

THE DEPARTMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

C. B. JORDAN—CHAIRMAN OF EXECUTIVE COMMITTEE, A. A. C. P., EDITOR OF THIS
DEPARTMENT.

We have two colleges holding membership in the American Association of Colleges of Pharmacy that are catering to Negro students only. In addition, a number of pharmacy colleges in the northern part of the United States have Negro students. During the past, we at Purdue have had two or three Negro students each year, and it always was a problem to me to determine where these young men would find employment after graduation. Fortunately, they solved the problem themselves and most of them have been absorbed in the colored districts of our large northern cities. The following paper by Dr. John J. Muldowney, president of Meharry Medical College, is a timely one and I am sure it will be read with profit by all Deans having colored students in their colleges. It will also be an excellent contribution to which we can refer our colored students.—C. B. JORDAN, *Editor*.

WHAT FUTURE IS THERE FOR THE NEGRO PHARMACIST?

BY JOHN J. MULDOWNEY, M.D.*

DISTRIBUTION OF NEGRO POPULATION.

I am putting the title of my paper in the form of a question hoping that it will stimulate you to more serious thought. There are approximately from ten to twelve million Negroes in the United States and Canada, or approximately one-tenth of the entire population. Surely, any problem which concerns the health and happiness and the buying power of one-tenth of the population of North America deserves a few minutes of your time. Nor can the educators and leaders of thought in the Northern States and in the Provinces any longer toss this problem aside with the superficial remark that "this is a Southern problem, let the South solve it." There are more Negroes in one Northern city to-day than there are in any one city in the South. Indeed, I am very sure that there are more Negroes to-day living either in New York City or in the City of Chicago than there are in any city of the South. There are more Negroes living to-day in the City of New York than in the whole Southern State of Oklahoma, and, of course, there is an immense Negro population in such Northern cities as Philadelphia, Detroit, Cincinnati and others.

DISTRIBUTION OF NEGRO PHARMACY STUDENTS IN COLLEGES.

During the last college year a committee of our faculty sent out questionnaires to 48 pharmaceutical colleges—38 of these colleges replied to the questionnaires. Briefly: The tabulation revealed the following statistics: Number of graduates in the last five years from pharmaceutical colleges 90, of this number 75 were male and 15 female. There were still in the colleges in the first class 20, second class 29, third class 33 and fourth class leading to B.S. degree 6, total 88.

During the past five years our own school, the Pharmacy Department of Meharry Medical College, has graduated 95 students, or more than all the other colleges have graduated.

* President, Meharry Medical College, Nashville, Tenn. Delivered before the American Association of Colleges of Pharmacy, August 22, 1932, at Toronto, Canada.

DISTRIBUTION OF NEGRO GRADUATE PHARMACISTS AS TO STATES.

The tabulation also revealed the following facts in regard to Negro graduates or registered pharmacists:

Negro pharmacists registered in Northern States	80
Negro pharmacists registered in Southern States	250
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Total	330

DISTRIBUTION OF NEGRO PHARMACISTS IN NEGRO DRUG STORES AND IN WHITE-OWNER STORES.

Our questionnaires revealed the following in regard to the distribution of Negro pharmacists in respect to ownership: The general opinion seems to prevail that between 10% and 20% of Negro pharmacists own their own stores, approximately 10% are employed by white owners of stores, and approximately from 50% to 60% are employed by Negro drug store owners. Probably 20% of Negro pharmacists never take up their profession of pharmacy as pharmacists.

OPPORTUNITIES IN SMALL TOWNS.

Nearly all of the States Board secretaries urge that the graduates of pharmacy schools should give more careful consideration to the smaller towns. This, I might say in passing, coincides exactly with what is urged upon our medical and upon our dental graduates. Too many of the graduates are rushing to the cities, and giving very little attention to the needs of the smaller towns, forcing upon us again the question which leaders in medical and dental education are also trying to answer; namely: *Are we really graduating too many pharmacists, or is the trouble really in a lack of proper distribution of our graduates?* In other words, if young pharmacists would be willing to settle and practice their profession in smaller towns instead of so many of them rushing into the cities, would there be an overproduction of pharmacists, and, particularly, of Negro pharmacists? Our own experience at Meharry is that our graduates are not seeking service in these smaller towns, but there is a tendency among them, as in medicine and in dentistry, to flock into the larger cities where competition is much keener than in the smaller towns.

WHAT IS THE MINIMUM POPULATION NEEDED TO SUPPORT A NEGRO DRUG STORE?

And that leads to the next question: What is the minimum population that will supply a livelihood for a fairly well-stocked drug store? The writer thinks, and especially among a Negro population, whose economic or buying power is lower than that of the white race, that 1800 to 2500 population is required to support an average fairly well-stocked and efficient drug store. There is an immense number of towns containing from 2000 to 3000 Negro population, particularly in what is known as the "Southland." The writer is forced to the opinion that if the young Negro pharmacists would be willing to go to the towns containing a population let us say of from 1800 to 2500 Negroes they could make not only a good living, but also they could make very good money.

DEPARTMENT OF COMMERCE STATISTICS.

In search for reliable statistics about Negro pharmacists we wrote to the Department of Commerce at Washington and received the following information: They have listed 672 Negro drug stores owned and scattered through 35 states. There are at present one or more drug stores in each of 127 towns and cities in the United States. While the information received from this particular division of the Department is not guaranteed as absolutely correct and final, for they are still working on these statistics, the writer of the letter makes the following interesting comment:

"Based purely on observation and personal opinion it may be stated that the employed pharmacists just about equal the number of owners, since a few of the stores have as many as two and three employees while many more have only the owner as the registered pharmacist. In case of the owner pharmacists, in the larger cities there is usually found about one relief man to every five stores who works a day or a fraction thereof for different druggists."

The same writer makes the following very interesting personal observation:

"After scrutinizing my, as yet incomplete, files of white business, employing colored salespeople, I am of the opinion that all told, about 200 Negro pharmacists are employed in white owner drug stores. This is especially true in the black belts, in the larger cities."

"The Walgreen Drug Stores of Chicago seem to be the largest chain concern employing Negro pharmacists. In Chicago and in several other of the midwest cities, in which they operate, somewhere between a dozen and a score of registered Negro pharmacists are employed."

"In Chicago and Los Angeles, Negro druggists have taken on some of the characteristics of the voluntary chain stores in that they are buying together and doing joint advertising in race papers. This with a wider distribution of Negro druggists, more of them going into smaller communities instead of piling up in the larger cities, will do much toward solving some of the problems of the Negro druggists."

OPINIONS OF OTHER LEADERS IN PHARMACY.

We also sent questionnaires to secretaries of boards of examiners in the various states and to educators in pharmacy schools to ascertain their opinions in regard to the opportunities for Negro pharmacists, and the following quotations express the general tenor of the replies received:

"I do not know of any particular *need* for colored pharmacists, though I believe the opportunities are as good, if not better, for properly equipped, capable colored men as for whites."

"Capable pharmacists can succeed in any reasonable location."

"The high standards of education now being required by both medical and pharmaceutical legislation makes it not only desirable, but necessary, that young men of all races be not content with less than the best in professional education."

"The constant advance which is being made along all lines of hygiene and public health makes it very desirable that the colored pharmacist be so qualified as to be able to render to his people the service to which they are rightly entitled."

"I commend the efforts being made to advance these standards and trust that the colored people may be able to demonstrate their capacity and good citizenship by acquitting themselves creditably in this regard."

SUMMARY.

1. There are approximately 330 Registered Negro Pharmacists.
2. From 50% to 60% are employed in Negro Owned Drug Stores; 10% to 20% own their own drug stores; 10% are employed in drug stores owned by the white group.
3. Negro pharmacists, like Negro physicians and dentists, are crowding into the larger cities, where competition is fierce.
4. Wherever there is a town containing a Negro population of from 1800 to 2000 without a drug store there is a real opportunity for a Negro pharmacist.
5. White business men and Negro physicians should help deserving Negro pharmacists to finance small drug stores.
6. There are many such opportunities not only in the South, but also in the North, for energetic capable Negro pharmacists.
7. The big problem for Negro pharmacists and their friends to solve is how to bring Negro pharmacists in contact with the towns that have no Negro pharmacists. Briefly, it is a question of proper distribution of this particular kind of Negro talent and service.

SUGGESTIONS.

1. The writer would suggest that one serious obstacle in the way of Negroes owning their own drug stores is the fact that not many Negroes are able financially to stock new stores. There the leaders of the white pharmacists should assist them. This could be done by interesting the better type of Negro and white physicians not only financially, but also by getting them to send their prescriptions to Negro pharmacists.
2. One of the first things to do is to ascertain just how many towns are there in the North, as well as the South, having a minimum Negro population of from 1800 to 2500 and having no Negro pharmacists.
3. Wherever the Negro population is in excess of the white population the white pharmacists ought not to compete with the Negro pharmacists, but they should encourage and assist well-trained Negro pharmacists to serve their own people.
4. We shall appreciate getting any information from any member of the Association that would enable us to place well-trained pharmacists, as we have several graduates looking for employment.
5. I appeal to the Associated Negro Press, the Negro Business League and to The National Medical Association, to help the graduate Negro pharmacists to contact with the small towns.

CONCLUSION.

It is difficult to evaluate the service of the Negro Drug Store as an agency for racial harmony, but it is very valuable.

After all is said and done, the Negro pharmacist must work out his own salvation, one of the best friends the Negro or any other race ever had was the late great Julius Rosenwald, and he put the matter simply and tersely:

"It isn't being a genius or a superman that makes a man a success but rather the ability to connect with opportunities."

INTERPROFESSIONAL RELATIONSHIPS BETWEEN PHYSICIAN AND PHARMACIST AS CARRIED ON IN MINNESOTA.*BY H. H. GREGG, JR.¹

During the last two years there has been much activity, both state and national, in an effort to create a better understanding between pharmacists and physicians. Considerable work has been done by our national organizations along this line.

The pharmacists of Minneapolis laid the foundation for such a campaign about two years ago, inviting a number of doctors to an informal luncheon as guests of the pharmacists of the city of Minneapolis. At this time, Dr. E. L. Gardner, then president of the Hennepin County Medical Society, requested that a committee be appointed from our local city association to confer with a similar committee which he planned to appoint from the medical society. Dr. Gardner felt, as did the pharmacists, that much could be done to iron out many of the misunderstandings that had arisen from time to time between the professions.

The first year of our work with a group of physicians, headed by Dr. J. S. Reynolds, was devoted entirely to informal meetings. Various subjects of interest to both professions were discussed, among them cutting cost of medication, counter prescribing by pharmacists, dispensing by physicians, the cost of prescriptions and professional standards of pharmacy.

During this first year a reciprocal arrangement was entered into whereby advertising and editorial copy was inserted regularly in the *Hennepin County Medical Bulletin*. We must acknowledge our indebtedness to publications of the Chicago retail druggists for our initial idea in this educational campaign to physicians and also to members of the Milwaukee Pharmaceutical Association who were kind enough to send us copies of cards which they were sending regularly to physicians, featuring official preparations.

Correspondence was also carried on with J. H. Webster, chairman of the U. S. P. and N. F. Committee of the N. A. R. D. who kept us posted as to what was being done in other cities. All editorial copy was carefully prepared in an endeavor to create a better understanding between the two professions.

The following year, Dr. John O. Taft, a former pharmacist, became chairman of the doctors' committee. At our first meeting Dr. Taft stressed the necessity of having some definite plan of procedure for the year and of holding meetings at regular intervals. Dr. Taft was made chairman of the combined committees known as the "Interprofessional Relationships Committee, composed of members from the Hennepin County Medical Society and Minneapolis Association of Retail Druggists."

We felt that the first year's work had been fruitful, but that we should determine how much interest the practicing physician had in our project. Therefore, we sent out letters to each of five hundred members of the medical society, telling them of the work of our committee and suggesting that they fill out a return post-card requesting a small booklet put out by the N. A. R. D., entitled "Some Important U. S. P. and N. F. Preparations."

To our surprise, nearly three hundred cards were returned. Our first plan had been to contact personally the physicians making the request, but due to the number expressing an interest, we arranged to hold a joint meeting of the medical society and the pharmacists of our committee, at which time Dean Frederick J. Wulling, of the College of Pharmacy, University of Minnesota, spoke, giving a brief summary of the booklet.

The meeting proved a huge success. To our surprise, the doctors seemed eager to have another meeting at which the possibility of a short "review" course in prescription writing might be discussed. Many physicians felt that their college course in this field had been inadequate, or that they had forgotten many points during years of practice. The joint committee of pharmacists and physicians was at sea as to just how to put on such a course, although it was agreed that this receptive mood afforded an opportunity for an educational campaign of a scope we could not have hoped for. Although we had never heard of such a thing being done, and as we did not want to make any mistakes, we investigated. Eventually it was decided to put on a course in

* See Third Session of the House of Delegates, October JOURNAL.

¹ Mr. Gregg is chairman of the Interprofessional Relationships Committee of the Minnesota State Pharmaceutical Association, and of a similar committee of the Minneapolis Association of Retail Druggists.

prescription writing, consisting of six lectures by Dr. Arthur D. Hirschfelder, chief pharmacologist of the College of Medicine, and two lectures by Charles V. Netz of the College of Pharmacy.

Invitations were sent to all members of the Hennepin County Medical Society, the Minneapolis District Dental Society and the Minneapolis Association of Retail Druggists, because we felt that there was no better time than this to bring these three professions together. A small fee of two dollars was charged for the course, but the executive committee of the medical society felt that there would be much better attendance of physicians if the society itself would underwrite the cost for all their members, thereby giving them something additional for the dues which they pay to the society. This arrangement prevailed. Our objective in inviting the dentists to the course was an attempt to interest the dental society in this work. The pharmacists, we felt, would not be harmed by taking this course, keeping posted on the work which was being done by the committee.

The prescription course was given twice a week in one-hour sessions, held at noon-time. The doctors were taken back over the fundamentals of prescription writing on through to an explanation of the preparations in the U. S. P., N. F. and N. N. R. At various times during the course the doctors asked questions of Dr. Hirschfelder, and he in turn would have some pharmacist in the room respond in such a way as to clear up the questions asked. In this way we created a splendid feeling of interest between the two professions.

In Mr. Netz's two lectures, he projected before the physicians some prescriptions taken from files of pharmacists; discussing them; had at hand actual preparations made by pharmacists; also cards explaining these preparations that the doctor could take back to his office and study at leisure.

Three months previous to the course in prescription writing, I had the pleasure of reading a paper before the scientific and practical section of the Minnesota State Pharmaceutical Association. At this time, Dr. E. A. Meyerding, secretary of the State Medical Society, addressed the pharmacists, stating that he was especially pleased with the work that had been carried on between the two local associations in Minneapolis. After completion of the course in prescription writing, we received an invitation from Dr. Meyerding to arrange a display in the scientific section at the State Medical Convention in St. Paul, because he felt that the work had reached a point where the doctors of the state association would be interested. In this case, as in many others, it was shown that physicians are willing to go more than half way in an endeavor to work with the pharmacist. Were it not for this fact, it is doubtful whether we would have been as successful in our work.

Dr. Arthur W. Erskins, of Cedar Rapids, read a paper before the Iowa State Pharmaceutical Association in February, entitled "We Need More Coöperation between Medicine and Pharmacy," in which he said: "No one appreciates the value of our highly qualified pharmacist more than does the doctor. A great share of the physician's success is due to the care and precision with which his prescriptions are filled. A highly trained, properly qualified pharmacist is more careful of his stock and prescriptions than others not so highly qualified. The more highly trained the pharmacist is, the better the service he can give, since the utmost in pharmaceutical service is needed to make the utmost in medical service possible. The physician can encourage the qualified pharmacist by patronizing him, and can in this way help the laudable effort of the pharmacist to advance his educational and practical standards."

At first the task of putting on a booth at the medical convention seemed too much for our small committee, but we decided to go ahead, enlisting the aid of the St. Paul Retail Druggists' Association and the Minnesota State Pharmaceutical Association in addition to our Minneapolis contingent. Dean Wulling very kindly placed the facilities of the College of Pharmacy at our disposal, and enlisted the aid of Professors Gustav Bachman and Charles V. Netz. Much credit is due these two men for their untiring efforts in the successful conduct of the booth. At their suggestion, about seventy-two official preparations were exhibited in sixteen-ounce bottles. These bottles had labels on both front and back with typewritten information as to common name, Latin name, dosage and general information which the doctor might wish to have. The labels were varnished in such a way that we may keep them for future displays.

Physicians visiting the booth were given a set of sixteen cards of common index size. These cards described official preparations which we felt the doctor might use in everyday practice, together with comparative cost information.

Some three hundred doctors registered at this booth. We were careful to have pharmacists at the booth at all times during the three days' session who were well acquainted with the work which we had been doing, because we felt that the contact established would play an important part in the future of the work in the state. After the convention, the exhibit was stored and we now have a nucleus for another such exhibit at future gatherings, such as state dental society meetings and state pharmacy meetings.

A point that cannot be too greatly emphasized is that the pharmacist must always approach the physician from the angle of being of some service to him, rather than that of asking the physician to do him a favor. It has been shown in this short time that the medical profession may benefit a great deal because of the work that has been done in our locality.

Better understanding on the part of physicians leads to wider use of official titles or Latin terms in prescription writing, thus bringing about reduction of self-medication, so often resulting from careless prescription writing, use of catchy names or distribution of samples.

In our meetings with the doctors we have stressed the necessity of well-written prescriptions. We demonstrated to them that the use of Latin names, official titles or technical terms have a very good psychological effect on the patient, and went a long way toward reducing to a minimum that experience so familiar to druggists—having a patient come into the store after attempting to read a carelessly written prescription, asking for some preparation by name over the counter.

Upon several occasions doctors raised the question: "Why is it that there is such a variance in price for a certain prescription at different stores?"

We were frank in our admission that the larger number of pharmacists do not have a practical system of pricing prescriptions. To this end our committee has been securing information from different cities and individuals, attempting to work out a simplified method which can be put into use in most of the stores.

The writer visited Dr. C. E. Remy of the General Hospital of Minneapolis not long ago and was very much pleased with the way in which the doctor welcomed the suggestion that our committee work with him in the hospital. Dr. Remy asked that we give him enough booklets for each incoming class of internes, and invited us to speak before these internes twice a year. He felt that there was no better place in which to acquaint the young doctor with the best methods of prescribing, admitting that they often do not have adequate training in prescription writing in their college work and need some good practical advice from both pharmacists and physicians at the start.

We have also suggested to pharmacists throughout the state that they get in touch with the young doctor when he comes to town, for there is no doubt but that this work must be carried on individually by pharmacists themselves in their own communities to obtain best results.

This autumn we plan to appear before the staffs of the hospitals of Minneapolis, for the physicians on the staffs can do much to further our relationships. It has been suggested also that we speak before each class that graduates from our state medical college.

Recently President Harry Iverson of our state pharmaceutical association appointed a state Interprofessional Committee and named the writer as chairman. Care was taken in the selection of this committee, composed of eight men representing different sections of the state. A letter was written to each of them, giving a history of the work in Minneapolis and St. Paul. Editorial material, booklets and cards were sent to them in order that they might acquaint themselves thoroughly with this work. Dr. Taft is appointing a committee from the state medical society to work with our committee, selecting men in localities corresponding to our districts. Dr. Taft is going to write each of the secretaries of county medical societies in the state, explaining in detail what has been done, and requesting a date on which a member of our state committee may appear before them. As these replies are received, they will be turned over to the pharmacist committeeman in that district.

In summary, we might say this work has been in three different stages:

1. The get-acquainted stage, wherein we met with the physicians and later the dentists, and sat around a luncheon table and exchanged views.
2. The second stage brought activity. We attempted to carry the thoughts discussed around our luncheon table to our respective societies. Then came the distribution of the booklets,

"Some Important U. S. P. and N. F. Preparations;" later the prescription writing course and the supplementary filing cards for prescribers' reference.

3. The next stage was expansion. This expansion began with the booth at the State Medical Association Convention. More prescribers' cards were produced and distributed, and out of this grew the suggestion of the appointment of the state committee.

Recently Dr. Taft and the writer sat in conference of state pharmaceutical secretaries held under the auspices of the Northwest Pharmaceutical Bureau. Secretaries from North Dakota, South Dakota, Iowa and Minnesota were present. A coöperative program was outlined for sending a set of the sixteen reference cards together with other material to 6000 doctors in the four states during Pharmacy Week, and, if possible, to each drug store. We hope that this plan will be carried out, because there is no doubt but what this work will become sectional as well as state wide in scope, and the results of the work will gradually be shown in the prescription files of our stores.

In a recent letter to Dr. N. O. Pearce, the incoming president of the state medical society, Dr. Taft said, "As to the aims and future possibilities of this committee, I submit the following:

"1. Better professional coöperation and understanding—this is an actual result of contact with one another, and discussion of one another's problems.

"2. Reduction of medical costs by avoiding unnecessary duplication of expensive price-controlled brands of formulas derived from U. S. P., N. F. and N. N. R.

"3. Free interchange of suggestions and criticisms from all three professions, that the faults of others and of ourselves may be corrected.

"4. An effort to reduce the amount of counter prescribing in drug stores, dispensing on part of physicians and sampling by dentists; the welfare of the patient being the paramount aim, rather than selfish gain.

"5. Contact and educational work with hospitals, internes and the public.

"6. An effort to 'clean up' drug store prescription departments by the establishment of a list of minimum requirements for an accredited pharmacy. Efforts should be made to induce pharmacists to embrace such a program.

"7. An endeavor to discourage the use and sale of substandard pharmaceuticals. Many of these, from questionable sources, masquerade as official products. It must be remembered that junk pharmaceuticals in the prescription room afford the patient no protection over junk pharmaceuticals in the dispensing physician's office.

"8. Combined action of the three professions in legislative and legal projects. If physicians, dentists and pharmacists place their combined weight for or against measures, an impression is bound to be made."

In all our efforts, we have tried to be constructive. It has not been our intention to harm reputable members of any branch of the medical or pharmaceutical professions. We have tried to keep uppermost in our minds at all times the welfare of the patient; and further, to be helpful to physician, dentist and pharmacist.

A careful study of this brief outline indicates that while our success in two short years has been gratifying, there is much to be done in the months and years to come—not only by our local organizations, but by the pharmacists, physicians and dentists of North America.

Surgeon-General Hugh S. Cumming, of the United States Public Health Service, was one of the principal speakers at the meeting of the Baltimore City Medical Society, November 18th. His topic was "The Functions of the United States Public Health Service."

Albert N. Doerschuk, Kansas City pharmacist, used a picture and explanation of his Pharmacy Week window—for acquainting the public with his pharmacy background and qualifications for serving patrons. The background of the window was an original stained

glass mortar transom, oval in shape, taken from the pharmacy in the Harris Hotel; this was the first and oldest drug store in Kansas City, and is continued in the present Doerschuk Drug Store.

Journal Now Bilingual.—With the September issue the *Puerto Rico Journal of Public Health and Tropical Medicine* adopted a new plan to publish contributions either in Spanish or in English, each article being followed by translations or abstracts in the other language.