

Do not be small about making exchanges, replace faulty goods, especially the better and more expensive rubber sundries; if a prescription is brought back which the customer says does not taste the same as or is of a different color from the last, you are doing a good service for your business by offering to refill it, checking up very carefully and then, should there be a slight difference in color, explain; the mental effect is, in nine cases out of ten, a wonderful stimulant to your future business. Let the arguing druggist tell the customers the prescription is all right and he knows it and that is all there is to it; when this customer has a prescription to be filled some one else will fill the next one for him.

All large business concerns to-day are recognizing the worth of good service. The banks are advertising to the public the service that they are willing to render, the railroads are doing likewise, and even the United States Government is telling the people about the service they can give them in different ways. How much more should we, the retail druggists of this country, put our efforts forward to render our customers and the public the best service in our power to give and with this giving receive success in proportion to the service that we render.

There are two mottoes that could well be displayed in the back room of the store for all engaged therein to see each day—first, consider the customer as nearly always in the right, and second, treat all customers as you would like to be treated.

ABSTRACT OF DISCUSSION.

F. W. E. Stedem inquired whether Mr. Breckon considered the service of women more satisfactory than that of men in the prescription department.

Mr. Breckon replied he did to a certain extent. He had now a young lady in that department, who had been in the store for 10 years. She is a graduate of the University of Buffalo, and her service is more satisfactory than that of several young men, formerly in his employ.

Mr. Stedem said this did not agree with his experience; he considered women good as clerks, or in part time work in the prescription department, but it seemed that continuous work as prescriptionists was too much of a strain for them.

Mr. Breckon said the prescriptionists in his stores also waited on customers, there was not sufficient work in the prescription department to keep them constantly employed.

Mr. Stoddard said that his experience was about like that of Mr. Breckon's. He was paying some of the women larger salaries than men, for he believed that salaries should be fixed according to results, sex should cut no figure. Quite naturally, his experience varied with the individuals.

LINKING MEDICINE AND PHARMACY.*

BY L. E. SAYRE.

A reversion to the old time inclusion of pharmacology, etc., in the medical curricula seems to be assured. The first steps have been taken.

Specializing in medicine, where the graduate plans his work to be done in a single branch of public service, has grown to such an extent that the treatment of a single patient in a family may call for successive collaborative visits from three or four "specialists"—no one of whom regards the "case" as being in his restricted personal charge. Three or four bills greet the *pater familias* when the sick one has recovered, in the place of the one that the "family doctor" used to tardily present.

* Section on Education and Legislation, A. Ph. A., Buffalo meeting, 1924.

The "all-round" general practitioner of medicine has become so nearly extinct that the people who need his services are doing the demanding, only to find that the well-versed "old fashion doctor" is hard to discover. The old style physician is asked for because the new style doctor is not fitted for the work—he is over-educated perhaps in connection with a side specialty of practice and quite often untrained or potentially ignorant of the things helpful and necessary for the practice of a general medical control of the sick.

The rich, well-to-do people who are able to pay for collaborating services in connection with cases under the control of the accepted doctor who looks after the family will always do so; but the poor people cannot and do not want to. What with the tyranny (and sometimes insolence of ignorance) of "trained" nurses and the visits of collateral attending specialists, a "spell of sickness" becomes a catastrophe to many an average family.

The always-to-be-expected lapses from a condition of health do not need much more than home nursing directed by a family doctor. The neighborly interest of the latter affords him an opportunity to discover or foresee approaching serious ailments and if a specialist is needed for special master-service the general practitioner will so advise.

The foregoing statements were prompted by the published announcement that the University of Michigan has inaugurated a combined curriculum linking medicine and pharmacy. This course will give the medical student, exceptionally well, his general pharmaceutical and biological chemistry, bacteriology, materia medica, posology, therapeutics, microscopy, urinalysis, blood-testing, etc., and make him more than merely receptive for the special work of the medical school. The course covers 7 years and leads to the degree of Bachelor of Science in Pharmacy and Doctor of Medicine. Four years of Pharmacy and four of Medicine are embraced in it, but because some subjects appear in both courses, a year's reduction of time is possible. If a young man goes through grades and high school without a setback, he should be able to get his final degrees at the age of 24 or 25, which is an ideal age to become a doctor.

Let it be hoped that the Michigan idea is but the beginning of what all schools will feel prompted to do. It is a long time ago since the M.D. degree was obtained by study in two all-day winter sessions of six months each. Science as we know it to-day is all new since that time. Days are substituted for hours in medical colleges now and months for weeks. Even then the time is not sufficient.

For years it has been an almost provable fact that the prerequisite education necessary to favor the assimilation of medical knowledge is that evinced by the possession of a pharmaceutical degree. If it is arranged so that both courses may be prosecuted together by dove-tailing at proper places, the combined curriculum is to be welcomed by all concerned. It will give joy to the pharmacist to have assurance of the doctor's sympathetic insight into the problems he meets, and also to know that there may be more general practitioners for the less populated districts, not to mention the possibility of a growth in real prescription business.
