

much lasting benefit will result. Meanwhile it behooves us as pharmacists individually to investigate and study our personal and particular problems; to check up more systematically each department of our business; departmentize your store if need be in order to stop these petty leaks and get your own house in order. Once this has been done, the remedy is very simple. Feature only the more profitable lines of merchandise and discourage the sale of less profitable ones. Concentrate your efforts on the sale of meritorious products, placing special emphasis on those of your own make. Sell quality merchandise always along with courteous, conscientious service. Let every transaction reflect your purpose and personality. By rendering a service of this character instead of being a mere purveyor of drugs, you will establish your position of prestige and responsibility in the community and have gone a long way toward convincing the public that the druggist is not merely more than a merchant but a successful merchant as well.

PHARMACY—PLUS.*

BY WORTLEY F. RUDD.¹

Pharmacy—plus—what? The answers would probably be as different as are the people who might undertake to give them. Perhaps the best cross-section of the ideals and trend of American Pharmacy might be gotten from five-minute papers on the subject from every dean and board member in America. I shall attempt to answer the inquiry from a point of view that has now been arrived at from as close observation of pharmacy through a quarter of a century as I am able to make.

The selection of this subject followed an incident in our school at Richmond. We have a faculty committee whose function is to arrange faculty meeting programs. The notices going out from the Secretary's office each month announce the subject for discussion at the next meeting. In February of this year, I believe it was, these notices carried the subject "Pharmacy—plus" and naturally it aroused a good deal of interest. Several faculty members had been asked in advance to present five-minute papers and they did it—a medley, to be sure, but altogether, rather interesting. It was then that I began to formulate my answer to the inquiry which the subject raised. Somehow the question has been much on my mind and the answer slow in coming.

I now realize that a sort of sub-conscious inhibition stood guard and would not let the answer come because it was an answer that I did not want to make.

Were it in my power to add one thing and only one to pharmacy and I had my choice of all that it needs, what would this choice be? Certainly I would not choose without great deliberation. In fact, the conclusion to which I have come after weeks of serious consideration has been arrived at almost entirely through the process of elimination! One by one, I have discarded, as of lesser importance, some of the things which are being added and which it might seem wise to add. Some of these that have been weighed and found not to meet the requisites of first

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place in the many things which some seem to believe pharmacy needs may well be enumerated here.

In the first place, I certainly would not add numbers, either of pharmacies or of pharmacists. From the first day to the last that our students are with us at the Medical College of Virginia they are taught that we believe the menace of too many stores and too many potential proprietors hangs like a pall over pharmacy in this country.

Nor would I add more side-lines to the drug store, not even to save from bankruptcy some of the stores now struggling for existence in communities where one-fifth the present number of stores could provide amply for legitimate pharmaceutical needs.

Again, I would not add more subjects of a pharmaceutical nature to the curriculum. The course of study as outlined in the average pharmacy catalog is surely dry bones. Little wonder is it that those who are the product of such training are largely devoid of imagination and even of appreciation of many of the things that expand and enrich life.

I would not add more pharmaceutically-trained teachers to our pharmacy faculties. Look over faculty lists of the schools of the country and note the large number of mere "graduates in pharmacy" who hold professorships and other responsible teaching positions. Worse still, many of these have had no training outside of the schools in which they are now teaching.

This is a vicious circle that strikes at the very vitals of real advancement.

One by one things that might seem desirable to add have thus gone into the discard. What then is the one greatest need? I must confess that I am deeply embarrassed at the conclusion that I have slowly but surely been forced to accept. I am now prepared to say without reservation that, as I see it, Pharmacy's greatest need is more respectability. I believe I would not be willing to draw such an indictment against the field in which I have worked all of my life were I not perfectly certain that the stigma may be removed and that upon you and me and the rest of the pharmacists rests the responsibility of finding the way out.

I shall not attempt to tell how we have reached this undesirable level, the story is too long, too complex and even too sordid to recite here. Many of you know it even better than I do. Many of you, too, may not agree that my indictment is a just one nor will you agree that my suggestions for gaining a greater measure of respectability are practical. Whatever may be your opinion on these matters, may I ask that you at least hear my plan for improvement?

My first proposal is that the selection of those who are to be the pharmacists of the future must be based upon something more than mere educational qualifications. Graduation from high school is by no means a guarantee of moral fitness for the grave responsibilities that the pharmacist must assume. Upon us school men and present-day proprietors jointly is laid the task of getting good quality into the profession. Do we make this a matter of first concern? Is the boy who plans to follow pharmacy as a life work subject to the proper sort of observation by those who should know what he ought to be? After he is once in college, is he ever eliminated unless he lives far below the border line? Have we the courage to cut to the quick in order that all of our output shall be able to

stand up against the onslaughts that are daily made upon the righteous pharmacist's moral and ethical code?

Having then used our best efforts to get good material started pharmacy-wards, the next step is plainly to have their college contacts good ones. This is an exceedingly difficult task, as all pharmacy college administrators know. There are just not enough good teachers to go around. It is my deliberate judgment that if, beginning with the session that is now opening, there were available one hundred or more broadly trained, cultured men with inspirational vigorous personality and absolute personal and professional integrity and they could be well distributed through the pharmacy schools of the country, a real contribution would be made to pharmacy of the future.

This then is the second step in our road to greater respectability as I see it. The really great teacher is rare. I fear that he is rarer in pharmacy than in the average college group. The Dean of one of our best schools was recently asked to provide some real graduate work in pharmacy for his summer school. His answer was, "Find me the man to teach it and we will offer the work." Who will name him? How then shall this great need be filled? How shall really capable young men be shown the opportunity that pharmacy offers for teachers? I suspect that the salary award is larger in pharmacy than in the average academic work. The opportunity to shape the destiny of one of the most important fields of health work is large and yet we find few men of real parts training themselves broadly for it.

The third suggestion I would make has to do with the curriculum. If it is not liberalized, the addition of the third or even fourth year as in the B.S. course, is largely in vain. The three-year curriculum of a school which is a *bona-fide* part of one of the wealthiest of our State universities offers not one hour of work that might be regarded as liberal or cultural. Furthermore, there is only one school of pharmacy in that State and it must follow that, since this State has the prerequisite law, the status of its pharmacists is largely determined by the school. It is almost a tragedy that such an opportunity to broaden the outlook and enrich the lives of the hundreds of men whom it graduates in pharmacy each year is thus literally thrown away. This institution seems to feel that PHARMACY is sufficient and that there is no need for the PLUS.

A fourth condition which I would change is one that should engage the serious attention of every right thinking man now earning his livelihood honestly from the drug business. We are aware that there is to-day almost no class consciousness among pharmacists. This is a hackneyed subject but one of the most damning influences with which the effort to improve pharmacy has to contend.

I think it is almost axiomatic that a group is certainly no more highly respected by others than the members of the group respect themselves—often not as highly. Just as long as the men in the stores, the ones who meet the public, think as they do about pharmacy, so long will this attitude be a millstone about the neck of our group. I would then certainly add greater self-respect in order to gain greater group respectability.

Again the pharmacist is the only sharer with the physician of responsibility for the distribution of two classes of products which are among the greatest pleasure and the greatest pain producers of all material things known to man-

kind, namely, ardent spirits and narcotics. Has the manner in which pharmacists generally have met this responsibility added to or detracted from the degree of respectability with which he is regarded by the public? I shall not venture an answer to my own question. I would, however, that it were not a question at all and in the Pharmacy—plus which I have in mind motives and methods will be so high that this question will largely disappear.

Again I would so shorten the hours of drug-store practice that the very life would not be ground out of men who are worthwhile in the beginning.

I might continue but this paper has already grown too long. It should not end, however, without mention of a further consideration and I take it up with real hesitation lest I be misunderstood. My own lot has been cast among a more or less homogeneous people. Despite this, I trust I have not become unduly intolerant. However, I view with alarm the fact that a large proportion of entrants into pharmacy are from groups that probably have not yet assimilated many of the basic ideals upon which the proper handling of our health problems should rest. Surely, to gain respectability, pharmacy must realize that this is a problem of the first magnitude and then take proper steps to meet it.

Summarizing briefly, my assumption is that pharmacy must acquire a greater degree of respectability as almost a *sine qua non* for its continuance as a professional group.

I have suggested a few fundamentals which I believe will aid materially in giving it this greater respectability, these are:

More carefully selected raw material

Stronger and more broadly trained inspirational faculties

Greatly liberalized curricula

More self-respect on the part of pharmacists themselves

Hours of service that are reasonable

Right motives in accepting the responsibilities which pharmacists must carry, and

A recognition of the fact that all too rapidly pharmacy is getting into hands that are not yet ready to steer it safely.

All of this I think leads to the inevitable conclusion that Pharmacy—plus means a realization that in our work we are just as much a part of the whole health program as are the members of any other medical group. I fear that our present status of almost pharmacy—minus is the direct result of our failure to take this view of our work.

Just as this last paragraph was being written there came to my attention some observations by the President of one of our Eastern colleges. They so well express the main thought that I have tried to convey, that I venture to quote rather freely. "I think its (the college's) function is, in so far as possible, to provide the atmosphere, the environment and the stimulus which shall interest men in things outside of what is going to be their highly specialized and professionalized interest through life. We have men in all of the professions and in all types of business who are keen and intellectually alert enough for any purpose. What the world most lacks in these positions of authority and leadership is men of imagination and men of breadth and culture. The intellectual keenness and the mental alertness which education gives may become a positive detriment to mankind, if unaccompanied by qualities which make for size and by sensitiveness that makes for insight."

These then are my own ideas of pharmacy—plus. We fall far short of doing all this, we know, but by degrees I believe we are beginning to realize that there is a way out and it is our duty to find it.

May there be such a yearning in the very heart of pharmacy for a degree of respectability, that we do not now have, as to raise up some prophet who will organize us and lead us into a better day, is the hope that heartens me always in my own tasks.

ABSTRACT OF DISCUSSION.

Clyde L. Eddy said that he would criticise Professor Rudd's paper on the ground that it is not good salesmanship—as a positive tone ought to be given to criticism instead of a negative one; rather than point out the bad a better class-consciousness should be created. The leaders in the profession should be pointed out to the younger pharmacists and the good that pharmacy is doing and the fine things that have been done brought to their attention. After all there are quite a good many first-class colleges who are members of the ASSOCIATION and 52,000 retail druggists have accomplished and are accomplishing a great deal. One by one States are adopting pre-requisite legislation and he, at least, had become enthusiastic about pharmacy. He continued by saying "the creation of class-consciousness in pharmacy, I think, however hackneyed the subject may be, is the prime requisite to further progress, and I think we can create it by pointing out the leaders of the past. I can get inspiration just by looking at Dr. Beal, for instance, and thinking over what he has done, and our own Dr. Rusby, and by looking through the records of pharmacy, I can get enthusiasm to carry me through weeks and months of work and, in my opinion, if in our schools especially, the students are made acquainted with the fine things that pharmacy has done and is doing and strike a different note—not a critical note but a constructive note—giving the young men an ideal to look up to—I think that is the way we should approach this subject."

Jacob Diner did not agree with Mr. Eddy—that the points made by Dean Rudd are negative rather than positive. He believed the closing remarks of the article were most positive. He speaks of the ideals which must be inculcated into the embryo pharmacist. "The teaching of yesterday," he said, "was principally concerned with the preparation of students for final and State Board examinations." He believed this was a serious short-coming, but that the teacher of to-day paid just as much or more attention to developing the mind, the intellect, the ethics and the cleanliness of pharmacy, irrespective of whether the student will perhaps get a lower mark in his studies. "If we teach our students to think," he said, "to have ideals and to make sacrifices, the advance of the ideals in pharmacy is unavoidable and I believe that is what Professor Rudd brought out in his closing paragraph."

H. C. Christensen said that Dr. Diner had covered so thoroughly what he was going to say, only that he had said it better, that there was not much left for him to present. He agreed thoroughly with some of Prof. Rudd's ideas and with Mr. Eddy in that we should consider the splendid work that has been done and point out the good things instead of always harping on shortcomings. He believed that, as a whole, we are given too much to thinking of conditions in the immediate past instead of looking to the things that have already been done and are being done to better conditions. "We should look into the future and see where we are headed for," he said—"we are doing wonderful work—as I go over the country and meet with the Boards of Pharmacy I can see a wonderful change; a better class of men compose the boards and progress is being made just about as fast as is best for present conditions. We must realize that it has only been five or six years since States began to adopt prerequisite laws, and that a large number of pharmacists who are now practicing pharmacy are not graduates in pharmacy and, therefore, did not have the training to enable them to carry the professional spirit into their work, which is evident with those who are entering pharmacy with the higher requirements for graduation. I do not think we need fear for pharmacy. Great work is being done and there is a wonderful field. We are progressing just as fast as we ought to, I believe, in order to do the best and fit ourselves to do the work and protect the public as we should."

Chairman Beard said that it was always easy for him to convince himself of either one of the two positions discussed this morning. He can start out on a morning when he is not feeling

so well and arrive at the conclusion that we are headed in rather unfortunate ways and on another morning he can convince himself that we are headed in exactly the opposite direction. He did not know how he felt on the average number of days; sometimes good, sometimes bad and sometimes just sort of so-so. He had enjoyed listening to the discussions and believed that the work of the section is definitely headed up hill.

A PROCEDURE IN PRESCRIPTION PRICING.*

BY LEONARD A. SELTZER AND A. ALTON WHEELER.

One of the most sensitive points of contact between the pharmacist and his customer is that which involves the pricing of prescriptions. Sensitive, on the one hand, because of the trust the customer, willing or not, must place in the pharmacist, and on the other hand, sensitive because the reputation of the latter for honesty, good faith and competency is involved. Not only is this point of contact one of the most sensitive, it is also one of the most complex. Complex, because factors so diverse as those of time, service, cost and overhead, in almost kaleidoscopic variations, must be quickly converted into terms of dollars and cents. Yet notwithstanding its importance and complexity little has been done and no real solution has been arrived at.

In arranging a price schedule for prescriptions there are two main objectives to be kept in mind. It shall provide in every case sufficient profit to adequately remunerate the pharmacist on the one hand and, on the other, it shall automatically avoid the error of excessive prices which would result not only in injustice to the customer, but loss of his confidence as well. In order to accomplish this it is necessary to provide that, when the cost of the material is so small that a reasonable rate of profit based on that cost does not provide sufficient actual return, then an item representing overhead, sufficiently elastic to meet varying conditions, and make the transaction profitable; on the other hand, if the item of cost is so large that a reasonable rate of profit based on it furnishes a substantial actual return, then the item of overhead should automatically diminish so as to avoid an excessive and unjust charge. Another objective is to provide for the different quality of service rendered in different stores. This can be done by adjusting the item of overhead to meet the conditions. By this means the schedule can be made to apply to any store.

The first step in arranging a price schedule is to classify the different kinds of preparations so that those preparations which are affected similarly by the several factors, such as cost, service (as measured by the number of doses or volume), and overhead, form the several groups. The classification which we have found convenient are first, ready made pills and tablets; second, liquids; third, ointments; fourth, capsules, hand-made pills, powders and suppositories.

In the first group the formula for computing price, changes each time that the price per hundred advances \$1.00. Thus, for pills and tablets costing \$1.00 per hundred or less the formula is: Fr. plus $\frac{1}{2}$ plus $2x$; between \$1.00 and \$2.00 per hundred the formula is: Fr. plus $\frac{1}{2}$ plus x ; between \$2.00 and \$3.00 the formula is: Fr. plus $\frac{1}{3}$ plus x ; between \$3.00 and \$4.00 the formula is: Fr. plus $\frac{1}{4}$ plus x ; and so on; which means—that the price per hundred is divided by the fractional

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