In addition to these regular duties, special tasks are entrusted to each apprentice.

The assistant in charge takes care of the mail orders, which are sent out each day, prepares all fifty and seventy per cent alcohol solutions, gives out all alcohol and keeps a daily record of these issues. The pharmacist verifies this record once a month, when the report is sent to the government.

The junior assistant makes all hypo and developer for the X-ray department. The manufacturing pharmacist supervises the making of these solutions. Another task is the bottling of all procaine solutions made for injection. This is done in the pharmacy proper, and is supervised by one of the pharmacists.

The above constitutes the duties relegated to the unregistered assistant, and since this arrangement has been successful in the pharmacy at the University of Chicago Clinics, it is offered with the hope that it may contain a few helpful suggestions.

ESTABLISHING A FAIR WAGE LEVEL FOR THE HOSPITAL PHARMACIST.*

BY DORTHEA FRANKS STONER.[1]

Often in the past the employment of inferior pharmacists in the hospital has been due to the fact that the wage scale has been much lower than in the retail pharmacy. The hospital has merely set a wage without ascertaining whether or not this is in accordance with the earning capacity of the department and has not attempted to determine the value of a higher salaried pharmacist in lowering the expenses and increasing the efficiency in their pharmacy. It has been shown in a recent series of articles published in the *American Professional Pharmacist*, that the efforts of an intelligent and personable pharmacist would more then counterbalance the increase in salary. This eradicates the old excuse that the hospital could not afford the services of a pharmacist demanding a reasonable wage.

The hospital pharmacy should not continue to be a drab, dirty, cluttered corner of the hospital that all members of the hospital personally dislike frequenting. For the hospital is a small city in itself, employing nurses, laboratory technicians, X-ray technicians, anesthetists, surgical supervisors, pharmacists, instructors, students, bookkeepers, maids, porters, engineers, firemen, painters, clerks, librarian, stenographers, telephone operators, dietitian, cooks, waitresses, kitchen help, dish washers, butchers, window washers, carpenters, laundry workers, storeroom keepers and men of all work. Just as the retail druggist expresses his personality in his store and draws customers, the hospital pharmacist should create a personality for his pharmacy and attract his customers, the hospital employees and doctors. The doctors are the hospitals most important customers. If they are not served honestly and efficiently, they have issue to take their patients elsewhere. Many hospitals permit their doctors to bring in what medication they wish. However, the pharmacist can do a great deal to discourage this by gaining these men's confidence through service. On every contact with them make their demands seem the most important duty you have.

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One can readily see that the service which a hospital pharmacy demands of its pharmacist cannot be given by a person who has no personality or initiative to accompany his intelligence. The pharmacist should not be one of those types of people who are unable to secure work elsewhere and therefore, will accept a low wage merely for the sake of employment. He should not be maintained if he has lost interest in the institution or has become afraid to assert himself in regard to changes effected in his own department. Often the hospital pharmacist is the type of person who does not care to make contacts with people, therefore, has accepted a hospital position because he feels that he will be inaccessible, barricaded behind hospital walls, forgetting the fact that he should contact the medical staff constantly. These people are of no value in creating a personality for the hospital pharmacy.

One should bear in mind that the outlook of the pharmacist in the privately owned hospital is different from the view held by one in a state institution or free dispensary. Although the pharmacist in the two latter types of institutions must maintain their pharmacies at a minimum of expenditures they do not have to cater to the doctors and contact them as the pharmacist should in the former type of establishment. In my pharmacy I consider the goodwill of the doctors my most valuable asset. And though the hospital is not incorporated for pecuniary profit it should still have a pharmacy that is capable of meeting its own expenses and overhead.

To establish a fair wage standard for a hospital the following plan could be tried. Start the pharmacist out on a living wage, and I believe that any superintendent could judge this quite accurately if he understands his problem. Then offer raises in salary quarterly or every six months, these advances being proportionate to the salary offered. Then at the end of a year a bonus could be offered, being based on the advance of gross profit for the year over that of the preceding years. Having had this plan effective for two or three years take the figures and find the average monthly salary under this plan, establishing this as the permanent salary for the pharmacist. This would present a fairly accurate picture of the wage in comparison to the earning capacity of the pharmacy. At the end of this period it would also be possible for the superintendent to give careful consideration to the existing situation. Is it advantageous for the hospital to maintain a full-time registered pharmacist with his duties in the pharmacy being his only occupation, or would it be advisable to have the pharmacist work in other departments in collaboration with his pharmaceutical work? By this means the institution would be able to employ its pharmacist at a wage beyond criticism; which would be an inducement to the best types of pharmacists available and eliminating the undesirable ones.

This plan could be worked in a free dispensary if an estimate were taken on the cost of drugs per capita and then granting a bonus on the reduction of this number over a period of two or three years in comparison to previous years. Add the bonus figure to wages and average as above, discontinuing the bonus and establishing the pharmacist wage at a higher level. Of course this plan could not be used by a state institution where salaries are under legislation for there are very few legislative bodies granting bonuses to-day.

The idea mentioned above of the pharmacist going into departments of the hospital was discussed in a paper presented before the pharmacy division at the Tri-State Hospital Convention held in Chicago. The suggestions made were reasonable and very good considering the very extensive instruction the graduate pharmacist receives to-day during his four years of pharmaceutical training.

This wage yard-stick would be of little value to those hospitals who have established the positions in their pharmacies on a fair wage basis, but to the many small institutions, whose pharmacies are badly in need of reorganization, this is offered as a practical solution.

A SURVEY OF PROPRIETARIES IN PRESCRIPTIONS.*

BY J. H. GOODNESS.[1]

Several years ago while visiting a druggist, I was surprised to hear him refuse a prescription. My curiosity caused me to ask the reason for his action. His explanation ran somewhat as follows:

"It's bad business," he said, "filling that prescription. It calls for three ounces. I have to buy sixteen ounces, and I won't get another prescription like it again for six months—perhaps never. I know what I'm talking about—let me show you the proof." With this he led me to his "morgue" upon the shelves of which stood about seventy or eighty bottles and packages. He reached for what appeared to be a full sixteen-ounce bottle in the "S" section and holding it up he continued, "Two ounces out of this one, about a year and a half ago, for one of those 'two-specialties' prescriptions. If I ever sell the store it will help my stock look complete. I can't see how a young fellow can open up a professional store to-day. He'd have to have twenty times the investment this store was started with thirty years ago, and I didn't start on a shoestring. I've cleaned a lot of this stuff out; it isn't much good after a couple of years, and anyway, I don't want to increase my floorspace just to store this stuff in a warm place."

There was no doubt that this pharmacist had made up his mind that one of the greatest enemies of his prescription business was the manufacturer who was constantly increasing the number of proprietaries and specialties. Although I talked with him for some time about the matter, he was so completely biased and used such strong language that I could hardly put faith in what he said. The question, however, was important, it seemed to me, and so I decided to conduct one or more surveys to determine, if possible, the trend in this matter.

I searched for existing statistics and found that the recently issued National Drug Store Survey and the Professional Pharmacy had considerable information on the subject. It showed that although proprietaries were responsible for from 35% to 45% of the total value of the inventory of the Prescription Department, proprietaries constituted only 20.5% (1/5) of the total number of ingredients used in compounding the prescriptions studied. About 25% of the prescriptions called exclusively for specialties, from 50.9% to 53.6% of the prescriptions were for non-

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