

## REFERENCES.

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**THE NEXT STEP.\***

BY W. F. RUDD.

Any well-run business keeps a pretty close check upon its inventory. In war consolidation of ground won is usually a sine qua non for the next advance. In education comprehensive surveys of where we are, how we got there, and has it all been worth while are fundamental to success in the next venture. The researcher whose notes do not tell the whole story of what he has done usually flounders hopelessly.

Not many years ago pharmacy set for itself certain objectives which seemed worth while to those with even reasonable vision. A catalog of some of the more important items and an inventory of how much progress has been made in their accomplishment are necessary before any sort of program for the future can be satisfactorily formulated.

On the professional side of pharmacy with a highly commendable spirit of co-operation, the boards, the colleges, the AMERICAN PHARMACEUTICAL ASSOCIATION, and even some of the national organizations, whose main concerns are commercial, set high school graduation and the completion of a standard four-year course as the minimum requirements for the practice of pharmacy. Thus in two decades we have seen these requirements go from less than high school training and no required college work at all in most states to the complete fulfilment of these educational objectives in all but four states of the union. Truly an accomplishment of tremendous significance!

Professional recognition of pharmacy by the army, navy and public health service has long been another major objective. In the effort to realize this, national groups have worked in complete harmony. Not, however, until pharmacy put itself on a comparable educational equality with other professions were our claims seriously considered. Step by step the fight progressed until at least the principle for which we have striven has been almost completely recognized. With a limited number of well-trained pharmacists commissioned along with physicians and dentists in the army and the public health service, the service will be improved and the morale of pharmacy greatly strengthened. This has been a fine piece of team work. Hats off to those who have borne the brunt of the fight that has been waged across the years for its accomplishment. The future of the venture is in the hands of the few who will soon be commissioned. Their careers will be followed with profound concern by American pharmacy. If they do well, the service will be enlarged. If they fail, pharmacy will suffer a major defeat.

Objectives on the commercial side have centered largely around (1) legislation for price protection and fair competition, and (2), increase in sales volume. The legislation program beginning with fair trade laws in individual states saw one of the major objectives realized with the passage of the Patman Act at the last session

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of Congress. Lawmakers, both state and national, are beginning to realize that for the greatest good to the greatest number the small man owning his own business must be given a fair chance in the terrific struggle for existence. At least a start has been made in this direction. May we be wise enough and honest enough to increase our contribution to the cause of public health as our economic security is strengthened. Unless we do, retribution will surely come to us.

The second economic objective, increase in sales volume, has been pursued relentlessly and not always, we fear, with due regard for its pharmaceutical significance. Indeed we must regretfully admit that its partial fulfilment is probably doing as much to threaten our toe hold on a professional status as any other influence in American pharmacy.

With this brief but reasonably accurate evaluation of some accomplishments which have in them the basis for genuine improvement in pharmacy we come naturally to the subject of this paper:

"The Next Step"—and it has an underscored question mark after it.

Who knows what the next major steps should be? Certainly the writer has no answer which he believes to be completely satisfactory. It is highly probable that no two groups in organized pharmacy would answer the question alike. The high-powered sales groups would most likely agree that better business methods and better salesmanship in retail stores should have first place in the agenda.

It is more or less common knowledge that among patent medicine manufacturers it is not uncommon for them to spend more than one-third of the retail dollar which their merchandise brings in order to make the buying public want their product. This, it seems to me, needs no further comment.

Perhaps no group has given more serious thought to what the next step should be than the Board members of the country. They, more than any other in the field of pharmacy, have the opportunity to see the composite nature of the work of the retail pharmacist. Picked as they are, largely from the best men in their respective states, they find themselves arbiters between the conflicting forces that are so profoundly disturbing the equilibrium of the profession. What would they say should be the next step? We really wonder about this and wonder what it would be if they made up their minds to answer fully and frankly; and the college deans and their faculties: could they reach any sort of agreement? and the retailers themselves? Have they been so hard-worked and so desperately distressed by economic pressure that they would ask only for more economic freedom? And after all, do not they constitute the group that should ask the question most insistently and most thoughtfully? Are they not the ones whose prestige has declined the most? Are not they the ones who down in their hearts deplore the present trend?—where an erstwhile dignified public health service is being prostituted and its representatives forced to be purveyors of shoddy merchandise, beer, wine and sandwiches. All of this, however, is merely a rehash of what we see in every journal and hear discussed whenever pharmacists meet. We have only restated the question that every thoughtful man among us can never quite get out of his mind. We have had the temerity to restate it in this group because we are fully persuaded that the best thought in American pharmacy must agree, and agree soon, on what some of our next major objectives shall be to save us from complete oblivion as a health service group.

There is probably no doubt in the minds of some of us that better training of the men and women who go into pharmacy will help. There is no doubt that remedial legislation will help. There is no doubt but the army and public health service, etc., is a definite step forward. All of these, as good as they are, do not solve some of the problems that are eating at the very heart of American pharmacy.

I am going to be bold enough to name what I am convinced, after thirty-five years of intimate contact with our problems, is at least one chief source of illness in the "body pharmaceutic." For the most part the brains in American pharmacy during the years with which I am most familiar, have used their influence at least indirectly to develop trade rather than the professional side of our work. To make money out of the practice of medicine, in the ministry, in teaching, in pharmacy or any other service profession, is a worthy objective so long as the methods used for doing it do not lower individual or group ideals. The making of money out of pharmaceutical connections has involved ethical and even moral risks that many men and even good men early in their careers have not had the strength to resist.

Some colleges of pharmacy, deans and their faculties, with little regard for pharmaceutical needs, have ground out hordes of mediocre graduates. Some Boards of Pharmacy heeding the demands for more and cheaper clerks to man the already far too numerous stores in their states, have licensed mediocre clerks, soon to become second-rate proprietors and therefore dangerous competitors.

Some wholesalers, by too liberal credit, have helped add to the already overcrowded condition in the drug business, and so it goes all down the line. Every link in the chain making it more and more difficult for pharmacy to follow its ethical objective.

The responsibility for this condition is yours and it is mine. The responsibility for a change of emphasis is also yours and mine. What then do I recommend as major "next steps?" My answer is, and it still has a sort of question mark after it, a ruthless decrease in the number trained in our pharmacy schools: fewer permitted by the Boards to qualify for practice; a reasonably rapid elimination of stores where pharmacy itself is practiced as a mere adjunct to general merchandising and then only for the respectability it confers; prohibition against the opening of new stores in any community already well served pharmaceutically.

"Are these steps practical?" you ask, and the question is well taken. I think so, although only when a sufficient number of pharmaceutical individuals and groups are willing to forego some of the loaves and fishes that go along with the prostitution of our privileges and duties as public health servants. I think so when some of the pharmaceutical idealism of the years that are gone gets possession of those of us in a position to influence the trends in pharmacy. I think so when our organizations are manned by those whose main concern is the service they may render an age-old profession, when we shift the emphasis from getting to giving.

#### REMEDIES OF THE DARK AGES.

Weird prescriptions concocted by pseudo-physicians in the Dark Ages for any type of malady or common ill, from headaches to the alleviation of a "woman's chatter," were described in a lecture December 3rd, to medical students of the Johns Hopkins University.

In a lecture on the history of medicine, Prof. Loren MacKinney, of the university staff, placed emphasis on the early types of human medicine. Of its three classifications—pharmacy, surgery and diet—pharmacy is the most important, he declared.