

There would seem every reason why the basic definition of drugs should be the same in the pharmacy laws and in the food and drugs acts. This point is emphasized because in the past, there has been no disposition to adopt uniform definitions, even in the food and drugs act and the pharmacy law of the same state. This, no doubt, has contributed toward a lack of cooperation between enforcement agencies concerned with the administration of the food and drugs acts and those charged with the administration and enforcement of pharmacy laws.

It is my judgment that an attempt should be made to bring about uniformity so that the pharmacy laws may be broad enough and comprehensive enough to encompass that field of drugs and medicines which is covered by the food and drugs acts. I believe this will result in greatly expanding the scope and authority of pharmacy laws, will have a tendency to more sensibly limit the distribution of drugs and medicines to pharmacists, and will afford the public a much greater degree of protection in this highly important matter. At any rate, it opens up a new field of study and one which should receive the very closest consideration of all interested in a modernization of pharmacy laws in a real and modern sense.

MUST ONE KEEP OPEN AT NIGHT TO COMPOUND PRESCRIPTIONS?*

BY FRANK A. DELGADO.¹

An invitation to spend the week-end with friends at their summer cottage near East Hampton, L. I., was gladly accepted as it presented an opportunity to escape the heat wave that had been raging in New York. That evening some neighbors called, and introductions followed. My host said "Meet Mr. Doe. He is a pharmacist but like yourself has not actively practiced it for many years." I asked Mr. Doe what was his occupation at present, and what led him to give up the drug business. He informed me that he was now in the hardware business and I was to learn later that Fortune had smiled upon him, and that he not only possessed a splendid business which netted him an excellent income, but that furthermore he was getting the most out of life. He had a fine home, two new automobiles and some income property. He and Mrs. Doe visited New York City frequently to attend the theater and otherwise amuse themselves. He had two splendid sons of whom he had reason to be proud. His business while most profitable did not prevent him from enjoying the society of his family, and indulging in fishing and outdoor sports of which he was very fond. He decided to quit the drug business, he said, when one night after one A.M. he was awakened by a customer who asked would he compound a prescription. He slid into some clothes and still half-awake accompanied the supposedly sick man to the drug store. Switching on a light he read the prescription, and to his anger and amazement found that it was of the tonic variety, and furthermore bore a date that showed the patient had been carrying it around in his pocket for two or three days. It was precisely at this moment that Mr. Doe decided to seek his livelihood in some other field.

The incident just related may be exceptional; however, I venture to say that a study of the prescriptions dispensed after six P.M. would show that a substantial

* Presented before the Section on Pharmaceutical Economics, A. PH. A., Minneapolis meeting, 1938.

¹ 34-24—82nd St., Jackson Hts., New York City.

number could have been held until the next day. It is not infrequent that a physician leaves a prescription with the patient in the morning or afternoon, who waits until evening when some member of the family will visit the drug store to have it compounded. They know only too well that they will find the pharmacist on the job. It is unfortunate that the professional duties of the pharmacist are made to bear the brunt of the blame for the ridiculously long hours that pharmacists work. Anyone familiar with the facts should know that the long hours prevailing in the drug store are the result of commercial activities, since transactions that take place at night are much more apt to be at the cigar counter or soda fountain than behind the prescription counter. This is brought out in "The Professional Pharmacy," the National Drug Store Survey report, published by the AMERICAN PHARMACEUTICAL ASSOCIATION. This pictures the flow of the prescription business in three professional pharmacies, according to various periods of the day.

In Stores A and C the period from 3:00 to 6:00 P.M. had the largest number of prescriptions, but the two preceding periods from 11:00 A.M. to 1:00 P.M. and from 1:00 to 3:00 P.M. really had the heaviest volume inasmuch as each of these periods is only two hours in length as compared with the three hours between 3:00 and 6:00 P.M. In Store D the two periods running from 11:00 A.M. to 3:00 P.M. were clearly outstanding. In Stores A and C, the opening period from 8:00 to 11:00 A.M. and the closing period from 6:00 to 9:00 to 10:00 P.M., both being at least three-hour periods, clearly had the lightest volume of prescription business. In Store D the closing period, from 6:00 to 10:00 P.M. had the lightest volume, but the opening period in the morning had quite heavy volume.

Thus it can be said that the professional pharmacy, generally speaking, will have its heaviest volume of prescription practice from 11:00 A.M. to 3:00 P.M., and its lightest volume in the evening after 6 o'clock, and during its opening period in the morning. Store location may vary the time of day in which business is heaviest, but as professional pharmacies generally have a central location, most of them will probably encounter the same conditions. In Stores C and D the Sunday hours were only half as long as for the other days of the week, but the prescription business amounted to less than one-third of the usual daily volume. Store A was open from 9:00 A.M. to 4:00 P.M., although practically the entire Sunday prescription work is done within a three-hour period, from 10:00 A.M. to 1:00 P.M. It will be seen that it is not so essential for the professional pharmacy to keep long hours and that it is not the prescriptions which are responsible for the long business day of the commercial type pharmacy. Younger pharmacists who feel a repugnance to the long fourteen, sixteen and eighteen-hour days of the commercial type pharmacy, will be drawn to the professional pharmacy, where the hours are generally shorter, and in many cases could be made even shorter by closing after 6:00 P.M. and on Sundays when in many cases, it would probably be more profitable to close the establishment. It is not unreasonable to suppose that shorter hours would attract a desirable type of young men.

The matter of opening and closing hours depends largely on the location and to some extent on the inclination of the owner of the pharmacy. This is also true relative to Sunday hours; the greater number of pharmacies are open on Sundays and in some the receipts are larger than on other days. Many stores close for part of Sunday, some close all day. The examples given may be of interest. One

pharmacist in a large city adopted Sunday closing, advertising the venture in the daily papers prior to making his decision effective. The results were so satisfactory that this pharmacist has continued the practice started in 1919. He refers to Sunday leaks as amounting to quite an item, perhaps more than offsetting the profits. Another pharmacist continued the practice of Sunday closing, because his business increased as a result; a number of patrons gave this among their reasons for patronizing this pharmacy.

Of the thirty-three stores dealt with in the study, the majority opened at 8:00 A.M. and closed at 10:00 P.M. on week-days, while the average Sunday hours are from 9:00 to 9:00 P.M. Two of the stores do not open on Sunday. As for the Sunday prescription business, one store reported it heavy, three good, five only fair and twenty-four (or 73 per cent) poor. Fresh evidence that long hours and compounding prescriptions do not necessarily go hand-in-hand is furnished by the new prescription department recently inaugurated by R. H. Macy & Co. of New York, which has announced that it will abide by the regular store hours which are from 9:30 A.M. to 5:30 P.M. The store is closed on Saturdays during the summer and on Sundays the year round. Employee pharmacists are naturally attracted by employment in prescription departments of the type mentioned above. If we must work fifteen or sixteen hours a day, let us be honest and admit that we do so purely for commercial gain and not because of our professional responsibilities.

THE PLACE OF THE PROFESSIONAL DISPLAY IN A PHARMACY.*

BY M. MEDFORD COOPER.¹

What is meant by the phrase "professional display?" It means one which calls to the attention of the public the need for medical care, explains a pharmaceutical process, or in some other way suggests that the pharmacist, apart from merchandising, is professionally trained. Some of these displays may be strictly professional, others may indirectly advertise ethical products.

About two years ago, I became particularly interested in the average pharmacist's attitude toward displays, especially toward professional ones. I made it a point to question pharmacists in different sections of the state whenever the opportunity offered. The average response was something like this, "A professional display may be all right during pharmacy week because others do it, but people aren't interested in that sort of thing. All they want to know is where they can buy things the cheapest. They know drug stores fill prescriptions without being told about it."

I didn't agree with them. I believed that the public would be interested in professional displays and that such displays should be of definite value in dollars and cents.

In our college I am charged, among other things, with the responsibility of store practice in our model pharmacy. With this as an opportunity, I started my students building professional displays, trying them in the windows of the model

* Presented before the Section on Commercial Interests, A. Ph. A., New York meeting, 1937.

¹ Instructor in Economics, Albany College of Pharmacy, Albany, N. Y.