

their success would be greater if preparations such as this were developed around the personality of the pharmacist rather than under an impersonal title or designation.

I cannot conceive of "Lascoff's Pharmacy" being conducted under the name of the Lexington Pharmacy or the Lexington Drug Company. The store has become an internationally known institution simply because it has portrayed the professional attitude and point of view of the master pharmacist whose name it bears. While all cannot be "Lascoffs," the way is open to every pharmacist to develop his store around his personality, his personal skill and competency, and to establish a personal, professional reputation. In other words, every pharmacist is faced with an opportunity to make his name mean something!

PHARMACY'S POSITION UNDER REGULATED COMMUNITY MEDICINE.*

BY P. J. CALLAGHAN.

One of the great controversial questions of the day centers around the socialization of medicine; this subject was included in the Social Security Bill sponsored by the administration at Washington.

The American Medical Association is strongly opposed to socialized medicine in any form; the medical profession, however, is not unanimous in its opposition as there are certain sections of the United States in which health insurance is flourishing with the best doctors, hospitals and pharmacists included in the membership from which the patient may make his choice.

It is said that in some of the European countries where socialized medicine has been adopted the quality of medical care rendered under such systems is far below the average quality usually given in this country. The patient is likely to get scant consideration, is asked a few questions, handed a few pills or a bottle of medicine and told to come back later. He must take it and like it, as he has no choice in the selection of the doctor; this type of socialized medicine, it seems, would eliminate the pharmacist entirely.

The type of service rendered under the European plan is of such a standard that in Germany, for instance, when a person has a serious ailment he will go to an outside physician for treatment.

In England the doctors engaged in this type of practice are paid \$2.00 a year per person; in order to enjoy an annual income of \$2000.00 the physician must guard the health of 1000 people. Under similar regulations, what would a pharmacist's income be? I wonder. So much for socialized medicine as practiced in other countries. The point I desire to bring out is that in the European plan medication is furnished by the physician; the pharmacist is left entirely out of the picture.

Now let us consider what I shall call the American plan, namely, Health Insurance as practiced in Oregon and the state of Washington. While at the meeting of the N. A. B. P. in Portland last summer I met a gentleman who represented the Kings County Medical Service Bureau of Washington and the Multnomah Industrial Health Association. I was interested in the idea, it was some-

* Section on Education and Legislation, A. P. H. A., Dallas meeting, 1936.

thing entirely new to me, and I asked him a great many questions which he answered gladly. He also gave me pamphlets with the lists of physicians, hospitals and drug stores available to the members of these associations. The entire cost of this service, including medicine, is \$2.00 per month for the head of the family and 50 cents additional for each member of the family.

For this fee the member may choose from a list of 380 physicians and surgeons, and I was informed by a registered nurse that the list included the best members of the medical fraternity, fourteen hospitals, ambulance service, X-ray service and medicine.

I inquired about the medicines, their cost, etc. I was informed that as far as possible U. S. P. and N. F. preparations were used and after having a great many prescriptions filled an average price of 55 cents was arrived at.

Prescriptions are written in duplicate and on the back of the original is a list of the pharmacies at which they may be filled. The patient selects the pharmacist.

These so-called medical bureaus and health associations on the coast were started to offset the threat of socialized medicine under federal regulation as proposed in the Social Security Act. The physicians and pharmacists felt that if they must operate under a plan of socialized medicine they would prefer to make their own arrangements and have the plan in operation when and if federal regulation became a fact rather than wait and be told what to do, and how to do it, by a bureau at Washington. It is said that 500,000 persons are enrolled in health insurance groups at the present time.

The American system as practiced thus far at least holds some hope for the pharmacist, as he is not left entirely out of the scheme. A wave of health insurance activity may gain momentum enough to cause us some concern at some future time but my personal opinion is that the physicians, pharmacists and, last but not least, the American public will not stand for socialized medicine as we understand it and as it is practiced in some European countries.

This subject is of tremendous importance to the pharmacist of the United States, yet in trying to gather material for this paper I could not locate a single article on the part pharmacy would play in the scheme of socialized medicine; the editors of our journals have ignored the subject entirely.

Either the pharmacists do not know that the threat of socialized pharmacy exists, are indifferent to the situation or are afraid to bring the issue into the open; a frank discussion of this question in the meetings of the city, state and national bodies would tend to bring out facts which might be of great assistance in determining our future course of action regarding this important question, should the occasion arise.

PHARMACISTS IN THE BRITISH ARMY.

The committee of the British Pharmaceutical Society reported that they had received a report from Professor Gunn concerning conversations which had had suggesting directions in which the British War Office might be further approached on this question, and had remitted these proposals to a sub-committee for further consideration. The sub-committee had also been requested to examine the motion proposed by Mr. McNeal—"That a Corps of Pharmacists be established and trained in those duties which they would be called upon to perform in the event of war while serving with His Majesty's Forces."