and might well be given consideration in the forthcoming revision work of the U. S. P.

PHARMACEUTICAL AND CHEMICAL LABORATORIES OF E. R. SQUIBB & SONS, BROOKLYN, N. Y.

EPIPHYTIC, NOT PARASITIC.*

BY FREDERICK J. WULLING.1

All who successfully pass the Board examinations for licensure are presumably capable of practicing pharmacy in its professional sense, but many licensees practice very little or not at all. The reason is obvious: the fifty-four thousand or so drug stores in the United States are too many to afford practice for all registered pharmacists. Strictly pharmaceutical service needs are fairly constant; at any rate they are not increased as drug stores multiply. One-fourth the number of drug stores now existing would be ample to care for all pharmaceutic needs. In other words, according to an estimate based on several reliable sources of information, the totality of business done in the retail drug stores of the entire country is twentyfive per cent or less professional and seventy-five or more commercial (of which the culinary represents of late a respectable proportion). In still other words it may be said professional practice has been diluted or attenuated three hundred per cent or more by commerce or trade. There is as much pharmacy as ever or more and the development of pharmacy in its scientific and arts aspects has never been at a higher point and is keeping pace with development in all other fields of science, which proves that pharmacy is sound and virile despite the commercial obscuration under which its functional aspect has been somewhat hidden. The high state of development pharmacy has reached despite its many handicaps, indicates that drug store commercialism isn't parasitic but epiphytic and that its separation from pharmacy, or vice versa, is easily possible. Pharmacy and trade have not ever coalesced. Pharmacy is still pharmacy and in essence is incompatible with trade and in due time will have entirely extricated itself from its temporary entanglement. The separation is already well under way. It is working from both ends, because trade is retreating from pharmacy concurrently with the withdrawal of pharmacy from commerce. The fortunate thing about it all is that nobody seems alarmed or displeased and all affected seem rather complacent. The head of a chain of commercial drug stores recently said that if the Pennsylvania ownership law is upheld by the Supreme Court, his company will turn their eighteen stores in a Pennsylvania city into purely commercial stores and that the change would be hardly noticeable. Another chain manager is reported as having said his chain is doing less than ten per cent of pharmaceutical business and yet the Boards treat them as though they were doing a hundred per cent, and that they are ready to get away from pharmacy law regulations and requirements, which only annoy them.

^{*} Section on Practical Pharmacy and Dispensing, A. Ph. A., Portland meeting. The paper was referred to President Jones for consideration.

¹ University of Minnesota.

To illustrate the withdrawal of pharmacy from the present duality of activity in so many stores, I will quote a number of correspondents whom I invited to give me such comments covering their withdrawal experience as they might be willing to volunteer. These correspondents are persons who occupied themselves formerly with the almost exclusive practice of old-time prescription stores, but who were forced to engage in commercial activities as a result of the increase of commercial stores, many of them belonging to chains, in their respective localities, and who soon learned that the commercialists, because of their expertness in merchandising, created a competition which they had not the ability nor capital to meet successfully. They had the choice of going out of business altogether or of trying to rehabilitate themselves as professional pharmacists. They chose to do the latter and did so with entire success. I am now not speaking of those pharmacists who have established new, purely pharmaceutical laboratories in office buildings or away from busy and expensive traffic or business centers, and who are growing in numbers.

From one correspondent in an eastern city, I quote at length:

"Fifteen years ago my almost exclusively pharmaceutical store was located in a residence district bordering on a business section of the city. Thirty to thirty-five prescriptions a day was an average and sales amounted to about sixty dollars a day. Gradually the business section extended past and three blocks beyond my store, and five years ago five additional stores, including three chain stores, surrounded me. Mine had been largely a family business and now practically all families had moved away. For that reason and because of the cutting and merchandising of my competitors, my business ran down to where I was losing out very fast. I owned the threestory building which was located on a corner and contained my corner drug store and the adjoining small grocery store and apartments above. Nothing seemed left for me to do except to do some merchandising myself, so I enlarged my floor space by adding the store next door, the owner of which had been driven out of business by chain groceries. Renovation and modern fixtures and a stock of merchandise similar to that of my invaders cost me about twenty-five thousand dollars. In three years I was nearly on the rocks and realized that I was not as good a business man as I was a pharmacist. Acting upon this expensively learned lesson, I remodeled my building, converting the upper apartments into offices and the street floor into three stores, the inside one of which I fitted out and stocked modestly as a professional pharmacy. Of the offices I rented two to physicians and one to a dentist. Then I went after pharmaceutical business. I advertised myself in one-quarter columns in three of the leading papers as an exclusively professional pharmacist rendering exclusively professional pharmaceutical service; got six of the former fifteen doctor friends to send their patients for their medicines to me; supplied a near-by private hospital with the medicines and solutions it needed; created a business in medical supplies for dentists, selling now to them about fifty gallons of Antiseptic Solution monthly, among other things; sent personal letters to as many of my former family customers as I could locate, with the result that some of them came to me from clear across the city, etc. I used what little business ability I had in me to build up a pharmaceutical practice and succeeded with only a fraction of the effort I put so disastrously into merchandising. My new venture I started on January 2, 1927. In December I added twenty feet to the rear of my store which the adjoining men's furnishing store let me have, and there I manufacture every preparation that can be made in a small laboratory. Prescriptions and customers come to me from all parts of the city, and I do not have to depend upon my immediate locality for business. By July 1927, I was doing about twenty prescriptions a day and thirty-dollar sales. Now, May 1928, prescriptions average sixty and sales over a hundred dollars. Not only am I having a good practice; I feel like a professional man and have more self respect; am happy and contented, which I certainly was not while merchandising. My practice is growing and has a momentum, but of one thing I am sure: I will not let it expand beyond where I can give it my personal service and attention, for on these my reputation and success as a pharmacist now depend."

Some of the lessons arising out of this man's experience are:

- 1. A pharmacist is not a business man and cannot expect to win out against business specialists.
- 2. Even a professional pharmacist to be successful now-a-days must put some business methods into the conduct of his practice.
- 3. Professional pharmaceutical service is personal service and might wisely be limited to the time and capacity of the person giving the service rather than assuming more and delegating part of it to others. The pharmacist quoted told of a case within his knowledge where two partners who were conducting a very successful pharmaceutical practice became so drunken with success that within two years they opened three branches in different parts of the city, but soon their original pharmacy suffered a marked decline in business because of lack of personal attention upon which they had built it so successfully. Now they have contracted down to two pharmacies, to each of which one of the partners gives his entire time and service in the hope of building up both by regaining ground lost in the expansion.
- 4. Any professional practice must be based upon professional-mindedness and primarily upon a service motive and only secondarily upon a gain motive.
- 5. Merchandising requires much more capital and involves, for pharmacists at any rate, more uncertainty, risk and corresponding anxiety, than professional practice.

Another pharmacist reports that he rehabilitated his professional practice which had become badly diminished and demoralized through commercial expansion, by eliminating his merchandise and putting his full energy upon gaining coöperation from physicians, furnishing an orphanage and a private hospital in his neighborhood with their needed pharmaceutical supplies, giving a clinical service in urinalysis, blood counts, sputum examination for tubercle bacilli, etc., analysis of medicinal products, supplying physicians with office medicinals, keeping a good supply of biologicals and making practically all of the galenicals needed in his practice. He has built up a good business and has more leisure than he ever had without neglecting his practice.

Another interesting case is the one in which a recent graduate inherited the oldestablished store of his father which had gradually become so commercialized that it really was no longer a drug store, but was doing a paying commercial business. The young man wanted to practice pharmacy so he sold his "trade emporium," reserving the drug end of it. This he removed to a side street location where within three years he developed a dispensing practice of nearly a hundred prescriptions a day. He makes a full line of household remedies and toilet preparations as well as every U. S. P. and N. F. preparation prescribed or needed in his practice. He has established an enviable reputation among physicians, because of his professional independence and the confidence this engendered. For instance, he refuses to dispense prescriptions calling for proprietaries or preparations of specific manufacture when he can prepare corresponding items himself. He succeeded in demonstrating to physicians that he is a thoroughly qualified and reliable professional pharmacist and that he can make medicinal preparations with at least as much thoroughness and exactness as they can make diagnoses. At a luncheon talk before a medical society he said: "As soon as you are willing to buy your diagnoses, I will be willing to buy the items I now make but no sick person ought to patronize us." He offered to help any doctor to select remedies to fit his diagnoses and now he is frequently asked for coöperation in that respect. The young man, now just thirty, it should be said, is a good mixer and meets the doctors as their social equal and is accepted as such. He possesses in addition to the B.S. in Pharmacy, also the classical B.A. degree. While he is aggressive and outspoken, he has tact and good judgment and a good approach and personality and is generally liked for these qualities. He has the educational, family and social background that all professional practitioners ought to possess and comes from a social stratum from which all future pharmacists should be selected henceforth to insure adequate professional standing for pharmacy.

There are other cases I could cite, and no doubt pharmacists everywhere know of similar examples of professional rehabilitation. This trend will gain acceleration as the possibilities it promises become better known and developed and will become one of the agencies for the restoration of pharmacy to its natural and rightful status. The greatest necessity toward this end is the selection of much better recruits. We are training too many students who lack the needed professional ideals and outlook and background. We must look more to quality than to quantity. The fact is a serious one that so many applicants for licensure fail in the Board examinations. Although the Board examinations are being constantly increased in scope and standards, they are still too easy to assure an adequate practitional standard. It is wrong from the standpoint of the profession and especially from that of public welfare finally to register those who repeatedly fail in the examinations. Passing technical examinations alone is not sufficient. The applicants should be required to bring evidence that they possess the prerequisites of sufficient academic education, right professional ideals and right attitude toward the profession as a living entity worthy of the fullest support, loyalty and devotion. We pharmacists have it in our own hands to give quality and character to and to assure commensurate recognition of our calling. Resolution and determination are necessary to this end. Other and less responsible professions have outdistanced and outclassed us only because they have established, insisted upon and maintained higher standards of practice and especially of personnel. We have lately made some progress in these respects but, as a group, have not shown sufficient executive and administrative capacity and insistence to reach that height of functional activity comparable with public need and with standards and activities of other professions. A collective and properly supported program of forward work must sooner or later be decided upon by all or the majority of interests. As I have often stated, the most rapid and effective way is to form an association of the associations now existing and to give to it powers akin to those possessed by our federal government in its relation to states on the one hand and to foreign countries on the other. That central association should have an executive committee or "cabinet" with sufficient power to set the machinery into motion to bring about the needed results. American pharmacy can do this if it so wills. We should overcome our collective inertia with concerted and coöperative action.