

name when customers are present. A pharmacist, even in the neighborhood stores, should try to avoid the "Hi Babe, how ya doin'?" Our stores need dignity and discipline; so do our clerks, and so do many of us. Where can we learn it, and how can we teach it? The kind of psychology that a pharmacist needs is, "Know Thyself."

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### THE IMPORTANCE OF THE ALLIED PROFESSIONAL SERVICES TO THE PHARMACIST AND TO THE COMMUNITY.\*

BY JOHN N. MCDONNELL.<sup>1</sup>

The pharmacist has a two-fold duty in the proper practice of his profession. Although the chief function of the pharmacist, that phase of his practice that has been handed down to him through the centuries, has been to supply drugs and medicaments to the public for the cure of disease, there is a secondary service required of him. This may be best expressed as "the duty to impart information regarding the preservation and betterment of the public health."

The pharmacist is the community information bureau in matters pertaining to the above. He is closer to the layman than the medical, theological and law professions. Laymen know the pharmacist best; they trust him and they believe in him. They feel free to place their confidence in him, for they feel that they understand him and he, them.

Much has been said in the past regarding the many phases of diversified activity that make up the proper conduct of prescription pharmacy practice. Service to the physician, better comprehended as a means of greater coöperation between the professions, includes far more than is included within the scope of prescription compounding alone. Service to the community, inextricably bound up with the pharmacist's service to the medical profession, finds its outlet in efforts on behalf of the public health and welfare, and in a large measure, brings unexpected monetary returns to the dispenser.

#### PREVENTIVE MEASURES.

With the rapid development of preventive medicine, as a result of the discoveries in the field of the micro-organisms, there has arisen a greater appreciation of the important place pharmacy holds in the public health field. Preventive measures are not a recent innovation for since the dawn of civilization wherever people have gathered, there strict regulation has been propounded for the protection of the general welfare. During the past years, as science discovered ways and means whereby bacterial infectious diseases might be combated, medicine fought the battle and pharmacy supplied the weapons. Now, we are called upon as never before to aid in the eradication or alleviation of all diseases, contagious or otherwise, serious or simple, wherever they appear, and to provide against recurrence.

A century ago, the age span of man was approximately forty years. To-day it has increased to nearly a decade and a half more than that figure, and the emphasis in the planning and building of hospitals has swung to hospitals for the

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older people, rather than infants and children. We are laying stress on immunization to-day, and the comfort and convenience of the patient.

An evidence of this change may be found in the recently launched campaign against venereal diseases.

#### ANTI-VENEREALS.

The pharmacist holds an important place in the public health control of these diseases, for they are the most difficult to bring to light and the hardest to trace to extermination. By consulting the corner druggist, the public makes its first tentative attempts at medical treatment. The average citizen feels more at ease discussing such misfortune with him. In his hands is placed an awful responsibility for we know that the control of syphilis, gonorrhoea and related conditions depends chiefly on early diagnosis and treatment.

The pharmacist should stress the importance of immediate medical treatment, and refer the patient to the nearest physician or clinic. The layman is prone to consider a few doses of an anti-syphilitic sufficient, and the pharmacist can do no better service to the commonwealth than to insist on prolonged treatment. Inadequate treatment of these diseases has caused more unhappiness and destruction to the common good than many wars.

#### BIOLOGICALS.

Along with the subject of preventive medicine and immunization are the biological products. The handling of these products gives a very definite responsibility to the pharmacist. In recent years, the federal government has seen fit to place rigid supervision over the manufacture and distribution of all biological products under the direction of the United States Public Health Service, while the pharmacist, an individual, is entrusted with the preservation and dispensing of such material.

It is commonly understood as essential that anti-toxins, serums, vaccines, etc., must be stored carefully at proper temperatures to prevent deterioration. Unfortunately, some pharmacists do not appreciate their duty. As evidence of the average lack of intelligence along this line, a recent survey of 1600 drug stores in a great city revealed that slightly less than one-half of these establishments kept biologicals in cold temperatures. Thirty some odd per cent kept them in soda fountain cabinets, at least satisfactory, though not very professional. Less than 16 per cent possessed special refrigerators for biological items. Of the latter group of pharmacists rendering satisfactory service, less than one-half of them used the refrigerators for other drug, chemical and dietetic products which are required to be kept in low temperatures. Thus, only one in every six pharmacists knew and cared enough about his practice to keep biologicals under optimum conditions and only one in every twelve knew enough to preserve all of his medicinals under proper conditions. All of the druggists carefully watched the expiration dates of the biologicals, yet how many of the negligent fifty per cent knew of the extent of deterioration of the products stored faultily during the time?

#### TREATMENT OF SICK.

Aside from the problems of preventive medicine, we must consider that primarily, the drug store exists for the purpose of providing for the public those articles

which are required for the treatment of the sick. There is more to the practice of pharmacy than the compounding of prescriptions or the mere purveying of unrelated merchandise. Since the key-note of the modern pharmacy is "service," the pharmacist is expected to not only be able to instruct the public how to use that appliance or medicament that is purchased from him, but also be able to give to the public some pertinent advice as to the best particular type of instrument or medicament adapted for the special purpose for which it is intended.

This logically includes not merely drugs but also all that information necessary for the public's intelligent use of those drugs; the various apparati which are used for the application of the drugs or other remedial agents, such as heat or cold; the various instruments and utensils which are used in the sick room; and the facts relative to the prevention of the spread of disease to others not previously infected. Together with the foregoing, we have the need for disseminating necessary information relative to the needs of the communities' babies, the expectant and nursing mother; the service of the diabetic patient; vitamins and vitamin products; infants' and invalids' foods; the public laboratory services in assistance as clinical pathologists to the allied professions, public health examinations, commercial testing and the examination of foods; the home medicines and the medicine cabinet; first aid in emergencies and public health work; the allied legitimate products such as trusses and orthopedic aids, spices and food flavors, and cosmetics and non-allergic preparations; and the information services which cover the library and literature, the proprietary medicines and their intelligent distribution, and community and personal care.

#### NEGLECT.

The student is taught in college in his pharmacy course, the physical and therapeutic properties of drugs, not in order that he will usurp the physician's function of treating the sick, but so that he may intelligently aid the medical practitioner. If a knowledge of how drugs act is a desirable thing, how equally important is an acquaintance with the construction, purposes and method of use of these drugs and appliances so frequently required in the management and prevention of disease. Unless the pharmacist knows how to properly use these apparati, it is obvious that he cannot properly serve his customers.

Unfortunately, this important subject has been generally neglected in the colleges of pharmacy. It has remained for the pharmacist to learn all valuable information in his years of later practice. In the past three years, some few institutions have seen fit to add such instruction to their curricula. Partly set between the theoretical and the operative sides of pharmacy, this subject is neither, yet draws equally from both. With the ever-increasingly important place which the pharmacist is being called upon to take in the defense of the community's health, this phase of his pharmaceutical education is being more appreciated by the practicing pharmacist.

#### SICK ROOM APPLIANCES.

The logical point of departure in a consideration of this phase of the pharmacist's activities is to select the so-called "sick room appliances" because of their actual relation to the compounding and filling of prescriptions for ill humans.

Wherever there is a physician's prescription, there is a definite need for an appliance of this type.

In many cases the patient may be already fortified with all of the necessary impedimenta of the sick room. If the pharmacist is not positive whether or not the patron is supplied, he should ask and strive to provide the necessities solely in the interests and welfare of the ill one.

Few pharmacists are sufficiently aware of the importance and scope of these supplies and their manifold types and uses. Most pharmacists are content to merely have something "that will do," rather than that which is best indicated. Some few pharmacists have developed these services to the utmost, and those have found the return more than ample. Unfortunately, a great majority of the druggists of the nation, whether through indolence, through lack of a desire to provide satisfactory service or through unsatisfactory preliminary training, have failed to provide even an adequate amount of this material to their communities. The following table, compiled from a survey conducted some few years ago in an eastern city, showed a woeful percentage of stores with satisfactory service, for while the survey was unfortunately brief and does not include such indispensable items as bedpans, urinals, sputum cups and many other similar items, the low percentage of pharmacies carrying such vitally important items as applicators, depressors, etc., is truly amazing. The survey revealed the following:

	Stores Carrying Items in Stock.	Stores Carrying an Adequate Stock.
Bandages, gauze, cotton, etc.	100 per cent	88 per cent
Sponges	100 per cent	85 per cent
Finger cots	94 per cent	80 per cent
Suspensories	90 per cent	70 per cent
Vaccination shields	90 per cent	70 per cent
Eye cups	90 per cent	80 per cent
Vermin exterminators	90 per cent	80 per cent
Eye and Medicine droppers	85 per cent	75 per cent
Corn plasters, etc.	80 per cent	70 per cent
Gloves, rubber and surgeons	80 per cent	45 per cent
Eye shields	70 per cent	40 per cent
Lamb's wool	65 per cent	45 per cent
Lint	60 per cent	40 per cent
Crutches	56 per cent	40 per cent
Wrist Bands	50 per cent	40 per cent
Corn files	50 per cent	20 per cent
Applicators	50 per cent	45 per cent
Depressors	50 per cent	45 per cent
Medicine glasses	40 per cent	35 per cent
Stomach pump	25 per cent	25 per cent
Elastic stockings	16 per cent	8 per cent

That even fifteen per cent of the stores do not stock such obviously important items as medicine droppers and eye droppers, seems incredible. Ten per cent without eye cups and one-fifth of them without corn plasters or rubber gloves is almost unbelievable. It is a sad commentary and an indictment on the state of pharmacy to-day and an obvious explanation of the reason why druggists fell so in the esteem of the allied professions.

It has been estimated that there are approximately 170 millions of prescriptions filled annually in the United States, valued at a total of 150 millions of dollars. We know that less than seven per cent of the total number of pharmacies provide approximately three-quarters of this service, and it has been also estimated that there are 200 millions of dollars worth of appliances and professional supplies sold in the same period by the same pharmacies, the unit sale being greater and the proportionate return greater. That the pharmacist benefits in rational proportion is evident, for it is well known that the mark-up on products of this nature is at a 40 per cent on the selling price minimum. Of even more importance in our opinion, and aside from the economic angle, is the direct bearing this service holds in supplying necessities for the preservation of the public health.

#### BABY SUPPLIES.

Another phase of the subject of professional service is to be found in the pharmacist's aid to the baby, to the nursing and to the expectant mother. This is one of the newest and more emphasized of drug services and presents excellent opportunities for a combination of professional knowledge, service to the community and merchandising ability.

It has been found that in 41 per cent of all American homes, babies are to be found ranging from birth to ten years of age. In other words, in every 515 homes (for that is the average number of homes per drug store), 212 have baby residents in this age group, totaling 466 in all as an average. Each baby consumes on an average \$40.00 per year in medicines and supplies, being a total of \$18,640, which should be the average income of the druggist for the babies in his community. If he does not service this evident demand, some one else is, and he is failing in his duty. In this classification come baby foods, which require a complete understanding of their composition and use, sundries, medicines and drug needs, and toiletries. A great deal of emphasis has been placed in recent years on this subject and we may pass on.

#### DIABETES.

Another source of revenue, and a demand for scientific knowledge and service, is the diabetic. Once a diabetic, always a diabetic, and the pharmacist should better appreciate him as a consistent patron. Insulin, food scales, diet books, nutritional products, clinical apparatus and sugar-testing outfits, and syringe outfits find an outlet.

#### VITAMINS AND FOODS.

The amount of misinformation prevalent regarding the vitamins is astounding, and the pharmacist may well render an immediate and valuable service to his community by regulating intelligently the use and abuse of these organic catalysts. Since no provision has been made to confine these potent and powerful vitamin preparations to the prescription laboratory, we must assume the task of educating the public.

What are the vitamins? What do they do? How are they standardized and where are they to be found? When do we need them? What is vitaminosis and how is avitaminosis brought about? The public is conscious of the importance of these questions and expects the pharmacist, who is the scientifically trained pur-

veyor of these products, to protect them from their own ignorant abuse of these products. Infants' and other special foods assume increasingly important places in the modern pharmacy as we follow the advance of the sciencelet, Nutrition. Are we prepared to present essential facts pertaining to it?

Along with the above we may add specialized medical service, such as the presentation of veterinary medicines, especially those for cats and dogs, household pets being an important part of family life in every part of the country. The development of this phase of your service, prompted by local life and practices, is an important move. Dental and osteopathic medicines are others.

#### PUBLIC HEALTH ACTIVITIES.

Supplementing all the above services is the last, and most important, of the pharmacist's duties: that of the intelligent distribution of authentic information to his patrons. Proprietary medicines govern many laymen's therapeutics, and must be purveyed with discrimination by the pharmacist. By rendering an information service about the latest developments in medications, therapeutics and scientific thought, he may materially aid doctors and dentists, as well as himself. The pharmacist's library should be a factor to his pharmacy, not an appendage.

#### CONCLUSION.

This lengthy, and somewhat elaborate discourse has been intended to focus the attention of pharmacists upon their possibilities. No pharmacy may measure up completely to this yardstick. If pharmacists consider each of these phases, recognize their importance to the public, and appreciate the opportunities for profit contained in them, every one will benefit. Many of pharmacy's ills may be directly traced to our laziness, lack of enterprise and desire to scrap with a competitor over non-professional competitive lines.

More originality in operation and more emphasis on service to the community should be the aim of to-day's pharmacist. Without further thought, great returns will come unheralded in real and psychic income.

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#### FAIR TRADE—PAST, PRESENT.\*

BY SAMUEL SHKOLNIK.<sup>1</sup>

The fair-trade movement, aimed at curbing loss-leader selling and predatory price cutting, is now well established and definitely accepted. The legislatures of some thirty-eight states have decided on the desirability of fair-trade legislation and the so-called fair-trade movement. The Supreme Court has spoken on the constitutionality of it. Now, let us analyze just how it has operated and how it is going to operate, what part the manufacturer and wholesaler have played, will play and must play, and what part the retail druggists have played and must play.

*Past Is Cited.*—We all know that the predatory price-cutting evil reached its peak during the past two decades and the years of depression. It was during those

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