

THE PHARMACEUTICAL ORGANIZATIONS IN GREAT BRITAIN,
THEIR INTER-RELATIONS, AND THE NECESSITY FOR CLOSER
COÖPERATION BETWEEN THE PHARMACEUTICAL ORGANIZATIONS
OF THE TWO CONTINENTS.*

BY SIR WILLIAM S. GLYN-JONES.

I value the honor of being asked to take part in the Annual Meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION. For a long time I have been an interested reader of the JOURNAL, and particularly of the proceedings of your Annual Meetings.

I know a great deal about the conditions affecting the practice of pharmacy in Great Britain and something about the way it is conducted in the principal European countries.

I have recently had opportunities of learning something about the conditions affecting the calling in Canada but regret that up to the present I have acquired little personal knowledge of the conditions pertaining in the United States.

THE FUNCTION OF THE PHARMACIST.

From what I have seen on this side of the Atlantic, I am more than ever convinced that the problems confronting those concerned about the betterment of pharmacy are much the same the world over. These difficulties differ not so much in kind as in degree. They are probably due, in the first place, to the difficulty of defining the exact work which it is the particular function of the pharmacist to perform. Pharmacists themselves are not always in agreement as to this, and where they are it is not so easy to educate the public into acceptance of the pharmacist's estimate of his proper functions.

The description of pharmacy as being the handmaid of medicine is a very old one but it does not help very much, for as there are mistresses and mistresses, so there are handmaidens and handmaidens.

In Great Britain the medical and pharmaceutical professions are far from agreed as to where the work of one begins and the other ends. If I were asked for a short description of the true function of the pharmacist I should say it was that of preparing and supplying materia medica, using materia medica in the widest possible sense to include all the material the medical man uses, both for diagnosis and treatment. In some of the countries on the Continent of Europe



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the medical profession, as a whole, has gone further towards the acceptance of the position that it is the duty of the medical man to diagnose and prescribe and that of the pharmacist to dispense or supply the material prescribed than is the case in Great Britain, or as far as I can judge, on this side of the Atlantic. Most of our difficulties I attribute to medical men and pharmacists unlike the cobblers refusing to stick to their lasts and, in this respect, both are to blame.

In Great Britain there are signs that the leaders of both professions recognize that pharmacy is, after all, a branch of the Science and Art of Medicine. It is significant that last year the University of London in the Faculty of Medicine established a Degree in Pharmacy. Medical science, during the last half century, has developed so rapidly that it is impossible for a general practitioner to be proficient in all its branches. Those who are best qualified to know assure me that the curriculum of the medical student to-day is greatly over-loaded, and that it is impossible for any one person to acquire adequate knowledge to enable him efficiently to practice the art in all its varied branches. Even if one could, in his student days, acquire the knowledge, it would be impossible to retain it and keep it up-to-date—hence the necessity for specialization. The amount of training which the average medical man, at any time, has received in the art of pharmacy is very small, and it is only natural that the subject has been almost crowded out of the medical student's curriculum by the more important branches of Medical Science and Art. Pharmacy is a branch which is becoming more intricate and extended.

Vaccines and sera are as truly *materia medica* as are the old blue pill and black draught. Substances of animal origin and others requiring, for their standardization, tests other than those provided by chemical analysis, are on the increase. The scientific training required to fit for his work the person who is to supply and test them is in advance of that necessary for the preparation and supplying of the old forms of galenicals. It is in the interest of both the medical and pharmaceutical professions, and indeed of the public at large, that the leaders of both professions should, as far as possible, agree upon the line of demarcation between their respective functions.

Most of what on the part of the pharmacist is complained of by the medical profession, is due to the fact that a body of men have been trained for work for which they have received the hall mark of competence, which state recognition denotes, and then they find that such work is not left for them to do. They turn their knowledge of *materia medica* to uses which, if there was a proper understanding between the professions, they would find unnecessary. The great majority of druggists in Great Britain would be unable to live if they were dependent solely on the income they derive from pure pharmacy, taking my definition of that term. Many of them derive the greater part of their income from the profit they make in retailing wares which by no stretch of the imagination can be described as *materia medica* and, as far as I have yet seen, this seems even more true in Canada and the United States.

HEALTH INSURANCE.

The British National scheme of Health Insurance has in recent years had a profound effect on British Pharmacy. About fifteen millions of the industrial

population have medical treatment provided through the State scheme, and under that scheme medical men are not allowed to dispense, except in areas where there are no druggists or in cases of emergency. A description of this scheme would probably interest you but it would take too long.

In Great Britain we talk about the professional and commercial sides of pharmacy; here you use a term the full significance of which I have not yet been able to grasp—you talk of the ethical pharmacist. Why selling sponges or serving drinks at a soda fountain, giving good value for money, is not an ethical proceeding I fail to see.

The superior airs sometimes adopted by the so-called professional pharmacist, when talking about his brother pharmacist who has less pharmacy to do and whose work is more that of a retail tradesman, are seldom justified and don't help matters.

Owing to the conditions I have described, there has been in Great Britain, as well as on this Continent, one perpetual struggle between those who desire to lift the work of the pharmacist to a level of a highly skilled profession and those who care nothing for these things, being only concerned with what they call the commercial interests of the trade. On the one hand you have those who sought to increase the scope of the training, the stringency of the qualifying examinations, the length of the college courses, the establishment of University degrees in Pharmacy, and in these directions would go further than immediate conditions seem to justify. At the other extreme are those whose one desire seems to be to turn out an adequate supply of efficient and cheap, as we call them, assistants, or as you call them, clerks. In between these extremes there has been the majority who have favored a middle course.

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

The Pharmaceutical Society of Great Britain is a body trusted with the examination and registration of pharmacists, the enforcement of the various pharmaceutical laws, and the making of statutory regulations governing the conduct of the pharmacist. Membership is a voluntary matter. It is illegal for those not registered as pharmacists to describe themselves as chemists, druggists or pharmacists, or to sell any one of the substances scheduled as poisons under the Pharmacy Act. The schedule is fairly extensive and as any article, proprietary or otherwise, containing a schedule poison is bought within the schedule, the effect is to make it difficult for anyone to conduct a drug business who is not registered, although there are quite a large number of such businesses.

There was a growing opinion that such a body could not do its statutory work and, at the same time, function as a kind of trade union, protecting the interests, commercially and otherwise, of its members, and the Law Courts quite recently decided that there were certain functions of that character which it would be *ultra vires* the society's charter for it to undertake. This led to the shedding of some of its functions by the Society. There was in existence a Society known as the Chemists' Defence Association, which among other things, provided legal assistance for its members when charged under one or other of the many Acts of Parliament and regulations especially affecting the pharmacist, and insured its members against damage due to mistakes or alleged mistakes, in dispensing

or supplying medicaments. This Association added to its functions those of a Trade Union, and under the titles of Chemists' Defence Association and Retail Pharmacists' Union it now takes care of vital matters coming more within the commercial than the professional side of pharmacy. Between the Pharmaceutical Society, this other body, and a third organization, the P. A. T. A. of Great Britain, which I am now coming to, there can be little doubt that Pharmacy, in the matter of organization, is one of the best served of any profession or trade in Great Britain.

The Government has appointed a Departmental Committee, which commences work next month, to consider what modifications, if any, are necessary or desirable in the Poison and Pharmacy Laws, and it is possible that the whole position of British Pharmacy and the conditions under which it is carried on may be in the melting pot.

Thirty years ago the exploitation of Proprietary Articles, medicinal and toilet, was so rampant that it endangered the very existence of the druggist carrying on an individual business. You know all about the evils and I should be wasting my time in enlarging on them. Serious as was the loss of profit, the danger to the morale of the pharmacist was perhaps even more serious.

THE PROPRIETARY ARTICLES TRADE ASSOCIATION.

Then the Proprietary Articles Trade Association was brought into existence and gradually received the support of all classes of pharmacists, including those who had a high class dispensing business and sold few proprietary medicines. Many who thought it degrading to sell the articles at all, realized that, if they had to be sold, they might just as well be handled at a profit as not.

The history of the early days of that Association was one of great struggle. In its early stages it received the support of about 12 proprietary manufacturers, not half of the wholesalers, and barely 25% of the retailers. That Association was organized on sound lines seeing that it embraced, in one organization, the three sections of the trade and that the manufacturers stood together in withholding and requiring the wholesalers not to supply any article on the list to anyone that sold even one article below the minimum price.

In Great Britain there are on the list some thousands of articles owned by about 500 manufacturers, members of the P. A. T. A., and sold by anything between sixty and eighty thousand traders, and if it were part of the Law of England that no article should be sold below the minimum price, there would not be fewer cases of cutting prices than there are among those eighty thousand traders today. Wholesalers of all types, departmental stores, chain stores and individual druggists all alike now accept the price maintenance policy as the normal condition of things.

THE RESULTS IN CANADA.

Last year the Canadian drug trade invited me to tell them of our work in Great Britain and I went through the Dominion from Coast to Coast. It was then decided to form an organization on similar lines to that which was working in Great Britain. In less than two or three months over 90% of the retail druggists of Canada had joined the Association and paid up their dues, and quite 80% of the wholesalers, including both the service and coöperative houses.

The Association was finally formed and the council elected in March and the Association started to function on August 28th, when its first list was published. The list contains 600 articles, owned by 157 separate manufacturing firms. On the list are leading sellers in Canada and many of them articles of largest sale in the United States.

On Friday, the 27th of August, the conditions as regards these articles in Canada were similar to those in the United States. The great majority were being cut and sold to the public at prices, in many cases, less than the retailer could buy from the wholesaler. Minimum prices were fixed and in one night a complete change was brought about throughout the whole Dominion. Next morning, with the exception of Toronto and Hamilton, our prices were in force and these two cities fell in line in less than a week. At the present moment, with the exception of two firms in Vancouver, these articles are being sold throughout the whole Dominion at not less than the minimum prices. So in one night the whole aspect of the drug trade of Canada changed.

The secret of the success in Canada is the same as that which enabled the plan to work in Great Britain—it is that, instead of manufacturers, wholesalers and retailers working in separate organizations in the furtherance of their own sectional interests, they have realized that the manufacturing and distributing of these Proprietary Articles involves a partnership, and the Association, as members of one firm, is working a plan whereby, by exercising the power to withhold supplies of all, if one is cut; the trade is all on the level with a profit, instead of being on the level without a profit.

THE POSSIBILITIES IN THE UNITED STATES.

As I understand, you have certain enactments in the United States which makes such a plan here illegal. I would be foolish and discourteous if, as a stranger, I discussed this aspect of the question. It looks as if any combination to maintain prices in the United States is prohibited by law. In Great Britain there is no such law, provided it can be shown that those in the combination are actuated by the motive of preserving and enhancing their own interests and not with the object of injuring others. In English law there is no other restriction. In Canada they have a middle position; there you can have a combination to maintain prices but the result must not be to enhance prices unreasonably or unduly, or to unreasonably limit competition.

Already an action has been taken against the Association, the result of which we do not fear. We are satisfied that what is morally right in Great Britain cannot be immoral in Canada and we have no fear of litigation or legislation.

The method of charging certain people reduced trade prices is only a convenient way of paying the distributor for his services and there is no law, and cannot be any law, which will prevent manufacturers, in one way or another, paying those who stock and distribute their articles for the services they render.

So far as I have been able to follow the position in the United States, while the convenient system of providing the remuneration—the wages of the distributor—by making a difference between the price of purchasing and the price of selling—is being rendered inoperative, it would be possible for an organization comprising the three sections—manufacturer, wholesaler and retailer—abandon-

ing altogether what I admit to be a convenient system of charging reduced trade prices, to provide remuneration to the distributor, by devising through that organization a system of payment for services rendered which would not involve any price fixing whatever.

In any case I venture to suggest, in the light of our experience in Great Britain and Canada, that the first essential to success is the establishment of an organization in the United States comprising the three sections of the trade to work out plans either for securing an alteration of your law or, with the laws unchanged, for enabling wholesalers and retailers to receive for their services such a recompense as will secure their active coöperation with the manufacturers in providing free channels of distribution to the consumer of proprietary articles.

CLOSER CONNECTION OF PHARMACEUTICAL ORGANIZATION.

If you agree with me that as druggists our problems, professional, educational and commercial are really world-wide, you will share my desire for a much closer connection between the various pharmaceutical organizations in Europe and on this side of the Atlantic.

Take the question of Narcotics, or, as we call them in Great Britain, "dangerous drugs." In all the countries Legislation and Regulation are forthcoming with disquieting frequency. Some of us are beginning to feel that there should be some limit to the inconvenience, annoyance and sometimes hardships caused to the 98% normal, healthy, law-abiding citizens in the interest or the alleged interest of the 2% moral and physical degenerates. For the solution of these difficulties we need to pool the combined wisdom and experience of the best pharmacists the world over.

In my opinion it is not enough that we should send as messengers, to convey friendly greetings to annual conventions, someone or other who happens to be visiting the country on his own business or pleasure. Such haphazard visitors are not always qualified to serve as efficient ambassadors. These national organizations should, I think, exchange as visitors to each others' conventions pharmacists specially selected for the purpose. If I may say so, the Canadian Pharmaceutical Association has followed an excellent example by sending to this meeting Dean Burbridge and Dr. Stanbury. I hope to see the day when the International Pharmaceutical Federation, the United States organizations, the Canadian Pharmaceutical Association, the British and Irish Societies will always have at their annual conventions men of the type Canada has sent here to-day from all those respective organizations. It would cost money which would be well spent.

Next week I am returning to England for a few weeks, and I would be delighted to carry to the National Pharmaceutical Organizations there any message which your Association entrusts to me. I will esteem it both a privilege and an honor to be allowed to play a part, however small, in bringing about closer international coöperation among the pharmacists of the world, so that the world over the Pharmacist may be the better placed for serving the public and for the exercise of a calling under conditions which enable to retain his own self-respect, the confidence of the medical profession and the esteem of the general public.
