop and check specifications for new drugs and assist in publishing reports on them. It will assist in checking stability and purity, and will launch new studies of general drug characterization and identification. Problems of standardization will be explored and new methods of analysis will be developed."

The AMA Board of Trustees chair-

man explained to Senator Kefauver that the APhA was the national professional association of individual pharmacists, comparable in pharmacy to the AMA in medicine.

Kefauver and committee did their best to discredit the AMA after they expressed opposition to his bill, but Senator Hruska lambasted the Tennessee Senator and his staffers for using statements taken out of context and quotes in which pertinent portions were omitted.

Kefauver thus set the stage for similar action against any and all comers who dared to oppose his bill in what has been termed "Legislative Hearings on S. 1552."

BRISTOL LABORATORIES STAMPS EACH DRUG SAMPLE "COMPLIMENTARY" TO PREVENT MISUSE

A program designed to prevent improper use and waste of free drug samples, established on an experimental basis by Bristol Laboratories last year has received the enthusiastic support of physicians and has been adopted permanently.

Under the program each individual sample tablet or capsule, distributed by Bristol Laboratories to doctors is stamped with the word "complimentary." Sample packages contain the legend: "To initiate therapy and reduce the cost to your patients."

In addition to the imprint on the drug and the legend contained in the package, Bristol has taken steps to avoid waste of samples. The company's sales representative, or detail man, when offering samples to physicians determines whether or not the doctor can use samples of a drug in his practice. If the doctor can, he is asked to sign a requisition for additional sample supplies which are subsequently mailed to him by the company.

The Food and Drug Administration has seized pharmaceuticals from drug shelves in recent weeks on grounds that

They were samples that had been diverted from doctor's offices and repackaged for sale.

Bristol's sampling policy was described as "controlled but liberal." Two types of sample packages are available from Bristol, called "starter-dose" and "confirmatory."

The starter-dose package holds individual doses of a drug whose effect can be determined quickly, such as a nasal decongestant valuable in hay fever treatment.

The confirmatory - sample package

contains doses of drugs, such as an agent for lowering high blood pressure, whose evaluation may require a week or more of daily use by the patient.

All sample packages contain copies of the official and approved brochures describing the drugs, their uses and contra-indications.

Bristol's efforts to develop a sampling program designed to prevent waste and misuse of drugs were initiated last year. We now feel confident that the popular reaction of doctors justifies its permanent adoption.

B.M.P.A.

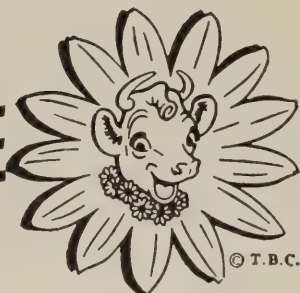
N.A.R.D. CONVENTION PRIZE

The N.A.R.D. Convention will be held at Miami Beach, Florida, October 1-5, 1961.

Druggists making purchases at the Ninth Annual Holiday and Gift Show of the Baltimore Metropolitan Pharmaceutical Association, Emerson Hotel, August 20, 21, 22, are eligible to enter an all-expense paid trip for two to the N.A.R.D. Convention.

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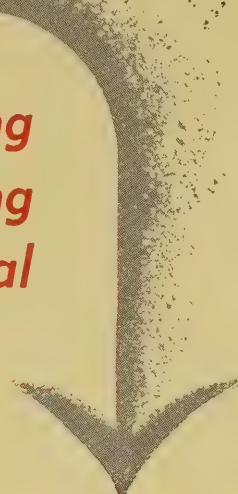


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Four tablets or one packet of granules chewed and swallowed four times a day.

Supplied: Tablets in bottles of fifty—Granules in boxes of twelve one gram packets.

(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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Important—Read Editorial on Page 776

The Maryland Pharmacist

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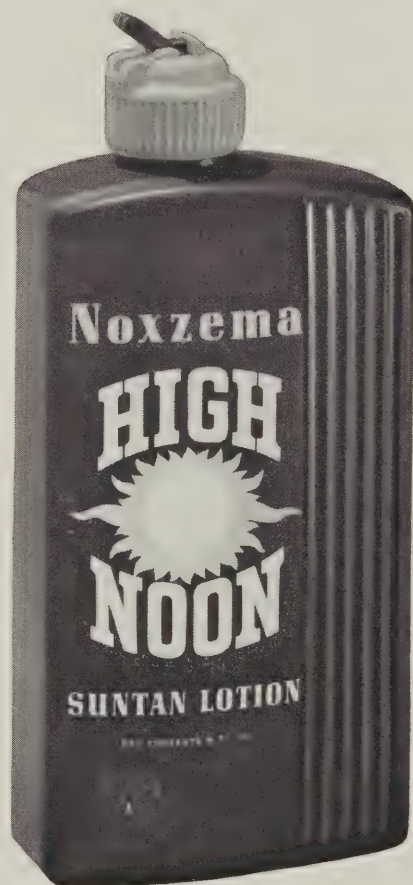
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VOLUME XXXVI

AUGUST, 1961

NO. 11

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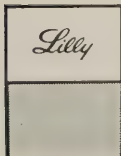
SOME DRUM BEATING ABOUT THE PHARMACIST WHO PLAYED CHIEF

The day he got his store, he thought, "Now I'm my own boss." And he was.

He began by directing an aggressive buying operation (he did the buying). When the "bargains" arrived, he grunted orders to his warehouseman (himself). Then he cracked the whip over his billing clerk (also himself) and made his accountant (same man) work overtime when his capital got tied up in stock.

It dawned on him one day that being chief isn't much fun when you have to play Indian, too.

Moral



The way for a pharmacist to be "chief" is to command the services of a Lilly wholesaler. The Lilly policy of wholesale distribution recognizes that a pharmacist's prime concern is the practice of pharmacy. Warehousing, elaborate bookkeeping, and large inventories are the wholesaler's responsibility.

If your operation suffers from tied-up wampum and could use some "Indians," call one of the 300 Lilly service wholesalers who serve the nation.

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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

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... Editorial ...

F.D.A. ON DRUG SAMPLES

Because of the stepped up activity of the Food and Drug Administration in checking the abuses of handling legend drug samples, we are devoting this space to reprinting a recent N.A.R.D. article on the subject. We urge you to read the story carefully and to abide by the recommendations of Commissioner Larrick.

Commissioner of Food and Drugs George P. Larrick recently called on the pharmaceutical industry, the medical profession, and retail druggists to intensify their efforts to stamp out abuses in the repacking of physicians' samples.

At the same time, Mr. Larrick directed Food and Drug Administration inspectors throughout the country to increase their activities in this field.

The action came in the wake of discovery of an additional mix-up in repackaged physicians' samples in the possession of a retail pharmacy in Kansas City, Mo.

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However, he said, "the important protective provisions of the Federal Food, Drug and Cosmetic Act that are intended to insure the purity and safety of drugs are being ignored and nullified by handlers of physicians' samples.

Necessary Control Procedures

"While we believe that the major drug supply of this country is entirely reliable, the abuses that have been found in

the handling of physicians' samples do represent a serious problem. So, I again call on the drug manufacturers, doctors and druggists to immediately institute necessary control procedures to insure that physicians' samples are used by physicians in their professional practices."

Mr. Larrick recommended:

"(1) A reduction in the distribution of physicians' samples of drugs to that quantity which may reasonably be used by physicians in their practice.

"(2) A system of accounting for drug samples calculated to avoid accumulations and diversion for sale.

"(3) A policy to be followed by physicians of destroying samples which they do not use in their practice.

"(4) A practice of not using physicians' samples to fill prescriptions and the use only of drugs of unquestionable integrity in pharmacy practice.

"We intend to use all the resources of the Food and Drug Administration and the full authority of the Federal Food, Drug, and Cosmetic Act to stamp out carelessness and abuses in the handling of physicians' samples," Mr. Larrick said.

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(1) Mixups—where one drug is in a container bearing the label of another drug.

(2) The repackaging of physicians' samples by untrained people who have no concept or appreciation of the importance of maintaining the authenticity and labeling of potent drugs.

(3) Destruction of all, or virtually all

the labeling which includes warnings, contraindications, directions for use, etc.

(4) Disregard of the expiration dates on antibiotics—many outdated antibiotics have been found, some on the shelves of prescription pharmacies.

(5) Failure to obtain recertification of antibiotics after repackaging when batches have been mixed and the identity of lots destroyed.

(6) The handling of new drugs in such a way as to destroy the identity of codes and labeling.

(7) Holding of repackaged samples in unlabeled containers or in containers with labeling loosely affixed to bottles with rubber bands or in containers bearing only the name of the product written in pencil or with crayon.

(8) Mixing together of physicians' samples from many sources without regard to codes, expiration dates, age of drugs, etc.

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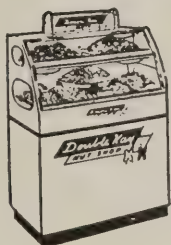
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PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

Traditionally, summer is the time for relaxation, play and vacation, but I can assure you that the officers and executive committee of the Association have done much planning and work during this season. The executive committee has met. The committee chairmen and members have been appointed. The objectives have been set for the committees for the coming year, and the chairmen of these committees have been so notified.

Although Maryland is one of the leaders in pharmaceutical legislation, and this is not a legislative year, preparations are being made for the next legislative session in several areas that need improvement.

The Membership Committee has been directed to develop a plan and a program for the many pharmacists, non-store owners, who should be encouraged to become members of the Maryland Pharmaceutical Association. In reality, these pharmacists represent the majority in our profession and should be brought within the scope of pharmaceutical association as soon as possible.

The Trade Relations Committee has been directed to prepare a pharmaceutical seminar workshop program on the economics of retail drug store operation.

Because of world conditions, it is quite possible that civilian defense will become extremely important and a very active committee chairman and co-chairman have been selected to continue the development of our civilian defense program.

As if this were not enough, our Secretary has been offered and has accepted a position with the N.A.R.D. Joseph Cohen has made a magnificent contribution to pharmacy in our State, and his departure from Maryland will be deeply felt. He now passes to the national scene like others who have preceded him. We feel he will bring more honor to Maryland Pharmacy and we wish him well in his new position.

The responsibility for selecting a new Secretary is in the capable hands of Chairman Gordon A. Mouat and the Selection Committee, Si Solomon, Jack Wannewetsch, Frank Block, Victor Morgenroth and Harold Goldfeder. It is imperative that we select the best man available. All those who are interested in this position, please make your interest known to the committee.

Sincerely,

NORMAN J. LEVIN, President

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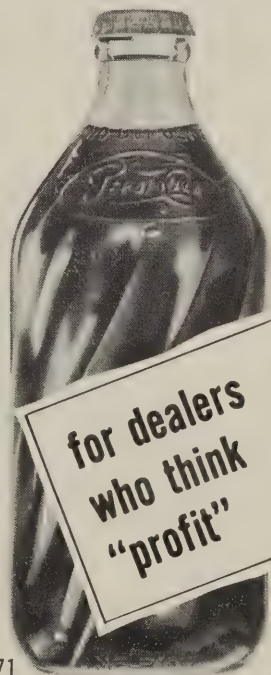
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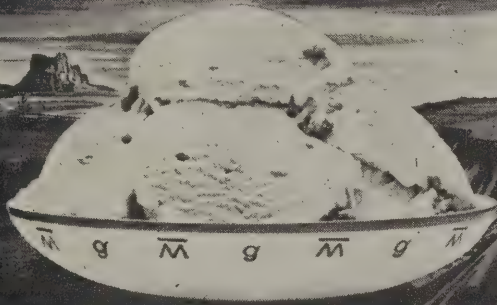
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School of Pharmacy, University of Maryland, News

UNIVERSITY OF MARYLAND REPRESENTED BY WALGREENS' SEMINAR

Dean E. Leavitt, Instructor of the School of Pharmacy at the University of Maryland, has completed on-the-scene studies of a modern drug store organization in Walgreens' sixth Seminar in Pharmacy Administration.

The two-week program held at the firm's headquarters in Chicago, June 19-30, included extensive discussion sessions with veteran Walgreen executives plus field trips through the company's stores, warehouse, and drug and cosmetic manufacturing laboratory. With Mr. Leavitt were faculty representatives from 13 other leading pharmacy colleges.

The over 30 different business subjects under study ranged from effective store design to personnel selection and training, to merchandising, advertising, tax and legal questions.

As a meeting ground between educators and business administrators, Walgreens' Seminar offered the forum for a stimulating exchange of ideas on the business aspects of pharmacy. Many new concepts in current retailing techniques, covered in the Seminar, will be incorporated in classroom study this fall to further help students prepare for successful drugstore management.

SCHOOL OF PHARMACY RESEARCH GRANTS

Receipt of two research grants totaling \$86,500 for support of research on anticancer drugs at the University of Maryland School of Pharmacy has been announced by Dr. Noel E. Foss, dean of the school.

The research, which has been in progress for three years under the direction of Dr. Norman J. Doorenbos, associate professor of pharmaceutical chemistry, involves the synthesis of new experimental steroids.

The U. S. National Cancer Institute is awarding \$79,000 to aid the research for three years and Smith, Kline and French Laboratories are contributing \$7,500 for one year. Both grants are in continuation of support extended in past years.

Naturally occurring steroids include many hormones which have proved useful in cancer therapy but which may sometimes also produce undesirable side effects. In an effort to strengthen therapeutic effects and reduce or eliminate side effects Dr. Doorenbos and his colleagues have replaced naturally occurring carbon atoms in the steroid molecules with one or more nitrogen atoms.

There are theoretical reasons for believing that such new substances as these may yield better anticancer drugs and tests are under way to test their efficacy and safety of drugs thus far synthesized in Dr. Doorenbos' laboratory.

He is being assisted in the program by Dr. Mu-Tsu Wu, Dr. Leon Milewicki, Robert Havranek, Arvind Shroff, Charles Kumkumian, V. C. Patel, and Conrad P. Dorn, Jr.

SCHOOL OF PHARMACY PERSONALS

Lt. Clarence L. Anstine, U.S.N.R. B.S. '58, is instructor in Naval Intelligence at the Fleet Air Intelligence Training Center in Norfolk, Virginia.

Dr. Leonard Karel who earned his Ph.D. in 1941 with a major in pharmacology has been appointed special assistant to the associate director of research of the National Science Foundation. Dr. Karel came to the Foundation from the National Institutes of Health where he headed a branch of the Allergy and Infectious Diseases Institute and directed programs of research in bacteriology, virology, tropical medicine and parasitology and related subjects.



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PHARMACY BOARD RESULTS

The Maryland Board of Pharmacy met at the office of the secretary, 301 West Preston Street, Baltimore, on Thursday, August 24, to canvass the grades made in the examinations conducted by the Board on June 21, 22, and 23, 1961. Registration was granted to the following:

Linda Stucky Pierce

The following passed the theoretical examination, but registration is withheld until they have met the legal requirements for practical pharmacy experience and have passed an examination in practical pharmacy:

Edward Ralph Babst
Richard Dewey Baylis
Lawrence Yale Block
Kenneth Bennett Bozman
Alan Wolf Brilliant
Harvey Cohen
Anthony Gaspare Cusimano
Frank Felix Cwynar, Jr.
Jerome Allen Danoff
Joel Samuel Davis
Louis Diamond
Vincent Robert DiPaula
Gerald Norman Freedenberg
Gerald Stanford Gordon
Elliott Greenblatt

Norton Joel Grossblatt
Harry Hamet
William Joseph Heinrich
George Herman Huber
Morton Keroes Hyman
Lonnie Charles John Jackson
Marvin Stanley Kushnick
June Eng Lee
Beryl Lerner
David Gerald Levin
Nancy Sappe Lubman
Douglas Wells McNeill
Carl Edward Markowitz
Constantine Nick Maschas
Ryland Delano Packett
Elaine Evert Price
Harvey Donaldson Reisenweber
Zoe Carroll Robinson
Christopher Anthony Rodowskas, Jr.
Irvin Silen
Martin Joseph Sopher
Janice Phillips Stank
Robert Benjamin Stiekman
Peyton Orenzo Stime
James Patrick Struntz
William Tabak
Frank Joseph Tamberino
Vito Tinelli, Jr.
Walter Douglas Walkling
Phillip Paul Weiner
Leonard Louis Winkleman
Irvin Yospa
Warren Gerald Zerwitz

The following had previously passed the theoretical examinations, and by virtue of having passed the practical pharmacy examination at this time, registration was granted to them:

Robert Morse Flanagan
Dezzo Nemeth-Barath, Jr.
Morton Jerome Sclar

DRUG STORE CHANGES**New Stores**

Irwin S. Barshack, Prop., Fallstaff Pharmacy, 6852 Reisterstown Road, Baltimore 15, Maryland.

Marylander Pharmacy, Inc., Robert R. Stofberg, Pres., 3501 St. Paul Street, Baltimore 18, Maryland.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 11 Normandy Shopping Center, Baltimore National Pike, Ellicott City, Maryland.

Change of Ownership

Preston Pharmacy, (Confidence Drugs, Inc.), Marvin L. Edell, Pres., 1301 N. Charles Street, Baltimore 1, Maryland. Formerly: Samuel Cohen.

Changed To Corporation

Caplan's Drug Store, Inc., Louis Taich, Pres., 601 N. Carey Street, Baltimore 17, Maryland. Formerly: Bernard Levin & Louis Taich, Partners.

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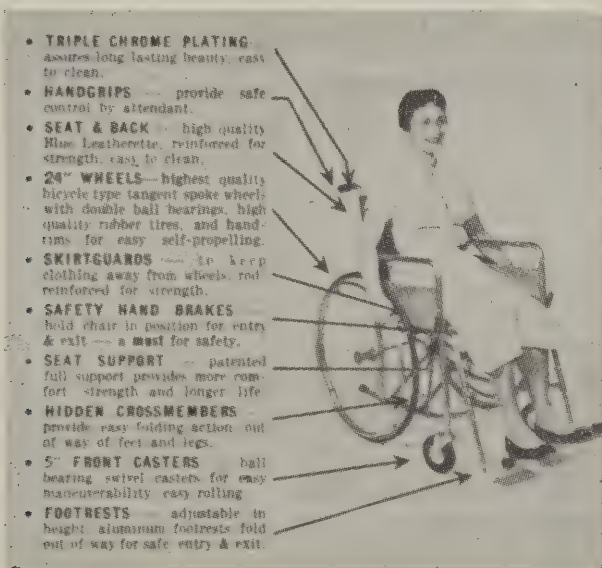
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. CONTRIBUTIONS .

"PRESCRIPTION WRITING FOR DENTISTS" PRESENTED TO THE MARYLAND STATE DENTAL ASSOCIATION

By

*Stephen J. Provenza, B.S., Phar. D.

It was with great pleasure that I accepted the invitation of your chairman to appear on your program and discuss prescription writing for dentists. Having attended the University of Maryland School of Pharmacy located next to the dental school and also at one time was employed by a dentist who operated a retail pharmacy, I feel at home among dentists. At present I operate a retail pharmacy in the Medical Arts Building where there are over 75 dentists, many of whom limit their practice to orthodontia, periodontia, endodontia and exodontia.

Over the last thirty years it is very impressive to observe the advances in dental techniques and equipment that have been made. The uncomfortable dental chair with treadle furnishing power for the drill is gone. We now have a modern chair made for the comfort of both the patient and the dentist. Instead of relying on sharp instruments to scratch and probe for dental caries, today all dentists employ x-ray apparatus. Let us not forget the high speed drills that expedite dental procedures. These show excellent mechanical progress, but we all know that dental treatment is not solely a mechanical calling. The modern dental practitioner must treat the patient as an individual, recognizing the various physiological and pathological factors involved, rather than simply a set of teeth to be mechanically restored.

The dentist in his daily practice has the opportunity to detect many physiologic disturbances and, if they are not too severe, should be able to provide

the various vitamin and nutritional supplements to correct them by prescribing proper and sound medication. The patient may suffer as little as possible if the dentist selects suitable medication. Prevention of infection is another field that demands the proper use of drugs and with the development of antibiotic and chemotherapeutic agents, we find the dentist may discharge his full obligation as a professional practitioner.

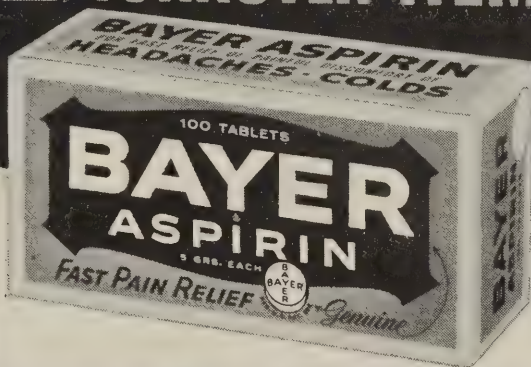
The Baltimore Metropolitan Pharmaceutical Association and the Maryland Pharmaceutical Association maintains an office and staff at 650 W. Lombard St., Baltimore, Md. They are always ready to render a pharmaceutical service to the dental practitioner. Also, the pharmacist in your locality has been thoroughly and intensively trained in the art of prescription writing as well as in pharmacology and he is conversant with the new drugs as they become available. The need of previous prescription writing should not be a deterrent, since a few hours of cooperative concentration with the neighborhood pharmacist can provide the necessary information and background to write an effective and proper prescription. The pharmacist can be extremely helpful to the dentist, and I urge that both take the initiative to telephone or visit and discuss this problem informally. You may rest assured that the pharmacist will be more than willing to give his time and be of assistance.

On the shelves of the retail pharmacies there are hundreds of bottles with the labels bearing the statement:—"Caution. Federal law prohibits dispensing without prescription." The Maryland State law and the Federal Law give the complete rights and privileges of writing prescriptions for necessary medication to the dental profession. Writing a prescription is an

*Mr. Provenza is Chairman of the Professional Relations Committee

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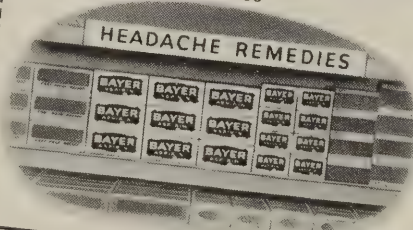
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unrecognized obligation rather than merely a right. As mentioned above systemic chemotherapeutic procedures frequently are necessary adjuncts to manipulations, prosthesis or local therapy.

The advent of the antibiotic agents has changed the complexion of dental practice as it has the practice of medicine. The modern dentist cannot successfully practice without a knowledge of these agents and the indications for their use. Many of the acute inflammatory and suppurative processes that occur in and around the oral cavity can, by the use of these miracle drugs, be retarded or completely eliminated. The practitioner, however, must be able to determine the proper antibiotic to use in each case. Parenteral administration may be given while the patient is in the office; but the maintenance of a proper blood level of the antibiotic while the patient is at home requires that the patient be given a written prescription.

Writing a prescription is an order from one professional man to another professional man and elevates the stature of both professions. The pathological changes that occur in and about the oral cavity do not differ in principle from other abnormal tissue deviations. While the treatment of systematic disease is primarily a problem of the physician, there are many occasions where care of the oral condition is the major consideration, and the entire responsibility of the dentist. To meet this responsibility the dentist must rely on the prescribing of various medicines, systemically as well as by local application. Patients with a history of rheumatic heart disease facing dental extractions or other oral dental procedures should be given pre- and post-operative antibiotic therapy in order to prevent exacerbation of healed valvular lesions. Also, in those diabetic patients, where diabetes is under control, the use of adequate antibiotic therapy will lessen the incidence of delayed healing due

to the low tolerance from surgical trauma.

The multiplicity of new medicinal agents and nutritional aids offered to the profession would seem to make it imperative that the dentist consider the pharmacist as a professional ancillary colleague with ideals comparable to his own. By writing a prescription, the dentist relies on the integrity of the pharmacist who has the control of the drug or pharmaceutical that the patient is taking. As the clinician, he is able to observe the effect of what he prescribed. By so doing and observing, he is rendering to the patient a high type of professional service. His patients expect that type of service and he is remiss in the confidence in him if he fails to give his best.

Federal and state laws pertaining to prescription medicinal agents and drugs grant the privilege of prescribing to the dental profession. With the advent of sulfa drugs, antibiotics, anti-inflammatory agents, new synthetic preparations for relieving pain, the dentist is able to give his patients better treatment in shorter time. In regions where the water supply is not fluorinated the dentist can prescribe fluorides on written prescriptions. Where there are manifestation of dietary deficiencies in the mouth, vitamins may be prescribed. Thus the dentist is in a position to see many incipient disease conditions before the patient thinks of going to the family physician. The pharmacist is able to act as a consultant to the dentist when recommending the dosage forms of drugs that are coming out of the pharmaceutical manufacturing laboratories.

Where else can the dentist find a reliable unbiased source of information? The answer is—The Council on Dental Therapeutics of the American Dental Association. Its objective is to gather and disseminate information to assist the dental profession in the selection and use of therapeutic agents and their adjuncts and dental cosmetic agents.

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Each year "Accepted Dental Remedies" is published and includes (1) drugs of recognized value in dentistry, (2) drugs of uncertain status more recently proposed for use by the dentist, and (3) some drugs once employed extensively but now regarded as obsolete. The price of this publication is only three dollars and may be obtained by writing to the American Dental Association, 222 E. Superior St., Chicago 11, Illinois.

The up-to-date and unbiased information is as follows:

- (1) Treatment consideration of dental patients receiving medical care. Cardiovascular agents, central nervous system depressants, agents for control of allergy, anti-neoplastic agents, liver disease, anticonvulsants, atropine and related drugs.
- (2) Treatment of emergencies in the dental office. Useful equipment and drugs, syncope, cardiovascular difficulty; drug reactions and hemorrhage.
- (3) Prescription writing. Essentials, prescriptions for narcotics, state regulations, calculating doses for children.
- (4) Local anesthetics.
- (5) General anesthetics.
- (6) Sedatives and hypnotics.
- (7) Antibiotics and anti-infective agents.
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- (10) Vasoconstrictors and hemostatics.
- (11) Fluoride compounds.
- (12) Dentrifices and mouth washes.
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- (14) Nutritional factors.
- (15) Mechanical aids.
- (16) Pharmaceutical aids.
- (17) Formulas and tables
- (18) Bibliographic index to products not listed in the A.D.A.
- (19) Index to selected council reports.

Since a great majority of dentists are members of the American Dental

Association they receive the ADA Journal each month in which there are always articles pertaining to the dental use of new pharmaceuticals. Also every dentist so disposed will find right in his own neighborhood a pharmacist who is more than happy to help in every way possible. He will provide whatever information the dentist requires, advise him on the availability as well as selection of therapeutic agents and their dosage forms, supply him with whatever special medication he may require for either patient or office, stock preferred dentifrices, tooth-brushes and dental accessories, and generally prove himself the dentist's loyal, dependable ally.

There is a definite need for the development of a closer cooperation within the dental and pharmaceutical health team. We trust that this presentation will be the forerunner of things to come, as is said in Latin, "Alterum, Alterius, Auxilio Eget"—which means—"Each needs the help of the other." With that help, I am certain that we can better serve the public. I shall be glad to cooperate with the leaders of dentistry and pharmacy to work effectively toward achieving this professional purpose.

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MARYLAND COLLEGE OF PHARMACY
and
SCHOOL OF PHARMACY,
UNIVERSITY OF MARYLAND*

By B. Olive Cole* *

The Maryland College of Pharmacy was organized as a private membership institution in Baltimore, Maryland, in 1841.

The first course of lectures, given by seven members of the college, began the first week in November 1841 and ended the latter part of February 1842. Neither officers nor lecturers received any compensation for their services. Of the six students who attended the first session, three — William S. Thompson, Alpheus P. Sharp and Frederick A. Cochrane—were declared graduates at a public commencement on June 19, 1842.

The first home of the college was a single small room located on Gay Street, north of Baltimore; then several other small rooms; then a room in the Faculty of Physic, University of Maryland; and later rooms in the Medical and Chirurgical Faculty of Maryland. In 1876 a public grammar school was purchased and remodelled. In 1886 a new building was erected on this same site. In 1904 the college became a department of the University of Maryland, and in 1920 it became the School of Pharmacy of the University of Maryland when the professional schools of the University were merged with the Maryland State College.

The professors and graduates of the School have made many worthwhile contributions to the advancement of pharmacy and many "firsts in pharmacy" are recorded to its credit through the work of these men of extraordinary ability and character. The first separate professorship in the Theory and Prac-

*Presented in the Historical Section of the American Pharmaceutical Association during the 1961 Convention in Chicago.

**Professor Emeritus, School of Pharmacy, University of Maryland.

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tice of Pharmacy in the United States was established at the Maryland College of Pharmacy on April 24, 1844, with Dr. David Stewart as the professor in charge. The first obligatory course in analytical chemistry given in a school of pharmacy in this country was made a part of the curriculum on March 23, 1872 with William Simon, Ph.D. as director of the laboratory.

Alpheus P. Sharp, one of the first graduates of the Maryland College of Pharmacy and co-founder of the manufacturing firm of Sharp & Dohme, presented the first scientific paper read before the sessions of the American Pharmaceutical Association, the subject being "On the Strength of Commercial Muriatic and Nitric Acids and Alcohols" at the morning session of the fourth annual meeting, September 13, 1855, New York City.

The work done by Dr. Charles Caspari, Jr. in 1896 on the adaptation of

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volumetric methods of analysis to the assay of the official alkaloidal drugs, was a classic. The School was one of the first to establish a separate course in prescription compounding, consisting of both lectures and laboratory, with Dr. Henry P. Hynson as the first professor of dispensing pharmacy. The first laboratory in a School of Pharmacy for instruction in bio-chemical assays was established at Maryland in 1930, through the generosity of Captain Isaac E. Emerson.

The faculty and alumni of the College have evidenced great interest in organization work, pharmaceutical education and health measures. The organization meeting of the Maryland State Pharmaceutical Association was held in the Maryland College of Pharmacy in 1883, with Dr. Charles Caspari, Jr. as temporary secretary. The initial call for an association of colleges of pharmacy was sent out on April 13, 1900 by Henry P. Hynson, Secretary of the Maryland College of Pharmacy. The association was organized first as the American Conference of Pharmaceutical Faculties and in 1925 became the American Association of Colleges of Pharmacy. The National Association of Retail Druggists was established in 1898. Dr. Henry P. Hynson was a pioneer in this endeavor and the first president of the Association.

In 1910 the Maryland Board of Health appointed Dr. Charles Caspari, Jr. as Food and Drug Commissioner, to carry out the mandates of the then new Food and Drug Law of Maryland. Dr. R. L. Swain was Deputy Drug Commissioner for seventeen years. When the American Council on Pharmaceutical Education was organized in 1932, combining delegates of different national pharmaceutical associations as members, for the accreditation of colleges of pharmacy, Dr. E. F. Kelly was elected president and served for many years, and Dean Andrew G. DuMez was elected

secretary-treasurer, which office he held at the time of his death.

The School of Pharmacy of the University of Maryland was among the vanguard of schools of pharmacy to offer graduate work, in 1928. The first three M. S. degrees were awarded in 1930 and the first two Ph.D. degrees in 1933.

During the thirty-two year period (1928-1960) 120 M. S. degrees and 81 Ph.D. degrees were awarded to 169 candidates, 35 of the candidates having received both M. S. and Ph.D. degrees. The M. S. degree was awarded to 22 women and 98 men, and the Ph.D. degree to 2 women and 79 men. The M. S. degree, through the combined course in pharmacy and hospital internship, was instituted in 1947-48 and many hospitals are staffed by these M. S. graduates.

The following table shows the periods in which the degrees were granted:

| Years (Inclusive) | Degrees Granted | |
|----------------------|-----------------|-------|
| | M. S. | Ph.D. |
| 1928-1933 | 18 | 2 |
| 1934-1938 | 10 | 12 |
| 1939-1943 | 12 | 17 |
| 1944-1948 | 15 | 14 |
| 1949-1953 | 29 | 18 |
| 1954-1960 | 36 | 18 |
| | 120 | 81 |

The following table shows the areas in which the M. S. and Ph.D. degrees were awarded.

| | M. S. | Ph.D. | Total |
|--------------------|-------|-------|-------|
| Pharmaceutical | | | |
| Chemistry | 43 | 49 | 92 |
| Pharmacognosy | 3 | 2 | 5 |
| Pharmacology | 19 | 15 | 34 |
| Pharmacy | 37 | 12 | 49 |
| Pharmacy and Hos- | | | |
| pital Internship | 12 | 1 | 13 |
| Physical Chemistry | 1 | 0 | 1 |
| Bacteriology | 5 | 2 | 7 |
| | 120 | 82 | 201 |



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*Name available on request.



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The School of Pharmacy is proud of the large number of Ph.D. graduates who are engaged in education, manufacturing, research and organization work in different parts of the country, and point with particular pride to the Ph.D. graduates of the School who hold deanships in seven schools of pharmacy. They are:

Andrew J. Bartilucci, St. John's University, Long Island, N.Y.

Noel E. Foss, University of Maryland, Baltimore

Salvatore J. Greco, Creighton University, Omaha, Nebraska

George P. Hager, University of Minnesota, Minneapolis, Minn.

LeRoy C. Keagle, New England College of Pharmacy, Boston, Mass.

Kenneth L. Waters, University of Georgia, Athens

Warren E. Weaver, Medical College of Virginia, Richmond, Virginia.

Noteworthy of recording is that the Maryland College of Pharmacy and the School of Pharmacy, University of Maryland provided the following presidents of the American Pharmaceutical Association:

George W. Andrews (1856-57)

J. Faris Moore (1863-64)

John F. Hancock (1873-74)

William S. Thompson (1883-84)

Joseph Roberts (1885-86)

Charles E. Dohme (1898-99)

H. A. B. Dunning (1929-30)

Robert L. Swain (1933-34)

Andrew G. DuMez (1939-40)

and General Secretaries of the Association—Charles Caspari, Jr. (1894-1911)
E. Frank Kelly (1925-1944).

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PRODUCTS OF NATURE-DRUG EXTRACTION

By B. F. Allen*

The hunt for newer, better, more effective and more economical drugs continues, unabated, and many programs have been instituted for the chemical and biological investigation of more or less obsolete drug plants.

Since the end of the Second World War the study of the chemistry of natural products, particularly those of plant origin, has received new emphasis. This has been due to a number of stimuli such as the use of cortisone and reserpine. The spectacular success of the aforementioned has set in motion intensive search for plant materials which may contain other therapeutically effective essences.

Many pharmacy researchers are conducting studies on ways to increase the drug yield of medicinal plants by applying powerful plant growth stimulants such as gibberellic acid. Others are working to improve the process of percolation, bringing about changes in solvents, in procedure, and in equipment.

Pharmaceutical laboratories throughout the world are scrutinizing more carefully the drug actions of plants which have been sent to the archives of therapeutics or which have become museum collectors' items. Recently it has been reported that an aqueous extract of a common Egyptian desert plant may be useful in the treatment of roundworm or pinworm infections. Also a plant

drug for the treatment of certain types of cancer and said to represent an entirely new class of anti-tumor agent is being marketed. The drug¹ is an alkaloid extracted from the periwinkle plant.

A tincture of jewelweed, an old-fashioned galenical, has proved "a very potent and safe therapeutic agent" for the treatment of poison ivy. It has been reported that 108 patients responded "most dramatically" to topical application of jewelweed and were entirely relieved of their symptoms within 2 or 3 days after starting treatment.

The renewed interest in plants as a source of useful drugs has resulted from a better knowledge of factors regulating growth and productivity, improved methods of extraction, and the development of unique and highly selective methods for isolating active principles.²

The process of percolation as applied to the extraction of drugs had its origins in Europe, but its full development as a procedure for the manufacture of extracts, fluidextracts and tinctures is largely attributable to American pharmacy. Over a span of many years, various investigators have worked to improve the process in a variety of ways.

It is interesting to note that during the Civil War period the country experienced a serious increase in the price of alcohol which threatened to interfere with the broad use of extracts and fluidextracts because of the greatly increased cost of preparing them. This, of course, prompted many experiments in extraction to effect a greater economy in the use of alcohol and a better control on the percolation.

A similar situation has occurred on numerous occasions in recent years which is exemplified by the interest shown in substitute solvents such as isopropyl alcohol,³ butyl alcohol, methyl alcohol, methyl ethyl ketone, tetrahydrofuran (and other furans), aqueous solutions of surface-active agents, and buffer systems.

* Associate Professor of Pharmacy, University of Maryland

¹ Velban, Eli Lilly and Co.

² A recent controversy involved the issuance of a U.S. patent for extracting alkaloids from parts of plants of the genus *Voacanga* with certain solvents by a process involving chromatography.

³ described in This Journal, July, page 724 (1961).



If all vitamin products were alike, Betty Miles would be out of a job.

Betty Miles is an inspector in the Upjohn Soft Elastic Capsule Department. Her job is to examine Unicap* vitamins for "leakers."

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The effectiveness of any extraction procedure for crude drugs is largely controlled by the permeability of the cell walls and the solubility of the desired constituents in the menstruum.

There is a considerable difference in the ease with which different drugs can be extracted. This difference in extractability is due in part to the different morphological condition of the cellular tissue, and in part to the difference in the solubility of the extractives.

The effect of some selected surface-active agents⁴ on the removal of the active principles of crude drugs⁵ has been carried out by several investigators. Although the experimental work reported is not sufficient to allow definite conclusions to be drawn, there is evidence that addition of a synthetic surface-active agent to an aqueous or hydroalcoholic menstruum will tend to effect a more efficient removal of the desired active constituents.

Classical procedures for the extraction of crude drugs are laborious and time-consuming. Two general procedures, namely, maceration and percolation, have long been the basis for the removal of medicinal plant constituents. Modifications of these procedures have been necessary from time to time because of physical and chemical properties of the crude drugs. Most of the work which was done had as its objective the improvement of the methods which have been used for many years.

Some new ideas pertaining to methods of extraction of vegetable drugs have been advanced in recent years. In 1947, some extraction studies were performed on digitalis using a Waring blender. The leaves were disintegrated in this appa-

ratus in the presence of a small amount of water for a period of about 10 minutes. The resultant mixture was then subjected to heat treatment and filtration. The results indicated that the active cardiac glycosides can be extracted in this manner.

A pressure cooker method of extraction has been found to be efficient for the preparation of tinctures of official quality from the alkaloidal drugs, especially those of the Solonaceae family. The principal advantage of this method is the fact that there is a considerable saving of time. It is believed that there is a breakdown of the plant tissues by cooking under pressure, thus shortening the period of time that is required for extraction by the conventional methods in general use. All of the preparations made by this method contain less total extractive than their official counterparts, and the less total extractive, the more stable the finished product is likely to be.

The possibility of preparing tinctures of solanaceous drugs by passing a suspension of the powdered drug in appropriate menstruum through a colloid mill⁶ has been investigated. The results indicate that the colloid mill is capable of enhancing extraction to a considerable degree and that a great saving of time may be achieved in the preparation of these products. Through the use of this mill it is possible to prepare tinctures of belladonna and stramonium in a matter of minutes, whereas, conventional extraction methods require periods ranging from days to weeks.

In a recent survey of selected solanaceae with the hope of finding new materials that could be used for medicinals, insecticides, or antibiotics, the extraction of the alkaloids was accomplished by a method using heat and a mechanical stirrer.

As studies continue on the ability of solvents to extract the medicinal constituents of crude drugs, it is noted that

⁴ Tween 80, sodium lauryl sulfate, cetyltrimethyl ammonium bromide, sorbitan monolaurate, etc.

⁵ cinchona, ipecac, belladonna, hyoscyamus, and aloes

⁶ similar machines used in the manufacture of homogenized milk and other food products.

oscillating mechanical shakers are being used as well as extraction apparatus which consists of a vacuum control and a mechanical stirrer placed in a percolator. With the latter arrangement the drug can be vigorously agitated with the solvent prior to percolation, and the rate of flow of the percolation can be controlled and varied.

Several investigations have looked into the use of ultrasonic waves in the extraction of medicinal substances from plant tissues. Some reports have indicated that greater yields have been obtained more easily and in less time by using ultrasound techniques.

The problem of economical extraction of drugs is serious to the drug manufacturer. Any method of procedure which will hasten the exhaustion, or reduce the amount of percolate needed, will be likely to materially reduce the cost of manufacture and also produce a more stable product.

THINGS THAT COUNT

Not what we have . . . but what we use,
Not what we see . . . but what we
choose—

These are the things that mar or bless
The sum of human happiness.

The things nearby . . . not things afar,
Not what we seem . . . but what we are—
These are the things that make or break
That give the heart its joy or ache.

Not what seems fair . . . but what is
true,

Not what we dream . . . but what we
do—

These are the things that shine like
gems,

Like stars in fortune's diadems.

Not as we take . . . but as we give,
Not as we pray . . . but as we live—
These are the things that make for
peace,

Both now and after time shall cease.

—Author Unknown

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Volume 19

AUGUST, 1961

No. 11

TAMPA CRAB FEAST

The annual "T.A.M.P.A. Crab Feast" was held at Bay Ridge Beach on Thursday, August 17, 1961. The new sun room overlooking the Chesapeake Bay was ours exclusively for the afternoon. Many of our druggist friends were there to share with us the pleasant surroundings, the steamed crabs, crab soup, beer and the fine dinner served to us later in the day.

It was an afternoon of friendly relaxation for everyone who attended. Some pitched horseshoes while others enjoyed the swimming pool or the cool Chesapeake Bay, and there were those who preferred the rustle of cards and cold beer. The question of who has the best softball team the "Pill Pushers" or the "Pill Rollers" has still not been settled because neither team ever wins. It's all just for fun.

NEWS ITEMS

Elmer Holmes (Skip) Biles has taken a new position as vice president of the Home Builders Association of Maryland. Before joining the local trade organization Skip was affiliated with Owens

Illinois Company for nine years as a sales engineer and during that time made many friends in the wholesale and retail drug business in Baltimore. We all wish him great success in his new job.

Bob Tobias recently added another golf trophy to his collection when he took home the John O'Donnell trophy which became his when a nine iron shot stopped 15 inches from the cup at the annual Hole-In-One Tournament held at Mt. Pleasant on July 22, 1961. This was the closest thing to an ace for that round so Bob got a chance to compete in the finals for bigger stakes. He came mighty close in the final round but a couple of lucky players beat him out. Better luck next year, Bob!

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-: NEWS ITEMS :-

NOTES ON THE BALTIMORE CITY DRUG FORMULARY AND THE MEDICAL CARE PROGRAM

Gordon A. Mouat, Staff Pharmacist

Several pharmacists have had questions regarding the use of the drug Formulary of the Baltimore City Health Department, Medical Care Section. The following is an effort to inform all pharmacists of the answers.

The primary purpose of the drug Formulary is to be a guide to the prescriber, so that patients coming under the City Medical Care Program are assured the best possible pharmaceutical services consistent with necessary economy. It is desirable, from the administrative end, that drugs be contained to the Formulary classification. We must remember that, as Pharmacists, our duties are to dispense what the physician orders; but as civic minded people we must cooperate in a Welfare Program to our fullest extent.

The Formulary was originally written by a Committee of physicians under the chairmanship of Dr. John C. Krantz, Jr. A pharmacist was included in this Committee for his pharmaceutical knowledge. This same Committee has continued to function over the years, revising the Formulary and making necessary additions when so requested by the medical profession. With this background in mind, it is obvious the Formulary must be sufficient for the medical profession, and our only concern as pharmacists and public servants is to help make sure the physician confines himself to the prescribing limits that his respected colleagues have established.

It is necessary that the pharmacist use good judgment in deciding whether or not a prescription has been written within the Formulary. A classic example would be tablets A.S.A. Compound with

Codeine; as such there is no such item listed in the Formulary, but both Tablets A.S.A. Compound and Codeine Tablets are individually listed. If for no other reason than that of economy it would be natural to assume a combination tablet of the two preceding drugs would be within the spirit of the Formulary. There are probably other examples such as this which would illustrate what I mean by using good judgment.

If there is a question in the pharmacist's mind as to whether or not a drug will be honored by the Medical Care Section it is quite simple to call the Medical Care Department (telephone 752-2000, extension 316). The office force or the staff pharmacist are at your service.

Dr. Henry W. D. Holljes, the Senior Medical Advisor, is always helpful in authorizing unusual or expensive exceptions to the Formulary so that any necessary treatment of a medical care patient is never denied.

LAMPA FALL MEETING

LAMPA'S Fall Regional Meeting will be held October 19, 1961 at Peter Pan Inn.

Mr. Frank Hennessy will be our guest speaker.

Former popular radio personality, now good-will ambassador for the National Brewing Company, Mr. Hennessy will present an amusing and interesting illustrated lecture on "The Land of Pleasant Living."

Because of previous commitments and tight scheduling, it will be necessary for our guest speaker to address the ladies immediately following the luncheon.

It is our hope that Mr. Hennessy will be greeted by a large and enthusiastic audience.

FRAN ROSENFELD,
Publicity

D. C. PHARMACIST OF THE YEAR



JOHN E. DONALDSON

John E. Donaldson, Director of Prescription and Professional Services, Peoples Drug Stores, was honored as "Pharmacist of the Year" by the District of Columbia Pharmaceutical Association at its 1961 convention and was presented a beautiful trophy commemorating the occasion.

John is a graduate of the U. of M. School of Pharmacy. He is a registered pharmacist in Maryland and has been a member of the Maryland Pharmaceutical Association for many years. He has maintained an interest in Maryland Pharmacy.

He is a past president of the District of Columbia Pharmaceutical Association and served eleven years on the D.C. Board of Pharmacy, the last five years as president.

John has been with Peoples Drug Stores for 37 years and Director of Professional Services for the past nine years.

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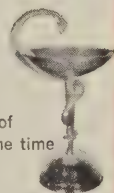
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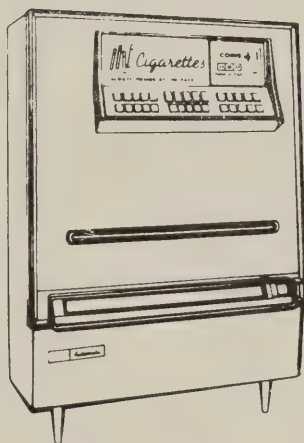
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PREVIEW OF THE N.A.R.D. CONVENTION PROGRAM

The 63rd annual convention of the N.A.R.D., to be held October 1-5 at the tropical paradise of Miami Beach, will place emphasis on the major aspects of the business problems which harass the independent retail druggists. Discussions will also stress the elements of effective organized activities. The business sessions of the convention and the Drug Show will be held at the Fontainebleau Hotel.

Headlining the program will be Senator Thruston B. Morton of Kentucky, Dr. Edward R. Annis of the American Medical Association, Representative Oren Harris of Arkansas, and Dr. P. Joseph Pesare, medical director of the Rhode Island Department of Social Welfare.

Senator Morton is a member of the Finance and the Interstate and Foreign Commerce Committees. Until recently, he was chairman of the Republican National Committee. Following service in World War II, he returned to his grain and milling business in Louisville, only to find, he says, that Government agencies were virtually controlling it. He decided to run for Congress, feeling that "if the Government is running my business, I want some part of it." He was elected representative from Kentucky's third district in 1946 and he served in the House until the voters of Kentucky decided in 1956 to send him to the Senate.

Representative Harris, a veteran of 21 years in the House, is chairman of the Interstate and Foreign Commerce Committee. He introduced the Fair Competitive Practices bill in the House of the 87th Congress and before that he sponsored the National Fair Trade bill in the 85th and the 86th Congress. Representative Harris is a stalwart advocate of individual enterprise.

An eloquent spokesman of the A.M.A., Dr. Annis is a staunch foe of socialized medicine in every form, particularly

the social security approach to health care for the aged. He recently achieved acclaim for his television debate on this subject with Walter Reuther, president of the United Auto Workers. He is chief of surgery at Miami Mercy Hospital, attending surgeon at North Shore Hospital and is chairman of the Legislative Committee of the Florida State Medical Association.

As head of the medical care program of the Rhode Island Department of Social Welfare, Dr. Pesare is well qualified to describe the old age health care assistance program of that state, a program that has operated successfully without social security help. He has served with the United States Public Health Service and for a time he was a faculty member of Georgetown University School of Medicine.

Prior to the business sessions, all of which will be held in the Fontaine Room of the Hotel Fontainebleau, there will be an Executive Committee meeting Sunday at 4 p.m. The Drug Show will be formally opened Monday at 10 a.m. and at noon a luncheon will be held for members of the President's Advisory Committee. A meeting of that committee and association officers will follow. At 3 p.m., local, metropolitan and state pharmaceutical association leaders will meet with the National Legislation Committee and its auxiliary to discuss fair trade.

Tuesday morning the convention will be called to order by N.A.R.D. President Tom C. Sharp. The invocation will be delivered by Reverend A. R. Eldon Garrett of Holy Comforter Episcopal Church, Miami. The conventioners will be welcomed by Judge Kenneth Oka, mayor of Miami Beach, and L. W. Harrell, president of the Florida Pharmaceutical Association. Freeman Oikle, president of the Southeast Florida Pharmaceutical Association, will also extend greetings.

Following the president's address, reports will be given by Willard B. Simmons, chairman of the Executive Com-

Fall Regional Meeting

Maryland Pharmaceutical Association

with the

Ladies and Travelers Auxiliaries

PETER PAN INN, URBANA, MARYLAND

near Frederick

Thursday, October 19, 1961

**An Outstanding Program Has Been Arranged Concerning
The Services Of Pharmacy In The Community.**

SCHEDULE:

1:00 P.M. Delicious Country Style Luncheon

2:00 P.M. MPA Business Meeting

2:30 P.M. LAMPA Meeting and Entertainment

3:00 P.M. Panel Presentation:
"Health Services of the Community"

Panelists:

Karl F. Mech, M.D., Chairman Legislative Committee,
Medical and Chirurgical Faculty of Maryland.

George F. Archambault, Pharmacist Director, Pharmacy
Liaison Officer to the Office of the Surgeon General,
Chief, Pharmacy Branch Division of Hospitals Public
Health Service.

Eugene J. Lipitz, President, Maryland Nursing Home
Association.

Moderator:

Aaron M. Libowitz

5:00 P.M. Cocktail Hour

6:00 P.M. Full Course Family Dinner

Spend An Enjoyable Day At Peter Pan with Friends and Colleagues.

Make An Early Reservation.

mittee; Secretary John W. Dargavel; Treasurer Charles B. Dunnington; Julius Thomas, chairman of the Auditing Committee; and Thomas J. Lenehan, head of the Committee on Form of Organization.

Dr. Pesare will address the convention Tuesday afternoon. Then Henry H. Henley, executive vice president of McKesson & Robbins, will moderate a discussion of "This Changing Drug Business." The panel will include Charles R. Beall, vice president of sales and promotion of McKesson & Robbins; Herbert D. Strauss, president of Grey Advertising, Inc., and Ray Hinst, druggist in Miami.

Wednesday morning, the report of the John W. Dargavel Foundation will be submitted by Foundation President Albert C. Fritz, after which a marketing forum for pharmacists will be moderated by John J. Weber, president of Weco Products Company. Panelists will be Robert L. Hauer, pharmacist, Hillside, Ill.; John H. Breck, executive vice president, John H. Breck, Inc.; Robert L. Gilliam, manager at Tampa for McKesson & Robbins; Clair Knox, president of Knox Associates, Inc.; and Henry DeBoest, executive director of sales, Eli Lilly & Company. Addresses by Senator Morton and Dr. Annis will follow.

Thursday speakers will be Philip F. Jehle, N.A.R.D. Washington representative and associate general counsel; Earl W. Kintner, antitrust counsel of the N.A.R.D.; Francis C. Brown, president and board chairman of the Schering Corporation; and Representative Wright Patman of Texas.

Mr. Kintner, former Federal Trade Commission chairman, will speak on "Antitrust and the Retail Druggist — What Does It Mean to You?" Representative Patman, co-author of the Robinson-Patman Act, will deliver an address on small business in which he will show the relation of the independent retailers to the welfare of America. Representative Harris will delineate the

Fair Competitive Practices bill and also he will tell what must be done by the independent retailers to help bring about the passage of the legislation by the 87th Congress.

The Fontainebleau will be the scene for a number of special events. Breakfasts will be held Tuesday for Phi Delta Chi Fraternity and for Rexall druggists and wives. Past presidents of the N.A.R.D. will meet for luncheon Tuesday at the Louis Philippe Room. On Wednesday, a Dixie Sunrisers breakfast will be served at the Fleur de Lis Dining Room, and state, metropolitan and local pharmaceutical association secretaries will join the N.A.R.D. officers at a luncheon in the Voltaire Room.

The indications are that the convention attendance will total a record high.

FATHER'S DAY INFORMATION

Father's Day 1961 hit the unbelievable total of \$949 million in sales at retail. Audited surveys of confidential information sent by retailers establishes that the official increase over 1960 was 3.16%.

This means that the biggest Father's Day in history was the one just observed. Because the previous high total was reached in 1960.

Though Father's Day was started in 1910, the surveys did not start until 1938. The list of annual year-to-year figures shows increases ranging from 1% up to 30% from the year 1938 to the year 1961.

In 1962, Father's Day falls on Sunday, June 17th. Plans have already begun to make 1962 bigger yet. With your cooperation there is no reason in sight why this goal should not be attained.

**PATRONIZE
OUR ADVERTISERS
THEY ARE OUR FRIENDS**

SERVICE

THE KEYWORD OF SUCCESS

**The Success of the Community Retail Druggist
Depends on Efficient Day-by-Day Service**

THE HOWARD DRUG & MEDICINE CO.

Provides Efficient Day-by-Day Service to the Drug Trade

We Cater to Your Daily

Drug—Pharmaceutical—Toiletry—Sundry Needs

No Order To Small—No Distance Too Great

Call: PLaza 2-6290

THE HOWARD DRUG & MEDICINE CO.

101 CHEAPSIDE

BALTIMORE 2, MD.

Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1961

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PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

It is with reluctance that our Association accepted the resignation of our Secretary, Joseph Cohen.

Through the years Joe has been the guiding light of our group. As you no doubt know by now he has accepted the office of Director of Professional Services of the National Association of Retail Druggists. Joe will be a hard man to replace, but I'm sure that Pharmacy nationally will benefit by this change.

Pharmacy in Maryland as well as our own Baltimore metropolitan area is being challenged on all sides—the mail order prescription business; the cut-rater; the gimmick give-away; and now with a membership card, viz G-E-M stores.

Another serious threat is from the certain type of medical practitioner who will refuse to diagnose and treat an illness unless the drugs are obtained from a Pharmacy which he owns or controls, or from a building in which a Pharmacy is located and from which he derives a profit.

We must try to figure out some plans for the present and take a good hard look into the future. It is not a job for just a few officers of our Association. It is a job for all concerned. We shall have to find the effective "crowbar" that will pry us off our seat of complacency of saying or being satisfied to have "George do it" and infuse the desire to get going, and to think in the positive. We might be able to develop an answer. We must have complete cooperation and the benefits of working together with the national and our own state and city organizations.

Won't you do your share? Attend meetings regularly. Give us the benefit of your suggestions and advice.

Sincerely,

SAM A. GOLDSTEIN
 President



**YOU, TOO, CAN GO MODERN
...with the BERNHEIM-SIEGEL**

NEW



**“RENT-ALL”
PLAN**

Maintenance-Free
Drug Fixtures
... At No Extra Cost!



*For Name of Your Nearest Distributor
Call, Wire or Write*

BERNHEIM-SIEGEL CORPORATION
401 E. PRICE ST., PHILADELPHIA 44, PA.
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**MERCHANDISE YOUR CIGAR DEPARTMENT
WITH THESE NATIONALLY KNOWN BRANDS**

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| Bock | Royalist | Lord Clinton |

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| Kaywoodie | Yello-Bole | Medico |
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| Ronson | Zippo | Rogers |
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| Timex | Kodak | Scripto | Amity |
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EVAN'S Sundae Toppings and Syrups

SCHRAFFT'S CANDY

Ask about our "NEW DAY CIGAR STAND" plan

119 SOUTH HOWARD STREET

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MU lberry 5-8240

TRUTH

The fourteenth century English reformer, John Wycliffe, said it forever: "I believe that in the end the truth will conquer." Men have died fighting for it, governments have been built on it—can we do less than follow it? Only by rigorous attention to quality and the demands of the profession could a company succeed so well that millions of drugstore customers know its unadvertised products—and ask for them by name—year after year. **YOUNGS RUBBER CORPORATION.**

TROJANS

Sold only in drugstores since 1926



ALLEGANY - GARRETT COUNTY PHARMACEUTICAL ASSOCIATION

The August meeting of the Allegany-Garrett County Pharmaceutical Association was held at the Fort Cumberland Hotel on August 2nd.

President Joseph Eshleman announced the following committee appointments:

Pharmacy Week: Fern E. Kenney, Richard Witt, Henry J. Glick, Robert F. Nierman.

Professional Relations: Howard Cooper, Robert Tomsko.

Legislation: Samuel Wertheimer, William A. Cooley, Robert Keech.

Bad Accounts: James F. Salmon, Eugene Judy, Robert P. Stotler.

Attendance: Robert E. Brant, Frank Clark, L. Patrick Dougherty.

Plans were made for the observation of Pharmacy Week. Tentative plans were made to exhibit displays depicting the profession of Pharmacy in three public buildings: (1) Allegany County Library, (2) Cumberland City Hall, (3) Liberty Trust Building.

All members are asked to attend a joint dinner with the Allegany-Garrett County Medical Association on November 15th, 6:30 P.M. at the Ali Ghan Shrine Country Club. The guest speaker will be Dr. John C. Krantz, Jr., Dept. of Pharmacology, School of Medicine, University of Maryland.

All members were requested to complete and mail in the Fair Trade evaluation and enlistment questionnaires sent to all Maryland Drug Stores by Simon Solomon.

Members were notified that in about two months the second series of dosage administrations of Sabin Vaccine would be given to the citizens of Allegany County, by Wyeth Laboratories. Area pharmacists will again be called upon to prepare the vaccine for consumption. The same procedure will probably be used once again, two pharmacists being assigned to each dispensing station

throughout the county. The County Medical Association will be contacted and pledge the support and cooperation of all area pharmacists.

OPERATING COSTS OF PRESCRIPTION PHARMACIES

The Ninth Annual Survey of Operating Costs of Prescription Pharmacies has been released by the American College of Apothecaries. This year's survey represents the detailed reports of 164 prescription pharmacies and points out the differences which exist in the operating costs of the prescription pharmacies as compared to those of pharmacies offering a broad line of products in addition to prescription services.

In a comparison of identical pharmacies, the survey revealed a slight increase in total sales but an actual decline of 1.3% in the total number of prescriptions filled. Actually in the pharmacies surveyed, new prescriptions fell 5.4 percent, however refills showed an increase of 2.9% and the continued significance of refills became even more apparent with the number exceeding new prescriptions by a considerable margin.

Despite an increase in gross margin in these pharmacies, operating costs increased at a greater percentage and thus total return to the owner was reduced 1.7% and represented 11.2% of total sales. This figure includes both owner's salary as well as net profit.

The prescription charge increased 2.9% for the year and showed to be an average of \$3.46. Several new areas were explored in this year's study including an analysis of so-called fringe benefits which are made available to employee pharmacists. It is hoped that the figures developed will prove valuable to the individual pharmacist.

Copies of the survey are available to all pharmacists and can be obtained by writing to: American College of Apothecaries, Hamilton Court Hotel, 39th & Chestnut Streets, Philadelphia 4, Penna.



The
 Burrough Bros.
 MANUFACTURING CO.
 Quality
 Pharmaceuticals
 Since 1863
 123 MARKET PLACE
 BALTIMORE 2, MD.

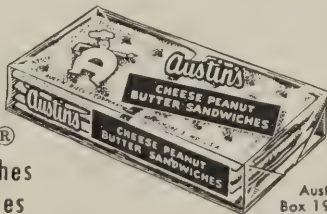


Quick Stop — Quick Profit

When folks "on the go" stop for a "coke" or a "cup of joe", you boost the unit sale with a package of Austin's. And Austin quality brings 'em back again . . . brings you more profits, faster!

Austin's®

Peanut Butter Sandwiches
 Cookies & Snack Varieties



Austin's
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**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

MURIEL *Air-Tips*

It's the light cigar THAT KEEPS a cool head!

Daniel Loughran Company, Inc.

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WANTED!

What are the services wanted from your Wholesaler?

(Please check)

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- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON

**TELL OUR STORY DURING NATIONAL
PHARMACY WEEK, OCTOBER 1-7, 1961**

Federal District Judge Louis E. Goodman stated during the San Francisco antitrust trial that he didn't see that the pharmacist was any different than any other merchant, and that the sale of soap by a druggist was no different than dispensing a prescription.

Recent Congressional hearings have led the public to think that a prescription is nothing more than an ordinary commodity, like groceries or hardware.

Critics ask why it takes so long and costs so much to dump a few pills from one bottle into another and hand them out.

The American Pharmaceutical Association has a variety of answers to these questions and criticisms. They have been compiled for your use in a year-round public relations program. The material is available, but it cannot do any good until you take it and put it to work in your own community.

This material to help you tell pharmacy's story is found in the 1961-62 APhA Public Relations Kit, developed in conjunction with National Pharmacy Week. Addresses, radio and TV spots and interviews, newspaper editorials, news stories and ad mats, promotional pieces on pharmacy careers and science fairs, as well as governmental proclamations and information on other available material for a year-round public relations program are all contained in this compact and attractive package. This kit is available at the nominal charge of \$3.00 from the American Pharmaceutical Association, 2215 Constitution Avenue, N. W., Washington 7, D. C.

Two main themes are stressed in the kit—

* professional services rendered by the pharmacist—enumerating and discussing the various steps taken by the pharmacist in compounding or dispensing a prescription—relat-

ing all of it to the patient's safety and health.

* the pharmacy as a health center—describing the information and materials available in the pharmacy.

Six outstanding and original cartoon advertisements are featured in this year's public relations kit. These eye-catching illustrations portray and explain six phases of professional service rendered by the pharmacist in dispensing a prescription. They come in the form of ad mats as well as reproduction proofs and have been designed for use individually or in any combination on a year-round basis.

Another important feature is the new address, "Behind the Prescription Counter." This 15-minute talk is written in the vernacular of the public and is a thorough discussion of the necessary steps used in dispensing a prescription. The ramifications of each step are explained and amplified to show direct benefit to the patient from every step taken.

Three editorials have been included for use by newspapers covering important aspects of the professional services rendered by pharmacists. One explains why a prescription can never be "trade" merchandise. A news story and an editor's fact sheet are also included for complete National Pharmacy Week news coverage.

Two interviews are included for radio and TV use. One is a five-minute interview dealing with the dangers of mail-order prescription operations; the second deals with the professional services rendered by a pharmacist in the dispensing of a prescription.

New and original spots have been written for use by local radio and TV stations. These vary in length from 10 to 60 seconds and range in subject from professional services rendered—to pharmacy careers—to polio and poison prevention.

A telop for National Pharmacy Week

Come To The 1961

HOLIDAY FAIR

Sponsored by
PHILADELPHIA SERVICE DRUG WHOLESALERS' HOLIDAY FAIR CORPORATION

Participating Wholesalers

KRULL WHOLESALE DRUG CO.
SHOEMAKER & BUSCH, INC.

SMITH KLINE & FRENCH INC.
WEST WHOLESALE DRUG CO.



ONE STOP HOLIDAY Shopping FOR PHARMACISTS

SEPTEMBER 23-27, 1961 George Washington Motor Lodge
Adjacent to Valley Forge Park

At Exit 24 of the Penna. Turnpike • King of Prussia, Pa.
Where Routes 202, 23 and the Philadelphia Schuylkill Expressway Meet!

- DAILY ATTENDANCE PRIZES
- FREE REFRESHMENTS
- UNLIMITED FREE PARKING
- MAGNIFICENT SURROUNDINGS



- 4 STATE ACCESSIBILITY
- NATIONAL BRANDS EXHIBITORS
- EARLY BIRD SPECIALS — FREE BREAKFAST BEFORE 10:30 A.M.



**TAKE THE FAIR WAY
TO HOLIDAY PROFITS!**

will be mailed to the 650 commercial and 67 noncommercial TV stations in plenty of time to be scheduled for showing the week of October 1-7.

The APhA display contest will again be a prominent feature of National Pharmacy Week. Pharmacies, colleges, associations, hospitals and clinics will compete for awards in four categories for the best displays. Pharmacists are urged to send for the official entry form and free window streamer from the APhA, 2215 Constitution Avenue, N. W., Washington 7, D. C.

National Pharmacy Week is the opportunity to gain the community support and cooperation that is so necessary if we are to win out over those who want us out of the way as profes-

sional people. It is sincerely hoped that all pharmacists will join together in presenting the "Pharmacy Story." It should be emphasized, however, that a one-shot program is not sufficient. The program must be carried out, added to and built upon on a year-round basis.

The necessary material is ready. It awaits only community implementation. The rest is up to you.

**MAKE
EVERY WEEK
PHARMACY WEEK**



MAKE THAT M.Ph.A. CONVENTION RESOLUTION STAND OUT!

Mr. Independent Pharmacist

CERTAINLY

You gain everything and lose nothing by

a

concerted drive for more business.

Better business means prosperity for you.

CALVERT DRUG COMPANY, INC.

901 CURTAIN AVENUE

BALTIMORE 18, MD.

OWNED & CONTROLLED BY INDEPENDENT DRUGGISTS

MEMBER: FEDERAL WHOLESALE DRUGGISTS ASSOCIATION
OF THE
UNITED STATES AND CANADA.

MARYLAND PHARMACISTS WILL TOUR WEST INDIES

A large party of Maryland pharmacists and their wives are planning a tour of the West Indies following the NARD convention in Miami Oct. 1-5.

Through arrangements with American Express, Marylanders will visit Jamaica, Puerto Rico, Haiti and the Virgin Islands. This is the third consecutive year that members of the Maryland Pharmaceutical Association have taken an American Express post-convention tour. Last year a large group went to Hawaii following the NARD convention in Denver.

The group flies to Miami by jet for the convention on Sept. 29 and returns to Baltimore on October 17.

USE THIS INFORMATION TO YOUR ADVANTAGE

At the first sign of a cough or cold in the family, housewives are more likely to run to the drugstore for a remedy than to call on the family doctor.

According to the Ladies' Home Journal Reader Reaction Bureau, there are indications that women confidently treat minor family illnesses without the aid of a physician unless a high fever is present, no improvement occurs or other complications develop.

Pointing to these women with their burgeoning families as a vast market for over-the-counter cough and cold remedies, the bureau says:

"A majority of our readers tell us they would really prefer to buy over-the-counter remedies from a well-known drug firm, provided they are safe and effective, than buy more expensive prescription medications."

For almost two years the bureau has been conducting woman-to-woman interviews with Journal readers in their own homes. Periodically, to supplement statistical research, it delivers to adver-

**SPOTLIGHT
PRODUCT OF
THE MONTH**

SUBURBAN CLUB

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

tisers clues about women's constantly changing problems and interests.

Advocating stronger promotional effort from manufacturers for all over-the-counter remedies, a recent report on coughs and colds gives information about women's attitudes toward family health, how they treat simple coughs and colds, their over-the-counter drug buying habits and opinions about giving vitamins to their children.

According to the bureau, more than two-thirds of the women interviewed said they use a vaporizer to treat simple coughs—as well as stuffy noses and chest congestions.

The "surprising" number who give preliminary treatment with a vaporizer may well preclude the increased sale of over-the-counter cough syrups, the bureau says. In additions, there is a tendency for some women to ignore a cough in the family unless it becomes serious—

Sealtest Quality...

TRADE MARK



Pays and Pays and Pays

Sealtest Ice Cream—in dishes, cones and cartons—brings customers in, sells the ones that came for other products, and makes your cash register ring.

Well-known quality keeps Sealtest preferred. National and local advertising keeps Sealtest pre-sold. And regular special flavors help keep Sealtest predominant.

So, stock up with Sealtest Ice Cream. Display the Sealtest sign of quality. Then, count up your extra Sealtest profits!

* * * * *

And be sure to Feature this Special Flavor
CHERRY-PINEAPPLE
for your Fountain and Take-Home Customers!



in which case they consult a doctor for a prescription.

Most frequent objections to cough syrups were made by women on the basis of ineffectiveness or unpleasant odor. They also want to be able to tell from the label how long a cough medicine remains potent after it has been opened.

The bureau says the most popular treatment for simple colds is fruit juice, bedrest, chest-rubs and nosedrops. Less frequently mentioned were gargles, inhalers, nose sprays, cold tablets and lozenges.

According to the women interviewed, cough and cold medications most often found in their family medicine chests are aspirin, tissues, chest-rubs, cough syrup, antiseptic gargles and nosedrops. Some women also indicated they keep cough drops, cold pills, nose sprays and inhalers. About half the women said they have children's aspirin on hand.

Proprietary drugs which the women said they also buy regularly and use frequently are: headache remedies, medications for cuts, burns and bruises, laxatives, indigestion remedies, mouth washes and antiseptics.

According to the bureau, there is little evidence of frequent brand switching among the women interviewed. But recommendation of doctor, advice from druggists and friends, the reputation of drug firms and advertising are all factors which influence women.

Regarding advertising the women were particularly outspoken, however, about TV drug commercials involving aspirin, laxatives and pills. They do not like the human body pictured so graphically, and do not want to watch what happens internally when a remedy is taken, the bureau says.

An overwhelming number of women said they buy medications at the drugstore. The bureau claims only a handful of women mentioned the supermarket.

The bureau also recommends that advertisers try to convince women to take better care of their own health. The women interviewed admitted they tend to neglect themselves. Their primary concern is with the health of their children (particularly infants) and their husbands.

In a separate section on vitamins which is included in the report on coughs and colds, the Ladies' Home Journal Reader Reaction Bureau claims a majority of the women interviewed said they believe daily vitamins do help prevent colds and supplement diet.

But according to the bureau, many of these women are buying mail order or cut rate store vitamins, because they are less expensive than vitamins manufactured by reputable drug firms, and they cannot tell from labels that there is any difference in quality.

Tell them of the differences! Women need to be convinced that vitamins from a reputable drug firm are worth the extra cost, the bureau says.

ON HIGH BLOOD PRESSURE

The outlook for controlling high blood pressure continues to brighten, and new drugs are proving to be valuable in holding down pressure for long periods of time and in preventing complications, even in severe cases.

Nevertheless, success in treatment still depends to a great extent upon the patient himself if he is to lead a full and productive life, according to a booklet published by Abbott Laboratories for use by physicians with hypertensive patients. And there are six million people being treated for hypertension in America alone.

Entitled *So You've Got High Blood Pressure*, the booklet says that "every pound of mental pressure is reflected in climbing blood pressure. Go out of your way to avoid arguments. It takes two

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Laboratory Equipped to Handle all Color and
Black and White Photofinishing**

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24 Hours
Black & White
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48 Hours
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PICK UP AND DELIVERY 6 DAYS A WEEK

Finer • Faster • Friendlier and More Profitable

WE CATER TO THE DRUG TRADE

5408 PARK HEIGHTS AVE.

FOrest 7-8385

AQUAPAC selected skins

—only the primes are processed.

Not just wet—but also lubricated and rolled

Lowest cost—greatest percentage of profit

Professionally promoted—presold

Unconditionally Guaranteed!

SELL ON OPEN CALL.

Retail \$6.50 dozen—3 for \$1.75

American Hygienic Co.

111 S. Paca Street, Baltimore, 1, Maryland

Represented by—IRV. NORWITZ

to make a quarrel, and you've got more to lose than the other fellow."

"We aren't talking about trifles," the booklet says. "We're talking about adding or subtracting years from your life. Better to mellow . . . than cripple yourself. Make up your mind to cultivate a calmer, more deliberate outlook."

The booklet points out the importance of at least eight hours of sleep nightly, short daytime naps, moderate exercise. It calls "extra weight . . . in hypertensives . . . foolhardy."

"The most common kind of hypertension seems to have no clear cause at all," the booklet says. "You are more apt to have it if one of your parents also had it. It's more likely as you grow older. Your sex, your race, and your record of past illnesses also enter into your chances of becoming hypertensive."

FRANCHISING AND FINANCING FACTS FOR RETAILERS

Druggists caught in the squeeze between expanding chain operations and changing neighborhoods may find that imaginative use of available financing aids can make the difference between success and failure.

For the retailer who wants a quick survey of avenues into the money market, Pilot Books, 42 West 33rd Street, New York 1, has just published a compact \$2 paperback entitled "Guide to Current Techniques in Financing" which tells how to safeguard growth potential while solving the financial problems which confront small and medium-sized firms. Among the ten methods digested are new government aids under the small business loan program.

For those looking for the clean break, the fresh start, Pilot's concise handbook on establishment of small business franchises and its upcoming (August 30) 1961-62 Directory of Franchising Organizations, provide a quick insight into

this fast growing field. The new directory lists more than 200 firms offering franchise agreements in some 60 consumer product and service areas. Pilot's franchise paperbacks are available at \$2 each, postpaid, directly from the publisher.

In sorrow the thoughts of your friends blends with yours.

WILLIAM MORGENSTERN, SR.

It is with regret we record the death of William Morgenstern, Sr., on July 31, 1961 at the age of 77.

Mr. Morgenstern established Morgenstern's Pharmacy at Fort Avenue and Hull Streets in 1908 and opened the Woodlawn Pharmacy in 1922. He retired in 1955. His son, William Morgenstern, Jr. and daughter, Mrs. Emma Frey, both pharmacists, operate the Woodlawn Pharmacy.

He is survived by his wife, two sons and three daughters. We extend heartfelt sympathy to the family.

HOWARD C. LAMKIN

It is with sorrow we announce the sudden death of Howard C. Lamkin on August 7, 1961. He was 75 years old.

Mr. Lamkin was a former City Councilman, magistrate and member of the Zoning Board. He took an active part in city and state politics.

As a wholesale drug supplier, Mr. Lamkin was active in pharmaceutical affairs. He was a member of the Maryland Pharmaceutical, Baltimore Metropolitan Pharmaceutical Associations, the Baltimore Drug Exchange and the Travelers Auxiliary (T.A.M.P.A.). He served on the Association's Legislative Committee for many years.

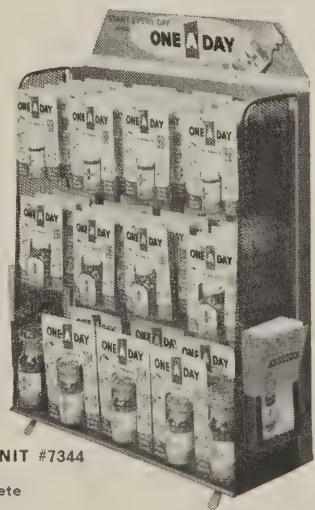
To his wife, Mrs. Sarah Belle Lamkin, we extend our sincere sympathy.



Check these two good ways to cash in on the boom



ONE-A-DAY (Brand) Multiple Vitamins are America's leading vitamins, with 78 years of pharmaceutical experience behind them . . . plus more advertising than any other brand! Booming school attendance means booming vitamin sales! Ride the boom with ONE-A-DAY (Brand) Vitamins!



MERCHANDISING UNIT #7344
 All four sizes . . .
 66 packages . . . complete
 with vitamin booklet!

MERCHANDISING UNIT #7345
 All four sizes . . .
 22 packages . . . in a smart,
 colorful space-saver!

IMPORTANT NOTICE

Drugs for Science Projects in High Schools

Pharmacists may furnish prescription drugs for Science projects (such as science fairs) conducted in high schools under regulation 1.106(m) of the federal Food, Drug and Cosmetic Act.

This can be made an important means (1) of informing the pupils and teachers of the science-oriented nature of the Pharmacy curriculum, (2) of showing Pharmacy's place on the health team, (3) or acquainting the public with the variety of opportunities in the profession, and (4) of interesting more qualified youngsters in the study of Pharmacy.

Follow these rules (as a minimum) in dispensing the drugs: (1) Dispense only to the teacher-sponsor; (2) make an accurate record of a) name and location of the teacher, b) date of transaction, and c) identity and amount of drug dispensed. It might be well to note the nature of the project with the other information. The Pharmacist is responsible for determining that the request is bona fide and that only a reasonable amount of the drug is dispensed.

Please note that this information does not refer to drugs controlled by the Harrison Narcotic Act. A teacher would have to qualify as a Class VI licensee to obtain such drugs.

Let us make every effort to cooperate in this work with the pupils, parents and teachers, and thereby increase our professional stature.

SUPPORT

FAIR TRADE

PROPRIETARY ASSOCIATION PROMOTES PUBLIC RELATIONS FOR PHARMACY

You hear a lot about public relations being carried on by the drug industry—particularly by the manufacturers of drugs and medicines. But what are they doing to help you? What about **your** public relations?

The Proprietary Association announced some of the ways in which its members are helping pharmacists, locally and across the nation:

During National Pharmacy Week, October 1-7—In response to a request by Proprietary Association president, Joel Y. Lund (Vice-President, Warner-Lambert Pharmaceutical Company), many Proprietary Association radio and tv advertisers will flood the airways with spot announcements recognizing the pharmacy profession during National Pharmacy Week. Early returns indicate one member alone expects a radio network of 1400 stations to use over 10 spots each for a total of 14,000 plugs for pharmacists! Others will salute pharmacists over several daytime serial shows on national television.

Poison Control — The Proprietary Association is underwriting the production of visual-aids to be used by pharmacists in their community programs to reduce accidental poisoning.

Safety Medicine Chest — A long time advocate of safety medicine chests, The Proprietary Association is helping pharmacists focus attention on home medicine cabinets as well as their contents. Together with medical, manufacturing, and governmental groups, it is seeking ways to have safety cabinets installed in every American Home.

American Weekly — The American Weekly magazine will spotlight the pharmacist's contribution to his community in a September "all-proprietary" special supplement on health and well-being.

NEW MINIMUM WAGE BILL

President Kennedy has signed the Minimum Wage Legislation extending limited coverage to retail workers for the first time. The new law is designed to cover all retail enterprises having gross annual sales of \$1 million (exclusive of retail excise taxes). However, it would not cover any individual retail outlet doing less than \$250,000 in gross sales yearly, even though such store was part of a chain enterprise grossing more than \$1 million a year. By specific exemption, the law does not cover restaurant, soda fountain or lunch counter employes, even where such facilities are units of another business. Student workers in the newly covered retail fields may be paid less than minimum rates under certifications issued by the United States Secretary of Labor.

In broad outline, the new federal minimum wage law otherwise provides:

(1) For presently covered employes, the minimum wage is increased to \$1.15 an hour for the first two years after the effective date and \$1.25 an hour beginning two years after the effective date.

(2) For newly covered employes (retail employes), the minimum wage and overtime will be as follows:

| | Minimum Wage | Overtime After |
|-------------------------------|--------------|--------------------------|
| 1st year after effective date | \$1.00 | no overtime requirements |
| 2d year after effective date | \$1.00 | no overtime requirements |
| 3d year after effective date | \$1.00 | 44 hours a week |
| 4th year after effective date | \$1.15 | 42 hours a week |
| 5th year after effective date | \$1.25 | 40 hours a week |

Effective date is 120 days after the bill is signed by the President.)

B. M. P. A. MEETING

Kelly Building, 650 W. Lombard Street

Thursday, September 28, 1961 - 10:00 P.M.

GUEST SPEAKER

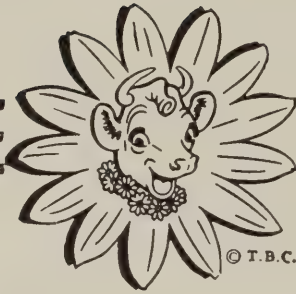
**DR. H. W. D. HOLLJES, Medical Care Section,
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**"THE USE OF THE FORMULARY IN MEDICAL CARE
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All Are Welcome

Ladies Invited

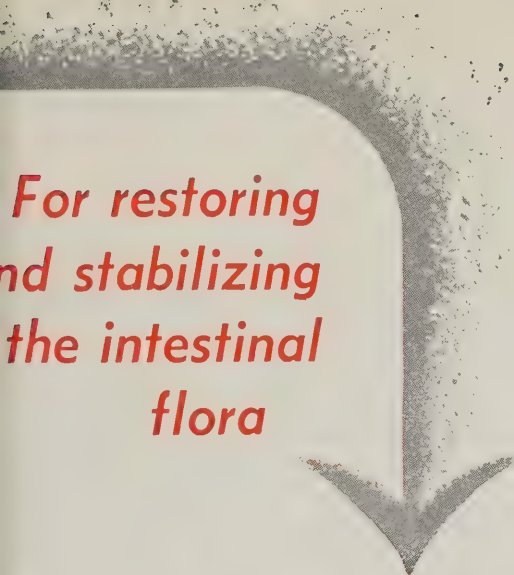
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Usual dosage for adults and children:
Four tablets or one packet of granules chewed and swallowed four times a day.

Supplied: Tablets in bottles of fifty—Granules in boxes of twelve one gram packets.

(1) Siver, Robert H.: *Current Medical Digest*, Vol. XXI, No. 9, September 1954. (2) McGivney, John: *Texas State Journal of Medicine*, Vol. 51, No. 1, January 1955. (3) Frykman, Howard M.: *Minnesota Medicine*, Vol. 38, No. 1, January 1955. (4) Weekes, D. J.: *N. Y. State Journal of Medicine*, Vol. 58, No. 16, August 1958.

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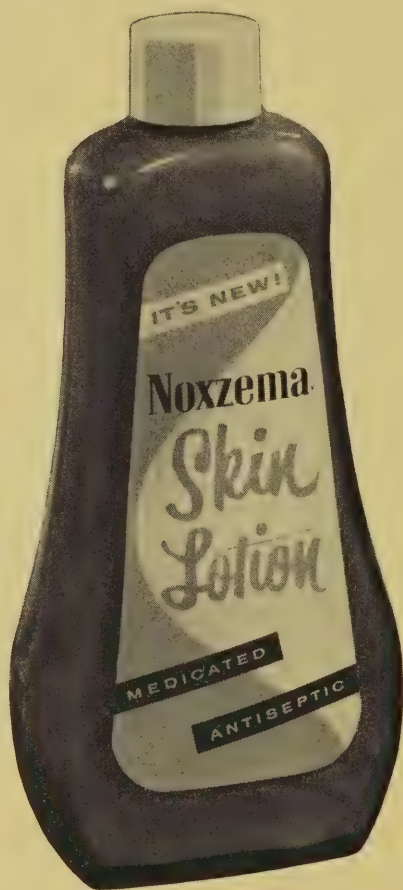


The Maryland Pharmacist

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VOLUME XXXVI SEPTEMBER, 1961 NO. 12

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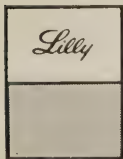
SOME DRUM BEATING ABOUT THE PHARMACIST WHO PLAYED CHIEF

The day he got his store, he thought, "Now I'm my own boss." And he was.

He began by directing an aggressive buying operation (he did the buying). When the "bargains" arrived, he grunted orders to his warehouseman (himself). Then he cracked the whip over his billing clerk (also himself) and made his accountant (same man) work overtime when his capital got tied up in stock.

It dawned on him one day that being chief isn't much fun when you have to play Indian, too.

Moral




The way for a pharmacist to be "chief" is to command the services of a Lilly wholesaler. The Lilly policy of wholesale distribution recognizes that a pharmacist's prime concern is the practice of pharmacy. Warehousing, elaborate bookkeeping, and large inventories are the wholesaler's responsibility.

If your operation suffers from tied-up wampum and could use some "Indians," call one of the 300 Lilly service wholesalers who serve the nation.

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The Maryland Pharmacist

— JOSEPH COHEN, Editor —

VOLUME XXXVI

SEPTEMBER, 1961

No. 12

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... Editorial ...

DISCOUNTING

Discounting is the rage of the sixties. It is the magic word. The Sesame of modern retailing. Discounting takes many forms, all created with the intent to confuse the consuming public.

During the twenties and thirties, the pineboard cut-raters held the spotlight of retailing attention. Ruthless price-cutting was the order of the day. It became so devastating it led many smart merchants down the road to economic ruin. Fair Trade price maintenance saved the day.

This was a turning point. Independents, chains, variety and department stores prospered and grew. The chiseler was ostracized and abandoned by his fellow merchant and supplier alike. These were indeed glorious days.

Now we have the ever growing cycle of discounting. What happened? What created this cancerous evil that is eating away the economic sinews of sound established business?

In the pre Fair Trade days we were in the throes of a depression. We were struggling for existence—a living. Today, confronted with increasing inflationary values, we are struggling to maintain an economic status quo. Times of plenty are at the same time, times of economic uncertainty. A strange paradox indeed.

In the struggle to keep pace with the times, supermarkets have increased in number and size; chain drug stores have done the same. Shopping centers have become colossal bazaars. Everybody is selling everything: food markets are selling drugs and hardware; drug stores are selling soft goods, hard goods, etc.; department stores, gasoline stations, jewelry stores, in fact, every type of shop imaginable are getting into each others "racket." Merchandising has become a hodge-podge conglomeration.

After running the gamut of diversification, came the era of mergers. Supermarkets are merging with drug stores.

Stores and businesses of every type are merging for a bigger bite of the shrinking dollar.

So now the next step in the race is discounting. Where discounting was once limited to appliances, it now includes all commodities. It is in the immediate future plans of many established reputable retail enterprises including drug operations.

Discounters are mushrooming all over the country. No community is immune. In Maryland we have our share and the trend is growing. Every gimmick imaginable is used as a come-on to establish the bargain image. Much of the merchandise offered, even branded products, are "special purchase" items. The manufacturer caught in the discount squeeze is also cutting corners at the expense of the gullible public. The buyer must be shrewd. He must be able to determine when a bargain is not a bargain.

Thanks to the Kefauver investigations, the impression has been established that all drugs are overpriced. This has given impetus to the discount specialists. Drugs have always been a choice price-cutting attraction because no one wants to buy drugs in the first place, and secondly, pharmacists and the drug industry have done such a poor public relations job.

The most serious discounting problem, as far as drugs are concerned, is in the prescription area. Nothing will injure the practice of Pharmacy more than discount prescriptions. It will destroy the professional image and degrade Pharmacy. Organized Pharmacy should do all in its power to discourage discount prescriptions even if it has to prove its point by going to the Federal Trade Commission.

Retail Pharmacy has survived many economic reverses and set backs. If we face up to the issue with courage and cool heads; if we stand united with professional pride, we will weather the discount storm also.

**The principle is
entrapped flavor**



**The product is
new Vi-Daylin®
Chewable**



**The result is a tablet that's "candy" all the
way through (you can't even taste the riboflavin)**

How can a potent vitamin tablet — children's or otherwise — ever be made really *chewable*?

Good question.

With the exception of ascorbic acid, the essential vitamins are far from palatable. On top of this, most flavoring oils are volatile. What happens after the bottle has been opened 20 or 30 times?

In new Vi-Daylin Chewable, these problems have

been met by the ingenious use of film coatings. Raw-tasting vitamins, for example, have been processed in a fat-soluble film. There's just no chance of them being released in the mouth. They're trapped until they reach the gastrointestinal tract. The flavoring oils, on the other hand, are enveloped in a water-soluble film.

This means candy flavors are protected — entrapped —

until the moment the tablet is placed in the mouth. Then, instantly, the oils are released, as fresh as the day they were processed.

Is all this so important? In terms of vitamin potency, or performance, not at all. The formula is made not one bit more effective. There's only one person likely to be roundly impressed.

The little guy who takes the vitamins.

PRESIDENT'S MESSAGE

Dear Fellow Pharmacist:

There is much activity in the Maryland Pharmaceutical Association. The year 1961-62 can be very rewarding for those who are interested in their profession and means of livelihood.

I was rather stunned by the headlines in the Baltimore Sun recently regarding the seizure of prescription drug samples by the Food and Drug Administration.

I was upset because many of us could have been victimized in a similar manner due to a practice that has been prevalent in retail Pharmacy for ages, the use of samples in filling prescriptions.

Before the advent of antibiotics, steroids and other expensive drugs, samples of drugs were more troublesome than what they were worth. With the arrival of their more expensive counterparts, samples gradually grew in value until they became valuable mediums of exchange.

The Medical Representative expediently used them as replacements for drugs that should have been returned to the manufacturers. Perhaps there were many times this could be justified. On many occasions, particularly with the potentially slower moving drugs, the representative would give small amounts of samples to cover the first prescription. Perhaps this can also be justified.

On the other hand, some Pharmacists received samples as inducements and favors to buy direct from manufacturers with or without their knowledge. I hardly think such a practice can be justified. It could be interpreted as a violation of the Robinson-Patman Act.

As for those Pharmacists who purchased or bartered samples from physicians, drug repackers, etc., their action cannot be justified.

In no other industry is it possible to sell samples without the consumer's knowledge. That is exactly what has been done. There are other evils in the use of samples such as mix-ups of drugs, no control by mixing samples of the same kind, deterioration and selling to repackagers. These are the primary objections of the F.D.A.

The fault should not be placed entirely on the Pharmacist. The manufacturer and the physician are more if not equally to blame. The entire drug industry should re-evaluate the purpose and intent of drug sampling. Both the medical and pharmacy professions should take an active interest in such evaluation. The Pharmacist should not be made the "scapegoat" for a bad situation involving other professionals and respectable industries.

For the protection of the public health, the illegal traffic and abuses of drug samples should be curtailed at once.

Sincerely,

NORMAN J. LEVIN
President



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to the public

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Jim Redic (pictured above) is one of 350 SK&F representatives who have received special training in public speaking and who are enrolled in the SK&F Speakers Bureau. To date, Jim and his colleagues have spoken to more than a million people, including TV and radio audiences.

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... Fair Trade News ...

LETTER FOR A SENATOR FROM FAIR TRADERS

One of our very important fair trade friends in Washington suggests that it would be most appropriate to send letters of thank you to Senator A. S. Mike Monroney for his fine conduct of the fair trade hearings on S. 1722, Senator Humphrey's Fair Competitive Practices Bill. Senator Monroney is Chairman of the Senate Sub-Committee which held the hearings.

It would also be most useful to include in your letter of appreciation the hope that this **Sub-Committee will recommend S. 1722 to the full Senate Commerce Committee early in 1962**—early meaning at the beginning of the 2nd session of the 87th Congress.

May I suggest that you write to Senator Monroney, in your own style and reflecting your own thoughts. The letter should be addressed to the Senator at the New Senate Office Building, Washington, D. C.

Hearings on the fair trade legislation before this Sub-Committee appear to have been completed for 1961. Your expression of interest in the success of the legislation **will help in bringing about action by the Sub-Committee early in 1962.**

DO . . . NOW! And thanks for your cooperation.

SCHERING FILES COMPLAINTS ALLEGING FAIR TRADE VIOLATION

Schering Corporation reported that it has instituted an action for damages and an injunction against Dart Drug of Maryland, Dart Drug of Wheaton, Md., and Dart Drug of Bethesda, Md.

Herman W. Leitzow, Schering's vice president for marketing, said the complaint alleges that the three co-defend-

ants offered for sale and sold Schering's trade-marked "Coricidin" cold products in violation of the Maryland Fair Trade law.

The complaint was filed in the United States District Court for Maryland.

FAIR TRADE STICKER NOTICES

BLOCK DRUG

| Item | F.T.M. |
|--|--------|
| Pycopay Natural Bristle Toothbrushes | .89 |

COLGATE-PALMOLIVE

| | |
|--------------------------|-----|
| Colgate Tooth Brush..... | .89 |
|--------------------------|-----|

ENDO LABORATORIES

| | |
|-------------------------------------|--------|
| Endotussin-NN Syrup—2 oz. | .79 |
| Endotussin-NN Syrup—4 oz. | \$1.39 |
| Endotussin-NN Prediatric—4 oz. | 1.29 |

KNOMARK MFG. CO.

| | |
|-----------------------------------|-----|
| Esquire Saddle Soap | .49 |
| Esquire Waterproof Dressing | .49 |

MEAD JOHNSON

| | |
|-------------------------------|--------|
| Dextri Maltose #1—1 lb. | \$1.09 |
| Dextri Maltose #1—2½ lb. | 2.40 |
| Dextri Maltose #2—1 lb. | 1.09 |
| Dextri Maltose #3—1 lb. | 1.09 |
| Sobee Liquid—15½ oz. | .49 |
| Sobee Powder—1 lb. | 1.48 |

NOXZEMA CHEMICAL

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|--------------------------------|--------|
| Noxzema Skin Cream—1 oz. | .29 |
| Noxzema Skin Cream—2½ oz. | .54 |
| Noxzema Skin Cream—4 oz. | .72 |
| Noxzema Skin Cream—6 oz. | .98 |
| Nexzema Skin Cream—10 oz. | \$1.35 |



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— NOTICE —

The Maryland Board of Pharmacy will conduct examinations for registration as Pharmacists at the School of Pharmacy of the University of Maryland, 636 West Lombard Street, Baltimore, on Monday, Tuesday, and Wednesday, October 23, 24, 25, 1961.

The examinations will begin at 8:00 A.M. each day.

F. S. BALASSONE, Secretary
Maryland Board of Pharmacy

DRUG STORE CHANGES

The following changes were made in drug stores during August and September.

New Stores

Ernest J. Gregg, Jr. & James A. Gregg, Gregg's Pharmacy, 75 Third Street, Oakland, Maryland.

Peoples Service Drug Stores #56, LaVale Shopping Center, LaVale, Maryland.

Nicholas A. Toronto, Prince Frederick Pharmacy, Prince Frederick Shopping Center, Prince Frederick, Maryland.

Read Drug & Chemical Company, Arthur K. Solomon, Pres., 3935-37 Erdman Avenue, Baltimore 13, Maryland.

Changed To Corporation

Lindy's Pharmacy, Inc., Louis Lindenbaum, Pres., 515 South Camp Meade Road, Linthicum, Maryland. Formerly: Louis Lindenbaum.

Westport Pharmacy, Inc., Jacob Glushakow, Pres., 2244 Annapolis Road, Baltimore 30, Maryland. Formerly: Jacob Glushakow & Jerome Angster.

Lee's Pharmacy of Furnace Branch, Inc., Harvey Greenberg, Pres., Route 2, Box 580, Glen Burnie, Maryland.

Lee's Pharmacy of Severna Park, Inc., Morton Greenberg, Pres., 50 Old Annapolis Road, Severna Park, Maryland.

Linden Pharmacy, Inc., Melvin Friedman, Pres., 1600 Linden Avenue, Baltimore 17, Maryland. Formerly: Linden Pharmacy, Melvin Friedman, Prop.

Change of Ownership

Belvedere Pharmacy, Inc., David Karlin, Pres., 2803 W. Belvedere Avenue, Baltimore 15, Maryland. Formerly: Irvin L. Myers.

Kruger Drug Store, Benjamin A. Kruger, Prop., 532 N. Charles Street, Baltimore 1, Maryland. Formerly: Benjamin A. Kruger & Jerome Pinerman.

Burtonsville Pharmacy, 15508 Columbia Pike, Burtonsville, Maryland. Formerly: Thomas Pharmacy, Geo. S. Thomas, Prop.

Paul M. Carter, Emmitsburg Pharmacy, Main Street, Emmitsburg, Maryland. Formerly: Earl Eugene Shank, Jr.

Milton C. Sappe, Sappe's Pharmacy, 1184 Washington Boulevard, Baltimore 30, Maryland. Formerly: Milton J. Sappe.

Closed

Gaithersburg Pharmacy, Inc., Paul C. Johnson, Pres., 26 N. Summit Avenue, Gaithersburg, Maryland.

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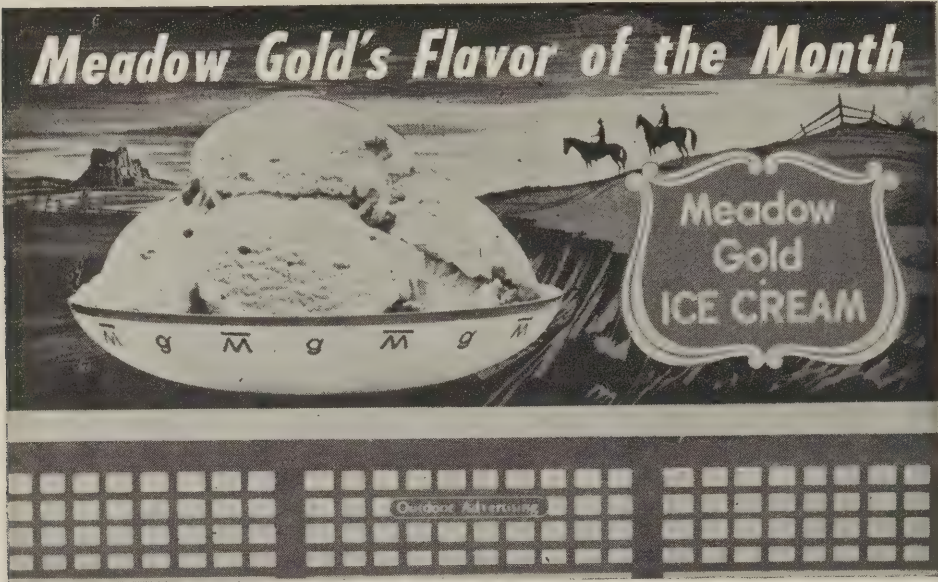
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| LaCorona | Webster | Florida Queen |
| Bering | Optimo | John Ruskin |
| Bock | Royalist | Lord Clinton |

PIPES

| | | |
|-----------|------------|--------|
| Kaywoodie | Yello-Bole | Medico |
|-----------|------------|--------|

LIGHTERS

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|--------|-------|--------|
| Ronson | Zippo | Rogers |
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FAMOUS SUNDRY LINES

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. CONTRIBUTIONS .

DRUG EXTRACTION WITH ISOPROPYL AND ETHYL ALCOHOLS

By B. F. Allen *

In a previous article¹ it was stated that there is a considerable difference in the ease with which different drugs can be extracted.

The extracting power of isopropyl alcohol has been compared against that of ethyl alcohol and the results reported have varied from efficient, intermediate, to not superior, etc.².

Since there is some question regarding the efficiency of isopropyl alcohol as an extractant for pharmaceuticals from natural sources, an investigation was undertaken in our laboratory to study this problem.

The crude drugs selected were belladonna root, cinchona, nux vomica and ginger. These drugs were selected because they contain different types of active constituents, official assays were available, the active constituents are present in different forms within the drugs, and because they contain other constituents which may affect the ease with which the active constituents are extracted.³

The belladonna selected for this study is a root drug and the important active constituent atropine occurs in the form of an ester tropyl tropine. Cinchona

is a bark drug which contains a number of alkaloids. It also contains tannin which hinders extraction of the active constituents. Nux vomica is a seed drug and contains a fat which is an obstacle in the process of extraction. Ginger, a rhizome, contains a volatile oil and resin as the active constituents.

The drugs were extracted by the conventional process known as percolation with appropriate strengths of ethyl alcohol and corresponding strengths of isopropyl alcohol. In each case, five 200 ml. fractions of percolate were collected in succession.⁴ All percolates were examined for their content of active principles, total extractive, and appearance. Total extractive determinations were made because inert extractive material is a frequent cause of subsequent precipitation in liquid Galenics and is sometimes responsible for other forms of deterioration. Also, fat determinations were run on the nux vomica percolates.

A comparison of the results obtained in the laboratory evaluation is shown in the table on page 853.

The data obtained in this quantitative study reveals that (1) ethyl alcohol is superior for the extraction of the active principles of belladonna root, however, isopropyl alcohol removed approximately 40 per cent less total extractive; (2) isopropyl alcohol proved to be better than ethyl alcohol for the extraction of cinchona alkaloids, and both alcohols yielded about the same quantity of total extractive; (3) in the case of nux vomica, ethyl alcohol extracted a larger quantity of strychnine, more total extractive, and less fat than did isopropyl alcohol; (4) ethyl alcohol excelled isopropyl alcohol in the extraction of ginger by removing more ether-soluble extractive, more volatile extractive, and more total extractive.

In this comparative investigation of some selected drugs, the physical ap-

* Associate Professor of Pharmacy, University of Maryland

¹ This Journal, 36,800 (1961)

² This Journal, 36,724 (1961)

³ It has been reported that cinchona is the most difficult to extract, nux vomica takes an intermediate position, whereas the solanaceous drugs (belladonna) are rather easily extracted.

⁴ A consistent increase in the active constituent content of successive fractions of the percolate would indicate that the drug is not easily extracted.

pearance of the preparations made with isopropyl alcohol were identical to those made with ethyl alcohol. However, the odor and taste of isopropyl alcohol⁵

are minor objections when compared with ethyl alcohol.

⁵ not approved for internal consumption

| <i>Drug</i> | <i>Alcohol</i> | <i>Alkaloids Extracted^a</i> | <i>Total Extractive^a</i> | |
|-----------------|----------------|---|---|--|
| Belladonna root | ethyl | 3.53 | 58.41 | |
| Belladonna root | isopropyl | 3.13 | 34.78 | |
| Cinchona | ethyl | 8.64 | 40.50 | |
| Cinchona | isopropyl | 10.04 | 41.11 | |
| | | | | <i>Fat Extracted^a</i> |
| Nux vomica | ethyl | 9.58 ^b | 79.10 ^b | 8.47 |
| Nux vomica | isopropyl | 7.93 ^b | 66.38 | 11.72 |
| | | <i>Ether-soluble Extractive^a</i> | | <i>Volatile Extractive^a</i> |
| Ginger | ethyl | 38.42 | 50.26 | 17.13 |
| Ginger | isopropyl | 27.02 | 32.72 | 11.10 |

^a grams per liter

^b as strychnine

Insects -- Termites -- Rodents

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Years

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Since  *1860*

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SERVING THE PHARMACIST LONGER THAN ANY
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T. A. M. P. A. TATTLER

OFFICERS OF THE TRAVELERS AUXILIARY MARYLAND PHARMACEUTICAL ASSOCIATION 1961 - 1962

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President—EDWIN M. KABERNAGEL, JR.

First Vice President—H. SHEELER READ

Second Vice President—JAMES A. ALLEN

Third Vice President—JOHN C. CORNMESSER

Treasurer—JOHN A. CROZIER

Secretary—THOMAS J. KELLY

Directors

Chairman, Richard Crane

For One Year
Alfred E. Callahan
George B. Rider
Milton J. Timin

For Two Years
John M. Albert
B. Dorsey Boyle
C. Wilson Spilker

For Three Years
Herman Bloom
Frederick H. Plate
Robert Tobias

MARYLAND PHARMACIST COMMITTEE

Ken Whitehead, Chairman
Marty Rochlin

Wilson Spilker, Board Advisor
George Brandt

Volume 19

SEPTEMBER, 1961

No. 12

SEPTEMBER MEETING

On September 9th, the T.A.M.P.A. members were gaveled to order for the last time by retiring President Dick Crane.

Following lunch Joe Muth conducted the installation ceremony for our new President Edwin Kabernagel, Jr. and presented him with an engraved gavel symbolic of the office.

After his acceptance speech, Ed introduced his new committee chairmen who are as follows:

Attendance—Skip Biles
Custodian—Swen Justice
Luncheon—Al Settler
Maryland Pharmacist—Ken Whitehead
Membership—Joe Muth
Program—Joe Hugg
Publicity—Sam Sieger
Welfare—Joe Costanza
Emory G. Helm Fund—Larry Roraugh

Our retiring President Dick Crane was honored with the presentation of an engraved silver bowl and companion pitcher.

A presentation of an engraved Silver Bowl was also made to George S. Euler, retiring Honorary President.

Once again we thank Dick for his enthusiastic and competent leadership during his tenure in office and in turn we offer our wholehearted support and cooperation to our new president.

INSTALLATION LUNCHEON

The installation of our newly elected officers and directors took place on Saturday, September 9, 1961 at Longley's Restaurant, Towson Plaza. The affair was well attended and most members present agreed that our retiring luncheon committee had once again come up with an excellent meeting place for a T.A.M.P.A. luncheon. An interesting feature of the past year has been the variety of moving around. Every monthly luncheon has been held at a different location with different types of menu's and accommodations. Arranging these meetings has required a lot of time and work and we should feel grateful for having Al Callahan and his committee members available for



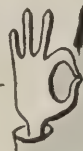
PATIENT: A. Pharmacist

HISTORY: Chronic anxiety caused by fear he is losing extra store traffic, sales and profits by not following the lead of other profit-minded pharmacists in selling National Express Company Money Orders. Suffers from frustration at not adding to his earnings when no cash outlay or expense is involved.

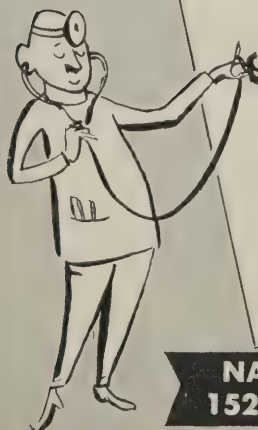
Result: Tension, worry for not taking advantage of the greater promotional help all pharmacies get from National Express Company.

PROGNOSIS: Rapid, complete cure possible by using the company that helps you the most.

TREATMENT: Immediate use of prescription attached below.



USE THE COMPANY THAT HELPS YOU THE MOST



R_x

National Express Company (Dept. M)
MONEY ORDERS
 1520 Market St., Phila. 2, Pa.
 Tell me how I can profit more with
 National Express Company **MONEY**
ORDERS.

Name _____ State _____
 Address _____
 City _____

MAIL TODAY • NO OBLIGATION

NATIONAL EXPRESS CO.
1520 Market St. • Phila. 2



the job. The following officers and directors were properly installed:

Honorary President: Maurice B. Brager
 President: Edwin M. Kabernagel, Jr.
 First Vice President: H. Sheeler Read
 Second Vice President: James A. Allen
 Third Vice President: John C. Corn-messer
 Treasurer: John A. Crozier
 Secretary: Thomas J. Kelly

Members of the Board of Directors

Chairman: Richard R. Crane
 To Serve 1 year: Alfred E. Callahan
 George B. Rider
 Milton J. Timin
 2 years: John M. Albert
 B. Dorsey Boyle
 C. Wilson Spilker
 3 years: Herman Bloom
 Frederick H. Plate
 Robert Tobias

NEWS ITEMS

Dick Crane tells us that when he and Ann took their recent cruise on the ocean liner Italia to Nassau in the Bahamas they had a wonderful time but for some unexplained reason they were subject to humiliation by the customs inspectors. All of their bags were opened for inspection. Whatever it was, Dick had it well concealed.

Russ Eustice has accepted the position of Sales Manager, Tintex Division of Park & Tilford and Norex Laboratories. Russ, formerly Division Sales Manager for Johnson & Johnson, has our best wishes for great success in his new position.

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Fast Movers in your Cigar Department

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**Uncle Willie
Cigars**

● **Monument Square
Cigars**

● **Monument Square
Filter Cigars**

For a new experience with quick moving, fresher and preferred cigars . . . in boxes and five packs, call today.

THE SCHAFFER - PFAFF CIGAR COMPANY

630 S. WOLFE STREET — BALTIMORE



FAREWELL

*... The moving finger writes, and having writ, moves on . . .
nor all your piety nor wit shall lure it back to cancel half a
line, nor all your tears wash out a word of it."*

I have chosen the seventy-first verse from the Rubaiyat of Omar Khayyam as the theme of my farewell message as Secretary of the Maryland and Baltimore Pharmaceutical Associations because of two reasons: First, words are inadequate to express my innermost feelings and what I am about to write cannot be changed once written. Secondly, that which has transpired during my office as Secretary cannot be recalled.

I assumed my position as Secretary on January 1, 1953 at the time the Associations occupied the Kelly Memorial Building which was dedicated on January 16th. I mention this because the occupation of the Kelly Memorial Building was indeed a memorable occasion. It ushered in a new and constructive era for Maryland Pharmacy.

It is impossible to give a chronological account of the progress of both Associations at this time. Space does not permit it. The Association's archives proudly holds the record. Please allow me to generalize instead.

Because of the dual nature of the practice of Pharmacy—profession and business—it requires constant attention and supervision. It also requires the understanding of those allied with Pharmacy.

I was fortunate to have as my associates during the past nine years those who were conscientiously dedicated to the protection and program of Pharmacy. These included officers, members, suppliers, educators and agency officials. Their number is great. It was not a one-man job. They are the unsung heroes of Pharmacy that deserve accolades of praise. To them I am everlastingly grateful.

The past decade has shown an unequalled improvement in inter-and intra-professional relations. Good liaison exists and I hope it will endure for many years to come.

Many innovations and projects were instituted for the benefit of Pharmacy and its practitioners in the State. Most have been successful and have continued with improvements from year to year. Meetings and conventions have been excellent and well attended.

Both Associations enjoy an enviable membership record which has grown year by year. This bears testimony that the Pharmacists of Maryland recognize the importance of organized representation and effort.

The funds of the Associations have been adequate for the needs and programs budgeted by the officers and executive committees. Both Associations enjoy reserve funds to assure smooth functioning in case of an emergency.

I would be remiss if I did not express my sincere gratitude to the office staff for their devotion and loyalty. Mrs. Piontek and Miss Novotny have been conscientious employees who show an interest far beyond their duties. I shall miss them.

In closing, I wish to express my gratitude to each and everyone of you for your patience, your tolerance, and the opportunity you have given me not only to serve you, but also my beloved profession in Maryland as well. I shall continue to serve all Pharmacists everywhere to the best of my ability.

It is with a heavy heart I bid you a fond Farewell.

JOSEPH COHEN

NEW

for FATIGUE

TABLETS

Spartase®*

physiologic anti-fatigue agent



SPARTASE represents a new, physiologic approach to the management of many cases of fatigue—among the most common of all complaints.

SPARTASE provides *natural, physiologic* treatment for fatigued patients. It may be used either alone in functional disorder or, adjunctively, in the presence of organic disease.

Not a stimulant, not an enzymatic inhibitor, not an antidepressant. High order of safety.

Wyeth Laboratories Philadelphia 1, Pa.

SUPPLIED: Bottles of 100 tablets, each containing 250 mg. of potassium aspartate and 250 mg. magnesium aspartate.

YOUR COST: \$3.00

(on direct order—minimum \$50.)

The demonstrated effectiveness of SPARTASE and the prevalence of fatigue mean that SPARTASE will be heavily prescribed. Adequate stock is urged.

*Potassium and Magnesium Aspartates, Wyeth





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CUSTOMER,
WHO
GETS
THE
CUSTOMER
?



MODERN STORES DO!

Where Gilpin's Store Promotion and Equipment Department has been at work, new sales peaks are common.

In actual cases, Rx has increased 25% to 59.8%; front end business, 15% to 51.3%. For design and equipment — old stores or new —

write or phone

STORE PROMOTION AND EQUIPMENT DEPT.

The Henry B. **GILPIN** *Company*

SINCE 1845 . . . THE PROGRESSIVE FORCE IN MASS DRUG DISTRIBUTION
BALTIMORE • DOVER • NORFOLK • WASHINGTON



If all vitamin products were alike, Betty Miles would be out of a job.

Betty Miles is an inspector in the Upjohn Soft Elastic Capsule Department. Her job is to examine Unicap* vitamins for "leakers."

She does this under "black light" because this puts a fluorescent "spotlight" on leaks so slight as to be invisible to the naked eye under ordinary light.

In view of the fact that an imperfect seal occurs on an average of only once in every 3,000 Unicap capsules produced, it could be argued that this inspection is scarcely worth the trouble. But we believe that *all* the several hundred safeguards used to guarantee the uncompromising quality of Unicaps are important.

And we believe that you will agree that this is important to you and your customers, too.

Medicine . . .
designed for health . . .
produced with care.

Unicap

Upjohn

75th year

* TRADEMARK REG. U. S. PAT. OFF.
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The Upjohn Company, Kalamazoo, Michigan

-: NEWS ITEMS :-

FIRST HUNDRED DAYS OF DEPEND THE PROFESSION DRIVE REPORTED A SUCCESS

The first hundred days of the Defend the Profession drive has been a success. From May 22 when the campaign was launched to defend the antitrust suits against the Arizona, California, Idaho and Utah Pharmaceutical Associations, through August 31, a total of \$63,089.36 has been received. During the same period, nearly \$40,000.00 has been expended for legal activities, but expenditures for current activities will be heavy for September.

In addition to the money expended since May 22, the American Pharmaceutical Association has paid for all Defend the Profession promotional activities, and all legal activities of APhA Counsel prior to May 22. In addition, the individual defendants have paid out substantial funds for legal counsel.

State-by-state tabulation reveals that California has led the contributions, with Illinois, Pennsylvania, Wisconsin, Indiana, Ohio, New York and New Jersey following in that order. State and county pharmaceutical association contributions have ranged from \$10.00 to \$1,000.00, while individual contributions have ranged from \$1.00 to \$500.00. One contributor promised \$25.00 a month until the cases reach their ultimate conclusion, and another has contributed one cent for every prescription dispensed during 1960 and 1961.

Contributions continue to be received from individuals and associations.

DEFENSE WINS MAJOR POINT IN ANTITRUST CASE; UTAH TRIAL SET FOR NOVEMBER 21-22

Defense counsel won a major victory in the Utah civil antitrust suit when the government conceded on September 14 that "the dispensing of prescriptions

was a professional service performed by members of a learned profession."

The action is recorded in a trial memorandum filed in Salt Lake City Federal District Court following pre-trial conferences held on September 13-14 by defense counsel Arthur B. Hanson and Charles Welch with government attorney Don H. Banks. The Utah trial will be heard by Federal District Judge Sherman Christianson on November 21-22.

The trial memorandum, filed with the court by both parties, clearly outlined four primary points which are in controversy. Those points are namely the jurisdictional question as to whether or not the dispensing of prescriptions is in interstate commerce; whether or not the Utah Pharmaceutical Association entered illegal agreements prohibited by Section I of the Sherman Act; whether or not professional services as represented in the dispensing of prescription drugs are exempt from the purview of the Sherman Act; and finally, assuming that all the other items would be resolved against the defendants, whether or not the use of prescription fee schedules, in use since the early 19th century, is reasonable in the circumstances and not designed to fix prices but rather to establish appropriate standards for the profession.

PROPHYLACTIC VENDORS APPEAL YOUNGS RUBBER VICTORY

Paul Paradise, doing business as National Sanitary Sales and National Sanitary Sales, Inc., prophylactic vending machine operators, have taken an appeal from a decision of the U.S. District Court at Chicago dismissing their \$30 million lawsuit against Youngs Rubber Corporation.

The lawsuit is based on Youngs' advocacy of drugstore prophylactic laws and reporting violations to government enforcement agencies.

IMPORTANT ANNOUNCEMENT:

**Product names
for Pfizer broad-spectrum antibiotics
have been simplified**

the name now is simply... **Terramycin®**

OXYTETRACYCLINE WITH GLUCOSAMINE

formerly named

Cosa-Terramycin® Capsules
Cosa-Terrabon® Oral Suspension
Cosa-Terrabon Pediatric Drops

and simpler names for these Terramycin-containing formulations:

Cosa-Terrastatin® Capsules
Cosa-Terrastatin for Oral Suspension
Cosa-Tetracydin® Capsules

now named

Terramycin® Capsules*
Terramycin Syrup
Terramycin Pediatric Drops

Terrastatin® Capsules
Terrastatin for Oral Suspension
Tetracydin® Capsules

the name now is simply... **Tetracyl®**

TETRACYCLINE WITH GLUCOSAMINE

formerly named

Cosa-Tetracyl® Capsules
Cosa-Tetrabon® Oral Suspension
Cosa-Tetrabon Pediatric Drops

and simpler names for these Tetracyl-containing formulations:

Cosa-Tetrastatin® Capsules
Cosa-Tetrastatin for Oral Suspension
Cosa-Tetracydin® Capsules

now named

Tetracyl® Capsules*
Tetracyl Syrup
Tetracyl Pediatric Drops

Tetrastatin® Capsules
Tetrastatin for Oral Suspension
Tetracydin® Capsules

the name now is simply... **Signemycin®**

TETRACYCLINE WITH GLUCOSAMINE-TRIACETYLOLEANDOMYCIN

formerly named

Cosa-Signemycin® Capsules
Cosa-Signebon® Oral Suspension
Cosa-Signebon Pediatric Drops

now named

Signemycin® Capsules
Signemycin Syrup
Signemycin Pediatric Drops

*Terramycin and Tetracyl Capsules without glucosamine are no longer available.

Science for the world's well-being®



PFIZER LABORATORIES Division, Chas. Pfizer & Co., Inc. New York 17, N. Y.

Science for the world's well-being®



Dear Doctor:

Reports from our representatives indicate that many physicians would appreciate simplification for prescription-writing purposes of the names of our oral broad-spectrum antibiotics, which include Terramycin, Signemycin and Tetracyclin in both the "plain" and the "COSA" dosage forms.

The "COSA" forms originated, you may recall, on the basis of clinical evidence of enhanced antibiotic absorption when glucosamine is employed in oral administration. To permit each physician individually to study this evidence and choose which form he would prefer to prescribe, we offered our oral broad-spectrum antibiotics in both forms -- that is, in the regular Terramycin, Signemycin and Tetracyclin forms without glucosamine, and in the "COSA" forms with glucosamine.

This distinction appears to be no longer necessary, however, since glucosamine, a highly acceptable excipient for oral antibiotics, now is being incorporated uniformly in all such forms, thereby simplifying nomenclature and your prescription writing.

Accordingly, and effective immediately, our oral broad-spectrum drug forms, incorporating glucosamine, will be offered simply as Terramycin, Signemycin and Tetracyclin, without the "COSA" prefix.

To make clear just which forms are affected, please refer to the brief tabulation on the opposite page of our oral broad-spectrum dosage forms both before and after this change. We are also requesting our representative to call on you at an early date to answer any questions that may arise.

We feel certain that this action, prompted by comments of many physicians, will simplify your writing of prescriptions for these Pfizer Laboratories oral broad-spectrum antibiotics.

We welcome your comments on this action, and on any other phase of our operations, since it is our objective to render every service as efficiently as possible to our friends in the medical profession.

Sincerely,

PFIZER LABORATORIES

NOTE: This message is currently appearing in leading medical and dental journals.

Baltimore Metropolitan Pharmaceutical Association

OFFICERS 1961

Honorary President—CHARLES J. NEUN
 President—SAM A. GOLDSTEIN
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 MYER STOLER
 A. FRANK TURNER

PRESIDENT'S MESSAGE

BALTIMORE METROPOLITAN PHARMACEUTICAL ASSOCIATION

Dear Fellow Pharmacists:

By the time you read this message a new secretary will probably have been chosen for the Baltimore Metropolitan Pharmaceutical Association and the Maryland Pharmaceutical Association. Whoever the choice, I invite you to join me in extending hearty welcome and best wishes.

The full cooperation of the officers and membership at large of both Associations will be essential to make his job easier, and above all—will help to expedite matters with which he will have to cope.

Pharmacy, today, nationally and locally, is being confronted with a greater challenge than ever before, therefore, we must face up to the issues with sober judgment and mutual understanding.

Now that the Ninth Annual Holiday and Gift Show is over, the Association and I extend our thanks to Chairman Irv Cohen and his Committee. The proceeds of the Show is an important financial factor in the budget of the Association. Each Show has taught us a new lesson. The Ninth Show added another chapter to our book of knowledge. Unfortunately, some wholesalers did not come through as promised which affected not only the caliber and attendance of the Show, but also revenue to the Association. Plans are already under way for a bigger and more complete Show for 1962.

I hope to see many of our members at the N.A.R.D. Convention at the Fontainebleau Hotel in Miami Beach, Florida, October 1-5. The diversified program of N.A.R.D. Conventions make them worthwhile attending. The features are full of stimulating ideas instilling enthusiasm for self improvement.

To those planning to take the post N.A.R.D. Convention trip to the Carribean—a pleasant Bon Voyage.

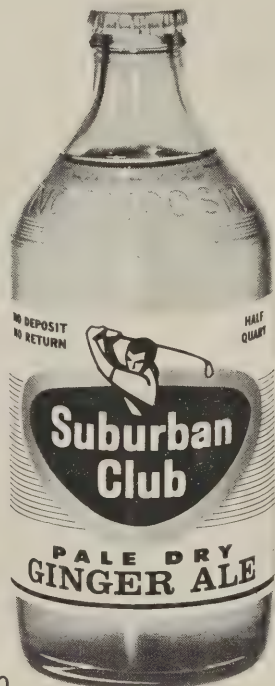
Sincerely,

SAM A. GOLDSTEIN
 President

the
 "Convenience Market"
 keeps growing!
**STOCK,
 SELL, DISPLAY...**

STILL AVAILABLE

Suburban Club fine drinks in the large family size, 10-oz. single drink size and 7-oz. split size. Returnable bottles.

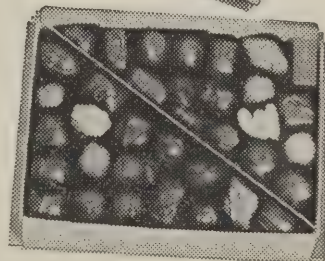


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It pays to promote Schrafft's Chocolates!

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NOW YOU CAN SERVE HOT IN-FRA-RED TOASTED SANDWICHES WITHOUT EQUIPMENT OR LABOR COST!



A NEW NATIONAL SERVICE, Stewart In-Fra-Red, Inc., will provide you with a Stewart In-Fra-Red cookery and fresh cellophane wrapped sandwiches delivered regularly to your store. Placed in the cookery, the sandwiches are toasted in three minutes by modern efficient in-fra-red cooking. You serve the sandwiches to your customers sanitarily wrapped in cellophane.

WHAT DOES THIS COST YOU . . . NOTHING . . . not one penny for equipment, lease, or hidden charges. All you do is purchase a minimum of sandwiches each week. Your Stewart In-Fra-Red Commissary furnishes you with the attractive Stewart In-Fra-Red Cookery and delivers fresh sandwiches of choice ingredients made with the complete approval of your Board of Health. Attractive menu signs also furnished.

THE NEW IDEA . . . originated by Stewart In-Fra-Red, Inc., . . . is in over 15,000 fountain and food service concerns in cities from coast to coast. Every Stewart In-Fra-Red Commissary is an established local business. You may consult your Chamber of Commerce, Dun and Bradstreet, and Better Business Bureau.

Call or write for a free demonstration:

Stewart In-Fra-Red Commissary

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What are the services wanted from your Wholesaler?

(Please check)

- _____ 1. Largest inventories in entire trading area?
- _____ 2. Fast Service? Orders filled same day received?
- _____ 3. Liberal Terms? 40 days from start of billing?
- _____ 4. More Lines? Broad coverage in all fields?
- _____ 5. Liberal Cash Discount? 2% PLUS trade discounts?
- _____ 6. Merchandising Counsel? New items, extra profit deals and inventory control?
- _____ 7. Free Daily Delivery? As many as 5 per week?
- _____ 8. Store Modernization? Advice and layouts no charge?
- _____ 9. New Fixtures? New Store? Experts at no cost?
- _____ 10. Complete Professional Management Service? Bulletins to Physicians?
- _____ 11. New Product Department Information? Automatic Shipment? Guaranteed Sale?
- _____ 12. Retirement Plan for your Future? With no charges for investment and administration?

If your answers to these questions are "YES!", you will realize continuing benefits from the services of

SMITH KLINE & FRENCH INC.

America's Foremost Service Wholesaler

PHILADELPHIA

TRENTON

WILMINGTON

MAIL ORDER DRUG SELLER AGREES TO STOP MISREPRESENTATIONS

National Drug Plan of Washington, D. C., prohibited from misrepresenting savings available to purchasers of its prescriptions, vitamins, pharmaceuticals, drugs or other products, and from making false claims, under the terms of a consent order issued by the Federal Trade Commission. The Commission affirmed an order by Hearing Examiner Abner E. Lipscomb accepting an order agreed to by the company and Aaron Abramson, an official of the firm.

As you will recall, it was the N.A.R.D. which brought to the Commission's attention the false and misleading advertising claims of National Drug Plan. Primarily challenged by the N.A.R.D. was National Drug Plan's claim of "savings of 25% to 50% on all prescription drugs and vitamins" purchased from the company. Hereafter, National Drug Plan will make no such claims.

Typical of advertising statements alleged by the Commission to be false in its complaint was this: "Save 25% to 50% on all your prescriptions and vitamins through membership in National Drug Plan." The FTC complaint charged that purchasers cannot save any stated amount on prescriptions as costs differ in different localities depending upon the brand of drugs used and the amount added for professional services in compounding the prescriptions. It also charged that purported savings on vitamins are based on fair trade prices, which are substantially higher than the amounts at which purchases can be made in the many non-fair trade localities.

National Drug Plan sells to everyone and not only to "select Occupation Groups" and it does not "operate on a volume basis," the complaint said. Contradicting other claims, the complaint alleged that many prescriptions are not compounded by the company but are purchased from others; that it cannot

THE SOFT SELL


Abbotts Ice Cream is as "soft"
—as easy—to sell as it is for a
youngster to get hungry be-
tween meals.

Why so sell-able? Freshness of
ingredient and just right-ness of
flavor let ice cream lovers know
they're buying the very best.
What good does this do? They
come back for more and in-
crease your sales as fast as
bunny rabbits.



ABBOTTS DAIRIES
45 S. CATHERINE ST.
Baltimore, Md.

CEnter 3-4000



**USE
ONLY
ON
SUNDAYS**

**LOEWY PEOPLE ARE ON
THE JOB 6 DAYS A WEEK!**



**Loewy
DRUG CO., INC.**

1120 N. Chester St. • Baltimore 13, Md.

Phone: Dickens 2-3610

fill all prescriptions since those containing narcotics cannot be mailed, and the District of Columbia does not inspect pharmacies.

You may be assured the N.A.R.D. will continue to scrutinize the advertising of the National Drug Plan to prevent the firm from resuming any of the practices forbidden by the FTC consent order.

(The National Drug Plan's agreement to discontinue its misrepresentation is for settlement purposes only and does not constitute an admission that the firm has violated the law.)

(N.A.R.D. News Release)

**JOIN YOUR
ASSOCIATION
LOCAL, STATE, NATIONAL
"IN UNITY THERE IS
STRENGTH."**

**SPOTLIGHT
PRODUCT OF
THE MONTH**

666 Cold Preparation

Featured in all BMPA Stores

WITH

Dial 123 Live Radio

WORLD'S FINEST SALTED NUTS



Fresh From Our

Double Kay
NUT SHOP **KK**
DEPARTMENT [®]

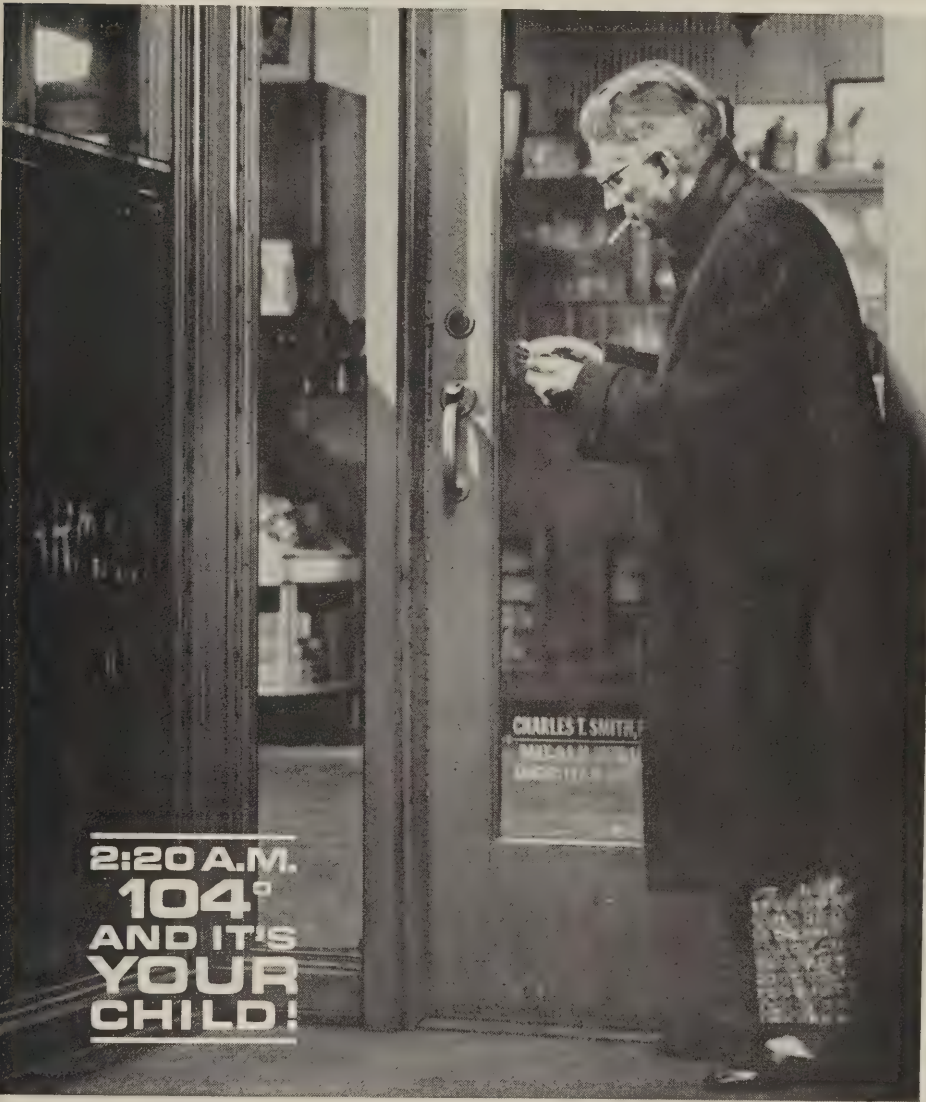
The leading drug store owners in your state will tell you the Double Kay Nut Shop is producing more sales and profits than any item in the drug store occupying similar space.

IF — you have a clean, first-class drug store, let us reserve a Nut Shop for you.

THE KELLING NUT CO.

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**2:20 A.M.
104°
AND IT'S
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CHILD!**

The doctor gave his prescription, and just like any other parent...you rushed to have it filled. The big difference is—you are also the pharmacist... and you may have a choice in the brand of drug!

Of course, this is when the "just-as-good" drug could never be good enough...when, automatically, you reach for an established brand. What

you know about the manufacturer's reputation...quality control above the "legal minimums"...experience and research...helps you make this decision.

These are the "extras" that go into a brand-name product and the reason why many pharmacists and physicians select a Lederle product over the generic...for their families and their patients.

LEDERLE LABORATORIES, A Division of AMERICAN CYANAMID COMPANY, Pearl River, New York



FDA WILL REQUIRE MORE DRUG INFORMATION

The Food and Drug Administration published a regulation requiring manufacturers to provide the medical and pharmaceutical professions with more information in the labeling of most drugs and devices that are sold only on prescription.

The regulation will require a "package insert" that will provide all necessary information for safe, effective use of the drug or device, including any information as to when its use would not be safe.

The regulation published in the Federal Register is the final action in an extensive revision of FDA labeling regulations on drugs and devices. It is effective March 5, 1962.

Final regulations were published Dec. 9, 1960, and Jan. 14, 1961 with respect to all provisions of a proposed amendment to the labeling regulations except a proposal for so-called package inserts to provide full information about the drugs. Comments were invited on this proposal.

Commissioner of Food and Drugs George P. Larrick said that it has now been concluded, after review of the comments, that the requirement of a package insert is needed to promote safety and efficacy in the use of prescription drugs and devices.

"When this requirement becomes fully effective, it will make the complete information readily available to practitioners at every drug store and hospital pharmacy throughout the country. Additionally, the industry commonly distributes samples directly to physicians, and the new requirement will call for full information about the drugs to accompany these packages as well," Commissioner Larrick said.

There were objections based on the contention that the insert requirement will substantially increase costs. FDA said that furnishing reliable information for the professional use of prescription drugs in the package will constitute only

**SPOTLIGHT
PRODUCT OF
THE MONTH**

NUTRAMENT

Featured in all BMPA Stores

WITH
Dial 123 Live Radio

a small fraction of the cost of promotion.

Another objection was that use of package inserts may result in professional literature reaching the layman with undesirable consequences for both patient and physician. FDA said that the answer to this problem is reliance upon the pharmacists' professional responsibility to dispense drugs in accordance with the prescribers' instructions.

"We would like to emphasize that the provisions of the Federal Food, Drug and Cosmetic Act regulating interstate commerce in drugs, have been enforced by FDA since 1938 to protect the consumer, the medical profession and legitimate manufacturers," Mr. Larrick said. "This activity always necessarily relies on medical facts and the best informed scientific medical opinion obtainable.

"The use of package inserts will not affect the prohibition against unauthor-

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*Quality
 Pharmaceuticals
 Since 1863*
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Delicious Austin varieties
 just naturally go-with
 all fountain drinks . . .
 to increase your unit sale.
 Boosts your volume, too,
 because Austin quality
 means faster turnover,
 repeat business, more profit!

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Peanut Butter Sandwiches
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Tell them you saw it in "The Maryland Pharmacist"

ized dispensing. Our staff of physicians has sought and has generally had most gratifying cooperation and support from the medical and pharmaceutical professions.

"Exemptions from the package insert requirement may be considered when other reliable sources of the same information become established, but not to the extent of relieving the manufacturer of his legal responsibility for labeling with adequate information for safe and effective use by the licensed practitioner. The new regulations will not require professional information on articles for which such information is commonly known to physicians," Mr. Larrick said.

INTERESTING FACTS

BRITISH MEDICAL COSTS EXCEED ESTIMATE — Britain's health service now costs five times the Government's original estimate. For the current fiscal year costs will be \$2,427,-600,000 of which the Exchequer must pay \$1,856,400,000. Next year an 11% increase is expected. The Government now is hiking the required contributions to support "free" medical services, is doubling the cash fees for prescriptions, and is sharply boosting cash charges for dentures, glasses and other items.

COMPARISON OF 1960 RETAIL PHARMACY OPERATIONS — The table below summarizes some of the highlights presented by the *Lilly Digest* and the Amer. Coll. of Apothecaries. In each instance the data represents stores which reported both 1959 and 1960 figures.

Coll. of Apoth. DIGEST
128 Stores 1027 Stores

| | | |
|--------------------|-----------|-----------|
| Average Sales for | | |
| 1960 | \$192,273 | \$133,645 |
| Sales Increase | | |
| over 1959 | .6% | 5.1% |
| Gross Margin | 46.3% | 36.0% |
| Operating Expenses | 41.8% | 30.5% |
| Employees' Wages | 22.0% | 11.4% |

Thomas & Thompson Co.

OWNERS & DISTRIBUTORS OF

PMC Powder

Liquolor Ointment

Rid-Itch For Athlete's Foot

Now Available at your Jobber

Rid-Itch FREE GOODS OFFER

1 Bottle FREE with purchase of
5 Bottles for a

BIG 44 1/2% PROFIT

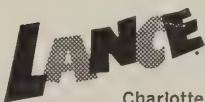
| | | |
|-----------------------------------|---------|---------|
| Net Profit (before taxes) | 4.5% | 5.5% |
| Total Income (profit plus salary) | 11.2% | 14.0% |
| Prescription Sales (% of total) | 67.5% | 35.4% |
| Number of Prescriptions | 36,814 | 14,660 |
| Average Prescription Price | \$ 3.46 | \$ 3.23 |

DRUG STORE SALES PEOPLE WANT PRODUCT INFORMATION — A survey of 12,000 drug store personnel just completed by Bonacact Research, Inc., New York, for the Sales Sense Publishing Co. revealed that 87% of the owners-managers and 93% of the sales people replying to a questionnaire benefit from product information. When asked what type of information would be of value to them, respondents showed a marked interest in sales technique, product details, new products and customer relations.

don't be caught short

People get mad when they can't buy their favorite tasty Lance snacks. So don't be caught short.

Let your Lance salesman help. He can stock your displays with enough of the right flavors to keep your customers happy.



Charlotte, North Carolina



*All the Features
you'd choose
yourself!*

FLAVOR-IZED **FLARE-TOP** ICE CREAM CONES

TOPS with ice cream . . . TOPS in ice cream cones . . . you and your customers will "go" for Flavor-ized Flare-TOPS. If your regular wholesaler can't supply you, write or phone:

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THE ICE CREAM MERCHANTS
Flavor-ized
ICE CREAM CONES
MADE IN U.S.A.
PROTECTED QUALITY - DISTINCTIVE FLAVOR

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**The TIP...TOBACCO and TASTE
your customers want...in the
new, smart, small cigar!**

- Flexible TIP on each cigar—for cool, comfortable smoking enjoyment!
- TOBACCOS...carefully chosen, carefully blended for air-light smoking pleasure!
- A TASTE that's smooth and satisfying every time!

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It's the light cigar THAT KEEPS a cool head!

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Regent

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AND
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YOUR FOUNTAIN**

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- Precision-molded of handsome, durable plastic.
- Constructed with a new steel-structured base featuring a plastic wrap-around . . . does not rust, corrode, or show abrasions. Easy to clean, retains color for life.
- Result of 10 years of engineering research.
- Built with a continuous-flow valve that gives you a uniformly mixed glass or cup of Coca-Cola, drink after drink, in any size.
- Featuring, as optional equipment, a new float-valve assembly that automatically "cuts in" reserve syrup tanks when needed . . . no interruption in service during peak sales periods.

This magnificent new money-maker insures your quality and guards your profit on the most asked-for soft drink you sell — Coca-Cola. See your favorite wholesaler (or the representative for Coca-Cola who calls on you) for the profitable details on the new Selmix Regent dispenser.

COCA-COLA AND COKE ARE REGISTERED TRADEMARKS

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**ANOTHER PACEMAKER FROM
THE COCA-COLA COMPANY**

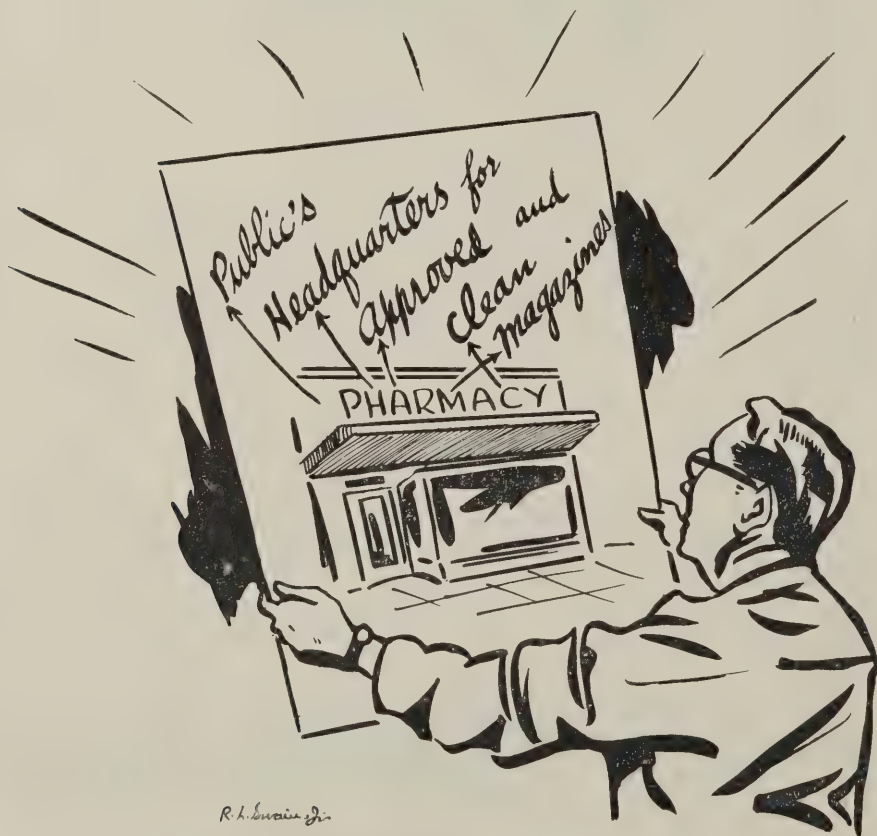
NEW RED BOOK

The 1962 DRUG TOPICS RED BOOK will contain more than 165,000 drug and allied product listings. Manufacturers' Catalog Product numbers will be given on individual items for many products. This number immediately precedes the prices on the item, or the number appears following the individual strength of a product. Products dispensed only on prescription are identified by the symbol (Rx). Narcotic products are identified by the letter (N).

Here are other items to look for in the 1962 DRUG TOPICS RED BOOK: a reference section containing such information as requirements for today's

prescription department library, immunization schedules and new federal narcotic regulations information, among others.

Furthermore, it is to be noted that because the DRUG TOPICS RED BOOK finds its way into the hands of welfare and governmental personnel, concerned with prescription prices, we have inserted special notices calling attention to the fact that fair trade minimums or other suggested prices for pharmaceutical products listed are base figures and do not include well-known and recognized cost items which must necessarily be incorporated in the final prescription price to the patient.



R. H. Swain, Jr.

Good Idea to Follow the MPhA Resolution on That Matter

Mortality Rates — 1900 and Today

Since 1900 the following startling reductions have taken place in mortality rates as reported in "Progress in Health Services", Feb. 1961. "Influenza and Pneumonia" the leading causes of death in 1900, was down to sixth place by 1959, a reduction in mortality rate of 86 percent. In 1900 Tuberculosis was the second leading cause of death; by 1959 a reduction in mortality rate of 97 percent.

Similar declines in mortality rates have achieved in the past 60 years in the other former major causes of death such as gastritis, and impressive declines in those from communicable diseases of childhood as well as syphilis, typhoid, rheumatic fever, typhus and many others.

Credit for these remarkable reductions in death rates is attributable in no small part to medical and pharmaceutical science.

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Represented by—IRV. NORWITZ

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ABBOTT PRESCRIPTION SURVEY

The charges against drug companies by the Kefauver Subcommittee majority has had no effect on the prescribing habits of American physicians, according to David D. Stiles, Director of Market Development at Abbott Laboratories.

"A study of the 1960 prescription market shows little change from 1959," he says. "Of the 410 most prescribed drugs, 344 were brand name products, three more than in 1959, and 66 were generic name products, two less than in 1959."

Stiles said that the average prescription price increased 1 per cent, from an average of \$3.21 to \$3.25.

The number of manufacturers represented among the top 344 brand names (products prescribed five times or more per 10,000 prescriptions) increased slightly from 56 to 63.

Stiles reports the Abbott Continuous Prescription Survey shows that the "average longevity" of products in the top 410, over the past two years, is six years. In 1960, 66 products, 60 of them brand name specialties, entered the top group, and 64 products dropped from the list.

"It would seem, then, that competition continues vigorously and that the physician will prescribe in the best interests of his patient regardless of such controversies as those engendered through the Kefauver hearings and proposals," Stiles said.

The Survey shows that the generic name products accounted for 10.3 per cent of all prescriptions filled, with 12 of the top 66 generic name drugs accounting for half of this total.

FRONT COVER

Governor J. Millard Tawes issued a proclamation commemorating National Pharmacy Week October 1-7.

Accepting the proclamation on behalf of the pharmacists of Maryland are: Milton A. Friedman, Chairman of the Maryland Pharmaceutical Association Pharmacy Week Committee; Dr. B. Olive Cole, and William Y. Kitchin.

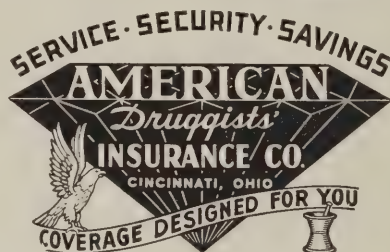
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SKF CONTROLS SAMPLE ABUSE

Beginning this fall, SK&F will identify the great majority of its tablet and capsule samples — both those distributed by mail and those distributed by its representatives — with the phrase "NOT FOR SALE" printed on the individual tablet or capsule.

This move is the latest in a series of SK&F programs designed to provide positive control over the distribution of our samples. In December, 1960, all SK&F representatives signed a "Statement of Principles" specifying SK&F sampling policies. In June, 1961, sample control was tightened even further by a new program called "Sample Accountability."

We were encouraged in this latest move by a report of a poll of state pharmaceutical association secretaries on sample control. Approximately half the state secretaries quoted in this report voluntarily suggested that samples be identified in some way.



**YOU, TOO, CAN GO MODERN
...with the BERNHEIM-SIEGEL**

NEW



**"RENT-ALL"
PLAN**

Maintenance-Free

Drug Fixtures

... At No Extra Cost!



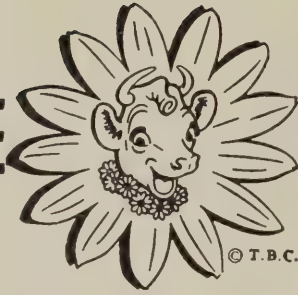
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**THIRTY YEARS OF FIRST AID
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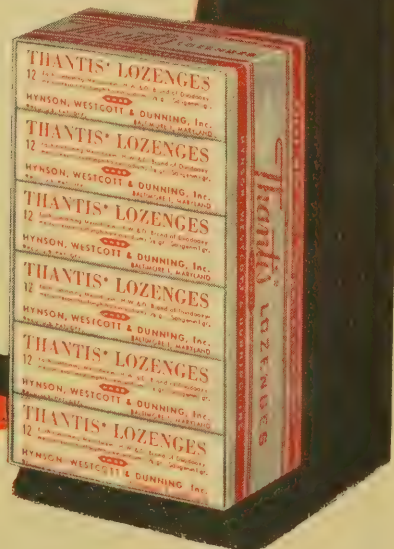
THANTIS—The leading anesthetic-antiseptic lozenge, and
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