Oct. 23-26	Canadian Manufacturers of Chemical Specialties Association, Toronto, Ont.
Oct. 24	American Association of Poison Control Centers, 9th Annual Meeting, Chicago, Illinois
Oct. 24	American Society of Safety Engineers, 5th Annual Conference, Chicago, Ill.
Oct. 24-27	National Safety Council, National Safety Congress and Exposition, Chicago, Ill.
Oct. 25-28	American Dietetic Association, 49th Annual Meeting and Exhibition, Boston, Massachusetts
Oct. 26-28	American Society for Microbiology, 6th Interscience Conference on Antimicrobial Agents and Chemotherapy, Philadelphia, Pa.
Oct. 30-Nov. 1	American Nuclear Society, Winter Meeting, Pittsburgh, Pa.
Oct. 31-Nov. 2	American Public Health Association, 9th Annual Meeting, San Francisco, Calif.

LEGAL DEVELOPMENTS

824 Maryland Clinical Lab Regulations Approved.

Maryland has become the third state in as many years to adopt controls for clinical laboratories that perform tests on materials from the human body. Acting on a law passed earlier this year by the General Assembly, the State Board of Health and Mental Hygiene has approved detailed regulations prepared by the Bureau of Laboratories with the cooperation of the American Chemical Society and other interested groups. The new Maryland regulations are similar to laws adopted in Illinois and New York during 1964-65, and also are like the pending government proposal for certifying independent laboratories under medicare. Permits will be issued to labs which qualify in terms of personnel and facilities. Reflecting Society policy, the new regulations recognize specialty training in clinical chemistry, microbiology, and other laboratory sciences for supervisory purposes. Directors will be required to be M.D.'s or else to have earned doctorates in one of the biological or chemical sciences. However, present directors below the doctor level who have been in business for seven consecutive years prior to June 1, 1966, will also be acceptable. One aspect of the new law and its accompanying regulations is still up in the air. This relates to an amendment of the enabling bill, generally conceded to have been adopted at the request of the medical profession, which prohibits laboratories from soliciting business. The American Chemical Society opposed this, contending that for effective patient care, physicians need to know the range of services offered by different laboratories. Privately, Maryland health officials indicate enforcement will be difficult and say they plan to refer reported violations to the attorney general rather then acting on them directly.

-- Chem. Eng. News 44, 152 (Aug. 8, 1966)

825 Proposed Regulations on Food Supplements.

FDA's proposed regulations on food supplements are drawing fire from a wide range of sources, from industrialists (as expected) to academic and government nutritionists, whose support FDA expected. The most abrasive point is the philosophy behind the Food and Drug Administration's labeling regulation. FDA would require all vitamin and mineral supplement products to carry labels stating that people get what they need from the food they eat. Critics contend, however, that Americans are unselective eaters and that almost half the population is deficient in one or more nutrients. One unexpected attack came from Dr. W. H. Sebrell of Columbia University, chairman of the National Academy of Sciences' Food and Nutrition Board, which, ironically, FDA mentions as the authority behind the regulation's thesis. FDA and NAS representatives will meet shortly to coordinate points of view. -- Chem. Eng. News 44, 35 (July 25, 1966)

826 Generic-Name Drugs for Prescriptions.

Generic-name drugs would have to be used to fill prescriptions written under the medicare program if Congress approves a bill sponsored by Senator Russell Long (D.-La.) and two other Senators. S. 3614 would forbid the use of brand-name drugs in medicare programs or any state programs where federal financial assistance is involved if an equivalent nonproprietary or generic-name drug is available. Regardless of how a prescription is written, the druggist would be required to fill it on a generic basis. The bill would close a loophole which could send drug costs under medicare to astronomical heights, Senator Long says.

-- Chem. Eng. News 44, 35 (July 25, 1966)