

6. Personal Habits. Does he drink to excess or is he a teetotaler? How does he spend his spare time? Reading, good movies or jook joints? What type girls does he enjoy being with if he is unmarried? Flashy flogies or educated intelligent girls? Does he go to church?

7. Coöperation. This is vital. Will he endeavor to carry out your instructions and endeavor to do things as you wish them or will he be the know-it-all type and do it his way. If he does not promptly demonstrate his willingness to work pleasantly and smoothly with your organization get rid of him as quickly as possible. The tremendous success that has come to certain firms is unquestionably due to a large extent to the careful and intelligent selection of workers.

While I have been delivering this little talk, many of you may be thinking—"My staff is satisfactory and I do not need to bother about new employees," but you can never tell just when you will need additional help and I believe it is wise to interview likely-appearing applicants and have them fill out your regular blank after your interview, to indicate your impression of him and grade him accordingly. It is good practice and may be needed before you expect.

These suggestions are made with the hope that it will arouse a greater interest in this particular phase of our business. After twenty-five years I have learned that too much thought can not be given to the selection of your personnel. Had I made this analysis of all employees, I would have saved many hours of worry and a great deal in dollars and cents.

### BACK TO PHARMACY.\*

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For the past several years there has been an ever increasing tendency on the part of many physicians to limit writing of prescriptions to preparations or mixtures of preparations bought ready made by the pharmacist. It is not the purpose of this paper to delve into the contributing factors to this situation. It is merely presentation of the program instigated by one pharmacy directly faced with this problem. This pharmacy has been noticing for quite some time a gradual decrease in the number of prescriptions that required actual compounding. Increasing proportionately in number were prescriptions for preparations or mixtures thereof bought ready made. The filling of these latter prescriptions, requiring only, or little more than transfers into different containers, could hardly be classified as actually compounded.

This pharmacy felt that an effort made to check this trend would prove to be of mutual benefit to the patient, the physician and the pharmacist. What was termed a "Back to Pharmacy" program was undertaken the latter part of August 1938. For the initial step in this program the following prescription was selected.

R̄ Strychnine sulfate	gr. $\frac{4}{6}$
Distilled water	fl. dr. 2
Saccharated ferrous carbonate	gr. 320
Pancreatin	gr. 160
Tincture of vanilla	fl. dr. 4
Malt extract, diastasic	
Cod liver oil	fl. oz. 16
of each to make	

M. Label: tablespoonful three times daily.

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This prescription was not an original one and the method of compounding should not require any comment. It was selected for the following reasons. *First*, it was a palatable type of prescription that would be freely prescribed during the coming months; *second*, it was of long standing and had been successfully prescribed in past years by prominent physicians; and *third*, it presented an ideal prescription for variation of ingredients and their dosage to meet the particular requirements for individual patients. The latter reason being of special importance when the prescription was presented to the physician for consideration. The dosage of the strychnine sulfate, saccharated ferrous carbonate and pancreatin could be prescribed as best suited the patient. Should any of these ingredients be undesired, they could be omitted or replaced by innumerable others. Tinctures such as nux vomica, gentian or gentian compound could be prescribed instead of strychnine sulfate. Practically any iron salt desired could be substituted for the saccharated ferrous carbonate. Elixirs such as lactated pepsin, gentian and phenobarbital could be incorporated. In cases where the cod liver oil presented an objection, it was found best to replace the oil with distilled water and malt extract, the amount of water used being small if an insoluble iron salt and pancreatin were used. If all water soluble ingredients were used the oil could satisfactorily be replaced with equal parts of distilled water and malt extract.

In addition to fully acquainting the physician with the wide variability of the prescription, the palatability and former successful usage were brought to his attention. Further, an attempt was always made to discuss with the physician the disadvantages of prescribing some preparation that was apt to be quite well known, either through advertising or counter display, to the laity. Also the physician was cautioned about the possible errors that might occur when the patient was told verbally what to take or use, and reminded that such possible errors could not occur when a written prescription was given. In conclusion the physician was informed that this pharmacy was ready at all times to suggest or help work out variations of any type of prescription to meet the particular requirements for the patient. The majority of the physicians contacted showed a very marked interest and all expressed a willingness to give some variation of this prescription a trial at the first opportunity.

To obtain some definite basis by which to judge the results of this work, the following tabulations were taken from the prescription files of this pharmacy. Table I from the first nine months following the presentation of this prescription to the physicians and Table II from the corresponding months of the year before.

TABLE I.—TABULATION OF MALT TONIC PRESCRIPTIONS FILLED SEPTEMBER 1938 THROUGH MAY 1939.

	Actually Compounded.			Bought Ready Made.		
	Prescriptions Filled.	Variations.	Physicians Writing.	Prescriptions Filled.	Variations.	Physicians Writing.
1938						
September	15	4	4	3	3	3
October	16	5	5	5	3	3
November	22	5	4	11	5	5
December	19	5	3	3	3	3
1939						
January	18	7	4	7	4	4
February	18	5	4	4	4	4

March	36	6	6	4	4	4
April	22	7	4	1	1	1
May	20	6	6	0	0	0
Nine Months	186	10	10	38	11	10

TABLE II.—TABULATION OF MALT TONIC PRESCRIPTIONS FILLED SEPTEMBER 1937 THROUGH MAY 1938.

	Actually Compounded.		Physicians Writing.	Bought Ready Made.		Physicians Writing.
	Prescriptions Filled.	Variations.		Prescriptions Filled.	Variations.	
1937						
September	0	0	0	18	5	5
October	1	1	1	26	3	5
November	0	0	0	12	5	6
December	1	1	1	8	5	5
1938						
January	0	0	0	9	4	5
February	3	1	1	21	8	7
March	1	1	1	11	6	3
April	0	0	0	9	4	4
May	1	1	1	4	2	2
Nine Months	7	2	2	108	13	12

These tabulations were for new prescriptions only, as no records were kept on refills. Changes in dosages of ingredients were not considered variations.

TABLE III.—COMPARISON OF ACTUALLY COMPOUNDED AND BOUGHT READY MADE MALT TONIC PRESCRIPTIONS FOR THE TWO NINE-MONTH PERIODS.

	Total Number.	Actually Compounded.	Per Cent.	Bought Ready Made.	Per Cent.
	Filled.	Number.		Number.	
September 1938-May 1939	224	186	83	38	17
September 1937-May 1938	125	7	5	108	95

From the standpoint of the pharmacy the increase from five to eighty-three per cent in actually compounded prescriptions made the effort extended well worth while and it could not help but be felt that the increase in total number of malt tonic prescriptions filled was partially due to less verbal prescribing, a habit so easily acquired by the physician when giving this type of medication.

More gratifying has been the physicians' repeated expressions of the fine therapeutic results obtained and continued requests for information on other types of prescriptions. In fact, the "Back to Pharmacy" program needs no further step with several of these physicians, they have taken over the initiative.

While no definite study was made of the comparative costs to the patient, it can safely be stated that the average cost of the actually compounded is considerably less than the average cost of the bought ready-made prescription of this type.

From the patient came many expressions of the results they were receiving, especially in regard to gaining of weight. Contrary to expectations there were not many patients who strenuously objected to the cod liver oil taste. Frequently patients would remark that they did not care at all for the taste of the prescription at first, but now they did not mind it. On several occasions patients expressed surprise when catching a glimpse of the pharmacist mixing his prescription in a large mortar, stating that they thought all drug stores bought medicines in large containers and merely put them into smaller ones.

This type of "Back to Pharmacy" contact work with the physicians will prove of mutual benefit to the patient, the physician and the pharmacist.