

standards, it is then necessary to use either less or more of Elixir of Pepsin as the case may be until the amount of albumin falls within the range of the standards.

The following is a sample of the calculations used:

If it is found that 3 cc. of the acidulated solution of Elixir of Pepsin is equal to 5 cc. of the acidulated solution of Reference Pepsin, the calculations would be as follows:

One cc. of the acidulated solution of Reference Pepsin contains 0.000583 Gm. of Pepsin, therefore, the amount of Pepsin in the 3 cc. is equal to 0.000583×5 or 0.002915 Gm. Therefore, the amount of pepsin in 100 cc. of an Elixir of Pepsin of this strength would contain 1000 times as much pepsin or 2.915 Gm. Dividing this amount of pepsin by 1.75 Gm. (the standard required in the Elixir of Pepsin) gives the percentage as used in the above table of figures.

THROUGH THE APOTHECARY TO THE MEDICAL INTERN.

BY ROLAND T. LAKEY.*

The evidence of our changing professional attitudes and viewpoints is embodied in the records of our state association's annual convention programs. A comparison of the papers and discussions of 10, 20, 30, 40 or 50 years ago will reveal a gradual waning of interest in the professional side of retail pharmacy and a corresponding increase of interest in the commercial development of the drug store. It is not my intention to add to the often repeated expression of regret that this has taken place, but rather to point out that we still have only one ground upon which our extremely diversified experiences can make contacts for the purpose of professional improvement, namely, our common interest in the arts and sciences of pharmacy. Due to the failure of our state associations in maintaining this interest, we must seek other agencies for promoting a professional consciousness. The AMERICAN PHARMACEUTICAL ASSOCIATION, of course, provides for this nationally, but has been unsuccessful thus far in enlisting sufficient numbers to make much of an impression locally. It is true that the branch programs are mainly educational and professional in character, but they are not systematically arranged and do not consistently provide for attaining a definite objective. The mixed character of the membership is another reason why they cannot confine their programs to professional subjects. There is in each metropolitan center, however, a number of registered pharmacists whose interests are wholly professional; I refer to the hospital and professional pharmacy apothecaries. With this thought in mind last May, the writer sent invitations to all of the hospitals, professional pharmacies and other institutions conducting an exclusive compounding and dispensing service in the Detroit district, to meet at the Receiving Hospital for the purpose of organizing a Section of Apothecaries of the Detroit Branch of the A. PH. A. Twenty-seven attended the meeting. These men and women welcomed the suggestion of an organization of their own and proceeded to elect officers. R. L. McCabe, proprietor of a professional pharmacy, was chosen as *President*. James Early, chief pharmacist of the Detroit Receiving Hospital, was elected *Secretary* and Helen Linsky, chief pharmacist, St. Joseph Hospital, *Treasurer*. It is estimated that there are about 100 eligible for membership in the metropolitan area and it is expected that practically all will be enlisted when the fall season starts.

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

After the organization was completed, a discussion followed as to the selection of some worth-while project to engage in. Mr. McCabe solved the problem by suggesting that, through their contacts with interns and staff physicians, the hospital apothecaries could render unusual services in behalf of professional pharmacy. It was decided that a systematic campaign of education in the new U. S. P. and N. F. was the most expedient plan to pursue, so plans were formulated for an organized and consistent series of lectures and demonstrations, to be conducted uniformly at the various institutions from October to June. There are over fifty hospitals in the district and we hope to contact the medical staff of each.

Another project to be worked upon is a hospital formulary to meet the needs of the district. Committees will organize the lectures and demonstrations and they will be presented by competent speakers.

My only excuse in bringing this premature local plan to your notice is to call attention to its potentialities at this particular time when the old and new graduates of medicine will be more receptive to U. S. P. and N. F. information and advice relative to the official materia medica. We feel confident that if other metropolitan A. PH. A. branches will organize sub-sections and put into effect similar plans the accumulated results will help to develop a certain amount of professional interest.

A NEW STUDY OF PRESCRIPTION PRICING.*

BY JOSEPH H. GOODNESS.¹

About eighteen years ago I was introduced to the mysteries of a drug store. During the first day the proprietor invited me to watch how a prescription was filled. With running comment on the meanings of the strange drachm and ounce curlicues, abbreviated Latin titles and directions in hieroglyphics, he completed the prescription, acknowledged my "Ah!" and retired to the desk to number, label and price the finished work. I watched him closely from a distance. With the labeling completed, he dipped his pen and scratched a "65" upon the blank. The ink failed to deposit; he tried again, and again failed to leave a mark. For his third try he once more dipped his pen and this time marked the prescription "75." The price was final.

Although untrained in business methods I could not help doubting the honesty of my benefactor and teacher. Longer contact corrected the first impression, for my friend proved to be of the finest ethical and social character, but the feeling of uneasiness the incident created has always remained a stimulus that has led to an extensive study of the subject.

This study has disclosed many things, among them the following: *First*, most druggists do not use a recognized or definite system of prescription pricing, for as scientists they revolt against other people's price-lists, yet cannot figure out a better system of their own. They have in many cases become scientists who guess at prescription prices.

Second, many druggists using a system frequently change from one to another.

Third, all pricing systems have an economic rather than a professional or psychological basis—that is, the final price is the result of several individual costs, each assigned to some particular material or service involved in filling the prescription.

* Based upon a paper presented before the Section on Commercial Interests, A. PH. A., Dallas, Texas, 1936. The original paper has been published in the January 1937, issue of the *Pacific Drug Review*.

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