

*The Prescription
Pharmacist Today*

*... a factual study of
his role in the health field*

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Research  *Series 3*

HEALTH INFORMATION FOUNDATION RESEARCH SERIES

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How often does the general public go to the retail druggist for medical advice?

To what extent do practicing physicians rely on pharmacists for information about new drugs?

What does a druggist usually say to a customer who complains about the cost of a prescription?

This booklet will attempt to answer these and other key questions about a little-understood person in the health field—the retail pharmacist. The findings come from previously unpublished data, obtained in the summer of 1955 by the National Opinion Research Center of the University of Chicago.

Under a grant from Health Information Foundation, NORC researchers interviewed almost 2,400 persons (constituting a representative cross-section of the country's population) for an average of two hours each. Opinions were collected on such varied topics as families' experience and satisfaction with antibiotics and other modern drugs; what people think of their doctors; how much they spend on doctors, hospitals, drugs, and other medical services; and why some people tend to use medical services less often—and less wisely—than they concede they should.

Each person was also asked to name his family physician and the drug store where he usually had his prescriptions filled. Interviews were then conducted with almost 500 physicians (most of whom were general practitioners) and 450 druggists, the great majority of whom owned or managed the stores in which interviews were conducted. The material in these pages comes largely from data supplied by these pharmacists.

This is not a study of typical pharmacists; rather, it deals mainly with men who, because they head prescription departments in stores that do a large volume of prescription business, are especially likely to have knowledge of their customers' medical problems. The study thus has unique value for anyone—physicians, drug manufacturers, health educators, or druggists themselves—interested in examining how today's pharmacist serves as a liaison between the health field and the public.

Detailed statistical data from this survey of pharmacists, broken down by age, region, community size, volume of store's business, and other variables, are available to persons interested in doing further research in this area. The following pages give the high spots of the study.

1. Pharmacists as They See Themselves

The personal side

By and large, the pharmacists in this survey are well established in their business and in the communities where they live and work. Seven out of every ten are 40 years of age or older; six out of ten have been licensed to practice pharmacy for at least 20 years.

Almost half of them never worked in a drug store outside the county or metropolitan area where they are now situated. A comfortable majority—three out of five pharmacists—have spent 25 years or more in the same area. More than half—54 per cent—have worked in three stores or less throughout their professional careers, and about the same percentage have been with the same store for ten years or more.

Where trade and social organizations are concerned, the pharmacists stand out as a group of "joiners." Nine out of ten belong to at least one trade or pharmaceutical organization, and many belong to more than one. (Eight per cent hold office in at least one such group.) National, state, regional, county, and local pharmaceutical associations claim 77 per cent of the men surveyed. The National Association of Retail Druggists claims 49 per cent, and local, state, and regional drug associations 20 per cent.

In addition, more than seven out of ten pharmacists belong to one or more civic organizations, and one man in every three belongs to three or more such groups. Lodges and fraternal orders (Elks, Masons, etc.) lead in popularity, followed by civic and service clubs (e.g., Lions, Kiwanis), and business or commercial groups (Chamber of Commerce, Board of Trade, etc.). About 17 per cent of all pharmacists hold office in one or more civic or social groups.

"Are you ever asked to take a prominent part in any of the local functions sponsored by community groups?" When asked this question, 57 per cent of the druggists said "yes." As a rule, the smaller the community, the more likely the pharmacist was to answer "yes." While only 45 per cent of the druggists in large metropolitan areas take an active part in community-group functions, 72 per cent of the men in rural counties do so.

Literally 99 per cent of the pharmacists in the study are males, and the same percentage are white. As for religious preference, 62 per cent are Protestant, 21 per cent Catholic, 14 per cent Jewish, and 3 per cent "none."

About 95 per cent of the druggists were born in this country, and two out of three indicate that their fathers were also born in the United States. Only about one out of five pharmacists says that his father's occupation was directly connected with the health field. Specifically, 17 per cent of the men surveyed had fathers who were pharmacists or in some other way connected with a drug store; in another 5 per cent of the cases the fathers were physicians, dentists, or otherwise associated with the health field.

All but 7 per cent of the druggists attended a school of pharmacy. Midwestern schools claimed 31 per cent of the group, Southern schools 28 per cent, Eastern schools 23 per cent, and Far Western schools 9 per cent. A handful of men went to schools outside the United States.

Financially, the pharmacists in this study seem to be doing as well or better than men in comparable fields. Roughly half of them report an annual personal income from pharmacy, before

taxes, of \$7,500 or more. The bottom 15 per cent make less than \$5,000 a year, while the top 17 per cent take home \$12,500 or more.

The great majority of them say they are satisfied with their incomes. Some 39 per cent are "very well" satisfied, and another 49 per cent are "fairly well" satisfied. Moreover, most of the pharmacists are optimistic about their financial futures. Only 22 per cent expect to be making under \$7,500 five years from now, while 62 per cent expect to be making more than that amount. The other 16 per cent either will be retired in five years or don't choose to make a prediction so far in advance.

The stores they work in

Prescriptions are by far the leading source of business in the stores where the survey was made. Among the druggists interviewed, 15 per cent indicate that prescriptions account for two-thirds or more of the store's total business, while another 24 per cent say that prescriptions account for about half the store's business. (This survey, of course, was weighted in favor of stores doing a large volume of prescription business.)

Next to prescriptions, proprietary and patent medicines are the main source of revenue in the stores studied. Then come cosmetics, toiletries, baby needs, and similar products. Although about three out of five stores have soda fountains, food and soft drinks are a relatively minor source of income—at least in the stores surveyed.

The great majority of stores—87 per cent—are classified as independent by the pharmacists surveyed, while 10 per cent are members of large chains and 3 per cent are members of small chains. As far as total volume of business is concerned, 44 per cent of the respondents estimate gross sales for the previous twelve months at \$100,000 or more; 32 per cent put the figure at between \$50,000 and \$100,000, and 17 per cent put it at under \$50,000.

The pharmacists seem well satisfied with the stores they're connected with. Against the 85 per cent who say that the stores are in good locations, only 3 per cent say they're poorly located.

Yet many stores are in areas where competition is severe: More than half the stores surveyed are in areas that have three or more drug stores. Only one store in six has no competition in its area.

How they like their work

The pharmacists in this study shape up as a reasonably well adjusted, satisfied group—and a group with few delusions of grandeur about their place in the health field.

Opinion is fairly evenly divided about whether the general public regards the pharmacist mainly as a professional man or mainly as a businessman. Against the 48 per cent of the pharmacists answering "mainly professional," 44 per cent say "mainly business." (The remainder won't venture a guess.) Among druggists who think the public regards them as primarily businessmen, interestingly enough, there is a fairly strong feeling that they would *prefer* to be considered professional men.

Does pharmacy require more professional ability today than ten or fifteen years ago, or less ability? Sixty per cent of the druggists say "more" ability today, while only 22 per cent say "less." These major reasons are cited by the majority:

"The new drugs are more complex, technical, powerful; the pharmacist needs more skill and training in order to understand and handle them."

"There are more drugs to know about, and new ones keep coming out all the time. It's harder to keep up with the field, and so the pharmacist needs more skill and training."

"More knowledge is needed today in dealing with the public. People are better educated, more sophisticated about drugs, and expect more of the pharmacist."

"Doctors rely more on the pharmacist today for information and advice about drugs."

Less than 1 per cent of all pharmacists cite today's greater legal regulations and restrictions as a reason why pharmacists need more ability these days.

Among the relatively few pharmacists who feel that less ability is needed today, this one comment is typical: "Medicines are ready-made, pre-packaged today. Hardly any compounding is required. The pharmacist just orders what he needs, counts out pills, pours from one bottle to another."

Although most of the men concede that there are problems in their work, 52 per cent nevertheless consider pharmacy a "very good" field for a young man to enter. Another 37 per cent call it a "fairly good" field—so only a very few druggists are openly pessimistic about the future of their profession. Significantly, the most favorable opinions come from young pharmacists themselves: Among druggists 39 or younger, 63 per cent consider theirs a "very good" field.

Despite these generally favorable impressions, two out of five druggists point to specific shortcomings in their line of work. The leading complaints have an economic base: low pay, not enough profit, little or no chance of advancement, etc. Complaints about hours and working conditions are also common: "We work too long for what we get out of it;" "You're on your feet all day;" and similar comments.

Another sore spot with some pharmacists is lack of prestige. A number of druggists say that doctors and the public fail to show them the respect that their training, education, and responsibilities entitle them to.

On the other hand, more than two-thirds of the pharmacists in the study have favorable comments to make about their profession. Half the men with such comments say that the field pays well; others point to a sense of security in the field or comment that it is always easy to get a job because there is a shortage of trained pharmacists. Factors cited less often include the social usefulness of the profession, good hours and working conditions, and a feeling that pharmacy is a profession that people look up to.

In other words, while some druggists complain about low pay, unfavorable working conditions, and lack of prestige, others are favorably impressed by the same factors of income, working conditions, and prestige. Apparently there are good and bad jobs in

pharmacy as in every other field—and apparently, too, different pharmacists have different concepts of what they should get out of their work.

What major problems face druggists in their relations with the public? Twenty-eight per cent of the men surveyed fail to identify any specific issues. Fourteen per cent cite problems dealing with public ignorance, misunderstanding, and complaints about prices, and the same proportion mention the need to win greater public respect for pharmacy as a profession.

2. Pharmacists and the Outside World

What they say about prescriptions, drug costs, and drug manufacturers

The pharmacists in this study probably spend more time actually working with prescription drugs than would a truly random selection of the profession. Sixty-two per cent of those surveyed, in fact, spend at least half their working hours dealing with prescriptions. There is special pertinence, then, in what these pharmacists say about prescription costs, customers' views on prescriptions, and similar matters.

Four out of five druggists get at least occasional complaints about prescription prices. But only 9 per cent say that such complaints come up "very often," and only an additional 19 per cent say they occur "fairly often." Most druggists who report some measure of customer dissatisfaction concede that complaints come up only "occasionally."

When customers complain about prescriptions, the issue is almost always the price—at least, this is the way the pharmacist sees it. Only 4 per cent of the men surveyed admit to getting complaints very often or fairly often concerning the time it takes to fill a prescription; only 7 per cent say that patients complain very often or fairly often about prescriptions calling for more medicine than seems necessary.

At what price does the public begin to complain that a prescription costs too much? About 19 per cent of the pharmacists say they usually get complaints about price at some figure under

\$4; 38 per cent name a figure in the \$4-\$5.99 range; and 14 per cent set the figure at \$6 or more. Seven per cent deny receiving any complaints, and the remaining 22 per cent say, in effect, "No special price. Some people will complain at *any* price."

Seventy-seven per cent of the pharmacists single out antibiotics as the medicine most frequently involved in price complaints. Hormone preparations are mentioned by 33 per cent of all pharmacists; vitamin preparations, by 11 per cent. (Some respondents name more than one category.) This doesn't necessarily mean that antibiotics are receiving a disproportionate number of complaints, of course; it may simply reflect the frequency with which antibiotics are prescribed. It's worth noting, in passing, that when this study was made, in 1955, the public was far less familiar with the term "tranquilizer" than it is now.

The pharmacists' views on what customers think about prescription costs do not always square with the answers given by customers themselves. Here are a few pertinent findings from the interviews with the general public:

Two out of every three persons interviewed describe the price of prescriptions as "much too high" or "somewhat high." (About three out of five doctors surveyed agree with the public's view.) *Who is to blame for high prices?* The public blames retail druggists far more often than it blames drug manufacturers, doctors, or other interested parties.

More than half of the representatives of the public interviewed recall buying one of the "miracle drugs" (antibiotics, sulfa drugs, and the like) at some time or other. Of the persons in this group, 48 per cent say the drug cost more than they expected, 6 per cent say it cost less, and 38 per cent say it cost about what they expected. Four out of every five customers were "entirely satisfied" with their experience with miracle drugs. Of those reporting any dissatisfaction with their purchases, fewer than one in five complained about the cost.

Do customers question the price of prescriptions more today than they did ten years ago? Forty-one per cent of the pharmacists feel that complaints are more common today; 27 per cent

think they're less common; and the remainder fail to notice any difference.

Pharmacists stating that complaints are more common today attribute the trend to two main factors: the increasing reliance on new, necessarily expensive drugs; a rise in the price of *all* drugs, old as well as new. Druggists who believe that complaints are less common today generally explain that times are more prosperous these days, and that people are more used to paying high prices for everything.

Two out of three pharmacists feel that customers' complaints about prescription costs are "hardly ever" justified, and only one man in ten says they are "usually" justified. Still, complaints do come up. How do the pharmacists deal with them?

The most common explanation given to complaining customers, say the druggists, is that research, development, and production costs are necessarily high, and that these costs account for what seems like a high price to the consumer. Another favorite explanation is, "The drug is worth the cost; it saves money in the long run." Only 16 per cent of the pharmacists admit countering customers' complaints with answers justifying their own conduct. Among this group, stock replies include, "I have to pay a lot for the drug," "I only make a small profit on it," and other remarks in this vein.

On an even touchier subject, three out of four pharmacists deny that people ever ask them to suggest a less expensive medicine as a substitute for a prescription drug. Those who admit getting such requests almost invariably deny going along with the customer's request. What do they do, then? Here are three typical replies:

"I tell the customers it's illegal and unethical."
 "I defend the prescription and praise the doctor."
 "I tell them to see the doctor about it."

Most pharmacists (84 per cent) say that doctors should warn patients in advance when a prescription will be expensive, but only 10 per cent of all druggists feel that the doctor should actu-

ally estimate the cost. By contrast, 42 per cent of all physicians say they do estimate the cost of an expensive prescription for the patient, and another 51 per cent warn that a drug will probably be expensive. Doctors, according to the druggists in this study, have a fairly good idea of what a prescription will cost; seven out of ten pharmacists say that prices for filling prescriptions do not vary much from one drug store to another in their area.

On the subjects of drug manufacturers, wholesalers, and contacts with these sources, the pharmacists' opinions can be summed up as follows:

The druggists show a fairly pronounced preference for detail men over printed material as a means of learning about new drugs. Fifty-four per cent of the men surveyed list detail men as the preferred source of information, while only 29 per cent prefer literature.

How can detail men be more helpful to retail druggists? Suggestions include more frequent visits, distribution of more literature to supplement visits, the detailing of druggists before doctors, and the practice of leaving samples of new drugs for filling initial prescriptions.

When asked how drug wholesalers might be more helpful to them, more than half the pharmacists failed to specify any suggestions; only 26 per cent failed to suggest ways in which drug manufacturers could be more helpful. Three out of ten druggists, in mentioning ways in which manufacturers could be more helpful, said they should stop duplicating each other's products. Other suggestions for improvement: Detail the store more; provide more information about new drugs before prescriptions begin to come in.

Two out of three pharmacists believe voluntary health insurance has had no effect on their prescription business as yet. Most druggists concede, however, that they would be affected if more health-insurance policies covered drug costs—and they're not at all sure that the effect would be beneficial to them.

Some pharmacists, it's true, feel that such coverage would enable more people to buy necessary medicine; but others argue

that broader insurance policies would result in more prescriptions being filled in hospitals, more red tape, possibly price fixing, and perhaps more governmental interference in medicine. For these and other reasons, more than half the pharmacists surveyed indicate they would oppose having prescription costs made part of prevailing health-insurance contracts.

What they say about the public

The pharmacist may be a businessman, but to his customers he is also something more. People often discuss their medical problems more openly with him than with their doctors. Although not quite a layman, the pharmacist speaks the layman's language. Although not a professional man in the sense that a physician or a dentist is, he is still considered something of an authority on the antibiotics, tranquilizing drugs, toothpastes, and headache powders he sells.

How well does the typical pharmacist know his customers? How much advice does he dispense along with the prescriptions he fills? And how do his observations about his customers compare with what they say about him? These and other questions will be examined below.

About three out of five pharmacists say they know "most" people who come into their stores, and a higher proportion (eight out of ten) add that most of their customers have dealt with them a long time. Seven out of ten druggists say that most of the people they serve live near by.

More than two-thirds of the druggists maintain that questions about health and medical care come up virtually every day in their stores. Although questions cover just about everything, those dealing with coughs, colds, fever, sore throat, and related ailments are more common than any other type. Other common areas of questioning: skin, scalp conditions; digestive and intestinal upsets; nutrition and vitamins.

Questions about prescription drugs—what's in them, why they cost so much, and so forth—seem to come up less often than those dealing with the prevention and cure of specific ailments.

A composite description of the questions people ask, drawn from verbatim responses given by pharmacists to the interviewers, might go like this:

"Questions about children, sore throats, colds, coughs, indigestion, especially if it is late and the doctor's office is closed. Who is a good surgeon or baby doctor? Many check about which doctor to go to. The common cold is the thing most people want help with. They often ask about the medicine the doctor has given—what it's for, what to expect of it, how long before they can expect results. People want to know if they can take one prescription along with another, maybe previously given. General first-aid questions are asked. And why is the medicine so expensive? Customers want to know about remedies they see advertised. What is a certain drug? Is it available? Is it as good as they say? How much does it cost? There are questions pertaining to insulin, penicillin. If anything new comes along in a newspaper, people come to us for further information. We are asked about vitamins and antihistamine preparations. People are very health-conscious. They expect us to be doctors, but we always refer them to medical men."

Only 32 per cent of the druggists think the public asks them for advice more often today than a decade ago; 45 per cent say "less often," and 21 per cent say "about the same." Druggists who think they are asked more questions these days give these main reasons for the increase:

"Doctors charge too much nowadays."

"Medicines are more complicated today."

"People are more health-conscious."

"Doctors are too busy."

"People have more confidence in their druggist today."

On the other hand, many druggists feel that the public's greater awareness of the value of drugs and medical care tends to make people take their questions to doctors rather than to pharmacists. And quite a few pharmacists say that they and other druggists are more likely to discourage the opinion-seekers

today—either because of increased pressure from doctors, new regulations against the practice of medicine by non-physicians, or because they think a patient should not expect free advice.

Asking for advice is one thing; following it may be another. Four out of five pharmacists say that, once they have given advice to a customer, the customer usually follows it. Specifically, 31 per cent of the druggists say customers "almost always" follow their advice, and another 49 per cent say customers follow their advice "most" of the time. (It must be remembered, of course, that the druggist cannot always know whether his advice is followed.)

Opinion is divided as to whether the public should be encouraged to ask pharmacists questions about health and medical care. About 40 per cent of the druggists say the public should be encouraged to do so, while 46 per cent say "no."

Of the men who maintain that questions from the public are generally a good thing, many add that a pharmacist is in a position to refer people to a physician if necessary. Others say that the druggist himself is well trained, and thus qualified to give advice on at least minor health matters. Among pharmacists who feel that the public should not be encouraged to bring health problems to the druggist, by far the most typical reply is, in effect, "The pharmacist is not qualified to answer such questions. They should see a doctor."

The division of opinion about customers' questions seems to be mainly over whether this policy is good for the public. Very few druggists say openly that having to answer such questions is a nuisance to them.

Almost all pharmacists concede that, even if customers are justified in asking questions, druggists are not always justified in answering them. Of the pharmacists interviewed, 45 per cent "frequently" avoid answering questions, and 27 per cent "occasionally" avoid answering.

An overwhelming majority of druggists (86 per cent) say they can usually tell, when a customer asks a question, if he really

needs a doctor. And four out of five pharmacists insist that they always urge such customers to see a physician. Sometimes, though, there are reasons why the customer doesn't want to see a doctor. Here are the major ones cited by druggists:

"They're trying to save money." (This reason is cited by three out of five druggists.)

"They don't want to wait in a doctor's office" or "He's too busy." (Cited by 25 per cent of the pharmacists.)

"They can't afford the doctor's fee." (16 per cent.)

"They don't think it's serious enough." (16 per cent.)

For these and other reasons, four out of five druggists say that it's important for pharmacists to keep informed about the symptoms of disease.

When asked to recommend a doctor to a customer, 94 per cent of the pharmacists say they usually provide at least one name for the customer to consider. The most common procedure is to name several doctors and tell the customer to take his choice. Another method (perhaps more diplomatic, especially in a small town) is to name all the doctors in town or in the neighborhood, and say, "They're all good; take your pick." Other druggists are less hesitant about sticking their necks out; they actually decide which doctor seems best suited to handle a particular customer's case, and recommend that doctor.

These pharmacists are probably not asked to recommend physicians very often. Most of their customers have lived in town for some time, and already have a family doctor. *But what about a doctor's competence?* This question seems to come up fairly often in the average drugstore.

About 16 per cent of the pharmacists say that "very often" they are questioned about the competence of doctors in their vicinity, and 28 per cent are asked the question fairly often.

The pharmacists' opinions about their dealings with the public form some interesting patterns—and contrasts—with the replies of physicians and the general public to related questions.

For example, the public was asked, "Have you ever asked a pharmacist or druggist for advice about some health or medical problem?" Only about one person out of every three says "yes"—an indication that people don't think they ask pharmacists as many questions as pharmacists think they do.

The public was also asked: "*In general, do you think a pharmacist or druggist is a good person to ask for advice when you or someone in the family is not feeling well?*" The replies: 52 per cent "no"; 29 per cent unqualified "yes"; 15 per cent qualified "yes."

The physicians in the survey were asked, "*Do you think the general public ought to be encouraged to ask the pharmacist questions about health and medical care?*" Only 5 per cent of the doctors say "yes"; the remainder indicate varying levels of disapproval. By the same token, seven out of ten physicians believe that most people today are getting "too much" advice from pharmacists about problems of health and medicine.

Who is right on this question of whether the public should go to the pharmacist for health advice—the pharmacist who sees both good and bad in the practice, or the physician who is strongly against it? The following discussion may provide some kind of answer.

What they say about doctors

Although the pharmacist-physician relationship is sometimes spoken of as a partnership, there is seldom any doubt that the pharmacist is the junior partner. The druggist knows he falls behind the physician in training, prestige, and financial returns. He knows he must not step on the physician's toes—as a rule he is far more dependent on the good will of the doctor than the doctor is dependent on his. As a result, he may not always be as candid in speaking about physicians as he would like to be. With this in mind, let's consider what the pharmacists in the study say about the doctors they deal with.

Three out of five druggists maintain that they are reasonably familiar with the good and the bad points of the physicians in

their neighborhoods. Where do they get this information? Most druggists stress the importance of personal contacts with customers, implying that some customers, at least, don't hesitate to discuss physicians' strong and weak points. Association with doctors themselves is another important way of assessing medical men's strengths and weaknesses, according to these druggists.

Regardless of where they get their information, the pharmacists have some fairly definite conclusions about doctors. Here are their opinions on a few major points:

Supply of physicians. Almost half of the pharmacists surveyed (49 per cent) maintain that the supply of physicians in their neighborhoods is "about right." But almost as high a proportion (45 per cent) say that there aren't enough doctors near by, and only 4 per cent think there are too many doctors.

Quality of medical care. Thirty-six per cent of the druggists term the quality of the physicians' services in their neighborhoods "excellent." Forty-four per cent say "good," 14 per cent say "fair," and only 4 per cent say "poor."

When asked to expand their views, those classifying doctor service as excellent or good stress two points: Their doctors, they say, are well trained, and they're hard-working ("always available," "ready for house calls any time," etc.). Those classifying local medical service as fair or poor raise these major objections: a tendency for physicians to object to house calls, Sunday calls, and other odd-hours duty; a lack of personal attention to patients (often attributed to the fact that the doctors are overworked).

Doctors' fees. On this touchy subject, a sizable majority (64 per cent) say that physicians' fees in their areas are "about right." Only 8 per cent maintain that fees are "much too high," while 18 per cent think they are "somewhat high." By contrast, almost half the respondents say that hospital charges are "much too high" or "somewhat high."

Doctor-druggist cooperation. More than half of the druggists think they can perform a genuine service to physicians by advising them about drugs (costs, new medicines, etc.). Other ways in

which druggists say they can serve doctors: carrying adequate stock, making prompt deliveries, referring patients who need medical attention.

But although most pharmacists maintain that they are willing and able to help doctors, they're not sure that the physicians really want help. Only 35 per cent of the druggists say that most physicians take "full advantage" of offers to help. A larger proportion (46 per cent) say that only some physicians take full advantage of help, and an appreciable 18 per cent say that hardly any doctors take full advantage of it.

On the other hand, almost half of the pharmacists (48 per cent) concede that most physicians are as helpful as possible to them. Thirty-five per cent of the druggists say that "only some" doctors are as helpful as possible, and 15 per cent put "hardly any" doctors in this category.

Pharmacists who think that doctors should be more helpful than they actually are fire these random barbs at physicians:

"Doctors are thoughtless, indifferent."

"They look down on pharmacists."

"They're greedy; they don't want the patients' dollars to go to the pharmacist."

"They don't understand our problems."

On more specific questions of doctor-pharmacist cooperation, the druggists come up with these observations:

A heavy majority (77 per cent) say that most doctors make the most effective use of available drugs; another 20 per cent say that "only some" doctors use drugs as effectively as possible. And 86 per cent of the pharmacists say they "always feel free" to call doctors about prescriptions (brand, dosage, refills, etc.). Among the 14 per cent who are somewhat reluctant to contact doctors, common remarks are that doctors are sometimes rude and uncooperative when asked for supplementary information; or that doctors are busy and don't like to be disturbed.

Their place in the health field

Today's pharmacist has his problems and limitations; but, by and large, he seems to be making the most of his opportunities, and to be living up to his professional obligations.

If the pharmacist has a major complaint, it is probably that his contributions to the health field do not always receive due credit. Certainly he has a contribution to make. The old-fashioned drugstore may no longer be a center of community life, as it was when wire soda-fountain stools were in style, but prescription drugs are becoming an increasingly important part of medical practice. And the retail pharmacist, whether he compounds a prescription himself or simply counts out the required number of capsules, remains the middleman between medicine and the ethical drug industry on the one hand and the general public on the other.

Customers still bring their medical problems to him, and he is still expected to come up with answers. It is important to doctors and the drug industry (not to mention the pharmacist and his customers) that he come up with satisfactory answers.

Fortunately, the pharmacist seems to be well aware of his limitations when it comes to advising customers about medical matters. He may recommend one nosedrop over another, but he is likely to send a customer to a doctor if the complaint looks at all serious. The old motto, "See your doctor if pain persists," is, all things considered, still a good one; and today's retail pharmacist seems to realize its value as much as anyone.

How the Survey Was Made

By the National Opinion Research Center
University of Chicago

The preceding report is based on one of three sets of basic tabulations of the health attitude survey conducted by The National Opinion Research Center during 1955. Other sets of tabulations presented the responses of a cross-section of the general public and of a national sample of physicians to a large number of questions about health and medical care. This booklet deals with the replies of a national sample of pharmacists to questions of a similar or parallel nature.

The pharmacists whose replies are here reported are the owners, managers, or senior pharmacists of drug stores which were named by the general public in the course of earlier interviews. Each of the 2,379 individuals interviewed in that survey was asked, "Where do you usually go to get a prescription filled?" and if no specific place was mentioned, "Where did you go the last time you got a prescription filled?" The names of approximately 1,100 drug stores were volunteered, and from these a sample of 496 was selected systematically, with the probability of any particular store being drawn made proportionate to the number of times it was mentioned. In most cases the owner or manager of the store was the person interviewed. But when the owner or manager was not himself a registered pharmacist (as was the case in 11 per cent of the stores), the interview was held with the person he designated as his senior pharmacist.

It is apparent that this sampling design does not produce a representative cross-section either of retail drug stores or of registered pharmacists. Rather it represents the pharmacist-half of a sample of customer-pharmacist relationships. As a result, the sample is heavily weighted toward stores which do a large *prescription* business (aside from sales of proprietaries, cosmetics, food, sundries), and it includes only those pharmacists who exercise chief responsibility for the management of the prescription business in retail stores.

This type of sample design was dictated by the two major objectives of the interviews with pharmacists. The pharmacist

was regarded as a person with whom the public generally has close contact in matters of health and medical care. In his role of informant and sometimes adviser to his customers, and of professional observer of a part of the public's health behavior, the pharmacist was expected to provide valuable supplementary information to that already obtained from physicians and the public itself, concerning people's attitudes and practices with respect to health and medical care. The sample was so designed, therefore, that only pharmacists employed in retail stores, and thus in frequent contact with the public, would be interviewed, and that those employed in stores serving large numbers of regular prescription customers would have a greater chance of being interviewed than those in stores with a smaller prescription business.

Secondly, the pharmacist, through his relations with the doctors in the local community and with the manufacturers and distributors of prescription drugs, was regarded as an important link in the chain of medical care. The pharmacist's conceptions of his own professional role, and his satisfactions and dissatisfactions with his relationships with other health professionals, were assumed to have some bearing on the effectiveness of the total health establishment. For this reason, in stores where more than one pharmacist was employed, the interview was always conducted with the one responsible for managing the prescription business and thus in closest relationship with physicians, drug distributors, and detail men.

The sample may thus be described as representative of the opinions and behavior of those pharmacists with whom the public has closest contact. As such, it has unique value for a study of the pharmacist's role in health education, and for the information these respondents provide as a result of their own observation of the public's attitudes and practices.

In the basic tabulations of survey data (some of which are reprinted at the end of this section), the percentaged distribution of responses to most of the questions is presented for the total group of pharmacists interviewed, and also for eight different sub-classifications of the total. The eight variables selected for routine cross-tabulation are defined as follows:

Age: Self-explanatory.

Region: "Northeast" refers to pharmacists practicing in the states within the New England and Middle Atlantic regions, as defined by the U.S. Census. "North Central" includes the East North Central and West North Central regions. "South" combines the South Atlantic, East South Central, and West South Central regions. "West" refers to the Mountain and Pacific regions.

Size of Community: "Large Metropolitan Areas" refers to pharmacists practicing within the 14 largest metropolitan areas, as defined by the 1950 U.S. Census. Each of these metropolitan areas has a population of one million or more. "Small Metropolitan Areas" are those with less than one million population. "Urban counties" are non-metropolitan counties having within them a city of 10,000 or more population. "Rural counties" are non-metropolitan counties having no city as large as 10,000.

Total Volume of Business: The owner or manager was asked to report the approximate amount of the store's total gross sales during the 12 months prior to the interview. The figure includes, of course, not only prescription sales, but total sales of all items.

Proportion of Total Business Contributed by Prescriptions: The owner or manager was asked: "About what proportion of your store's total business comes from the filling of prescriptions—about two-thirds, about half, about one-third, or less?"

Attitude Toward Pharmacist as Medical Adviser to Public: Each respondent was asked: "Do you think the general public ought to be encouraged to ask the pharmacist questions about health and medical care, or should the public not be encouraged to ask pharmacists such questions?" Those who qualified their answers (certain questions, under certain conditions, etc.) are combined with the small group who had no opinion.

Attitude Toward Pharmacy as Field for Young Man: Pharmacists are classified according to their answers to the following question: "Do you consider pharmacy a very good field for a young man to enter, or only a fairly good field, or not good at all as a career?"

Attitude Toward Coverage of Drug Costs by Insurance:
After three earlier questions on hospital, surgical, and general medical insurance, all pharmacists were asked: "Would you yourself favor or oppose the idea of including prescription costs in the contracts written by health insurance companies?" They are classified according to their reply to this question.

The student of these tables is cautioned that they are merely descriptive, and that their use in any explanatory or analytical way may lead to misinterpretation. For example, pharmacists in large metropolitan areas are less likely than those in smaller communities to consider pharmacy as a very good career. Thus, differences which appear to be caused by contrasting views of pharmacy as a career may rather reflect only the size of the community in which the respondents live and practice.

Since the sample as a whole was relatively small, and the number of interviews representing a particular sub-group is frequently extremely small, due caution should be exercised in the interpretation of differences between sub-groups. Sampling error is always potentially present, and may result in differences as large as ten to fifteen percentage points in situations in which there may be no true differences at all between the groups.

The sampling procedure used for this survey required the application of differential weights to the interviews, depending upon the number of times the store was named as the usual or most recent place of purchase by respondents to the general public questionnaire. All the tables are based on the weighted distribution. But since the reliability of a given statistic is a function of the number of actual cases upon which it is based, the "N's" (numbers of cases on which the percentages are based) in each table are unweighted. Consequently, the reader cannot combine sub-groups by weighting the relevant distributions by the given "N's," nor should he take the distribution of "N's" among the sub-groups as being equivalent to the weighted distribution for the particular variable involved.

The "N" for each sub-group may vary slightly from one question to another, since there were always a few cases in which the question was not asked or answered.

Selected Tabulations

1. Age of pharmacist

| | N | 39 or under | 40-49 | 50-59 | 60 and over |
|------------------------------------------------------------------|-----|-------------|-------|-------|-------------|
| Total (Percentages equal 100) | 443 | 30% | 28 | 25 | 17 |
| Region | | | | | |
| Northeast | 117 | 20% | 41 | 30 | 9 |
| North Central | 128 | 35% | 27 | 25 | 13 |
| South | 140 | 31% | 19 | 25 | 25 |
| West | 58 | 35% | 30 | 18 | 17 |
| Size of community | | | | | |
| Large Metropolitan Areas | 150 | 24% | 37 | 24 | 15 |
| Small Metropolitan Areas | 147 | 35% | 26 | 27 | 12 |
| Urban counties | 80 | 32% | 32 | 23 | 13 |
| Rural counties | 66 | 30% | 16 | 26 | 28 |
| Total volume of business | | | | | |
| Under \$50,000 | 76 | 21% | 20 | 39 | 20 |
| \$50,000-\$99,000 | 141 | 31% | 29 | 23 | 17 |
| \$100,000 or more | 195 | 33% | 29 | 23 | 15 |
| Proportion of total business contributed by prescriptions | | | | | |
| Two-thirds or more | 74 | 31% | 26 | 27 | 16 |
| One-third, less than two | 238 | 31% | 28 | 24 | 17 |
| Less than one-third | 119 | 32% | 29 | 27 | 12 |
| Attitude toward pharmacist as medical adviser to public | | | | | |
| Public should be encouraged to ask pharmacist | 190 | 34% | 33 | 19 | 14 |
| Should not be encouraged | 190 | 22% | 25 | 33 | 20 |
| Qualified, uncertain | 62 | 44% | 25 | 20 | 11 |
| Attitude toward pharmacy as field for young man | | | | | |
| Very good field to enter | 221 | 37% | 23 | 23 | |
| Only fairly good | 169 | 25% | 37 | 22 | |
| Not good as a career | 48 | 16% | 20 | 50 | |
| Attitude toward coverage of drug costs by insurance | | | | | |
| Favor including drugs | 170 | 37% | 27 | 21 | 15 |
| Oppose including drugs | 211 | 26% | 27 | 29 | 18 |
| Qualified, uncertain | 62 | 29% | 33 | 25 | 13 |

2. Region

| | N | North-east | North Central | South | West |
|------------------------------------------------------------------|-----|------------|---------------|-------|------|
| Total (Percentages equal 100) | 448 | 24% | 30 | 34 | 12 |
| Age | | | | | |
| 39 or under | 133 | 16% | 35 | 35 | 14 |
| 40-49 years | 137 | 36% | 28 | 23 | 13 |
| 50-59 years | 106 | 29% | 29 | 34 | 8 |
| 60 and over | 67 | 12% | 24 | 52 | 12 |
| Size of community | | | | | |
| Large Metropolitan Areas | 154 | 50% | 28 | 7 | 15 |
| Small Metropolitan Areas | 148 | 17% | 24 | 46 | 13 |
| Urban counties | 80 | 18% | 27 | 42 | 13 |
| Rural counties | 66 | 6% | 43 | 46 | 5 |
| Total volume of business | | | | | |
| Under \$50,000 | 76 | 31% | 21 | 41 | 7 |
| \$50,000-\$99,000 | 142 | 36% | 20 | 34 | 10 |
| \$100,000 or more | 195 | 11% | 40 | 34 | 15 |
| Proportion of total business contributed by prescriptions | | | | | |
| Two-thirds or more | 75 | 23% | 24 | 40 | 13 |
| One-third, less than two | 240 | 26% | 29 | 36 | 9 |
| Less than one-third | 120 | 23% | 33 | 28 | 16 |
| Attitude toward pharmacist as medical adviser to public | | | | | |
| Public should be encouraged to ask pharmacist | 190 | 29% | 35 | 27 | 9 |
| Should not be encouraged | 192 | 22% | 26 | 37 | 15 |
| Qualified, uncertain | 65 | 17% | 29 | 45 | 9 |
| Attitude toward pharmacy as field for young man | | | | | |
| Very good field to enter | 224 | 19% | 30 | 39 | 12 |
| Only fairly good | 169 | 29% | 31 | 29 | 11 |
| Not good as a career | 50 | 33% | 25 | 33 | 9 |
| Attitude toward coverage of drug costs by insurance | | | | | |
| Favor including drugs | 171 | 27% | 31 | 31 | 11 |
| Oppose including drugs | 214 | 21% | 30 | 39 | 10 |
| Qualified, uncertain | 63 | 28% | 30 | 23 | 19 |

3. Size of community

| | N | Large met. areas | Small met. areas | Urban counties | Rural counties |
|------------------------------------------------------------------|-----|------------------|------------------|----------------|----------------|
| Total (Percentages equal 100) | 448 | 28% | 29 | 20 | 23 |
| Age | | | | | |
| 39 or under | 133 | 22% | 33 | 22 | 23 |
| 40-49 years | 137 | 37% | 27 | 23 | 13 |
| 50-59 years | 106 | 27% | 31 | 19 | 23 |
| 60 and over | 67 | 25% | 21 | 15 | 39 |
| Region | | | | | |
| Northeast | 119 | 59% | 20 | 15 | 6 |
| North Central | 130 | 27% | 23 | 18 | 32 |
| South | 141 | 6% | 38 | 25 | 31 |
| West | 58 | 35% | 33 | 22 | 10 |
| Total volume of business | | | | | |
| Under \$50,000 | 76 | 34% | 26 | 19 | 21 |
| \$50,000-\$99,000 | 142 | 28% | 26 | 19 | 27 |
| \$100,000 or more | 195 | 25% | 32 | 22 | 21 |
| Proportion of total business contributed by prescriptions | | | | | |
| Two-thirds or more | 75 | 33% | 37 | 22 | 8 |
| One-third, less than two | 240 | 27% | 29 | 20 | 24 |
| Less than one-third | 120 | 29% | 26 | 19 | 26 |
| Attitude toward pharmacist as medical adviser to public | | | | | |
| Public should be encouraged to ask pharmacist | 190 | 32% | 28 | 19 | 21 |
| Should not be encouraged | 192 | 26% | 29 | 22 | 23 |
| Qualified, uncertain | 65 | 25% | 31 | 16 | 28 |
| Attitude toward pharmacy as field for young man | | | | | |
| Very good field to enter | 224 | 20% | 32 | 22 | 26 |
| Only fairly good | 169 | 36% | 25 | 18 | 21 |
| Not good as a career | 50 | 40% | 30 | 14 | 16 |
| Attitude toward coverage of drug costs by insurance | | | | | |
| Favor including drugs | 171 | 32% | | 17 | 20 |
| Oppose including drugs | 214 | 23% | | 20 | 26 |
| Qualified, uncertain | 63 | 37% | | 28 | 18 |

4. Store's total volume of business

| | N | Under \$50,000 | \$50,000-\$99,000 | \$100,000 or more | Don't know or refused |
|------------------------------------------------------------------|-----|----------------|-------------------|-------------------|-----------------------|
| Total (Percentages equal 100) ... | 448 | 17% | 32 | 44 | 7 |
| Age | | | | | |
| 39 or under | 133 | 12% | 33 | 49 | 6 |
| 40-49 years | 137 | 12% | 33 | 47 | 8 |
| 50-59 years | 106 | 26% | 28 | 41 | 5 |
| 60 and over | 67 | 20% | 33 | 40 | 7 |
| Region | | | | | |
| Northeast | 119 | 21% | 47 | 21 | 11 |
| North Central | 130 | 12% | 21 | 60 | 7 |
| South | 141 | 20% | 32 | 44 | 4 |
| West | 58 | 9% | 27 | 56 | 8 |
| Size of community | | | | | |
| Large Metropolitan Areas | 154 | 20% | 31 | 39 | 10 |
| Small Metropolitan Areas | 148 | 15% | 29 | 50 | 6 |
| Urban counties | 80 | 15% | 30 | 48 | 7 |
| Rural counties | 66 | 15% | 38 | 41 | 6 |
| Proportion of total business contributed by prescriptions | | | | | |
| Two-thirds or more | 75 | 20% | 37 | 3/ | 6 |
| One-third, less than two | 240 | 16% | 32 | 45 | 7 |
| Less than one-third | 120 | 18% | 28 | 51 | 3 |
| Attitude toward pharmacist as medical adviser to public | | | | | |
| Public should be encouraged to ask pharmacist | 190 | 17% | 36 | 41 | 6 |
| Should not be encouraged | 192 | 16% | 32 | 46 | 6 |
| Qualified, uncertain | 65 | 16% | 22 | 50 | 12 |
| Attitude toward pharmacy as field for young man | | | | | |
| Very good field to enter | 224 | 15% | 29 | 48 | 8 |
| Only fairly good | 169 | 18% | 35 | 42 | 5 |
| Not good as a career | 50 | 19% | 35 | 38 | 8 |
| Attitude toward coverage of drug costs by insurance | | | | | |
| Favor including drugs | 171 | 18% | 33 | 46 | 3 |
| Oppose including drugs | 214 | 18% | 31 | 44 | 7 |
| Qualified, uncertain | 63 | 7% | 35 | 42 | 16 |

5. Proportion of store's business coming from prescriptions

| | N | Two-thirds or more | About half | One third | Less than one third | Don't know |
|----------------------------------------------------------------|-----|--------------------|------------|-----------|---------------------|------------|
| Total (Percentages equal 100).... | 447 | 15% | 24 | 30 | 27 | 4 |
| Age | | | | | | |
| 39 or under | 133 | 15% | 20 | 35 | 29 | 1 |
| 40-49 years | 137 | 14% | 26 | 29 | 28 | 3 |
| 50-59 years | 106 | 17% | 23 | 27 | 29 | 4 |
| 60 and over | 66 | 15% | 26 | 30 | 21 | 8 |
| Region | | | | | | |
| Northeast | 119 | 14% | 25 | 32 | 26 | 3 |
| North Central | 130 | 12% | 23 | 29 | 30 | 6 |
| South | 141 | 18% | 28 | 29 | 22 | 3 |
| West | 57 | 17% | 11 | 33 | 39 | — |
| Size of community | | | | | | |
| Large Metropolitan Areas | 153 | 18% | 20 | 31 | 28 | 3 |
| Small Metropolitan Areas | 148 | 19% | 20 | 35 | 24 | 2 |
| Urban counties | 80 | 17% | 27 | 29 | 26 | 1 |
| Rural counties | 66 | 5% | 30 | 26 | 30 | 9 |
| Total volume of business | | | | | | |
| Under \$50,000 | 76 | 18% | 22 | 30 | 30 | — |
| \$50,000-\$99,000 | 142 | 18% | 23 | 32 | 23 | 4 |
| \$100,000 or more | 195 | 13% | 24 | 30 | 31 | 2 |
| Attitude toward pharmacist as medical adviser to public | | | | | | |
| Public should be encouraged to ask pharmacist | 189 | 15% | 26 | 33 | 25 | 1 |
| Should not be encouraged | 192 | 14% | 24 | 28 | 28 | 6 |
| Qualified, uncertain | 65 | 19% | 14 | 31 | 32 | 4 |
| Attitude toward pharmacy as field for young man | | | | | | |
| Very good field to enter | 223 | 16% | 25 | 33 | 24 | 2 |
| Only fairly good | 169 | 15% | 20 | 30 | 29 | 6 |
| Not good as a career | 50 | 15% | 29 | 17 | 35 | 4 |
| Attitude toward coverage of drug costs by insurance | | | | | | |
| Favor including drugs | 171 | 19% | 21 | 30 | 29 | 1 |
| Oppose including drugs | 213 | 10% | 25 | 33 | 27 | 5 |
| Qualified, uncertain | 63 | 27% | 23 | 21 | 26 | 3 |

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