

spirituous or malt liquor, or wine, or any article useful in compounding any of them, whether useful for mankind or animals, with fraudulent intent to offer the same—for sale, knowing the same to be adulterated or diluted is guilty of a misdemeanor.

“The selling or disposing of any tainted food, drink, drug or medicine knowingly, to be eaten or drank by any person or animal, is guilty—.”

All of the above state laws came into existence before the 1868 food and drug statute of England became operative. Other states enacted similar laws in due time. Kansas, General Statutes, page 377 (1868), enacted the same measure as Massachusetts, except the penalties. California, Penal Code, page 86 (1871), followed the New York Code, in a large measure. Illinois, Revised Statutes, page 353 (1874), enacted a lengthy measure. It is divided into four subdivisions, under the heading “Adulteration” as follows—“Of food, candies etc., of liquor, of milk, of medicine.” The fundamentals of this measure are similar to those heretofore considered. The full penalties are rather severe, being confinement “in county jail not exceeding one year or fined not exceeding one thousand dollars, or both in the discretion of the court.”

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### THE CHALLENGE OF TO-DAY.

BY ANTON HOGSTAD, JR.

An address presented before the Section on Practical Pharmacy and Dispensing—1936 Convention of the AMERICAN PHARMACEUTICAL ASSOCIATION, Dallas, Texas.

There are many interesting and significant developments taking place in American Pharmacy at the present time. When referring to American Pharmacy, I likewise include our neighbor north of the unguarded border, for the problems of the Canadian pharmacist are quite similar to the problems of the pharmacist in these United States, especially in such metropolitan centers as Toronto and Montreal. This is only natural for one notes the methods of the Yankee making definite inroads in various sections of Canada.

It is a difficult matter to properly define in one's mind Pharmacy as it will be practiced in the to-morrow. What will be the picture of the professional Pharmacy of to-morrow? Will that status obtain at some time in the not too far distant future when there will result a well-defined line of demarcation between the professional aspects of pharmacy and drug and sundry merchandising? What is to be the nature of the daily activities of the professional pharmacist from the viewpoint of serving as colleagues to members of allied professions in the fullest sense of the word? Then there is the question of Public Health. To date the rôle of Public Health has never been defined in relation to professional pharmacy, which serves the community in the rôle of a Public Health Institution.

It is a well-recognized fact that there has resulted a distinct awakening on the part of retail pharmacists during the past few years, wherein one notes that these individuals are no longer content to follow the mirage of false profits in an over-exploited field of commercialism. The handwriting on the wall indicates that many retail pharmacists are returning to the tenets and precepts of the profession of pharmacy; men and women who are becoming convinced of the fact that the professional field seemingly offers the only tangible means of escape from their present predicament.

In a critical analysis of the situation it is quite apparent that the lack of a comprehensive training in pharmacy is, of course, partly responsible for the present picture of the typical drug store of this country. The picture that we gaze upon to-day, in relation to the average drug store, must necessarily represent a concrete expression of the interpretation that many men and women possessed of a retail pharmacy, and the rôle that it should occupy in the respective community. Competitive measures have, of course, materially influenced one's thoughts in this connection.

#### ONE CANNOT MERCHANDISE A PROFESSION.

An evaluation of the facts of the case brings to light that possibly the greatest mistake we have made as pharmacists is that we have in the past been attempting to merchandise a profession, and in so doing, little realized that one cannot merchandise a profession, and that any attempt to do so will in part destroy the profession in question. What if the physician and the dentist attempted to merchandise their respective professions? One has noted attempts from time to time in this direction, but that a halt has been called by the respective profession and a cessation of these activities brought into being. The Dental Profession has been very active in this connection during the course of the past few years and has accomplished a great deal in eliminating certain objectionable features that did not reflect credit on the Dental Profession.

#### PEOPLE LIKE TO TAKE MEDICINE.

Pharmacists are not alone in making mistakes. The Medical Profession has likewise made a serious mistake, in that the physician has, apparently, overlooked the fact that people like to take medicine, and that the successful practicing physician is the one who prescribes. What of the thoughts of the lay person when the physician advises him that there is nothing especially wrong, and advises him to go to the drug store for a hot water bottle, and we will say, a few Aspirin tablets? Such a patient, no doubt, is of the opinion that he knew that much before consulting the physician. There is something about the make-up of the average human being that is instinctively looking forward to receiving one or more prescriptions from the physician, and is much more pleased with a medical service when prescribing is a part of the physician's daily routine.

#### A PROFESSIONAL DEGREE.

To bring about a change in an old-established order is no easy task, for human prejudices are deep-rooted. There needs to be much more on the part of the pharmacist than merely a change of heart (perhaps as a result of financial conditions), as well as a few hundred dollars to open a professional pharmacy. It has been said that there is no royal road to learning. Likewise, there is no royal road toward that goal, which when achieved, will assure one a lasting measure of success and personal satisfaction as a pharmacist.

Pharmaceutical education is the corner-stone of the entire structure. Great advances have been made and further progress is now in the making relative to higher standards in pharmaceutical education. The increase from two to three years was a notable advance, which in turn has been followed by the advance from three to four years. There is, however, much more to be done if we are to reconstruct a new order that will be commensurate with the professions of Medicine and Dentistry. Personally, I sincerely trust that the day is not far distant when our Colleges of Pharmacy will require six years of instruction before the student is allowed to appear before the Board of Pharmacy, and who will have earned a professional degree, namely, Phar.D., thus putting the degree in Pharmacy on a basis equal in every respect to the M.D. degree in Medicine and the D.D.S. degree in Dentistry. Objections will necessarily be registered in opposition to this advance, but let it always be borne in mind that Pharmacy is one of the recognized professions dealing with the question of Public Health. I am appreciative of the fact that there are many factors to be considered and that this desirable change cannot be brought into being over night, but if we are to meet the Challenge of To-day, we should put our house in order day by day, so that when the time arrives when the one professional degree is feasible, that we will have by that time jumped many of the hurdles that are now on our pathway toward that desired goal.

This does not mean that Colleges of Pharmacy should not award scientific degrees. If the student desires to pursue some particular field of Science, scientific degrees should be given for such endeavors, which would not detract, but would enhance the value of the professional degree.

## NOMENCLATURE.

In the building of the new order from the ashes of chaos in the over-exploited field of commercialism, some attention should be devoted to the subject of nomenclature. There are many expressions on our part which are sadly in need of revision. In this connection, I desire at this time to call attention to a few of the thoughts that have come to mind as follows:

(a) *So-called Commercial Pharmacy.*—I am of the opinion that the title "Commercial Pharmacy" should be changed to read "Drug and Sundry Merchandising" or some other appropriate title. As mentioned previously, it is impossible to merchandise a profession without resulting in a partial destruction of the profession in question. The title "Commercial Pharmacy" infers a merchandising of a profession and which reflects to the discredit of the profession. This title is still being retained in a number of catalogs of our Colleges of Pharmacy. These catalogs reach other hands than prospective pharmacy students. They are to be found in the archives of various types of libraries and other places which are more or less affiliated with pharmacy as a profession.

(b) *Pharmacy vs. Professional Pharmacy.*—It is regretted that we speak of professional Pharmacy when referring to the activities on the part of the pharmacist who adheres to the tenets and precepts of his profession, in contrast to the activities of that pharmacist who devotes the major portion of his time to the sale of drug and sundry merchandising. Why the qualifying adjective "professional?" Pharmacy as a profession is professional. Does one hear the physician referring to so-called "Professional Medicine" or the dentist to "Professional Dentistry?"

I appreciate the difficulties involved and I likewise speak in terms of professional pharmacy for means of convenience. Perhaps the usage has been continued to such an extent that it is too late to correct it. The thought has occurred to me that perhaps there is some other word or words which would aptly express the thought implied by the title, "Professional Pharmacy."

(c) *Prescription Business vs. Prescription Practice.*—As a rule the retail pharmacist speaks in terms of his prescription business when referring to the volume of prescriptions that he has compounded. This again speaks of commercialism and reacts to the detriment of the profession. Would it not be better to refer to this phase of the activity on the part of the pharmacist by the title, "Prescription Practice?" The physician refers to his activity by the title, "Medical Practice" and the dentist by the title, "Dental Practice." It would appear that "Pharmaceutical Practice" is to be desired over that of "Prescription Practice," for the daily activities of the so-called professional pharmacist involves much more than the compounding of prescriptions. From time to time, I have referred to this subject by the title, "Prescription Patronage" until my attention was called that the word "Patronage" is a favorite term of the politician.

(d) *Prescription Laboratory vs. Prescription Department.*—The employment of the title "Prescription Department" implies that it is just another department; personally, I prefer the title "Prescription Laboratory." This title is not altogether satisfactory, for the word laboratory is closely associated with science laboratories. In some ways I like the manner by which the Canadians designate this section of the Pharmacy, namely, "the Dispensary."

(e) *Doctor and Dentist.*—Frequently I have heard pharmacists make mention of the Doctor and the Dentist when referring to a member of the medical and dental professions, respectively; the dentist is likewise a doctor—Doctor of Dental Surgery with the professional degree D.D.S. We should refer to the medically trained person as the Physician and the dentally trained person as the Dentist.

(f) *Detailing the Doctor.*—This expression on our part is likewise faulty. I fail to appreciate that a professionally trained person details another professionally trained person. When I, as a pharmacist, seek to render my colleagues a distinctive type of professional service, which should be the part played by all pharmacists, I am not detailing my colleague, and with that thought in mind means that I am admitting defeat in part before I begin, for the reason that many detail men are nothing more nor less than sample distributors.

As a detail man I necessarily place myself in the class of detail men—good, bad and indifferent. Personally, I like to be considered in the light of a personal representative from a professional institution—the colleague of allied professions, and to merit this confidence on the part of my colleagues, it becomes necessary for me to render a distinctive type of professional service. In other words, to engage in a program which I choose to call "Service Re-Defined."

(g) *Service vs. Service Re-Defined.*—One reads and hears a great deal about so-called Service. The term is widely and indiscriminately used and to-day does not carry much weight or significance. Let us evaluate the word "Service" from a critical point of view. Those things generally embraced under the heading of Service are at least expected of us for which we receive financial remuneration. Can one call such procedures, then, by the title of Service? To me, true service begins where all such procedures end. True service begins when I go forth as a duly qualified pharmacist to ascertain how I, as a pharmacist, can render my colleagues a distinctive type of service. I have found in the past that the dermatologist requires a type of service quite different in character than does the allergist, and vice versa. This applies equally well to all branches of medical science, including dentistry. In order to render this type of service, necessarily means that I must be a well-trained individual and that I have made *commencement time* as indicated, time to commence my professional life, rather than to look upon it as *graduation time*, or that period when I throw the books in the corner, to look forward to passing the State Board and to become a proprietor in my own right. It means that I must necessarily have a well-rounded library at my command.

The measure of support and coöperation that I receive on the part of members of allied professions should represent a by-product of my activities, rather than to seek it in a direct manner by merely offering a generalized type of service.

#### PHARMACY AND PUBLIC HEALTH.

One of the many issues confronting us in the Challenge of To-day is one that concerns itself with the question of the retail pharmacy as a Public Health Institution. I refer to the matter of pharmaceutical technique as practiced by the retail pharmacist in the compounding of prescriptions. An evaluation of our present-day procedures reveals that many of our present-day procedures will necessarily have to be modified.

Let us take for example the procedure of filling capsules. Manufacturers of gelatin capsules advertise the fact that capsules of their manufacture are untouched by human hands. From a physicochemical point of view, we know that gelatin as a substance, is one that possesses a marked degree of absorption and adsorption.

What of our procedures as pharmacists? We may or may not wash our hands before entering upon the task of filling, we will say, of one dozen capsules. In the average type of store where the pharmacist must attend to the varied duties "out front" it may be that three or four capsules have been filled and then some other duty necessitates calling a halt for the time being, to attend to a sale of drug or sundry merchandise. In that interim the pharmacist may or may not shake hands, the chances are that he will handle money in a soiled condition. Likewise, his fingers are placed in compartments of the cash register drawer which are far from that desired from a public health and cleanliness point of view. The pharmacist then returns to the prescription laboratory after the sale has been completed, and again enters upon the task of filling the remaining number of capsules, again he may or may not wash his hands.

The capsules have been grasped between the thumb and the index finger and some pressure brought to bear in order to have the prescribed medicaments enter the capsules. It is very possible, that one does not question the fact that there has resulted either an absorption or adsorption of perspiration, so-called dirt, including bacterial organisms, etc. We, as pharmacists, know that capsules are to be taken by mouth. Can one call it a Public Health procedure on our part to engage in a procedure of this type? To-day a number of retail pharmacists are either employing capsule-filling machines or employing clean, and in some cases, sterile thin latex gloves in order to remedy the situation.

*Towels.*—There has been laxness relative to the utilization of a goodly supply of towels in the prescription laboratory. Such a condition is far from being classed as isolated cases and merits serious consideration.

My barber employs two clean towels in connection with a shave for which he receives twenty-five cents. It must be borne in mind that the barber applies towels to my face—an external application; we, as pharmacists, fill capsules and engage in other pharmaceutical procedures, knowing that the medication is to be taken by mouth.

*Ointments.*—Many ointments as compounded by pharmacists are placed in ointment jars.

What of the procedure on the part of the laity in regard to the application of the prescribed form of medication when placed in an ointment jar? The usual procedure for the lay person is to remove some of the ointment by means of the index finger and then apply said portion of ointment to the affected area by means of the index finger. A second portion may be considered necessary. The patient then returns the index finger to the ointment jar—the finger that has come in contact with the affected area and proceeds to remove the second amount. Can one call such a procedure a Public Health measure? To-day many pharmacists are placing as many ointments as possible in collapsible tubes, so as to overcome this difficulty. Others are stressing the need of application by means of tongue depressors and cautioning the patient about returning some of the infected ointment to the jar.

*Nasal Preparations.*—Our present procedure of placing nasal medication in dropper bottles is likewise faulty. The procedure on the part of the average person is to place the tip of the dropper in one or both nostrils, permitting the dropper to come in contact with the infected mucous membranes, after which the dropper is returned to the remainder of the nasal preparation in the bottle. Such a procedure is, of course, far from desirable when considered from a Public Health point of view. A pharmacist in the New England States has overcome this difficulty by placing the medication in a low-priced atomizer bottle. The price of the bottle and atomizer is within reach of the average pocketbook when used in connection with a prescription calling for a nasal preparation.

Thus it will be seen that we should set about to engage in a critical study of our present-day procedures, so as to bring about a desired modification in relation to Public Health measures. Other examples could be cited, but those mentioned suffice to show that this matter deserves attention on our part.

#### THE RETAIL PHARMACY AS A PUBLIC HEALTH INSTITUTION.

In what I have so far stated, mention has been made on several occasions calling attention to the relationship of a retail pharmacy to the subject of Public Health. It is a difficult matter to properly interpret a retail pharmacy as to its rôle in relation to the question of Public Health; no doubt, due to the fact that the writer, like all other persons, suffers from a certain amount of commercial astigmatism. It is difficult to block from view the picture of the average type of retail drug store and visualize in one's mind the retail pharmacy of To-morrow—in which Public Health measures are adopted and wherein the institution is essentially a Public Health institution.

The well-known "Charter's Report" calls attention to the fact, that the retail pharmacy is the best means of disseminating Public Health information. This Report makes mention that the average lay person visits a retail pharmacy many more times than such a person consults a physician. Herein lies a challenge of first order. What should be done and how should it be done? What is the best measure of approach? Should it be a governmental activity as such, or should it be a governmental activity working through the AMERICAN PHARMACEUTICAL ASSOCIATION? I favor the latter procedure. The governmental files are filled with much valuable information relative to Public Health that should be disseminated to the public and which, no doubt, can be best distributed through the agency of retail pharmacies.

#### PROFESSIONAL PHARMACY JOURNAL.

Some progress has been made by the officers of the AMERICAN PHARMACEUTICAL ASSOCIATION relative to a second journal to be published by said organization. I sincerely trust that the present JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION will be retained in its present form. It is occupying an important rôle and is serving a definite niche. Pharmacy as a profession is gaged by many according to the high standard of this JOURNAL as now edited.

There is a need, as appreciated by many, for another journal—a journal devoted to the needs of the practicing professional pharmacist. Such a journal need in no manner whatsoever compete with other journals of a similar character. The subject of so-called professional pharmacy is a comprehensive subject, which is being continually modified by modern advances in many fields of endeavor. It is to be hoped that a professional journal under the sponsorship of the AMERICAN PHARMACEUTICAL ASSOCIATION will soon make its debut.

## THE AMERICAN PHARMACEUTICAL ASSOCIATION AND THE PROFESSIONAL PHARMACIST.

I feel that I am "not talking out of school" nor committing a breach of professional etiquette in referring to the AMERICAN PHARMACEUTICAL ASSOCIATION and its relationship to the practicing professional pharmacist. I feel that we are all more or less willing to admit that the ASSOCIATION should strengthen its relationship with the professional pharmacist.

Many pharmacists are prone to feel that the AMERICAN PHARMACEUTICAL ASSOCIATION is an association of pharmaceutical educators and that the activities of the ASSOCIATION are somewhat removed from the daily problems confronting the practicing pharmacist. Such individuals are not aware of the many activities engaged in by the AMERICAN PHARMACEUTICAL ASSOCIATION, which have more or less remained in the background, but which are essential to the welfare of the pharmacist. There, for example, is the work associated with the U. S. P. and N. F., the relationship of the ASSOCIATION to the medical corps of the U. S. Army and Navy, relationship of the ASSOCIATION with the Bureau of Standards and other governmental bureaus, etc.

It is my opinion that these activities should be brought to the attention of the retail pharmacist in a concise and concrete manner. That is but one part of the problems confronting the AMERICAN PHARMACEUTICAL ASSOCIATION.

We now have that imposing structure—the AMERICAN INSTITUTE OF PHARMACY, one of the most beautiful structures in the City of Washington. Let us see to it that through the Council on Pharmaceutical Practices, or a modification of same, that the AMERICAN PHARMACEUTICAL ASSOCIATION enlists the support of pharmacists in this country concerned with the many problems confronting such individuals.

## SUGGESTED STUDIES FOR THE FUTURE.

During the course of the past decade or so thousands of dollars have been expended in relation to the problems confronting the pharmacist from a commercial point of view. I need only call your attention to the sums of money expended on behalf of the Capper-Kelly Bill, the Code, Drug Institute, Patman-Robinson Bill, Tydings Bill, etc. I am not decrying the merit relative to the expenditure of this money in this direction, but desire to call your attention that other problems are likewise before us.

Among these problems is one related to that field of endeavor wherein we would engage in a comprehensive study as to the "Gold Nuggets in Our Own Backyard;" in other words, what can the pharmacist do other than engage in building up a pharmaceutical practice? A cursory examination of varied activities in which a professional pharmacist could engage reveals that many gold nuggets remain obscured from view because of commercial viewpoint.

Another problem concerns itself with the thought of how the pharmacist can be of service to members of allied professions. For the most part, the average pharmacist announces to members of allied professions that he or she will gladly be of service but does not set before such individuals in a concrete manner just how they can be of service. When speaking of "Service" I do not have in mind those things generally embraced under that heading, for in my opinion, those procedures do not constitute service; they are at least expected of us and for which we receive monetary recompense.

Service, as I see it, begins where such procedures leave off; service begins where I, as a pharmacist, go to the allergist, the dermatologist, the gynecologist, the dentist, the veterinarian and other members of allied professions to become acquainted with their particular types of problems and then to render a service based upon these individual studies. It will be found that the dermatologist requires a type of service quite different in character than that of the gynecologist and vice versa. The same applies to all branches of medical science. A study of this type, of course, is directly related to the pharmaceutical curriculum, for in order to render a distinctive professional service, there must be a splendid educational background involving a curriculum that concerns itself with these factors.

## THE PHARMACEUTICAL CURRICULUM.

For a period of six years I have traveled extensively throughout the United States and Canada. During this period I have made many visits to retail pharmacies and have been seated at the table with pharmacists in a frank discussion of their many and varied problems.

From such individuals, I, as a former member of several college faculties, am becoming aware that perhaps certain deficiencies are existing in our college curricula. The type of instruction as given does not receive any special criticism on the part of those who are engaged in the retail practice of pharmacy. I speak more or less specifically of the younger generation of college graduates.

Such young men and women are confronted with a varied line of problems in connection with the planning, conduct and development of a professional pharmacy. Those familiar with the duties attendant with the conduct of a professional pharmacy, are aware that these problems are quite different in character from those of the average type drug store, although they may appear at first hand to be similar in character.

It has come to my attention that the young pharmacist is not sufficiently familiar with important phases relative to the planning, conduct and development of a professional pharmacy. I feel that I speak with some authority in this connection, as my contacts have been extensive and quite varied.

Let me briefly outline some of these problems:

1. *Selection and Evaluation of the Location.*—The selection and evaluation of a location from a professional point of view necessarily involves many factors. Should the pharmacist lease a floor space in a Medical Arts Building, and if so, what floor should be selected? This is a problem that involves a study of the drift-flow of people, and in this connection there are likewise many factors to be considered.

Let us presume that floor space is not available in a Medical Arts Building. What should constitute the next best selection on the part of the pharmacist? Here, again, many factors must necessarily be considered such as the advantages and disadvantages of a corner, the parking problem, the drift-flow of people, relation of contemplated location from a buying center point of view, etc.

There are various other types of locations that enter into the picture. To what extent are we presenting the facts of the case relative to the evaluation and selection of a location? It must be borne in mind that the problem is quite different from that of an evaluation and selection of a location for the average type drug store.

2. *An Introduction to the Problem, Including a Prologue to a Professional Career.*—In that trinity involving the Physician (Physician and Dentist), the Pharmacist and the Patient, in which the pharmacist occupies one of three cardinal points, there are many invisible forces at work, which must necessarily be interpreted, at least in part, in order to achieve success as a professional pharmacist.

Included in these forces is the one related to the economics of the situation. For the most part, the graduate in Medicine has not received adequate instruction in the subject of medical economics. If such had been the case, the plight of the American physician would be quite different from the picture of to-day. This applies equally well to the subject of Pharmaceutical Economics. It has been my observation that the young man entering the field of professional pharmacy, for the most part, is not familiar with an understanding of these various relationships. It has been my privilege to have presented a series of lectures at Colleges of Pharmacy during the course of the past six years. After the presentation of the lecture entitled, "Man, a Tradition-Built Institution," the next in the series is that of "An Approach to the Problem, Including a Prologue to a Professional Career." In this lecture I attempt to define or rather re-define the fundamental principles involved, in which character is defined as the sum total of one's daily conduct and is considered paramount.

It would appear as though more time should be devoted to issues of this nature, so as to assist especially those of the younger generation, to be better enabled to meet the present-day onslaught of highly competitive measures in a system marked by an over-exploitation of commercialism.

#### THEORY AND PRACTICE OF PHARMACY PLUS.

The Challenge of To-day in so far as it relates to our Colleges of Pharmacy is one pertaining to an interpretation and translation of those things as learned in Theory and Practice of Pharmacy (Theory and Practice of Pharmacy in this case used in the broadest sense, to include the entire

college curriculum) in relation to the professional pharmacy. The conduct of a professional pharmacy is quite different in character than that of the average type drug store. Many are prone to feel that it is nothing more nor less than a question of a mathematical equation, ten or more times, five prescriptions per day. Such individuals assuming positions of responsibility, soon become acquainted with the fact that it is an entirely different story. Such individuals, for the most part, have worked in drug stores and have become imbued with so-called drug store psychology and many are not able to appreciate the problems confronting the professional pharmacist nor how to properly handle certain issues, especially in moments of emergency.

The proprietors of professional pharmacies have informed me that one of their most serious problems is that of securing young men and women who are able to conduct themselves in a proper manner in a professional pharmacy. Such individuals, for the most part, are not looking for young men and women who are able to step into the institution and to function in a one hundred per cent manner from the start, for they appreciate that there are many variable factors involved. They are looking for young men and women whose attitude toward their chosen calling in life, as well as toward allied professions, is of the best, and whose background consists not only of a so-called higher education, but who likewise are cultured individuals.

They are asking that our colleges devote a portion of the curriculum to training along related lines. It has been my observation that the average college graduate is lacking in many phases relative to the planning, conduct and development of a professional pharmacy. This is not said in a spirit of criticism; I appreciate the problem confronting the pharmaceutical educator, for there must be a thorough training in the fundamentals of pharmacy and its many ramifications.

What has been said of the employee is likewise true, in many instances, of the proprietor. I have contacted hundreds of professional pharmacists who are lacking in many respects, when it comes to planning and executing a proper promotional campaign.

It would appear that serious consideration be given to various phases of professional pharmacy, which at the present time, are for the most part, not included in the college curriculum. A few thoughts are given in the following:

1. An Approach to the Problem Including a Prologue to a Professional Career.
2. Evaluation and Selection of the Location.
3. Planning the Professional Pharmacy.
4. Atmosphere of the Professional Pharmacy.
5. Conduct of the Professional Pharmacy.
6. The Prescription Re-Defined.
7. The Library of the Pharmacist.
8. Potential Possibilities at the Command of the Pharmacist.
9. Professional Advertising.
10. Professional Window Displays.
11. Pharmacy in Relation to Dentistry.
12. Pharmacy in Relation to Agriculture.
13. The Baby Department.
14. The Clinical Laboratory.
15. Public Health Measures.
16. Personal Contact Relations with Members of Allied Professions.
17. How to serve members of Allied Professions in a distinctive manner, based upon the particular branch of medical science pursued by the colleague in question.

There are, of course, many other factors to be considered in addition to those points enumerated above. Certain Colleges of Pharmacy have included one or more of the above-mentioned points in the curriculum, and it is to be hoped that the scope of these activities will be enlarged upon in years to come.

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