

but from examination it did not seem to be less effective. He thought that the solution of the Strong Silver Protein would not keep as well.

Adley B. Nichols said that he had been in touch with the manufacturers of argyrol and they had said that it is best to prepare a fresh solution. They did not give any definite time, but said that a solution three or four weeks old would not be as satisfactory as one freshly prepared. They cautioned against making a solution to be used from time to time and also against making a fresh solution and adding to it an old solution. From his own experience he said there is quite a difference in the effect on the eye of an old solution and a freshly prepared solution.

John R. Minehart confirmed the statement made by the former speaker in reference to the therapy. He said that certain dermatologists refused to use a protein solution of silver if it had been prepared more than five days, and he also stated that ill effects had come from using old solutions. He said he always instructed students to use a label saying this preparation should not be used after a certain date, namely, ten days after the date of preparing. He had found that some patients set aside bottles of solutions prepared on prescriptions and then after several months had used the same preparation with the result of causing irritation.

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## PERSONAL CONTACT RELATIONS WITH THE MEDICAL PROFESSION.

BY ANTON HOGSTAD, JR.

Pharmacy has much to offer to the profession of Medicine. Likewise the pharmacist can learn much from the physician, provided conditions are such as to warrant an atmosphere wherein the pharmacist assumes the rôle of an associate to the physician.

For the most part, American pharmacists have sadly ignored or overlooked one of the most interesting, instructive and essential phases of the daily conduct of their business. They have been content to remain within the four walls of the store, to merely greet the physician with a cheery "Good Morning" and then to calmly await whatever prescription patronage that the physician in question chooses to direct to this particular store.

Many are prone to feel and many likewise say that the physician does not care to coöperate with the pharmacist. This is not true. It is true, however, that physicians are not coöperating with the pharmacists in availing themselves of the special type of service that a pharmacist should render, but there are many reasons for this status of affairs.

One can hardly expect a physician to approach the pharmacist in an atmosphere that bespeaks only of a varied lot of side lines, including the luncheonette. Likewise, one can hardly expect a physician to seek the assistance of one who has seen fit to close his textbooks at commencement time, with the feeling that now college days as well as state board days are over, that there is no further need for study. Should not commencement time be looked upon in just what is implied in these words—commencement time rather than the close of the period? Further, one can hardly expect the physician to seek the advice and counsel of the pharmacist who fails to read medical journals as well as pharmaceutical journals. Does the average physician get the impression when he steps into a prescription room that it is a place of scientific achievement? Hardly! Where is the Library? Outside of the United States Pharmacopœia, National Formulary and a dispensatory, and in many cases old editions of these books, one notes the complete absence of a library. Yet the pharmacist claims to be a professional man.

For the most part we are willing to agree that American pharmacy is in a chaotic condition. Let us not blame the individual pharmacist altogether for this condition of affairs. Let us bear in mind that he is but a part of a system that has been brought into being, a system in which he has, as an individual, played a very minor rôle. Let us look unto our colleges and our state boards as well. In our colleges we are chiefly concerned with the idea of handing out fact after fact, with but very little interpretation placed upon these thousands of facts. Where is the college of pharmacy that includes in its curriculum a course dealing with "Personal Contact Relations with the Medical Profession?" Where is the college that actually points the way for the hundreds upon hundreds of graduates to make use of this massive amount of fact-information as required for examinations? In seeking the cause for this chaotic condition of affairs let us look unto the ancient custom of drug store experience that is required before a boy or girl can take the state board examinations. Many a boy as well as many a girl has been badly warped by poor business psychology and business methods of the preceptor.

Out of this chaotic condition of affairs there will emerge a practice of pharmacy that will be truly professional. We have witnessed the passing of the bearded apothecary on the corner in his quaint and dingy shop. We have witnessed the inroads made by the chain stores, offering a type of competition that a real pharmacist need not fear. We have also witnessed the creation of the so-called modern type of drug stores, which for the most part are nothing more or less than half-baked department stores—stores that have set aside a small section to the rear for the prescription department that to-day, in many cases, is a liability rather than an asset. Here and there we have also witnessed the creation of so-called ethical prescription shops; this is especially true in the metropolitan areas. These shops are rapidly increasing in number and beyond a doubt will play an important rôle in the future American pharmacy with the net result that in the metropolitan areas the drug stores as such will be strictly merchandising institutions. There can be no other result, when one compares the type of service as rendered by these modern prescription shops as compared to the sluggish movements of the prescription departments as an adjunct to these half-baked department stores.

During the past year, in the City of St. Louis, there has been brought into being an experiment in American pharmacy that is far-reaching. It is perhaps one of the most extensive experiments ever to be attempted by a retail druggist. I refer to *The Prescription Shop* of the Hesselberg Drug Store, which the writer has been accorded the honor and privilege of not alone designing but assisting in defining the policies as well.

Mr. Hesselberg has during the past seven years, as proprietor of the Hesselberg Drug Store, achieved a considerable measure of success as a merchant. But he was not satisfied. The competition as offered by chain stores in no manner whatsoever disturbed him. As a pharmacist he felt the tugging at his heart-strings that he was not serving in the capacity of a pharmacist. It is true that his prescription department in the rear of the store was about as successful as that found in any of these so-called modern drug stores. For the most part, however, his time was occupied by merchandising problems.

Then it was that the writer was called in for consultation and to create a prescription department that would be different from the prescription departments

as seen in drug stores of to-day. Let it be understood at the very outset that it is no easy matter to break away from the bondages of the past; to chart unknown seas is no easy matter. The ancient luggage of the past, including college instruction, was found to be adsorbed in a very close union. Mere brushing aside would not break up this adsorptive phenomenon.

It was then decided to overthrow every bondage of the past, including that of consulting business experts, fixture manufacturers and what not, and to create something that had not heretofore ever been brought into being—to bring into being a strictly scientific prescription shop that in every sense of the word would serve as an associate to the medical profession. This pharmacy is in operation and is distinctive—distinctive not only in the way of equipment and apparatus but likewise distinctive in relation to mode of operation and code of ethics. When face to face with the many questionable practices in the retail game, it is no easy matter to formulate an iron-clad code of ethics and then rigidly to observe it. Promotional plans likewise require much serious thought—how best to present the entire problem to the members of the medical profession. A mere letter setting forth in a general way the principles and practices would help, but only in a very small measure. An invitation to the physician to visit the shop likewise at the very outset could only bring in a result that would be far from satisfactory.

There was but one manner in which to approach the medical profession and that was through the avenue of personal contact relations. Then the question arose—"To what an extent is the average pharmacist capable of personal contact relations with the medical profession?" Is the college graduate in such a position as to gain the confidence of the physician? What would he or she talk about? Oh yes, there is the question of U. S. P. and N. F. preparations, but how many physicians are acquainted with the U. S. P., let alone the N. F.? It was soon recognized that the personal contact relations man had to be one who was familiar not alone with problems in pharmacy but in medicine and chemistry as well and one who could talk the language of the physician.

To-day it may be the calling on a dermatologist; to interest this individual one must necessarily be informed as to progress made in dermatology and the relations of ointments, lotions, etc., to his particular problems.

One can hardly expect a dermatologist to set forth his problems before the pharmacist. It is up to the pharmacist himself to point the way in which he can be of assistance to the dermatologist. Stereotyped, promotional information as set forth by promotional departments of manufacturing houses falls by the wayside in a very short time when discussing this or that problem. There needs must be a background of instruction and experience in physiology, histology, pathology, ointment therapy and what not when the dermatologist is approached.

To-morrow it may be a visit to one engaged in allergic work; they are face to face with many problems, involving not only medicine but chemistry, botany and private detective work as well. Chemistry of proteins play a very important rôle. Chemical constituents of pollen; serological relationships existing between species within a certain family as well as serological relationships between plant families must also be considered. Where is the physician who has been trained in botany and chemistry to handle these problems? To whom can he go for assistance? Perhaps, if in our colleges of pharmacy we took cognizance of some

of these facts our curricula would be materially changed from what they are to-day, and instead of mere fact presentation we would offer the boys and girls information of an interpretative nature, so as to prepare them for work of this kind. At least, if for nothing else, to stimulate them to the point where commencement time would really be the time for them to work and study.

In urology we find that the well-trained pharmacist can be of inestimable value to the physician. There, for instance, is the problem of the chemistry of the arsphenamines, including the colloidal nature of these compounds. The urologist obtains certain reactions and wonders at times why they take place. It is simply a problem in biochemistry which can be readily explained, involving certain phases of colloidal chemistry. In this connection it is indeed a pleasure to report that the writer was accorded the privilege of being seated about the festive board at the University Club on one occasion and also at the festive board at the home of a noted urologist in St. Louis some weeks ago. On both occasions some fifteen or more physicians were present, at which times the writer presented facts relative to the colloidal nature of the arsphenamines and in turn the physicians presented the clinical picture. Has the pharmacist nothing to offer the physician?

On another occasion the writer spent a very profitable and interesting evening with two allergists, discussing the various phases of allergy, with the net result that those present came away with a vast amount of practical information of a worth while nature.

On still another occasion a pleasant half-hour was spent with a gynecologist, at which time the question of the adsorptive values of charcoals in relation to uterine secretions was discussed. The gynecologist in this case sought advice from a pharmacist. During the past six months the writer has had the pleasure of six group gatherings with physicians in St. Louis, the "theme song" for the most part being "Colloidal Chemical Aspects of Medicine." These meetings are to be resumed again in the fall of this year.

These group gatherings are but a part of the policy of *The Prescription Shop*, through which the pharmacist becomes an associate to the medical profession. Such meetings likewise lend themselves very favorably to a discussion of mutual problems in Pharmacy and Medicine. On one occasion a physician remarked that it would indeed be a delight to see a prescription shop brought into being that would carry in stock only such items as listed in the U. S. P., N. F. and the N. N. R. Apparently he was greatly surprised when informed of the fact that seven or eight out of every ten prescriptions as written to-day call for proprietaries. He had graduated in medicine some years ago. Such meetings serve as a clearing house between the two professions and much good can be accomplished.

The writer has learned that the medical profession is desirous of coöperating with those engaged in pharmacy. Daily they are confronted with many problems which they feel the pharmacist as such, in his store, is unable to solve for them. Perhaps he is right in view of the attitude that the pharmacists take in general toward the scientific aspects of their profession.

Day by day *The Prescription Shop* is receiving inquiries for assistance along various lines. Knowing that this institution is one of service to the physician, the physician does not hesitate in placing his problems before its scientific staff. To serve one physician in this manner means that he will undoubtedly relate his

experiences to others, thus gradually building up a good will that is so essential in the proper conduct of a strictly scientific pharmaceutical service station.

To conduct such an institution means that counter-prescribing has no place whatsoever, provided there is a merchandising store as an adjunct to such an enterprise. Further, it means that there is no place whatsoever in the windows for the featuring of patent or proprietary medicines of any kind. In their place must be educational windows of the highest order, that bespeak of the calibre of the institution. To gain the good will of the medical profession there is no place in the code of ethics for commissions on prescriptions. There is no place for inferior drugs or drugs improperly kept. There is no place for an untidy prescription room.

There needs must be scientific literature that appeals to the physician. His journals must occupy a prominent place in the library of such an institution. The atmosphere of the institution at all times must bespeak of scientific achievement, wherein the fine art of the apothecary reigns supreme. The beautiful show globes—now almost forgotten—must be raised in all their glory, to add dignity, to set forth that the prescription shop is the workshop of an apothecary.

Fully registered and carefully selected men of this calibre alone find a place for work. Such institutions cannot afford to assume the responsibility of training pharmacists. That is up to the college of pharmacy. Politeness in manners—manner of approach to the members of the medical profession—must likewise be considered. Smoking in the prescription shop must be prohibited. A rigid double check system insuring accuracy at all times must be enforced to the letter.

Complete card indices and reprint files must also find a place in such an institution. Card indices of all physicians in the metropolitan areas and vicinity must also be compiled, as to location, type of practice, office hours, phone numbers, registration numbers and what not.

Conversation of such a nature that would lead one to suspect inaccuracy must be absolutely prohibited. Likewise profane language has no place in the code of ethics of an institution of this kind. Service of the highest order, wherein the patient need not come to the prescription shop but where the prescription is delivered to the home, perhaps before the patient arrives home, is a thing to be duly considered.

All of these things and many more come under the head of personal contact relations with the medical fraternity, for all happenings of a prescription shop are sooner or later reflected into the circle of the physicians. Once the integrity and honor of such an institution is shattered—well you know the story as well as I do. It would amount to a useless struggle.

Is it worth while? In answer to this let me ask the question, "Do you consider it worth while to be a pharmacist?" If so, why not be a pharmacist instead of a half-baked department store proprietor? Perhaps, for those in the later walk of life it is too late. Surely, for the student in college or the recent graduate there is a glorious future ahead, provided one's attitude is such and one's initiative and progressiveness is such as to put forth the effort. It is a hard battle. It requires constant study. There are days of disappointment. The path is not just one of a bed of roses.

However, these things will not come to pass until our colleges of pharmacy take cognizance of the fact that our present college curricula are sadly lacking

in many respects. Would it not be much better to teach the boys and girls the best methods to pursue in selling one's professional knowledge rather than that of merchandising as practiced at the present time in our courses dealing with commercial pharmacy? Perhaps if such a policy were adopted there would be no need for our present courses in commercial pharmacy; no need for our model drug stores, as such, in our colleges of pharmacy. Perhaps some day there will be established a Chair at one or more of our colleges dealing with "Personal Contact Relations" or a title to that effect.

Let us awaken to the opportunities before us. Let us eliminate our present discussions dealing with chaotic conditions. Let us not look unto the solution of the problem from the angle of so-called commercialism, but let us seek the answer within the Profession of Pharmacy itself—the Theory and Practice of Pharmacy on the highest scientific plane. As yet we have not even scratched the surface in the rough marble that some day will lend itself to a masterpiece—a temple of scientific achievement in American Pharmacy. As yet we go along day by day—just chiseling, chiseling and chiseling.

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### DETAILING THE DOCTORS.\*

BY J. H. WEBSTER.

In the relatively distant past, to the young pharmacist, unbelievably distant, but to the historian, only a few years ago, pharmacy had an intimate bearing to medicine. In fact, from the point of view of medical utility, pharmacy had heavy responsibilities comparable to those of medicine itself. There at least existed a more equal "medical division of labor." As a result, all pharmacists have inherited the birthright of professionalism and along with it multifarious phrases, worn out by common usage, telling of pharmacy as the handmaiden of medicine; the mother of medical science and other equally close relationships. But granted a thoroughbred beginning, our contemporary medical profession of to-day often fails to recognize its relative, discrediting the claims of pharmacy to a deference which a relative deserves. Disowned, disqualified, a brother without a keeper, pharmacy to-day stands alone and struggles alone.

Present-day struggles in pharmacy represent an attempt at adaptation. The relative of medicine must earn a living, and, in doing so, pharmacy has created a distinct place for itself in the world of things. New paths have been followed; new fields have been entered; the druggist became a merchant and then more than a merchant—he has become a chain store director, an expanding business man. To-day the complete modern drug store is a monument to variety, and also to successful adaptation. A place in the world of things has led to a place in the sun and pharmacists are making a satisfactory living; more than a living, a change in the order of the work has brought many desirable changes in the life of the pharmacist, to the extent that many of medicine's relatives would rather remain merchandisers than apothecaries. Like a prodigal son succeeding, the past is buried, in the present success. Led on and on by new worlds to conquer,

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\* Section on Practical Pharmacy and Dispensing, A. PH. A., Baltimore meeting, 1930.