

than the city doctor, and would be glad in most cases to have a pharmacist do it for him. If such were not true, why do they mail such work in to us? Doctors generally do not care much for laboratory work and are pleased to delegate it to a properly trained pharmacist. Some doctors object to turning their patients over to a fellow-physician, specializing in laboratory diagnostic work. They have no objection, however, to a well-qualified pharmacist.

"The average medical student slips through his chemistry courses and devotes his time to medical subjects. The average three- and four-year pharmacy graduate has twice the chemical training of the medical student, and is thus better qualified to do laboratory work. If girl technicians and nurses taught by doctors in small hospitals are qualified to do such work, it is obvious that the three- and four-year pharmacy graduate should be a hundred times better qualified.

"Pharmacists and pharmacy school faculties cannot expect professional pharmacy to advance until they eliminate the two-year course and train our future pharmacists with a *four-year curriculum*. Then the pharmacist will be equipped to take his place beside professional men, and will be recognized as one of them."

We, at Purdue University, are endeavoring to foster this idea by installing a beautiful professional store in our new building. All of our student prescriptions are dispensed from this room, about 15,000 per year, and our students are given training in decorating the show cases, window trimming, etc., and are taught to study the merchandise that should be carried in such a store. Our thought has been to place before them an ideal that they may later use when they wish to go into professional pharmacy.

The question is often asked, what should be the per cent of profit from such a professional business? I believe a successful operator may expect to make a profit of 20% of gross sales after paying the proprietor a reasonable salary. Recently a successful operator of professional pharmacies showed me his balance sheets for a number of years. The first one he showed me gave 16% profit, which I thought was too low. Examination of several showed that it was low as the average was well above 20% and he later explained the low showing of the first sheet to be due to unusual purchases of equipment such as new cash register, biological cabinet, etc.

If the operator can make a 20% profit in excess of his salary, and I believe he can do it on this type of store as soon as he gets it on its feet, I can think of no pleasanter and more profitable business for the pharmacist. I am so enthusiastic about professional pharmacy that, were I to start in pharmacy again, I would surely try it.

That this story may be a connected one, I will, with your permission, show the slides of last year together with a new data slide and slides of pictures secured this year.

Slides were shown.

RECENT LEGISLATION AFFECTING PHARMACY IN VIRGINIA.*

BY A. L. I. WINNE.¹

In most of the states this has been an "off year" in legislation, but in Virginia we have the custom of doing our regular legislating in the even years, and the regular session of the General Assembly of our state met early in January, and several matters of interest to pharmacy received attention.

* Section Education and Legislation, A. PH. A., 1930.

¹ Secretary Virginia Pharmaceutical Association.

As might have been expected, bills to impose special taxes on pharmacists cropped up. One of these would have imposed a stamp tax of one cent an ounce on all medicinals containing four per cent or more of alcohol and not more than twenty per cent, as well as impose a tax on malt preparations and on canned heat, if "fit for use as a beverage." This bill was killed. Another bill would have had the pharmacist record the name, age, residence and date of sale, together with the amount of same, of all medicinals containing ten per cent or more of alcohol. This bill was also killed. Both were very poorly drawn bills, vague in their terms, lacking in specific definition at many points, and they were not hard to dispose of.

A chain store tax bill, drawn so as to tax each store in a chain, after the first one of the chain, an amount of fifty dollars annually, passed the house, and also passed the senate with an amendment exempting the first five stores of a chain. The House and Senate could not get together in conference, and the bill died. There was considerable debate over the constitutionality of this bill, as it was substantially the same as the Indiana measure which was recently declared unconstitutional.

Two bills were passed which are of interest to pharmacists in Virginia, and should be to pharmacists throughout the country. The first of these was what was referred to as the "Assistant Bill." This was a measure to abolish the issuing of assistant pharmacist certificates of registration, after March 1, 1933. The bill was amended in passage so as to become effective in 1935. The compromise was accepted by those interested rather than go through with the fight again. This was the third effort to get such a bill passed in Virginia. It is now law, and it will not be so very long before the board of pharmacy will discontinue giving "assistant" examinations. By terms of this bill the board may, after it becomes fully effective, issue but one grade certificate, that of "registered pharmacist." Those qualifying for the pharmacist examination must be graduates of approved schools of pharmacy, except that those holding certificates of registration as assistants prior to March 1, 1933, may be admitted to the pharmacist examinations without being college graduates. That was an inducement held out in order to get the bill passed, and does not constitute any serious situation, as we have but a small number of assistants, and the number is not likely to rise much higher during the next three years, as the examinations given to the assistant applicants are close seconds to those given to the pharmacists.

Another measure of interest is a bill to control the sale of veronal, barbital, derivatives of diethyl barbituric acid, mixtures containing any of these, together with sulphonal, trional and tetronal, and chloral hydrate or mixtures containing chloral hydrate in quantity of twenty grains or more to the ounce. Such preparations and drugs must be sold by pharmacists on physicians' prescriptions, which may not be refilled. This law takes control of such drugs to a large extent out of the pharmacists' hands and places it in the hands of physicians and, undoubtedly, will mean a smaller volume of business in these items for the pharmacist. At the same time it prohibits the general merchant to handle such drugs, and under old law such merchants could handle many of them in original packages. The law has the further weakness of not covering transactions in interstate trade. This was true also of the narcotic situation after several states passed narcotic laws and their neighboring states did not do so, but the trade which went on between

individuals in states having laws restricting sales to physicians' prescriptions and merchants located in other states was negligible. We believe that it will be so in this instance, and we also believe that this sort of legislation will be adopted in more and more states as the abuses of these drugs are more appreciated, and that finally the federal government will take notice of the situation and enact such laws as will take care of the matter the country over, just as was done in the narcotic situation.

We understand that we are not the first to secure laws to take care of this situation or to abolish the registered assistant grade, but are glad to be among the early arrivals in both camps.

ABSTRACT OF DISCUSSION.

H. H. Rusby stated that in New York State there had been a class of "licensed druggists," who had attended one year in college and licensed to do certain things. Three thousand of these had been registered when the state stopped it; now all pharmacists take the three-year course. An effort was made in the legislature to have the degree of graduate pharmacist given to those referred to; this was attempted three times, but each time the bill was killed. If such a bill was passed it would give them the title of "graduate pharmacist."

Charles T. Heller stated that Minnesota had abolished the assistant's certificate.

Jacob Diner said that they were now trying to kill a bill in New York, but there is a handicap which the pharmacists themselves brought on. Some of them claim to be in favor of the bill and it took considerable argument to show the legislators the difference between "druggist" and "pharmacist," between one who simply takes an examination after a year in college and a graduate who completes a three-year course. He suggested that the term "pharmacist" should be applied and a distinction made for druggists.

R. L. Swain pointed out the wisdom of thinking about some of the things that may come up. He said there is a public health value in the sale of patent medicines, but it might be difficult to convince the legislators of that fact. In Maryland, work has been done in the state association with the end in view to collect information that would be valuable for legislative purposes. He referred to a sale of powdered alum for powdered borax; case was also reported of sending out camphorated oil for castor oil.

The author referred to an admixture of lead acetate with Epsom salt. The error was explained by the statement that a package, without label, of lead acetate had been thrown into a barrel of Epsom salt. In this case it was possible to have all the salt returned, and no damage resulted. He presented this information for use when needed in legislative promotions to show the importance of drug knowledge.

Wortley F. Rudd presented the idea that package drugs should be labeled in a way to show that the material had been handled entirely by registered pharmacists. Such a statement would inform the public of the importance of all drugs being sold by trained pharmacists.

Robert P. Fischelis stated that various methods were employed in getting around proper labeling and gave, as an example, the labeling of camphorated oil as "camphor and oil compound." The New Jersey Board has collected information along these lines.

Jacob Diner said that a similar occurrence had to be dealt with in New York, not only as to camphorated oil but also spirit of nitrous ether.

J. H. Webster inquired whether any effort had been made to restrict the sale of acetanilid preparations. He said that the use in headache tablets and otherwise was increasing and that such preparations could be purchased almost anywhere.

The author said that the bill as originally drawn was presented by a legislator who knew nothing of pharmacy or medicine, and he was fair enough to submit the bill before presenting it in the legislature. In the measure, paregoric and other things were included. He thought perhaps a mistake had been made in cutting out acetanilid, because, as far as he knew, there was no large extensive use of it in Virginia. The bill takes out of the hands of the druggist the privilege of extensive sale of some things but, in the opinion of the Virginia pharmacists, it seemed to be desirable that this should be, in a way, restricted to the prescribing physician.