

The retail pharmacists demand competent dispensers and wide-awake young men for the necessary commercial transactions of the modern drug stores. Will these needs be better supplied by consolidation? There is not one college of pharmacy that could not do more efficient work, if the financial support of the college were increased. With increased financial support, more and better equipment could be provided and more instructors, with corresponding division of work so that each one will impart instruction only in branches in which he is especially prepared. Consolidation will, as in the case of medical schools, make possible the increase in equipment and instruction and hence increase the efficiency of the teaching.

To summarize, the advantages to be gained by consolidation are: *First—Professional.* A large well-equipped, well-financed college can give better instruction. It can afford better equipment and better-trained teachers. The old days, when a college could consist of a meager equipment of mortars and pestles, retorts and a few crude drugs, housed in a vacant room above the drug store, *have passed.* Modern equipment is necessary for successful teaching. The burden of securing this modern equipment is indeed a heavy one for the small, poorly supported college.

Second—Economic. This needs no explanation to the pharmacist, since he is meeting similar economic problems every day. Suffice to say that needless duplication will be avoided by consolidation and the general overhead greatly reduced. The per capita cost of education will be much reduced.

Third—Uniformity. The standard of instruction would be more nearly uniform. With the great variety of good, bad, and indifferent colleges that we have today, unification is greatly needed.

Fourth—State laws are requiring our schools to meet certain definite standards. These cannot be met by the poorer schools, hence their fields of endeavor are necessarily limited. Consolidation will enable them to meet these standards.

Fifth—The profession as a whole would be benefited. The standard of our profession is reflected by our colleges. Good, efficient colleges indicate a profession of good standing, while second-rate "cram" schools indicate the opposite.

With all of these advantages to gain and practically nothing to lose, it seems to me that consolidation is the only logical course.

STANDARDIZATION OF DISPENSING PHARMACIES.*

BY L. E. SAYRE.

A few, rather trifling, incidents, have suggested the title to this paper. In a small city, something over 10,000 inhabitants, a surgeon wanted at once, for diagnostic purposes, in Roentgen ray work, some barium sulfate, specially prepared for the purpose. It is well known that this salt is now utilized in the process of "taking Roentgen ray pictures of the stomach and of the intestines," being prepared for that special purpose, free from soluble barium salts—a standard for it being described in New and Non-official Remedies.

Not one of the half dozen (or more) druggists knew of the salt. The physician was obliged to send away and wait several days for the article. Another physician

* Read before Section Practical Pharmacy and Dispensing, A. Ph. A., New York meeting, 1919.

wanted an ointment of the yellow oxide of mercury of odd strength. The clerk in the largest store announced that only one strength was in stock, showing the same, a ready-boxed, ready-to-use, original package; further stating: He was sorry he could not supply the odd strength required. It did not seem to occur to him that his confession placed him in a ridiculous position as a pharmacist. From the two physicians came the same lament: "It is a pity we cannot have at least one drug store, out of the many, that can supply all the needs of the practitioner." I suggested that it was perhaps as much the physicians' fault as the druggists' that more completely equipped and efficient pharmacies were not available—that perfect coöperation would do much to this end—that the physician often demanded unreasonable service, was free and inconsiderate in his criticisms and very indifferent in his patronage.

Many other instances, quite as trifling, perhaps, might be cited to support the contention that there is need of one real pharmacy in every town where now the deplorable lack of facility and pharmaceutical enterprise is so apparent. Now and then one finds a store simply masquerading as a drug store. I had at one time the odd experience of being in one of the latter. The pharmacist, so called, openly confessed that he used the name only for the purpose of exploiting sundries and other wares, carrying a minimum amount of drug stock—mostly package medicine. These lower types of drug stores make it difficult, of course, to support one of the higher type, and if the latter is maintaining a living existence, it is threatened with failure. Another hindrance to the ideal type is the Merchant's Licensed Drug Stocks. In Kansas the recent increase in the number of merchant's licenses for selling drugs of a specified class has been quite apparent. The mercantile element in the last legislature ventilated quite freely the legal restrictions surrounding drug dispensing. The attitude taken was very suggestive, namely, that it did not take a trained pharmacist to handle package medicine—that the average merchant was quite as competent as the trained pharmacist, who was clamoring for a monopoly of the business, to handle and sell package medicine, that now most of the important medicines were dispensed in original packages, etc. I have said that this attitude of the legislature, representing the people, is very suggestive as well as significant. This must be apparent to any one. Original package vendors are playing into the hands of these merchants, while the would-be pharmacist, clamoring for commercial pharmacy, sits idly by and does nothing to resist the current. Pure, unadulterated commercial pharmacy tends to put the pharmacist out of business.

I am reiterating what I have said before in this section when I say: It seems we have come to a time when not only the pharmacist should be standardized but the drug store as well. We have a fairly well-established standard for the pharmacist which the various state laws prescribe; now, it seems that constructive legislation would be in the direction of a standard for dispensing pharmacies. It should require a minimum, at least of stock, apparatus, etc., and should prescribe and define the conditions under which alone the dispensing of drugs may be recognized as legal—to be safe and correct. In some countries such legislation prevails. In one, legislation dictates that a licensed drug store should have, for example, a balance that will be delicate enough to weigh a milligramme. In Kansas, the only law, aiming to differentiate the real from the spurious pharmacy, was based

upon the amount of drug stock. This, crude as it was, served, in its enforcement, to put many masqueraders out of business. It is important for the younger generation to realize that this is a work largely in their hands to carry on. They will appreciate the helpful coöperation of physicians, which it would seem not difficult to obtain. If these two work together seriously and in sympathy there is no reason why the end above indicated should not be finally obtained.

I am encouraged to believe that the younger generation are beginning to realize that they have before them important constructive work for pharmacy. That they have begun to comprehend this is shown by their expressions. One of this group gave an address in one of the pharmaceutical meetings of the west a few months ago in which he expressed emphatically that it is now high time for the younger graduates in pharmacy to assert themselves in the direction of building for the betterment of our vocation. Mr. P. A. Mandabach, secretary-treasurer of the National Drug Clerks' Association—under the caption of: "Bring Pharmacy into Its Own"—points to the fact that the constructive idea is uppermost in the drug clerk fraternity. Let us hope it is. Mr. Mandabach, in his article, suggests a code of ethics. In section 7, he declares that in recognizing the dignity of the profession: "Those who follow Pharmacy must be educated to a higher degree, etc." I would suggest an addition to this code (section 7) that those who follow pharmacy should meet, in their establishments, a certain standard in equipment and maintenance of the dispensing department of drug stores. As a consequence we would have then at least one dependable pharmacy in every village of any size.

SOME BOSTON DRUGGISTS OF FIFTY YEARS AGO.*

BY E. L. PATCH, BOSTON, MASS.

Emery Souther opened his store on the corner of Green St. and Lyman Place in 1845. One of the principal features of his announcement was a page given to the merits of leeches imported direct from Smyrna, applied personally by a representative of the store at any time.

He also featured among other things Pure Drugs, Medicines, Chemicals, Perfumes, Tooth, Nail and Hair Brushes, Physicians' Prescriptions, and Soda Water.

He had learned the business with James Fowle, corner of Leverett and Green Sts. For the first year he was obliged to pay a stipulated sum for the privilege of apprenticeship. For the next three years he worked for his board, sleeping in the cellar with the rats.

At this time he came in contact with many of the old citizens of the town. He had frequent talks with Major Thomas Melville about his part in throwing the tea overboard in Boston Harbor. Major Melville had quite a sample of the tea which had lodged in his shoes. This he kept as a souvenir.

He was also entertained by many of the Major's stories of fire fighting. He was one of the volunteer fire fighters, and kept up his interest until he was 81 years of age.

* Reminiscences by the author, presented by request at the City of Washington meeting, A. Ph. A., 1920; the author was president of the Association in 1893, and became a member in 1872.