

three days later has proven unwise—now is the accepted time—seen today it may be forgotten tomorrow. Failure to appreciate the value of their window, so prevalent among druggists, Mr. Gwyer classifies as almost a crime.

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### THE DRUG STORE CRISIS.

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It is not the purpose in this paper to sound the alarm of some new danger that threatens the members of our craft or to announce any newly arrived condition. Rather, to call attention to what is the common knowledge of all the dispensing pharmacists of the country and see if we are doing individually and collectively our full duty in meeting those conditions, which are thrust upon us by a revolution in medical practice.

This revolution is so fixed and widespread that even the general public have observed it and are a part of it, as much as pharmacists and physicians.

This writer, since his retirement from active business about a year ago, has enjoyed a more advantageous viewpoint than is afforded from a position back of the prescription case.

The aforesaid viewpoint was made even more advantageous when, two months ago, the Colorado State Board of Health created the office of state drug inspector and conferred the same upon this wandering pharmacist.

In the brief period that has elapsed since entering upon the state's pay roll it has not been possible to look in upon all my fellow pharmacists of the city of Denver.

Fifty such official visits have been made to as many different stores and a few facts gathered from each visit are herewith laid before you.

There are, all told, 181 stores in Denver.

The fifty here reported are not all in one section but from different sections of the city, so as not to impair the average.

In the fifty stores, 211 persons are employed, including proprietors actively engaged and help of all kinds. Of these 211 persons, 84 are registered pharmacists. There are 307 new prescriptions dispensed daily.

We have one firm operating several stores in the center of the city, who dispense about 200 prescriptions daily. This firm should obviously be excluded from any calculations to show average conditions.

The 307 prescriptions now dispensed at fifty stores could easily be dispensed at ten stores without any of the remaining forty stores suffering any material loss. In fact the apparent sacrifice might, to each of them be a gain, if an effort were made to secure business from other undeveloped sources.

For instance, assuming that about 250 families are tributary to each store and the wants of these families in such articles strictly appropriate for druggists to handle were carefully considered the drug store might become a much more useful institution in the community than the present so-called prescription pharmacy, which is such only in name and disappointed hopes.

With the prescription features eliminated, there could be made a reduction in cost of help and possibly hours. Suppository moulds, tablet machine, capsule fillers, microscope and chemical apparatus, such as belong to a real pharmacy would no longer be required. The unsightly prescription case, which still clings to so many stores could be relegated to deserved oblivion and its ancient and senseless secrets laid bare.

It never had any legitimate use, except to conceal loafers and faulty store-keeping. Another good riddance would be that large class of merchandise in pint bottles, that never served but two purposes, one to remind us of our friend, the detail man; the other to fill a four-ounce prescription once.

The business day of sixteen or seventeen hours might be shortened. It is true that prescription dispensing is not the only work about a drug store requiring skill, for as we all know the services of the trained and experienced pharmacist are just as essential in supplying the household remedies and giving the necessary information and advice regarding them.

Therefore if an attempt should be made to classify stores into those doing prescription work and those refusing it, the same regulation and restriction would be required in both classes.

It is hopeless to look for a return to prescription writing by physicians. It is in fact becoming a lost art and we must adapt ourselves to the inevitable.

Modern surgery, osteopathy, electropathy, Christian Science and hygienic treatment have all laid a heavy hand upon the pharmacist's calling.

In the meantime let us keep our eye on the two great foes to ethics in pharmacy, as well as in medicine, the detail man and the dispensing doctor.

Let us join hands anew with the American Medical Association for an open Pharmacopoeia and National Formulary in every pharmacy, in every physician's office and in every college of medicine.

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#### THE DEATH BENEFIT IDEA.

Wilhelm Bodemann of Chicago is very much interested in the idea of establishing a coöperative death benefit plan among pharmacists. He has sent us two or three letters on the subject which have appeared in the *Bulletin* from time to time, and other druggists have responded with approval. We gave space last month, for instance, to a communication from John C. Endress. It strikes us that the idea is worth developing. The plan would be simply for each member to be assessed 50 cents or \$1.00, say, whenever there was a death, and the amount so collected would be sent to the widow to help defray the funeral and other expenses. Oftentimes the best of men die without leaving very much in the way of money, and four or five hundred dollars, or even less than that, becomes almost a godsend. If a thousand men would go into the scheme, and the assessment were modestly set at 50 cents, this would make \$500—a very tidy sum in cases of emergency. The logical organization to push this thing is the N. A. R. D., and we commend the proposition to Major-General Charles Mylert Carr, soldier, propagandist, and penman-in-chief of the organization.—*Bulletin of Pharmacy*.