

ment for analysis and measurement. The absorption studies were carried out on solutions contained in the 10-cm. tubes supplied with the instrument. The light emerging from these tubes was matched against the light from similar tubes filled with distilled water. Thus for both the reflection and the absorption measurements the differences between the various samples of morphine sulfate are significant rather than the absolute values.

MAKING YOUR NAME WORTH SOMETHING.*

BY ANDREW F. LUDWIG.¹

I have often marveled at that strange complex of pharmacists which makes them seek to bury their personalities under an impersonal name. For instance, why does John Smith, pharmacist, present himself to the world as the Crescent Pharmacy, or the Broadfront Drug Company as the case may be? It seems incredible that either of these designations can have the same appeal, the same drawing power, or the same value, as the name of the pharmacist himself.

The whole thing seems all the more strange when it is recalled that everything underlying the existence of the Crescent Pharmacy revolves around the personal and individual attainments of the pharmacist himself. The pharmacist has been compelled to undergo an exacting period of training in order to fit himself for the practice of pharmacy and the operation of a drug store. The pharmacist has also been required to pass a State Board examination so that he, himself, may be declared competent to carry on the work for which he has prepared himself. In addition to all of this, he is dealt with on the basis of his personal qualifications and personal integrity in the matter of being licensed to deal in narcotic drugs. On all sides, and in all of his activities he is hedged about and controlled by what he personally and individually is and does.

In spite of this, when this same pharmacist comes to making a place for himself in the business world, a place in which he will exercise his personal talents and will make the public the beneficiary of his personal competency and skill, he blossoms forth under the thoroughly impersonal designation of the Crescent Pharmacy.

Not only does the Crescent Pharmacy become the name behind which the pharmacist loses his identity, but he resorts to the same means and methods when designating the prescriptions which he himself develops and prepares in consequence of his personal professional skill. The label which is placed on the prescription which he himself compounds, the product which permits him to make a professional reputation and build up a professional practice, also fails to carry his name.

The usual imprint line, in the event the store goes in for this type of preparations, is also developed under the name of the Crescent Pharmacy. Many pharmacists utilize imprint goods as a means of building up a business of their own. Products of this kind have no consumer appeal or consumer acceptance other than that which the pharmacist himself can give them. However, once these products become accepted the business in them belongs exclusively to the pharmacist himself. This is a type of professional pharmaceutical practice and, it would appear,

* Section of Commercial Interests, A. P. H. A., Dallas meeting, 1936.

¹ Baltimore, Md.

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. Ph. A., Dallas meeting, 1936.