

poison" to be used internally and the customer sees the label, it may engender an unwarranted fear in his mind—for to him "a poison" is a poison in any quantity.

Then again, every pharmacist has had the experience of a prescription "going wrong" and being forced to throw it away and start over again. To the initiated this has no particular significance but to the patient it may mean that the pharmacist was either lacking in ability or was careless in his work.

Of course, all of these factors may not enter into the consideration of those contemplating a change but the writer thinks they will all be well repaid if they interview their local physicians and give the other points careful thought before they make any changes. In the larger stores, where the prescriptions are received at a desk and the customer is unable to identify his own prescription in process of being dispensed, none of these objections may be serious.

As an alternative to the visible prescription department the writer offers the suggestion of a visible manufacturing department where the pharmacist can make up his pharmaceuticals. Seeing a pharmacist making one of the various types of pharmaceuticals would show the patron that there is more to pharmacy than selling stamps or wrapping packages.

THE PROFESSIONAL OUTLOOK.*

BY L. M. KANTNER.

Several months ago, a gentleman who is deeply interested in professional pharmacy asked my opinion regarding the future of pharmacy. In reply I asked for his opinion on the subject. Rather dolefully we both shook our heads.

Somehow I am led to believe that the public appreciation of pharmacy has slumped. We can remember the long rows of glass-stoppered and glass-labeled bottles that were first encountered upon entering the drug store of a generation ago. The public really had a high appreciation of the professional phases of pharmacy in those days. The stores themselves seemed to radiate confidence, respectability and balance.

The change in the public reaction and the change in the drug stores are almost incredible when contrasted with the advances made in pharmacy as a whole. The educational system has made vast improvement. In earlier days, there were no legal requirements for pharmaceutical practice. Later, a specified number of years of experience was required in addition to passing a state board examination. High school training and college of pharmacy graduation came in due course. Finally, the college course has been increased from two years to four. In my opinion it can be truthfully said that pharmaceutical education is on a standard collegiate basis.

These magnificent advances came in response to the efforts of those who appreciated and understood the importance of pharmacy and the need for placing it on a sound educational foundation. It was accepted that to become a fully recognized profession sound educational training must be made a basic requirement.

Later, there developed another class of individuals who saw an opportunity to commercialize the advances pharmacy was making professionally. A deliberate

* Section on Practical Pharmacy and Dispensing, A. P. H. A., Washington meeting, 1934.

effort was made to exploit the standing of the drug store. Pharmacy became the object of a heartless and ruthless attack.

The dignified and thought-provoking shelf bottles gave way, in some stores, to bric-a-brac, cooking utensils, gardening tools, athletic supplies, canned foods, hardware and recently, hard liquor. The soda fountain has developed a lunch and dinner service, carried on in the name of pharmacy.

A few days ago a prominent woman said to me that the modern drug store was a most pitiful institution. The conglomerate assortment of merchandise gives the store a hodge-podge location in the public mind. It is difficult to think of professional practice in a lunch-room atmosphere. One is not inclined to place a high estimate on persons who seem determined to place a low value on themselves. There is no difficulty in understanding the public mind—it is an unavoidable reflection of the course of action followed by thousands of retail pharmacists.

There is, however, no question that we have many high type drug stores, perhaps more than ever before. These stores are conducted on an ethical basis, and by persons devoted to high professional principles. Such stores are a credit to pharmacy, and are efficient in every respect.

Some may claim that the professional and ethical type of pharmacy is not effected by the general merchandising type; that the higher the professional standing the less the store is concerned with purely commercial matters. In my opinion this view is utterly unsound. In the first place, no drug store, however professional it may be, can operate in an uneconomic style. The general merchandising store really sets the pace. They sell thousands of items, running into fabulous sums, in direct competition with the ethical store. Many of these items are used as "loss leaders" with the result that every one must compete on the same basis or be out of the picture. Many of the best selling preparations have been footballed so long that there is no price other than the predatory price. This list includes antiseptics, toilet preparations, cod liver oil, mineral oils, chemicals, pharmaceuticals, articles for feminine hygiene and countless other items. These general merchandising stores buy these articles frequently in enormous quantities, cut them to a predatory level and thus establish the conditions under which they are sold. This state of affairs is largely responsible for the general public estimate that the present-day pharmacist is just another merchant.

While the writer is inclined to judge the future for pharmacy as anything but bright, he believes that the near future will see more professional pharmacies and better pharmaceutical service will be extended the public. There are several reasons for this: The codes have attacked some unfair trade practices, and common-sense has raised the current level of many articles heretofore sold on a predatory basis. Pharmaceutical legislation of the future is certain to be more aggressive. The boards of pharmacy should be clothed with discretion when applications are made for new drug stores. The sale of drugs and medicines should be restricted to pharmacists, and drug stores should conform their activities and classes of sales to reasonable limitations.

My optimism is based upon my inherent feeling that pharmacy is an essential and responsible public health profession. Will the public save it, if we fail to do so?
