from your criticism we may remedy our faults and give you what you expect and deserve. Thanks.

T. D. HALLIDAY."

A medical clientele is based on confidence; much of the patient's response to treatment depends on the confidence he has in his doctor. To this we may add that much depends on the confidence which the physician and patient have in the ability and integrity of the pharmacist.

THE VALUE OF A PRESCRIPTION.*

BY DENNY BRANN.[1]

At a recent meeting of the Iowa Prescription Academy of Pharmacy, the subject of "Prescription Pricing" was discussed. It was shown that there were many systems of schedules followed by the retail pharmacist.

After the discussion of these schedules, the comment was that many of these systems were satisfactory, but that it would not apply to the man discussing it. In other words, the pharmacist wants to do his own thinking, which he should do. I am sure such men as Lascoff, Seltzer, Lyman and many others do their own thinking, or they wouldn't be where they are.

When I have discussed this subject with successful men, they never say they can't get a price because some one else sells it for less. Their reply is, "They always fill a prescription for as economical a price as their ingredients and service will permit. This means a prescription should be broken down in several ways. The first, of course, is the ingredients. If the start is made by doubling the cost of the contents and then a compounding fee, I am wondering how they start, for instance: If it has codeine in it, as many cough preparations do, they double the price of the codeine, and when he doubles it, does he double the cost at the price of a 15-grain vial, 1/8-ounce, one- or five-ounce? In other words, does he give away his purchasing power? Then is the ammonia chloride, potassium citrate, syrup of orange or whatever it be added, then the compounding fee, or do they say a pharmaceutical manufacturer says a half grain of codeine lists at six cents when they make this tablet by the thousand and sell it by the hundred?

Then surely it is worth as much for me to make thirty-two doses and then add the price of the other ingredients plus a compounding fee for individual services. Can a pharmacist put a definite compounding fee on any prescription? It is surely worth more for a compounding fee to measure out and compound a prescription with one two-hundredth of a grain of atropine to the dose and know that it is correct and put it in with other ingredients to make up a prescription than it is to make up a few powders with 10 grains of calcium, magnesia or a bottle of Elixir Glycerophosphate compound.

Unless the use of a prescription, the number of doses, and the ability of the patient to pay, the attitude of the doctor, and many other things are taken into discussion, it is hard to regulate the value of the prescription.

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The matter of proprietary remedies, of course, guides the price on many prescriptions. The professional store is always subject to the whims of a pharmaceutical manufacturer. He contends that he has done a lot of research work and is entitled to a good price, which we concede. But we do not think we should be forced to a twenty-five per cent gross profit for many reasons. *First*, we must give the ℞ special attention in respect to offering the preparations, sometimes obtaining them by special delivery or transportation, using part of the package plus a small turnover, and the repackaging of the same.

Our time is short on this subject, but I think it should have some discussion. In other words, a retail pharmacist in a laboratory all the time is working out individual problems and formulas, and each time he cuts a price on a prescription he injures himself, the profession and the customer for he destroys confidence in all of them. I am sure none of us would enjoy a pair of shoes without a lining even though the public does not see the inside of them.

Going back to the beginning of this paper, I would like to hear a discussion on the price of the ingredients in a prescription, whether the price is in proportion to the five-pound cost, or the quarter-pound cost if only a half ounce is used.

CUTICOLOR PREPARATIONS.*

BY BERNARD FANTUS[1] AND H. A. DYNIEWICZ.[1]

It is a remarkable fact that Calamine Lotion, first used in 1907, has become one of the leading preparations, in point of usage, of the National Formulary as shown by the Gathercoal report (1) from which we learn that, from a usage of 12.5 per 10,000 prescriptions in 1926, it has more recently been called for in 44 prescriptions per 10,000, and that the total prescription usage of calamine in all its forms amounted to 95 per 10,000 prescriptions.

In the Fourth (1916) Edition of the National Formulary, prepared calamine was described as "native zinc carbonate containing a varying amount of zinc silicate, calcined at a moderate temperature; or calcined zinc carbonate, containing a small amount of ferric oxide." In the Fifth and Sixth Editions of the National Formulary, prepared calamine was recognized as zinc oxide containing a small amount of ferric oxide. In other words, the native calcined mineral was substituted for by an imitation because a much more uniform product so far as color is concerned and one free from grittiness was thereby produced. That this substitution did not interfere with the usefulness of the preparation may be assumed in view of the progressive increase in usage of the lotion.

Even though it is freely admitted that calamine lotion may have other virtues than the fact that it is somewhat skin-colored, we have taken the proposition for our thesis that *skin-colored ("cuticolor") preparations should, in general, be preferred in dermatology to those with other colors, and that the use of skin-colored preparations is*

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