

the loss in the sale of specialties many times. In other words, it is just a different form of advertising your business.

To-day more than ever before, we are trying to lead the drug store back to pharmacy.

A plate glass sign hanging over the prescription counter sets forth with admirable directness McKennan's merchandising policy:

PRESCRIPTIONS.

Purveyors to Physicians and their Patients only. We do not sell Patent Medicines, Tobaccos, Soda Water or Toilet Articles.	All Biologicals, Vaccines, Serums, Ferments, etc., are kept under Refrigeration—Ice Cooled.
--	---

Unless you are sick, we have not anything to sell you. That has been the store's message to the public for nineteen years.

This generous policy was Mr. Wolf's idea and it is standing the test of time. On October 23, 1930, the McKennan Pharmacy suffered a great loss by Mr. Wolf's death after a lingering illness of thirty months. The writer, who was taken in as an errand boy by Mr. Wolf, wishes to pay tribute to his memory. We are doing our utmost to "Carry On" the institution which his idealism so firmly established.

PROFESSIONAL AND COMMERCIAL PHARMACY.*

BY AQUILLA JACKSON.¹

I suppose there is no more accurate way of describing the drug store than to refer to it as a professional-commercial institution. No matter how ethical it is or how extensive its professional service, there is always the commercial side to be considered. In other words, a sound business foundation must underly the store in all of its departments and branches.

I believe this conception of the drug store is sound and fully consistent with the high purpose it is to serve. The difficulty is, too many pharmacists have lost their sense of proportion and have sought to develop the drug store as a commercial institution only. This practice has been carried to shocking extremes. Every conceivable kind of merchandise has come into the drug store; it has become the subject of ridicule and criticism. This, to me, is simply a public interpretation—that the pharmacist is little short of a fool in his extreme commercial practices.

Several years ago, in fact early in 1930, the firm represented by the writer conceived the idea that it could render better pharmaceutical service by separating the business of the store into two divisions, one professional and confined to prescriptions, drugs and medicines and the closely and directly related side-lines, and the other, consisting of the soda fountain, cigar and candy departments, magazines, etc. Fortunately, we had plenty of space.

The large store room was divided by a partition reaching to the ceiling. At each end were archway openings, permitting free access from room to room. Two

* Section on Practical Pharmacy and Dispensing, A. P. H. A., Washington meeting, 1934.

¹ Retail pharmacist, Baltimore, Md.

entrances from the street were provided, one leading directly to the professional pharmacy, and the other to the commercial room. This move, at first experimental, has turned out to be very satisfactory. We have had any number of favorable comments from physicians and the public.

From the beginning, our clientele seemed to feel that we had recognized a practical situation and had sought to meet it as best we could. Our problem was how to conduct a professional and commercial calling in the most satisfactory manner.

The advantages of our arrangement are many. For instance, a person seeking drugs and medicines, or desiring to have a prescription compounded, or to purchase some sick-room necessity can come to our professional division and be served by a competent pharmacist. There is no need to look around in an effort to ascertain who is the cigar clerk or the pharmacist. This thought, simple and trifling as it may appear, is really important. It emphasizes that the needs of the customer will be met by a competent pharmacist. Also the noise and distraction almost invariably associated, at certain hours of the day at any rate, with the soda fountain trade, is conveniently confined to a separate room. Young people, and older ones, too, come to the fountain, read, smoke and visit without interfering in any way with any other division of the store.

Even with this arrangement we have never thought that we could go the limit in commercial lines. We confine ourselves to the more or less traditional side-lines. After all, we are pharmacists, and we have tried to conform to professional standards, recognizing quite frankly that we had to deal with conditions as they actually exist.

I think pharmacists have made a tragic mistake in not recognizing the public interest in the drug store. In coming to this conclusion, I have noted more times than once that subconsciously, perhaps, but none the less definitely, people react adversely to too much commercial emphasis in a drug store. People seem to look upon certain phases of a drug store as something essential to them, something which means a great deal when sickness comes, and which they feel they can depend upon when required to do so. This is true to a much greater degree than we as pharmacists seem to appreciate. It is this same professional regard which people give to us that raises pharmacy to a professional plane. On many occasions I have heard people pay complimentary references to drug stores of a high type, and I have heard many, many adverse criticisms of the other kind that use pharmacy as a cloak for a high-powered commercial exploitation. Each reference springs from a high regard for pharmaceutical service and to a wide-spread public objection to associate it with a too flagrant commercial practice.

We have persistently refused to handle beverage intoxicants, and we have kept our store scrupulously free from slot machines of all kinds. While there may be many who do not object to such things in drug stores, it has been our experience that the greater part of the public are opposed to them. If we did not feel that they were objectionable, we would still exclude them from our store, as a matter of principle. We are selfish enough to believe that sooner or later the public will discriminate, and that what might appear to be profitable now may prove to be a decided loss later; there may be exceptions, due to peculiar geographical conditions, but generally speaking, I do think that some of us have gone too far.

Much has been said during the last few months with reference to open prescription counters. In my opinion and from expressions of others this is receiving much favorable comment; however, I would like to offer a few personal criticisms. *First*, is it consistent to bring before the public the vital part of our stores without taking into consideration the general appearance of our stores? In other words, can we expect to educate the public properly by continuing to handle the type of merchandise which really has no place in public health? *Second*, if the prescription counter is open and the pharmacist is in full view of the public, will it not be embarrassing on those occasions when a prescription is badly written (and very frequently they are) and you decide that it is necessary to contact the physician before filling the prescription? What impression will this make on the person watching you?

I am heartily in favor of educating the public along these lines; I think the open prescription department is a fine thing, but that it should be worked out in a practical way, taking many things into consideration.

In conclusion, I would like to tell you how I feel about the future of pharmacy. I shall begin by asking questions. *First*, are we necessary to public health? *Second*, how necessary are we? The answer to the first is obvious, the answer to the second question will decide about our future. As I see it, every single accomplishment in pharmacy in a legislative sense has been due to our efforts to bring the importance of its effect on public health before the lawmakers. It is the only thing that we have and can truthfully call our own. When the number of drug stores that are needed for public health service only (and I mean drug stores in every sense of the word) are functioning, it is then and then only that most of our problems will be solved.

DETERMINING COST.*

BY C. LEONARD O'CONNELL.

Recent developments in retail codes have focused the attention of the public and business men upon the problem of ascertaining the cost of the merchandise to the retail distributor. Strange as it may seem to competent and unbiased observers the approach to the entire problem is quite uneconomic. A careful consideration of the facts involved in the matter amply warrants this conclusion.

The New Deal, as it has happily or unhappily been designated by its champions, is ostensibly based upon what they choose to call a planned economy. In intent we were led to believe that the codes were designed to root out unfair practices. In their operation, particularly as they relate to the drug field, it begins to appear as if we are giving legislative sanction to and are perpetuating a system that is not only uneconomic but at the base is ethically unsound. An unprejudiced observer studying the facts at first hand might with all justice conclude that what we need in pharmacy in place of ineffective codes is just some old-fashioned honesty.

The orderly and economic flow of merchandise from its source to the ultimate consumer demands and should make use of the three agencies; that is, the manu-

* Section on Commercial Interests, A. P. H. A., Washington meeting, 1934.