

It is by pharmacists such as these men that we ask that our profession shall be judged; by our best not by our poorest; not by our occasional incompetents, not by those blatantly commercial pharmacists who have little appreciation of the high responsibilities of their calling; not by our fringe of disreputables, renegade pharmacists who subscribe to no code of ethics. We want rather to be judged by that great body of upright pharmacists who can justly employ the motto of the old English apothecaries—*Opiferque per orbem dicor*—"And I am called the bringer of help throughout the world."

That motto applies most aptly to the members of this group, men who constantly strive to insure that the best traditions of our profession shall be honorably sustained.

We of the colleges, who are your guests, congratulate you upon having completed so creditably a quarter century of existence. Although your group would be justified in viewing the past with some measure of complacency, we know that you are rather looking forward into the future, considering the important tasks that are still ahead of you, many of which we feel sure will have been brought to a successful conclusion before we all meet together again in 1957 at your golden jubilee.

You have our best wishes.

PHARMACY IN PROSPECT.*

BY ROBERT P. FISCHELIS.¹

To a profession which measures the length of its services to mankind in terms of centuries, the celebration of a twenty-fifth anniversary may seem to be an event of small moment. It is doubtful, however, whether the forty centuries of recorded pharmaceutical history reveal any more startling changes in the practice of the healing arts than have come about in the twenty-five years since the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was organized. It is altogether fitting and proper, therefore, that as we round the quarter-century mark in the history of this organization, we pause for a moment to view the past in retrospect and to gaze as far as possible into the fog which veils the future. The presence here to-night of the teachers of pharmacy from the College faculties of New York, Pennsylvania, Maryland, Delaware, New Jersey and the District of Columbia and of the examiners and officers of State Boards of Pharmacy of the same political divisions, as guests of the New York Branch, lends to the occasion a scientific and professional atmosphere which emphasizes the importance of pharmacy in the field of medical care. The character of the technical discussions held by these respective groups during this day and to be continued to-morrow indicate the seriousness with which those who are engaged in teaching and testing pharmacists approach their responsibilities to the public. One needs only to glance at the program of papers and committee reports to realize that the duty of providing the public with competent pharmacists is indeed a serious business.

How far we have come in the past twenty-five years has been splendidly outlined to you by Dean Hugh C. Muldoon of the College of Pharmacy of Duquesne University. To tell you where we are going from here is the task assigned to me. The difficulties of the task are obvious. Yet we are in a better position to prognosticate in 1932 than we were in 1907. This is true only because for a number of years, fact-finding surveys have been under way in pharmacy as in other fields of endeavor. We may still guess but our guessing has been stabilized and improved through an accumulation of facts which, when classified, point to certain trends that show the direction in which men and things are heading.

It has been my pleasure to be associated for a number of years with the Committee on the Costs of Medical Care headed by Dr. Ray Lyman Wilbur, Secretary of the Interior, which was organized nearly five years ago to study the economic aspects of the prevention and care of sickness, including the adequacy, availability and compensation of the persons and agencies concerned.

* An address by the president of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, at the 25th anniversary dinner of the New York Branch, A. PH. A., at Hotel Pennsylvania, March 14, 1932.

¹ Presiding officer of the Board of Pharmacy, group of District No. 2, vice-president of the National Association, Boards of Pharmacy.

The widest possible scope has been given the work of the Committee. It has been notably free from pressures of any kind. Its support has come from individuals, professional associations, life insurance companies and such philanthropic organizations as the Carnegie Corporation, Milbank Memorial Fund, Twentieth Century Fund, Russell Sage Foundation, Rockefeller Foundation, New York Foundation, Josiah Macy, Jr., Foundation, Julius Rosenwald Fund, Vermont Commission on Country Life and Social Science Research Council. Close to a million dollars will have been spent by the Committee in the researches carried on and in dissemination of the information developed over the five-year period.

For more than three years the manufacture and distribution of drugs and medicines in the United States and the Services of Pharmacy in Medical Care have been studied carefully and impartially by the Research Staff of this Committee. The study was started without any preconceived notions as to the prominence or lack of prominence of Pharmacy in the field of medical care. Many unusual sources of reliable information were at the disposal of the investigators and full use was also made of facts developed in connection with other studies undertaken by the Committee.

This study, which constitutes a survey of Pharmacy in its professional and business aspects, has been completed and will be published this month. It reveals a number of interesting facts, all of which point directly to the future of Pharmacy in the United States. In the limited time at my disposal I can only point to some of the more outstanding ones.

To those who visualize professions and industries in terms of expenditures by the public for services rendered or commodities provided, Pharmacy will immediately assume an important position when it is revealed that the public spends something like \$715,000,000 annually for medicines alone. Of this total, approximately \$190,000,000 is spent for physicians' prescriptions; about \$165,000,000 is spent for non-secret home remedies; and about \$360,000,000, which is nearly 50% of the grand total, is spent for so-called "patent medicines" of secret composition.

All but about 15% of the total expenditure for medicines is made through the retail drug stores of the United States. There are about 60,000 pharmacies in the United States, where the 115,000 Registered Pharmacists practice their profession. These Registered Pharmacists have passed state examinations designed to prove their competence as compounders and dispensers of drugs and medicines. However, a large part of the time of the average Registered Pharmacist in the ordinary retail drug store of the United States is spent in carrying out duties other than the compounding and dispensing of drugs and medicines.

The average family of four persons spends about \$22.00 a year for medicines. The actual per capita expenditure varies greatly and tends to increase with the income level of the family, regardless of the type of community. Practically every family spends something for medicines each year and the expenditures tend to be highest in the cities.

The incomes of pharmacists are meagre, averaging about \$2000 per annum for Registered Pharmacists employed in the ordinary drug store. The incomes of owners of pharmacies, managers of chain store organizations and pharmacists engaged in manufacturing and executive positions are, of course, considerably higher. A pharmaceutical education costs from \$2500 to \$3000, including only the absolute essentials.

It is estimated that approximately 10,000 pharmacists could fill the 165,000,000 physicians' prescriptions written annually, provided they were engaged in no other pursuits. Limiting the compounding of prescriptions to 10,000 pharmacists in as many pharmacies, however, would leave many communities without pharmacists and would spread the number of pharmacies in larger communities in such a manner as to make it inconvenient for the public to obtain prompt prescription service. It is because the modern drug store engages in merchandising activities as well as in the professional activity of compounding medicines and dispensing prescriptions that the services of Registered Pharmacists are available to the general public in small communities and in so many convenient places in the larger cities.

Pharmacists who desire to practice their profession exclusively and who do not care to engage in merchandising must seek their opportunities in manufacturing laboratories, hospital pharmacies and in the small group of pharmacies specializing almost exclusively in prescription work. There are less than 2000 of such pharmacies within the United States.

The manufacture and sale of secret formula "patent medicines" and of the specialties whose formula is partially revealed offer many problems affecting the costs of medical care. It is

estimated that probably 80% of the money spent for patent medicines is spent unwisely because it is spent without medical advice of any kind. The patient acts as his own doctor in diagnosing his ailment and comparing his symptoms to those held out in the advertisement of the patent medicine. Frequently this procedure may result in withholding proper medical attention until it is too late to effect a cure. The medical profession as well as the pharmal profession is opposed to the principle of self-medication. The AMERICAN PHARMACEUTICAL ASSOCIATION, through its Commission on Proprietary Medicines, has formulated certain standards which must be met in order to bring the product within the pale of legitimate remedies.

In view of the shifting of control from professional to financial hands manifested by recent developments in the drug industry, regulations for the protection of the public are more necessary than ever. At the present time no adequate control is exercised by any federal or state agency over the manufacture of medicines. There is federal control with reference to labeling and the disclosure of the presence of certain poisons and habit-forming drugs, but there is no adequate control over advertising or over the manufacturing personnel. The disclosure of the formula of all medicines offered for sale to the public appears to be a basic need for the proper regulation of the medicine industry.

Regulations covering the pharmaceutical profession and the practice of pharmacy by pharmacists are strict enough, but the privileges of unlicensed persons operating outside of pharmacy are so extensive that the public enjoys little protection in the sales of packaged medicines.

While self-medication is on the increase, there is not available sufficient authentic information on which the public can base its judgment as to what particular types of medicine may be used for the treatment of simple and minor conditions with safety. The active coöperation of the medical and pharmal professions is advocated to provide for the preparation and distribution of such information.

Recommendations for the future development of pharmacy which grow out of the survey referred to are as follows:

I. More adequate use should be made of the professional knowledge and skill of pharmacists by such methods as: (a) Increasing the opportunities for prescription compounding through elimination of the prescribing of proprietary products by physicians: (b) Permitting the instruction of drug-store customers in the proper use of medicines which are purchased for self-medication, but not to the extent of diagnosing patients' ailments or recommending medicines based upon description of symptoms: (c) Arranging for the distribution by the pharmacist of general health information prepared by health departments, both with regard to medicines and general matters of hygiene: (d) Arranging for the distribution of information to the public concerning physicians and hospitals, on the basis of lists of physicians or schedules of fees provided by local medical or hospital associations.

II. Agencies should be established to prepare and disseminate accurate information concerning the proper use of selected lists of home remedies appropriate for self-medication. The lists should be established by a committee of physicians and pharmacists of unquestioned reputation and standing; the distribution of literature may be accomplished by health departments, hospitals, drug stores or appropriate lay associations. Universal and unnecessary use of home remedies, "patent medicines" and other self-prescribed medicine should be rigorously discouraged.

III. All manufacturers of drugs and medicines, regardless of class or kind, should be required to operate under annual licenses to be granted by the Federal Government upon the fulfillment of satisfactory conditions with regard to competency of personnel, equipment and sanitary surroundings, and standardization of finished products.

IV. Secret-formula drugs and medicines should be abolished through the compulsory disclosure on the label of the kind and quantity of medicinal ingredients. Individuals or enterprises which have developed new and distinct preparations should be financially protected by appropriate privileges granted by the United States Patent Office or by a disinterested agency established for the purpose.

With this survey of Pharmacy and its far-reaching recommendations, endorsed by the Committee on the Costs of Medical Care, before us, I may perhaps be pardoned for venturing a prophecy as to what developments we may look forward to in the next twenty-five years.

The public will continue to support the modern drug store and will expect it to supply many non-medical services along with complete pharmaceutical service. There will be an increasing realization, however, that the "jack of all trades," although frequently a convenience, is to be avoided when the services of a master pharmacist are required. Prescription specialists will be sought out just as medical specialists are now given preference to the general practitioner. The corner drug stores will be the base of operations of the general practitioner in pharmacy. He will become more and more a dispenser of ready-made drugs and medicines. He will refer demands for unusual prescriptions and other pharmaceutical service to the specialist, just as the general practitioner of medicine refers unusual cases to the specialist. The pharmaceutical Code of Ethics will have to be developed to cover the new conditions as they arise.

The pharmaceutical specialist will work in close harmony with physicians. He will be located near medical centers and will frequently be affiliated with them. His base of operations may be a laboratory in a physician's office building, a hospital laboratory or a prescription pharmacy in a busy section of a city.

As health insurance schemes and industrial or State medicine develop, opportunities for the practice of professional pharmacy in these respective fields will become available and will be seized by well-trained pharmacists who now hunger for a chance to practice their profession. Advice on preventive measures, diet and health regulation will be sought and obtainable from the pharmacist. Education of the pharmacist will gradually swing from the narrow field of drug therapy to the broader field of health conservation in all its phases. The present courses in pharmacy will be found inadequate for training the pharmacist who desires to meet the needs which modern medical practice will demand of him. Radical changes in curricula will be demanded and graduate instruction will become an inevitable prerequisite for the practice of pharmacy in its strictly professional aspects. The business of conducting a Pharmacy and the professional Practice of Pharmacy will be gradually divorced. Both will be honorable pursuits engaged in by men of decidedly different inclinations and training but with health service to the public as their common aim.

SOME PROFESSIONAL PHARMACY FACTS DERIVED FROM THE NATIONAL DRUG STORE SURVEY.*

BY FRANK A. DELGADO, BUSINESS SPECIALIST, BUREAU OF FOREIGN AND DOMESTIC COMMERCE.¹

The prescription department is the foundation of the drug store; it is the prestige department, the department that furnishes an outlet for the pharmacist's professional knowledge. It is the one thing that distinguishes a drug store from other types of retail outlets, and no discussion of the business side of the drug store should be entered upon without due consideration that pharmacy is a profession.

In recognizing the professional phase of pharmacy it has been customary to contrast it with the commercial aspects of the retail drug store. It would be more accurate perhaps to consider that most departments of the store have both professional and commercial aspects. The term merchandising broadly defined has the two phases of cost control and sales promotion. Much has been said about properly merchandising those departments in the drug store not related to public health. Perhaps it is time to point out that the possibilities for greater sales and profits through cost control and sales promotion in the prescription department are as worthy of consideration as in any other part of the drug store.

It is certain that variations in costs of materials and in inventory and the establishment of prices which will permit the filling of prescriptions at a profit present problems quite as difficult as the maintenance of proper accounting control on packaged drug store merchandise. Attractive

* Department of Commerce, Washington.

¹ An address delivered at the Second Annual Druggists' Business Conference held at Purdue University, Lafayette, Indiana, February 24 and 25, 1932.