

THE SECTIONS OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

ABSTRACT OF THE MINUTES OF THE SESSIONS HELD IN BUFFALO, N. Y.,
AUGUST 25-29,* 1924.

SECTION ON EDUCATION AND LEGISLATION.

The first session of the Section on Education and Legislation, A. Ph. A. was convened at 9:45 A.M., August 28, by Temporary Chairman J. G. Beard. The latter advised that Chairman A. G. Bergy was in Europe and would not return in time for the convention. Secretary William Mansfield explained there would be no Chairman's address and he asked permission to defer the report of the Secretary until the next meeting of the Section. Permission was granted.

Chairman Beard regretted that the attendance was no larger and the lack of interest brought up the question as to whether the Section had fulfilled its mission and should now be discontinued. Probably the American Conference of Pharmaceutical Faculties and National Association of Boards of Pharmacy had taken over much that entered into the programs of other years.

Clyde L. Eddy spoke along somewhat related lines; he also said that a number of sessions during the same hours drew away the audience from the Section in which a minority had interest.

E. G. Eberle said that the American Conference of Pharmaceutical Faculties and National Association of Boards of Pharmacy should participate in the program of this Section—there was an opportunity here to debate questions of joint interest and in papers and discussions outline the plans for educational promotion and prepare for legislative enactments that would serve pharmacy in general. In his opinion the Section had a mission and a very important one, because coöperative.

Charles W. Johnson stated that the Conference could very well have had another session, and this supported the thought of the preceding speaker. Arrangements could perhaps be made with the Conference and the Boards whereby this Section would include subjects—discussions and papers—which would have interest for all three organizations. He considered that there was opportunity for service by this Section.

W. Bruce Philip thought that one session, instead of two, would attract a larger attendance and arouse greater interest.

Secretary Mansfield stated that this Section was open to schools of the Conference and those that did not hold membership in it. This Section presented the opportunity for discussing ways and means for joint action.

Chairman Beard remarked that the discussion had served a purpose—that of determining whether the Section should be continued. "It is very evident," he said, "that the Section should be continued."

W. F. Rudd thought the suggestion by Mr. Philip should be considered and he felt assured that the officers for the coming year would provide an interesting program.

The first paper of the program was that of Henry J. Goeckel on "Combined Pharmacy and Clinical and Pathological Laboratory Science and Education." There was no discussion and the paper was referred for publication.

Chairman Beard named the Committee on Nominations.

A paper on "Too Many Drug Stores," by Wortley F. Rudd and W. W. White, was read. (Discussion of this paper continued during the greater part of the session, therefore made part of the minutes.—EDITOR.) The paper follows:

TOO MANY DRUG STORES.

By Wortley F. Rudd and W. W. White.†

I venture the assertion that the platitude expressed in the subject which I have chosen as the title of this brief paper, is, to say the least, the one fact about Pharmacy that nobody will

* See also p. 964, October JOUR. A. PH. A., and p. 1067, November issue.

† Medical College of Virginia.

attempt to controvert. Further, I submit, that it comes nearer being the one answer to the oft-repeated question, "What is the matter with Pharmacy?" than does any other, single statement.

A critical analysis of the forces, which operating through the past half century or more have brought about this near chaotic condition, is a thesis with many unpleasing aspects, as such a study inevitably leads us to question the good judgment and vision of individuals and organizations that, traditionally, we have learned to respect and, in some instances, even to admire.

How we have gotten where we are is not, however, the subject of this paper. That is a matter of opinion. All of us are too close to these forces to be able to judge fairly where the responsibility for the past lies. Surely the writer realizes his own inability to analyze the subject without prejudice. He would not even mention the past in this connection, were it not that the road over which we have come inevitably determines to some extent, at least, where we will go.

I am tempted to look immediately to the future, assuming that you agree, without argument, that there are to-day too many drug stores. Lest I assume too much, however, I wish to submit just a few statistics on the distribution of drug stores in this country. I have here a table that explains itself. The data on population and area was obtained from official census of 1920. The number of drug stores in each state was obtained from a table published in the *American Druggist* for August 1924.

Taking the country as a whole—that is, dividing the total population by the number of stores—we find that the average number of people served by each store is 2236. The average area served by each store is about 64 square miles. Twenty-eight states serve a smaller number of people than this general average, and 21 a larger number. Twenty-six states serve a smaller area than the average of 64 square miles, 22 a larger area than 64, and one just 64.

The stores in Nebraska, Nevada, South Dakota, Missouri and Kansas serve the smallest number of people, the figures being—Nebraska 1407, Nevada 1460, South Dakota 1549, Missouri 1557, and Kansas 1564, while the stores in West Virginia, Virginia, North Carolina, South Carolina and Tennessee serve more than twice as many as those in the above-named states, the figures being as follows: West Virginia 3821, Virginia 3552, North Carolina 3328, South Carolina 3230 and Tennessee 3129. The area served by each store in the five states named first, are: Nebraska, 85 square miles; South Dakota, 189; Missouri, 31; Kansas, 72, and Nevada 2089, while the areas served by each store in those states having the largest population per store is as follows: West Virginia 63, Virginia 64, North Carolina 68, South Carolina 59, and Tennessee 56. The five states in which each store serves the least area, omitting the District of Columbia, are: Massachusetts 4.9, Rhode Island 4.1, New Jersey 6.4, Connecticut 8.19; New York and Pennsylvania come next with 10.6 and 14 square miles, respectively.

The urban population of the several states named above is as follows: Nebraska 31%, South Dakota 16%, Missouri 46%, Kansas 35%, Nevada 20%, West Virginia 25%, Virginia 29%, North Carolina 19%, South Carolina 17% and Tennessee 26%. Of the five states having the smallest population per store—Nebraska has two schools of Pharmacy, South Dakota one, Missouri two, Kansas one and Nevada none. Of the five states with the largest drug-store population per store—West Virginia has one school, Virginia one, North Carolina one, South Carolina one and Tennessee one, omitting the Negro school. All of the schools in the latter group are state supported. In Nebraska—one school is state supported, one is not and there is no prerequisite law. South Dakota's one school is state supported and they have no prerequisite law. Kansas' one school is state supported and there is no prerequisite law. Missouri has two schools—neither being state supported and no prerequisite law.

No very general conclusions may be drawn from the above data. The conditions surrounding the licensing of pharmacists are changing rapidly in many of the states and we are not warranted in being too sure of the "Why" of too many stores in these states. It is safe to say, however, that wherever the machinery for licensing pharmacists is over-fed, either because the requirements for registration are low, or because the schools graduate more men than are needed, too many potential proprietors are made and too many drug stores will inevitably result. To illustrate—Georgia, a mid-southern state, is credited in the "1922 Handbook of New York Educational Council" with four schools; none of them are in the Conference. The requirements for examinations are extremely low and our table shows that conditions in that state are much worse, so far as people served per store is concerned, than are Virginia, North and South Carolina, her neighbors to the north.

NUMBER OF DRUG STORES IN STATES COMPARED WITH POPULATION, AREA, AND NUMBER OF PEOPLE SERVED.

	No. stores.	Population.	No. people served.	Area served by store.
Alabama	835	1,449,661	1,736	62.27
Arizona	120	334,162	2,784	949.63
Arkansas	873	1,752,204	2,007	61.09
California	1,600	3,426,861	2,141	98.93
Colorado	592	939,629	1,587	175.58
Connecticut	606	1,380,631	2,278	8.19
District of Columbia	217	437,571	2,016	0.322
Delaware	122	223,003	1,991	21.339
Florida	606	968,470	1,581	96.80
Georgia	1,114	2,895,832	2,599	53.2
Idaho	246	431,866	1,755	341.00
Illinois	3,079	6,485,280	2,106	18.40
Indiana	1,607	2,930,390	1,823	22.62
Iowa	1,533	2,404,021	1,568	36.62
Kansas	1,131	1,769,257	1,564	72.5
Kentucky	820	2,416,000	2,946	49.5
Louisiana	666	1,798,509	2,700	73.0
Maine	407	768,014	1,884	81.0
Maryland	540	1,449,661	2,684	23.0
Massachusetts	1,687	3,852,356	2,284	4.9
Michigan	1,742	3,668,412	2,106	33.0
Minnesota	932	2,387,125	2,561	90.0
Mississippi	835	1,449,661	1,736	62.27
Missouri	2,186	3,400,055	1,557	31.0
Montana	300	548,899	1,829	489.0
Nebraska	921	1,296,370	1,407	84.0
Nevada	53	77,407	1,460	2089.0
New Hampshire	235	443,083	1,888	40.0
New Jersey	1,280	3,155,900	2,468	6.4
New Mexico	122	360,350	2,950	1005.0
New York	4,612	10,355,000	2,245	10.6
North Carolina	769	2,559,000	3,328	68.0
North Dakota	362	646,872	1,786	196.0
Ohio	2,278	5,759,000	2,523	18.0
Oklahoma	1,241	2,028,000	1,642	56.0
Oregon	415	783,389	1,887	233.0
Pennsylvania	3,213	8,720,017	2,710	14.0
Rhode Island	302	604,397	2,001	4.1
South Carolina	521	1,683,724	3,230	59.0
South Dakota	411	636,547	1,548	188.8
Tennessee	747	2,337,885	3,129	56.2
Texas	2,758	4,663,228	1,680	96.0
Utah	186	449,396	2,416	457.0
Vermont	167	352,428	2,110	57.0
Virginia	666	2,309,187	3,452	64.0
Washington	655	1,356,621	2,071	105.5
W. Virginia	383	1,463,701	3,821	63.0
Wisconsin	1,035	2,632,067	2,543	54.0
Wyoming	102	194,402	1,905	959.9

New York and Pennsylvania, with five and three schools, respectively; all of them members of the Conference, except one in Pennsylvania, and both states having had prerequisite laws

longer than any others in the Union, run about the average for the country—Pennsylvania slightly better than the average.

The writer has never heard the complaint that Virginia, West Virginia, North Carolina, South Carolina and Tennessee have too few drug stores. If then these states with something over 75% of their population rural are reasonably well served with an average per store of 3392 people, what shall we say of New York, New Jersey, Pennsylvania, Delaware and Maryland with more than 65% of their population urban and serving an average of only 2401 per store?

We might wander on indefinitely making such comparisons but they do not lead anywhere. The single thought that I have in mind is that permanent improvement in Pharmacy will come only when the present cut-throat policies are made impossible. My contention is that the way to bring about this improvement is primarily through the plan of making just as few potential proprietors as can possibly take care of the needs of the public for legitimate Pharmaceutical service.

The organizations which by close coöperation can gradually effect this change, are, first: The State Examining Boards; second: The Colleges of Pharmacy; third: The American Pharmaceutical Association; fourth: The National Wholesale Druggists' Association; and fifth: The National Association of Retail Druggists.

When these five groups realize that *fewer* but *better* trained potential proprietors, *fewer* but *better* retail pharmacies, are the way out of our present condition, I believe we will be headed toward better things.

Following the reading of the paper the author read from an editorial from a pharmaceutical publication; the parts read are as follows: "The serious question for leaders to consider is, how are these thousands of potential pharmacists annually entering our schools of pharmacy going to be absorbed? There are no doubt any number of states throughout the land where good-paying drug stores might be started. It must not be lost sight of, however, there is at present an average of one pharmacy to every 2,999 inhabitants. Is not that a sufficient number?" . . . "Is it interesting to picture what will be the situation in 10 or 20 years if the present influx of men into the drug stores still keeps up."

Robert P. Fischelis moved that the paper be received—seconded.

Jacob Diner referred to the proportionate figures of the table, stating that New York City had a population of about 10 millions, which would bring the number served per drug store to about 3,000. He also stressed the fact that in a city like New York relatively more money is earned and spent than in smaller cities and rural communities. The speaker referred also to the kind of service given because it is required by the patrons; hence, more are engaged in these stores than in pharmacies where conditions are different. "The number of stores in a given area is dependent on the people who live there," he said; "the prerequisite requirements have limited the number of stores."

The speaker said further: "With the present requirements in New York State, and the additional limitations which are being imposed upon licensing of pharmacies, we are not going to turn out less pharmacists by any means; in fact, we are expecting to turn out more, and we will have to turn out more, because where in other cities and states the one man store predominates, in New York City we have preëminently the two, three, four, five, fifteen and sixteen man store. I can safely say that the average number of men employed—and I am speaking of the licensed men—in pharmacies in Greater New York will exceed three, and I am giving that as a very low estimate.

"Taking approximately the number of drug stores in Greater New York, which is about 3400 or thereabouts, and taking the average number of men in a store as two, which is a very low estimate, lower than would meet the actual figures, we would have room for approximately 6000 pharmacists in Greater New York alone. With a graduating class of the three schools in Greater New York of approximately 600 or 700 (which we do not have, because our graduating class last year did not exceed 600), we have just barely 15 per cent. of the number of pharmacists which New York uses. With men dying and going out of business it would take us 10 years or, say 8 years, to keep up the supply. I have figured that every man who graduates goes into a pharmacy, which as a matter of fact is not so—some men use pharmacy as a stepping stone to medicine, others find employment in laboratories, still others go on the road as salesmen, etc., and quite a few drop out of pharmacy and go into occupations entirely foreign to it. So while the figures are

interesting, and some deductions may be drawn therefrom, they are not conclusive—that there is an over-production of pharmacists or an over-production of drug stores.”

The speaker concluded with a reference to conditions when the sales of a pharmacy were considered very good at \$50 per day and now sales of less than \$200, in many stores, are below average. He also cited the changed living conditions in his immediate neighborhood where large apartment houses had taken the place of residences—the area that formerly housed a family or two now has a hundred or two families.

Charles W. Johnson said the paper had suggested to him the study of relative numbers now being served by professional pharmacies in Seattle.

A. H. King spoke of conditions in Kansas; he hoped for the time when the questionable drug stores would no longer exist and legitimate pharmacies predominate.

Charles W. Johnson said that the Washington State Pharmacy Board requires four years of high school of candidates and graduation from a recognized school of pharmacy having a three-year course, and the character of every candidate is investigated.

Robert P. Fischelis said: “Anybody who studies the situation must know that the gateway to pharmacy to-day is the school of pharmacy. Nobody can take a board of pharmacy examination in the majority of our states without having been graduated from college, and that means the responsibility is right up to the admission committee or the dean of the school; those he selects will be among the future pharmacists. There is the responsibility and that is where the number of pharmacists will be limited.”

W. Bruce Philip contended that “every time the druggist adds a side-line he increases the possibility of more stores. The lunch counter to-day brings more money into the drug store and, therefore, inasmuch as the store has a certain income, that alone would increase the number of stores; and when the drug store takes men’s furnishings, etc., it will also increase the number of drug stores. The answer is, not too many drug stores, but too many so-called drug stores.”

Ambrose Hunsberger thought that Mr. Philip had struck the key-note of the situation, and said he was favorably impressed with the paper by Professor Rudd, that he was right in directing attention to an evil everybody should know of. He also concurred with Dean Fischelis in that the solution was in the hands of the schools.

The speaker said “There is a curious side-light to all of this—I have the utmost difficulty in securing competent help, and I presume that is due to the fact that everybody wants to be boss; most graduates manage to get enough credit to start a store; it is necessary, but it is too free; almost anybody can obtain credit from some wholesale drug house. In support of that, there was a sheriff’s sale of a drug store in Philadelphia, the proprietor of which had managed to get into debt to the extent of about \$4600 with one Philadelphia drug house. That doesn’t seem economically sane. Everybody wants to be a proprietor, which partly accounts for the number of stores. The recent graduate opens up across the street and finds there isn’t sufficient pharmacy work to be done, so he puts in side-lines, and we evolve from one side-line to the other, until our practice, of which we are reasonably proud, is finally submerged altogether and demoralized. If Dean Rudd’s paper can start a movement in the direction of discouraging the establishment of more new stores, he deserves the thanks of this Section, and of the pharmacists everywhere.

“Regarding Dr. Diner’s reference to the volume of business done by the stores he referred to—it strikes me, if that is figured down to a question of pharmaceutical work, he will find Professor Rudd’s figures are quite correct. If the stores are going to operate along present-day lines, there is no limit to the business that can be built up, but it is not of a pharmaceutical nature; pharmacy is what we want to defend and keep side-lines within reasonable bounds; we must, if we are going to win the position we fondly hope to occupy.”

Henry M. Whelpley said there are about twenty states that have some form of prerequisite, but it requires considerable charity to bring them in line with what educators understand as prerequisite; hardly half that number have real prerequisite requirements, but he hoped that soon all states will have binding prerequisite laws. “In Missouri,” he said, “it is not at all necessary to graduate from a college of pharmacy to become registered, in fact, it is the exception to do so; the majority register by the easier, cheaper, and shorter methods than through college qualifications. We have one institution in Missouri in which you can enroll for \$100 and remain in the institution until you are a registered pharmacist—for the \$100 they guarantee to see that you register, if it takes a life time; technically, it is a six weeks’ course. Across the River, in Illinois,

they have prerequisite requirements, but they relate only to full registration. A registered assistant pharmacist need not have any preliminary education whatever, no qualifications. I suppose there are not many stores managed by assistant pharmacists in Illinois as the law would take care of them, but rumors are of quite different report.

"In Missouri we are having a multiplication of stores through proprietors opening one, two, three, four, and five additional stores, putting in assistant pharmacists; the proprietor manages to get around in all the stores once a day or so. While the Board of Pharmacy has prosecuted some of these, it does not keep up with the procession of new stores that are established.

"In regard to matriculants, we use every effort possible to select only those who promise from their records to develop into pharmacists worthy of the name. At times it is amusing to note the effort made by those not accepted to enter—it requires constant watchfulness to keep the unfit out."

William C. Anderson said that questions would arise in the minds of the public as to whether the object of reducing the number of stores was a selfish move and how the public will be benefited. He brought forward the argument that advanced and longer courses do not reduce the student-body. Continuing he said, "if we can in some way arrange through our faculties and our laws and colleges that there would be a class of men highly educated, qualified by a four-year course and, if desired, one or two years of college as a prerequisite to the pharmacy courses and only these men, when graduates can conduct pharmacies and will have certain rights in compounding prescriptions, etc., then the second class men of the colleges would have certain privileges or be employed under the former, but could not open pharmacies until the higher qualifications were met. Such a plan might solve some of our difficulties. It would take time to produce what we want under such a system, by elimination; the highly trained pharmacists, with the right to compound prescriptions and do clinical and analytical laboratory work, etc., would attract the public, and receive the support of the physicians; the old-time pharmacists, without being interfered with to-day would gradually drop out and be replaced by pharmacists of the type we hope for."

Wortley F. Rudd said he had no solution of the problems presented in his paper but he had in mind the organizations, which by close coöperation could bring this about—the boards of pharmacy, the colleges of pharmacy, the American Pharmaceutical Association, the National Association of Retail Druggists and the National Wholesale Druggists' Association. He was glad to hear the remarks of Mr. Hunsberger; he urged that all divisions of pharmacy study the subject with the purpose of correcting conditions.

Jacob Diner moved that this Section appoint a committee to again take up that matter of classification of pharmacies and drug stores—to outline the educational requirements for pharmacists, the scope, privileges, qualifications for druggists from the commercial side of pharmacy, its scope, limitations, etc., and submit a report to this section as soon as the committee is prepared to offer something of a constructive nature.

Motion seconded by H. M. Whelpley.

Robert P. Fischelis did not understand that Dr. Anderson recommended the classification of drug stores. His idea was, as he understood it, to have highly qualified men become proprietors of pharmacies and men with qualifications of lesser grade work under the former in the pharmacies. In his opinion such classification as proposed in the motion would be of no special use. Laws relating to pharmacy are in force and it would be a very difficult matter to decide who shall and who shall not be considered qualified to conduct a professional pharmacy and who shall run a commercial pharmacy, all of which have the same legal supervisions, and, presumably, the same professional qualifications are required of the pharmacists.

Henry J. Goeckel considered pharmacy was making progress; medicine had made progress slowly for a number of years and when the time came and conditions were shaped the advancement was more rapid. Hospital pharmacies should not be overlooked in providing higher demands of pharmacists in the retail pharmacies.

David S. Simms said he was not on a board of pharmacy nor connected with a school of pharmacy; his interest was solely that of a retail pharmacist. In his opinion the public should be apprised of conditions—the protection it is sought to give the people by the correcting of the conditions under discussion. The public must be served; the public foots the bills and provides the income of pharmacies and drug stores, and unless the people understand what is attempted and why, resolving will not bring about results—the public must be shown the difference between

a pharmacy and a drug store, a drugless drug store and a junk shop. "As for me," he said, "I do not believe in side-lines; I have cut out the soda fountain; I believe in pharmacy and its practice and would like to know what the Associations are doing to bring messages like these under discussion to the people; without that little good will come of all this discussion."

The motion was called for and carried. The paper was received and Chairman Beard announced that the committee would be appointed later.

(The discussion of the paper by Wortley F. Rudd and W. W. White constituted the greater part of the transactions of the session, hence printed as part of the minutes. Other papers read will be named by title and printed hereafter with abstract of discussion thereon.—EDITOR.)

A paper by Frederick J. Wulling, "Mental Diagnoses of University Freshmen," was read by C. A. Dye. It was discussed and referred for publication.

"Making More Cordial the Relation Between Doctor and Druggist," by J. G. Beard, was read by the author, discussed, and referred for publication.

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

SECOND SESSION.

The second session of the Section on Education and Legislation was called to order by Chairman J. G. Beard at 2:45 P.M., August 28.

On motion the reading of minutes was dispensed with.

Secretary William Mansfield read his report.*

Clyde L. Eddy suggested that it would be interesting to know how many students of states having no prerequisite attend Colleges of Pharmacy. He was of the opinion that colleges may be going ahead too fast for the Boards and that the Conference could perhaps advance general conditions; that is, work with the Boards to that end. The Secretary's report might bring out such points and others bearing on the related work of Colleges and Boards.

W. Bruce Philip said that while colleges may be in advance of the requirements of the Boards, they are still behind the desires of some of the students.

Secretary Mansfield stated that the desire of students for advanced work is shown by the number of matriculants among pharmacists who take up clinical laboratory work, enter pre-medical courses, etc. Of such students there is no record.

Motion was made by W. M. Chase and seconded by W. Bruce Philip that the report of the Secretary be received.—Carried.

Following the reading of a paper by Caswell A. Mayo on "Making Programs for the A. Ph. A. Branch Meetings," a motion was made to appoint a committee to secure information relative to programs of the branches and make suggestions to the branches for their programs. The motion was carried and Chairman Beard appointed Caswell A. Mayo, Clyde L. Eddy and C. C. Glover.

A paper by Edward H. Kraus on "A Combined Course in Pharmacy and Medicine" was read by C. C. Glover. A motion to receive the paper was seconded and, after discussion, referred for publication. The following papers by L. E. Sayre were read and referred for publication: "Pharmaceutical Education as a Factor in Promoting Success in a Vocation," and "Linking Medicine and Pharmacy."

Chairman Beard announced the members of the Committee on Classification of Drug Stores as follows: Jacob Diner, Chairman; W. F. Rudd and Ambrose Hunsberger.

Chairman Beard was pleased with the progressive enthusiasm of the members as evidenced by the discussions of the sessions of this Section which can be made of greater value. Many pharmacy schools do not hold membership in the Conference and can discuss their problems here and also be brought into closer relation and, perhaps, affiliation with the Conference. There are also legislative matters, educational subjects and many other topics which should be discussed within this Section; he hoped that the program for next year would compete in interest with the leading Section.

The report of the Committee on Nominations was read and the following nominations presented: *Chairman*, William Mansfield, New York; *Secretary*, John G. Beard, North Carolina; *Associates*, David S. Simms, Nebraska, and two to be appointed by the *Chairman*; *Delegate to the House of Delegates*, M. N. Ford.

* To be printed later, Secretary Mansfield desires to include further data.

The nominees were elected. After installation of the officers a motion to adjourn was carried.

SECTION ON COMMERCIAL INTERESTS.

The first session of the Section on Commercial Interests was convened by Chairman Henry B. Smith at 9:45 A.M., August 27. The first order of business was the reading of the Chairman's address; it follows:

COLLEGE EDUCATION THE MAIN FACTOR IN SUCCESS.

By Henry B. Smith.

The guarding of your life and health, the guarding of your family's life and health is a vital question of your existence. Education is essential to obtain this protection. Pharmaceutical education is growing to be a dominant factor in insuring this protection. A student's mind must be properly trained so that he may become an observer and have initiative to do things. Independent thought and talent are a stimulus to original research. The medal man of his class may not prove to have been the best scholar. We all applaud a thorough-bred race horse, but the plow that pulls the plough makes it possible for us to obtain our food. The man who absorbs knowledge and retains it, ultimately does the best work. The Pharmacist is the Siamese twin of the Physician—they are interdependent. The Physicians' orders are prepared, checked and verified by the Pharmacist. Many errors are caught by the watchful dispenser and oftentimes a prescription is referred back to the prescriber. Occasionally, after an unsuccessful quest for the prescribing physician, the correct dose is dispensed by the pharmacist; it is, therefore, essential that the pharmacist should have the very best education obtainable to fit him for his calling.

Instructors and professors sort out and classify thousands upon thousands of ideas and facts, select the best and in well-chosen words transmit those pages of knowledge to a good proportion of willing brains.

Many students never acquire any knowledge after graduating from their *Alma Mater*; they are content that they have the right to practice their chosen profession; while others use their college education as a foundation only and are ever on the alert for advanced information, ideas and new discoveries, doing original research work, giving to posterity information upon which to build up the scientific structure.

Thousands of families are constantly making sacrifices to put their children through college. It is an old problem, but a new one each year to the family having members eligible for college education.

It is now obligatory in many states for the Licensed Pharmacist to be a graduate of a school of pharmacy. The drug store of to-day is as commercial as it is professional, and colleges of pharmacy should prepare their graduates for every condition they ultimately may have to face.

Statistics inform us that nearly 40 per cent. of those who started life as retail pharmacists later on took up other lines of livelihood and most of them successfully. Why? The answer is clear, it was the splendid foundation laid in youth that was instrumental in their ultimate success.

We occasionally find men who have acquired large fortunes. And when their success is analyzed they attribute it in large part to the employment of college-trained executives.

College men are more and more turning their attention to the many phases of commercial activities. Therefore the commercial side of pharmacy must have as much consideration in the curriculum of the pharmacy schools as the professional.

I wish to quote the following from one of our commercial writers—"The element of chance and speculation in business is yielding more and more to scientific organization and planning."

A higher education serves a valuable background to a successful commercial career. Select an institution of known integrity. Disregard remuneration, supply courage, with application and enthusiasm; success is bound to follow. Education, personality and perseverance are the good luck signs of success. Consequently, while college education is not the entire means of success, it is largely contributory.

C. C. Glover said in part—"I believe that all schools of pharmacy appreciate the fact that the element of business is continually becoming more important in pharmacy, and to that end we must prepare our students to compete with others who have had long training in commercial interests, business preparation, four-year college courses in business administration, and the like. To that end, our college, the University of Michigan, has recently added a year of elementary