

The question of salaries arises in figuring the total cost of operating the pharmacy. Under the old system one-half of the graduate nurse's salary was included in the cost of maintaining the pharmacy and the remainder was charged to nursing service. Under the new system, the entire salary of the pharmacist, as well as that of the employee who did cleaning, etc., was charged to the Pharmacy. The salary paid was based on the average paid in the community, and included full maintenance in the institution. The hours spent in work were shorter than those of other pharmacists in the neighborhood.

It is believed that these conditions will apply in varying degrees to every institution averaging over fifty patients per day, and that such institutions can well afford the employment of a pharmacist for the following reasons:

- (1) Nurses are relieved to do nursing duties.
- (2) Closer coöperation between the institution and the doctor can be secured.
- (3) Dispensing is standardized and the welfare of the patient as well as the reputation of the hospital is protected.
- (4) A pharmacist can operate the pharmacy at a lower cost (including salaries) than can a person untrained in the art of dispensing.

THE VISIBLE PRESCRIPTION DEPARTMENT.*

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Probably the most modern development in retail pharmacy is the so-called "open front" or visible prescription department. Not that the idea is particularly new (Horton & Converse, Los Angeles, have had a completely visible prescription department since 1920), but it is now becoming quite popular. It is no doubt a step in the right direction, since it emphasizes the professional nature of the pharmacist; however, one should be sure of his step before making such a radical change.

Numerous articles have appeared in the drug journals praising the visible prescription department. Some pharmacists have placed their prescription department in the window so that it is visible from the street (1), others have a completely visible prescription department within the store (2) and others have a prescription department wherein the actual compounding of prescriptions is not completely visible (3).

Silsby (4) points out that the physicians he interviewed were unanimous in their disapproval of a prescription department in which the patient could see the actual compounding. It is important that the pharmacist should have a good professional relationship with the physician; therefore, his opinion of this type of prescription department should be quite important. In order to determine this opinion, a questionnaire was mailed to one hundred physicians. The names of these physicians were not merely taken from a directory, but were obtained from several active prescription pharmacists (both open and concealed prescription departments) in various parts of Buffalo. The list included the physicians who wrote the most prescriptions. The result of the survey is as follows:

* Section on Commercial Interests, A. PH. A., Portland meeting, 1935.

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Number of returns, 40, 40%
Favoring visible department, 14, 35%.
Not favoring visible department, 36, 65%.

Among the reasons given by those favoring a visible prescription department were: "It will give an excuse for a general merchandise store to call itself 'Prescription Pharmacy,' anything which emphasizes the professional side of pharmacy is favorable; it raises the standard of the entire profession; it is not only educational, but shows that the pharmacist is a skilled professional man. The customers can see the care, time and skill which the pharmacist devotes in preparing a prescription; it will promote a greater degree of confidence and respect for the pharmacist. They can see that the prescription is not all water and they will be satisfied with the price charged. It will dispel the secrecy of a prescription; there is nothing which a pharmacist has to hide. It will incline the pharmacist to make up fresh solutions, rather than merely pour them from a stock bottle. The pharmacist must keep the prescription department clean and orderly."

Among reasons given by those not favoring a visible department were: "If a simple drug is prescribed, the patient, seeing it compounded, will feel that nothing is being done and will lose confidence in his physician; seeing the prescription compounded will create distrust and loss of confidence in the physician. It would be disconcerting to the pharmacist, make him nervous and take his attention from his work; it would make the patient apprehensive and confused; seeing poison labels, narcotics, etc., would cause fearfulness. The laity is unable to judge the ability of a pharmacist, as they know nothing of compounding; some prescriptions require consultation with the physician. In some cases (*e. g.*, solution of potassium iodide) the compounding is not in accord with the price; the public may lose confidence, if the pharmacist merely pours from one bottle to another, or, if he merely replaces the proprietary label with his own. Hand-filling of capsules and pills is not always helpful; patients know too much about drugs now; they endeavor to read their prescriptions and reading a proprietary label may lead to self medication. It is unwise to permit some patients to know what goes into the prescription; patients, seeing what goes into the prescription, may get a wrong idea of their ailments—if they see a bromide, they may arrive at a false conclusion; for this reason many physicians dispense some medicines. The department should always be open for inspection, but not visible. The patient may conclude from a prescription containing a proprietary preparation as a vehicle that he is getting a 'patent medicine.' "

The results of this survey would indicate that the physicians are not in favor of an open front prescription department in which the actual compounding may be observed. Probably a more satisfactory arrangement would be to have a prescription department with the actual compounding not entirely visible to the patient.

REFERENCES.

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- (3) McNulty, W. J., *Ibid.*, November, page 15 (1934); Moser, T. A., *Ibid.*, March, page 14 (1934).
- (4) Silsby, J. N., *JOUR. A. PH. A.*, 24, 134 (1935).