

## EDITORIAL

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### A CORDIAL WELCOME.

THE time and place for the 1934 meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION—Washington, May 7th to 12th—were selected to accord with the plans for dedicating the Headquarters Building. The occupancy of this building which with other structures that may later be erected on the site will be known as the American Institute of Pharmacy, is one of the most important events in the long history of the ASSOCIATION and marks the successful completion of the most extensive and far-reaching effort the ASSOCIATION has undertaken. The site, the building and the surroundings are beyond the expectations even of those who have been most active in the undertaking, and it is difficult to forecast the helpful influence which the institute will exert in the years to come. American pharmacy now occupies its home and will be equipped to more effectively carry forward those activities which contribute to a stronger profession and to a better pharmaceutical service for the public.

Every branch of pharmacy has had a part in this movement and thousands of individuals and organizations have contributed of their time and thought and money. Its success is a distinct credit to the profession and to the industry, and is a striking example of what can be accomplished through coöperation. With such a splendid foundation and equipment, even greater results may be expected and pharmacy should take its rightful place among the professions which safeguard the public health.

The dedication exercises which will be held at the building on Wednesday morning, May ninth, will be simple and impressive. With this exception, the usual program for the meeting will be carried out at the Shoreham Hotel which has been selected as the headquarters.

The National Conference on Pharmaceutical Research will hold its sessions on Saturday, the fifth, in the afternoon and evening. The American Association of Colleges of Pharmacy and the National Association of Boards of Pharmacy will meet Monday and Tuesday. The joint banquet will be given on Tuesday evening and the regular program of the AMERICAN PHARMACEUTICAL ASSOCIATION will occupy the remainder of the week, closing Friday evening. Saturday will be devoted to a sight-seeing trip around Washington, Arlington, Alexandria and Mt. Vernon.

The members of the District of Columbia Pharmaceutical Association will be the hosts. Ample accommodations are available and a splendid program of entertainment is provided. The Capital City is at its best at this time and all the points of interest will be open.

A cordial invitation is extended to our members, to every one who contributed to the Headquarters Building, and others interested in the progress of Pharmacy, to attend the meeting and particularly the dedication on May ninth. It is impossible to send a special invitation to every one and our earnest desire is that no one should fail to understand that the invitation is all-inclusive of those interested.—

ROBERT L. SWAIN, *President*.

THE NRA MAY STRESS THE DRUGGISTS' RESPONSIBILITIES  
AND POINT TO THE WAY FOR IMPROVING DRUG STORE  
PRACTICE.

THE codes which apply to the administration of the NRA have impressed the fact that greater efforts must be made to bring pharmacy forward in the average drug store and more careful consideration must be given to the sales in a drug store and the means of promoting them. A very important question for druggists is associated with obtaining their share of the spending power of the public, but to derive it from sales that do not belittle them by selection and quality of side-lines. The drug store has had the prestige of pharmacy and this may be obscured if not lost, if too much stress is placed on price, by reducing standard products to uneconomic levels, selling varied sundries and offering unwarranted premiums to attract patronage. The public has always looked to the druggist for quality, accuracy and service—a valuation that may be lowered if a majority of drug stocks closely resemble the merchandise lines of non-related stores and “cut” prices emphasize that there is no difference in their kind and quality.

The drug store's foundation, pharmacy, has always given the former a higher standing, but continued under-valuation of the foundation and a tendency to have drug stores resemble merchandise emporiums is molding public opinion accordingly. The code relating to the retail drug industry has brought druggists, proprietors and clerks, face to face with the possibilities of lessened prestige. The public has had a large part in the development of the complex drug store. The following lines by a layman are quoted: “I like drug stores. It's reassuring to know that if you run out of anything, from aspirin to birthday greetings you need only to make a short promenade to the neighborhood pharmaceutical establishment.” . . . “So let there be drug stores. They're not only soothing; they're even necessary.”

THE VALUE OF RESPONSIBILITY.

The matter of adequate charge for time is sometimes overlooked in prescription practice, and insufficient thought is frequently given to the responsibilities pharmacists assume in connection with their activities. In these NRA days, perhaps more than ever before, the pharmacist must concern himself with actual net profit. Liberty is taken in quoting from an article by J. C. Peacock, presented before the Section on Commercial Interests, A. PH. A., in 1917, which is applicable.

“The responsibility of the pharmacist is of peculiar form, if for no other reason than that it is a by-product of his work; consequently, the more work, the more responsibility. Responsibility is a condition of several phases; one phase of it is its part of or its presence in the mentality of the compounding; thus it is proportionately entitled to recognition, if the manipulation itself is worthy of notice; it is, therefore, not only service, but profound service; as service, it should be figured as expense; and as expense, it should be considered in the fixed charges and provided for accordingly.” The author submitted the following:

“That the responsibility of the pharmacist is part of the service which he renders, in truth, the most profound part.

“That responsibility seems to have been generally neglected as a source of revenue.

“That it is thereby shown to have been underestimated by many.

"That its possibilities should be understood and accordingly appreciated by all pharmacists, that it may rise in their own esteem to that plane where it belongs.

"That it should be capitalized at a value which prohibits it from being given away, while the twine around the bundle is charged to the expense account.

"That each pharmacist must do this for himself.

"That now is the golden opportunity to correct this waste.

"That suggestions and experiences be given toward the solution of this problem for the common good."

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#### THE TREND OF PRESCRIBING IN GREAT BRITAIN.

THE *Pharmaceutical Journal* (England) comments editorially on the trend of prescribing in Great Britain and makes references to the surveys made in the United States. A few points of interest for American pharmacists can be gleaned from the editorial which summarizes three reports, one is a study of 40,000 prescriptions, the ingredients of which are to a limited extent restricted by regulations which obtain in dispensing under the National Health Insurance Acts; one is an analysis made in 1894 by W. Martindale of 12,000 prescriptions; another, by B. Cockburn, in 1913, of 1000 London prescriptions.

Several deductions are of general interest; considering the first ten drugs and preparations of the three lists, it is found by the editor that the prescribing of quinine sulphate, potassium bicarbonate and aromatic spirit of ammonia has declined; sodium bicarbonate, tincture of nux vomica and ammonium carbonate have retained their places during the last forty years. Potassium bromide shows a decline and the editor comments by questioning: "Does this mean that bromides are being replaced by other sedatives, or is it an indication that in spite of psychopaths' warnings mankind is less in need of sedatives to-day than in quieter times of last century?" Another comment is of interest, namely, "that acetanilid, on which numerous adverse comments have been made, is prescribed with greater frequency than the newer analgesic"—(the reference applies to aspirin).

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#### STATE LEGISLATION SUPPORTING NRA CODES.

REFERENCE was made in the February JOURNAL to a "model" State industrial recovery act which has been submitted to governors. Acting on the suggestion of Administrator Hugh S. Johnson, State aid to the Federal Government in giving legislative force to NRA agreements as they apply particularly to intrastate industry and business is represented in measures by the legislatures of West Virginia and New Jersey. The West Virginia act signed by Governor Krump places the police power behind code enforcement; the form follows the plan of Administrator Johnson.

Two measures are under way in the New Jersey legislative bodies. Assessment of industry to meet the cost of State Code enforcement with power in the State code authority to sue delinquents is the original purpose of the first measure; the second bill provides for a State appropriation to maintain the State recovery administration. State authorities are denied the power to modify NRA codes, under a provision of the first bill. Another provision requires the State recovery administration to permit an industry to convert from a state code to an NRA code, where a majority of the industry—majority as to number and as to volume of business—shall so elect.