

THE THREE ANGLES OF THE TRIANGLE.*

BY H. V. ARNY.

I count it a distinct privilege to address the graduating class of the Medico-Chirurgical College this evening. Too rarely do the three branches of medical science, medicine proper, dentistry and pharmacy, gather together on the equal footing of common interest and cordiality. Here this evening you gather in the common bond of affection for the alma mater whose diplomas you will receive on the morrow. Here each of you, while rightly believing your department of the healing art is best, recognizes "the other fellow" as a good chap, worthy of your friendship, your esteem and your confidence.

To my mind, the three departments of medical instruction represented here this evening are as essential to the well being of medicine as are the three angles to the triangle. As a spokesman of pharmacy, I am modest enough not to insist upon an equal angled triangle, but I will maintain that pharmacy is one of the angles and even dare remind our brethren in medicine and dentistry that if one of the three angles of the triangle is eliminated, the triangle automatically becomes a straight and narrow line coming from nowhere and leading to infinity.

In short there is not a practitioner of medicine or of dentistry, unless he be a mental healer or a therapeutic nihilist, who does not lean upon pharmaceuticals in his treatment of diseased conditions, and in these days of specialization such products are naturally obtained from the pharmaceutical specialist. Whether the specialist is the large manufacturer or the retail druggist is not at the present moment under consideration. The fact remains that the physician and the dentist instinctively turn to the pharmacist for their medicaments; hence my contention that pharmacy is one of the three angles of the triangle is based upon sound logic.

Let us now turn to the question of the man behind the drugs; let us consider the relations existing between the pharmaceutical manufacturer and the retail pharmacist. The past half century has seen a wonderful development of the preparation of pharmaceuticals by large concerns, even as it has seen a remarkable growth of all lines of industrial activity. It sometimes seems to the student of the problem that all individual activity is to be engulfed in the sea of corporate aggression. Second thought, however, shows me that this fear is unfounded and that for reasons which will be given later. Be this as it may, the scope of activity of the manufacturing pharmacist has increased enormously, and even those of us who a score of years ago resented the intrusion now have to admit that it is the logical result of the sound economical law, that the average man cannot successfully compete with machinery. So the manufacturing pharmacist is here to stay, despite the railings of the retail pharmacist and of those of us who are the retailers' friends, admirers and advocates.

The manufacturer is here because machinery can make things cheaper than can the hand-worker; he is here because his system permits the employment of experts in each line of which he is a producer; he is here because his sales organization permits him to let the world know that he produces certain goods.

I might add that the manufacturing pharmacist is here largely because of the retail pharmacist. In the early days of pharmaceutical manufacturing, the re-

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tailor wasted his energy in railing against the aggressions of the manufacturer rather than devising suitable means of meeting the new competition. As I have said to my students more than once: "If the druggist used the same skill in persuading the physicians of his neighborhood to prescribe the products of his laboratory, as the detail man of the manufacturer employs in 'boosting' the specialties of his concern, the detail man would not have a leg to stand upon." The best proof of the truth of this statement is the fact that most of the large pharmaceutical manufacturing concerns of to-day began in the back room of a retail drug store, the proprietor of which, twenty or thirty years ago, dared to go out after medical patronage. I recall how amused I was in my student days in Philadelphia to hear that one of my classmates was enlisted by his "boss" to go out and talk to physicians about the peculiar merits of the products of the laboratory of that particular drug store. It struck me as such a work of supererogation to tell doctors that Blank was a good druggist. That was a self-evident fact. Of course the doctors knew that he could make good products. And yet, out of those efforts has grown one of the great pharmaceutical enterprises of your city and that original "detail man" was the forerunner of a great sales force which has the world for its field.

Verily the manufacturing pharmacist is here to stay, but he will not monopolize the entire field of pharmacy unless you physicians and you dentists and you retail pharmacists so will.

A few minutes since, I pointed out the futility of the average hand-worker competing with a machine in the manufacture of average goods. But let me now say that it is equally futile for a machine to compete with a true artist in the production of an unusual piece of work.

The chromo is a very pretty ornament to hang upon our walls, but it will never wholly replace the living canvas upon which the artist has poured his soul. The phonograph and the piano-player have added much to the gaiety of nations, but despite the advertisements of interested concerns, there is a mechanical "something" about the really admirable performances of these appliances that tells one that they are "canned music." The fascinating advertisements of the Goldenstone-Silvermount clothes, with their stunning pictures of swagger youths in perfect array, tell us that the investment of fifteen dollars or slightly more will make Beau Brummels of all of us; yet somehow or other these alluring garments do not as a rule look as well on you and on me as they do on the Gibsonian models and some of us are stubborn enough to prefer to pay more to some tailor who understands our structural frailties and who uses his individuality in counteracting the defects of our frames.

The same truth applies to pharmacy. The tablet, the coated pill, the bottled elixir or even the "original package" nostrum may and do have attractiveness of appearance that many products of the prescription counter may lack, but the problem which every medical practitioner should squarely face and which is imperatively before you gentlemen who will be declared physicians to-morrow is whether you should chain yourself irretrievably to the ready-made medicine. No greater indictment of this fault of the modern physician was ever given than one which I was privileged to hear twenty years since from the lips of that prince of practitioners, Dr. Edmond Souchon, of New Orleans, who, speaking at a meeting of the Medical Society of that city, gave a word picture of the physician of the old school whose behavior at the bedside of the patient partook of the nature of a ritual. First came the clinical examination, with formal precision and studied absence of haste; then came the diagnosis with manifestations of sympathetic

interest; then came the writing of the prescription; the impressive moment when the paper was called for, the gold pencil was carefully adjusted and the ingredients written "line upon line" with time for thought given to each line. "What do you young physicians do to-day?" he queried. "You rush in, you look at the patient's tongue and feel his pulse and then you whip out your prescription blank and write 'Jones' Celebrated Pertussis Elixir,'" and bear in mind, this pen picture was drawn a score of years ago when the dispensing physicians were few and far between.

That it will be a bad day for the healing art when physicians depend entirely upon ready-made prescriptions in the practice of their calling, practically every thinking man will admit. To this, you physicians and you dentists will reply, "Oh! when my patient needs a special combination I do write an original prescription and have it taken to some pharmacist for compounding." But, I say, *what will happen when, because of the prevalence of the ready-made medicine, there will be no prescription pharmacists?*

Here is the vicious circle. The physicians claim that the average druggist is so busy with the mercantile side of his calling that he does not give proper attention to the dispensing of prescriptions; hence the medical man is forced to dispense tablets or to order ready-made mixtures; the average druggist retorts that the modern physician's neglect of the art of prescription writing has forced the druggist to give more attention to trade matters, than to his prescription department.

Like most vicious circles, there is truth in both contentions; but like all vicious circles, the truths are only half truths. The circle is defective, and should give way to the medical triangle suggested at the beginning of this address.

It is true that the average druggist is giving too much time to the mercantile side of his calling and too little attention to its professional aspects, but it is equally true that his explanation given above is sound. The trouble with pharmacy is that there are too many druggists and too few real pharmacists. In the first place, there are more drug stores in this country than there is need for. In the second place, the so-called "progress" of the past quarter century has been largely a matter of lavish expenditure. As my beloved preceptor down in New Orleans remarked to me on my last visit to that city, "I am making about as much money as I did thirty years ago, but to make this money I have to do three times the business I did then." With all this increase in the cost of doing business has come a decrease in the number of prescriptions, and if the average druggist did not turn to mercantile lines, scarcely compatible with the dignity of pharmacy, he would soon go into bankruptcy.

The statements just given suggest the retort that the physician and the public are not interested in the well being of any individual druggist or even of retail pharmacy as a whole. "Let every tub stand on its own bottom," you might say, "and if retail pharmacy is not fit to survive, let it perish." To this, my sole reply is the one given above. *It will be a bad day for the healing art when you physicians and you dentists depend entirely upon ready-made prescriptions in the practice of your calling.* Yes! even you dentists—despite the many admirable dental supply firms who cater to your needs, medical as well as surgical—have a direct interest in the maintenance of high-grade retail pharmacies where your extemporaneous prescriptions will be properly compounded and where you may obtain expert advice upon the pharmaceutical aspects of your calling.

But where amid the clutter of chain stores and "chicken sandwich parlors" that bear the name of drug stores will we find the real pharmacist; the man who prefers the compounding of prescriptions to the selling of apples and of cameras?

A goodly number indeed there are who have not gone after the false gods of commercialism.

In this city, I, a comparative stranger, could mention a score or more of pharmacists who, despite adverse conditions, conduct pharmacies with the highest degree of skill amid surroundings befitting the dignity of the profession which they truly follow. And what is still more encouraging, these gentlemen have practised professional pharmacy with marked financial success.

In addition there are hundreds of druggists in this city, who could and would practise real pharmacy if sufficient pressure and encouragement from the medical and dental professions obtained.

These two words, encouragement and pressure, epitomize what medicine and what dentistry can do to bring retail pharmacy to the plane where they would have it. Encouragement of such splendid institutions of pharmaceutical instruction as your own alma mater, pressure to prevent the existence of low-grade institutions which are willing to turn out incompetents provided only that the size of the graduating class will attract still larger entering classes. Encouragement of the leaders in pharmacy in their efforts to elevate their calling by providing more stringent requirements for registration as pharmacists; pressure upon legislators by seconding the efforts of pharmaceutical legislative committees toward securing more adequate protection of the public against the indiscriminate sale of drugs, medicines and poisons by totally unqualified store keepers and by poorly qualified druggists. Encouragement of the real pharmacist by writing prescriptions for mixtures which demand skill in compounding; pressure by refusing to patronize druggists who fail to produce satisfactory extemporaneous prescriptions.

"But there's the rub" has more than one physician responded when I suggested the foregoing expedient. "If I insistently recommend a particular pharmacist, my patients think there is an unholy alliance. If I express emphatic disapproval of a certain druggist, he may make trouble for me."

There are several ways in which the physician may wield the influence just suggested. In the first place, it is not merely the privilege, it is the duty of the physician to insist that his prescriptions be properly compounded. I have known fearless physicians who have threatened to give up the case if prescriptions were taken to a certain incompetent druggist. As to recommending specially qualified pharmacists, most physicians have no qualms in recommending to their patients one or more specialists in surgery or in throat work, so why should they not likewise recommend pharmaceutical specialists? In a city of the central west, the problem was well met by the use of an associated prescription blank, on the back of which appeared the names of a dozen pharmacists scattered through the city, any one of which was well qualified in his art.

There is at the present time great need of crystallizing selection in pharmacists by physicians upon the definite nucleus of public opinion.

It is an accepted fact that the possession of the registered pharmacist's certificate does not assure pharmaceutical excellence any more than does the registered physician's certificate guarantee that its holder is an ideal physician. To be a highly satisfactory prescriptionist, one must have education, a well-equipped laboratory, surroundings compatible with the dignity of the service, and last but by no means least, a marked inclination for prescription work. Two methods of determining and of manifesting these requirements have been suggested thus far. Dr. Bastedo of New York, a graduate of pharmacy and a medical practitioner and teacher, proposes the creation of "certified pharmacists" by a joint commission of physicians and pharmacists. The other suggestion is the organization of an

American Institute of Prescriptionists, doing for pharmacy the sifting out presumably accomplished for surgery by the American Institute of Surgeons and for chemistry by the Institute of Chemical Engineers.

The standardization of pharmacy is in the air and you representatives of medicine can do much, if you only will, to bring about the reform.

And in conclusion, a special word to the pharmaceutical graduates of 1916. The institution whose diplomas you will receive to-morrow has given you thorough and sane courses of instruction fitting you for a career in either one of the two fields of pharmacy—manufacturing and dispensing. It is eminently wise, it is entirely right, that these two subdivisions of pharmacy be given equal attention by colleges. Each phase of pharmacy is necessary to the public welfare. Each phase has so much to do in its own particular sphere of influence that it has little time to encroach upon the other phase. Bear in mind that pharmacy has two patron saints, and while my studies in eschatology have not shown me the individual activity of Saint Cosmos and of Saint Damian, I am sure that one stands for manufacturing and the other for dispensing.

Some of you go out to-morrow as pharmaceutical chemists, while others of you will be dubbed "graduates in pharmacy." You have spent your college years together united by the fraternal bond of mutual interest, even though your courses of instruction have not been identical. Even so, while your future careers—manufacturing and dispensing—may be different in kind they are alike in declaring allegiance to Mother Pharmacy. Different viewpoints, the two phases may have; different opinions on certain topics may obtain; but on the other hand, there is no need for friction, since the two sides of our calling meet upon the common plane of a common service.

To those of you who are about to embark in manufacturing pharmacy, I might point out that the commencement season suggests that you are about to begin the real battle of life. Your college has trained you and it therefore devolves upon you to acquit yourselves like the men that you are. The field is broad; the rewards, to those who win, are large. Your success, thanks to your alma mater, is largely within your own hands.

And as to you who will go into retail pharmacy, a great work lies before you. Your college has fitted you to become real pharmacists, and if you permit the siren voice of expediency to turn you from real pharmacy to mere vending, then do not join the mournful chorus which laments, "There is nothing in pharmacy." This statement is not the vaporing of a theorist; if you do not care to take the word of a "professor man," listen to what a practical man had to say on the subject in a recent issue of the *N. A. R. D. Journal*.

"It is one of the queerest paradoxes of the times that a pharmacist will spend time, effort and money to become a professional pharmacist; that is, to learn how to prepare and dispense medicinal preparations and as soon as he does know how, he spends the greatest part of his efforts to sell drug store merchandise. It is, of course, largely necessary, according to modern ideas, that the drug store be a miniature department store, in order that the net profit be sufficient to provide an adequate income. But why the most profitable department is absolutely neglected in a great number of instances passes the comprehension of all thinking and intelligent pharmacists, who are making a financial success of this branch of their undertaking."

The hour is at hand when you will have to choose between real pharmacy and third-rate shop keeping. Each of you has the knowledge essential to the practice of real pharmacy. The future will show whether you have the will to dare to stick to the ideals of true pharmacy.