background when the compact is opened. The lipstick likewise may be placed upon the "Selling Fabric" while the merits of the product are being pointed out. After the talk, the item is gently pushed, satin and all, toward the customer. It invites inspection of a "valuable item."

If silver should be the main color in the cosmetic container, the counter cloth may be of dark blue velvet. Other colors are of course acceptable if matched to the container and contents. A red color assumes a brillance on white or pale green and loses intensity on red or brown backgrounds. Other colors also intensify their hue on contrasting colors and appear dull on like colored backgrounds. The druggist who knows this fact, and has a selection of counter cloths, should never get complaints against color once he knows the customer's need.

#### COLOR IN THE PRESCRIPTION DEPARTMENT.

Color in the Prescription Department is not as far fetched an idea as it might at first appear. Every pharmacist should wish to emphasize the cleanliness and the quality of his establishment and prescriptions. Again color can be used effectively. Packaging pills and capsules in boxes lined with light blue paper will accentuate their whiteness and cleanliness. The same is true for powders folded in white papers. A layer of pale blue cotton in a white lined box makes pills and capsules easy and pleasant to take. Other colors may also be used.

#### OTHER USES FOR COLOR.

If the druggist manufactures his own preparations the proper choice of coloring agents becomes very important. Blue, or milk-white mouth washes are never popular, no doubt due to the "feeling tone" which suggests "unfitness for internal use." The best selling mouth washes are on the red end of the spectrum. Two of the fastest selling mouth rinses of the day bear out this point. One, a red, is suggestive of health and vitality; and the other, an amber, is likewise suggestive of health, sunlight and cleanliness.

Another possibility is the use of colored caps for prescription bottles. A white cap is never objectionable and caps matching in color the liquids dispensed create favorable impressions upon patients.

The receptive mood of the customer is markedly affected by color in more distant objects, or by color as an abstract phenomenon. For instance, it has been said that green helps sell summer beverages. Doesn't that suggest green light on the fountain backbar, green trimmings on the uniforms of the fountain help? Colored light and color may also be used in the individual show-case to advantage, also in the stationery of the pharmacy, in the wrapping paper, and in the twine or tape. A pleasant harmony will create a store color personality, so to speak, which will automatically bring the particular pharmacy to mind whenever the color or combination of colors is seen in the community.

## PAST AND PRESENT OBSERVATIONS OF DRUG STORES.\*

## BY MATHIAS NOLL.1

After forty years in the drug business, my great regret is that the drug store, the kind in which I learned to be a pharmacist, has lost its identity and that the

<sup>\*</sup> Presented before the Historical Section, A. Ph. A., Minneapolis meeting, 1938.

<sup>&</sup>lt;sup>1</sup> Retired pharmacist, Atchison, Kansas.

character it once had is no longer recognizable. It is impossible for me to reconcile the fact that Pharmacy as a profession, which I spent so much time and money to learn, and years of experience as an active druggist to perfect, could have completely changed complexion as far as the public is concerned.

We thought we had everything when the Pharmacy and Registration Laws passed; before that any blacksmith with a few thousand dollars could buy up a drug store and call himself a druggist.

No other type of store could compete with the old-time drug store in human interest. A grocery store had a stomach, but the good old drug store had a heart in it. In sickness, health, pleasure, woe or leisure, the drug store had no rival. It seemed there was something in the sign of the Apothecary that made people want to go into a drug store whether they wished to buy or not. There they found the touch they could get nowhere else; to spend a few waiting minutes was a privilege not so valued in any other place. What appealed to them most, we druggists could only imagine from the pleased expression on their faces. We didn't know but that they came in because of the aroma of good cigars in the case, the odor from the sweet-scented soaps and perfumes, the gold fish, the long rows of pretty bottles of uniform size (containing medicine, of course), all lettered in gilt, which were kept on the shelves. And let me not forget that first drug store, where I washed bottles packed in straw, trimmed the coal-oil lamps, dusted the old sponge basket sitting in the center of the floor and cleaned the colored show globes in the window which were the chief decorations.

There is a tinge of sadness in the thought, and I can't quite realize it to be true, that the place I once owned and operated for forty years, known to all men as a drug store, is no longer in existence. I have a hard time trying to explain to my young grandchildren the difference in the drug store I sold less than twenty years ago, and the one they see to-day. I can imagine them telling me that they don't see anybody at the store doing things in the way I said I used to do them, and they might keep the idea to themselves, that Grandpa couldn't have been much of a druggist anyway.

# ELISHA DEBUTTS, PHYSICIAN, CHEMIST, TEACHER, DEAN AND DELEGATE TO THE 1820 UNITED STATES PHARMACOPŒIAL CONVENTION.\*

## BY LYMAN F. KEBLER.1

During my studies of the activities of that versatile super-man, Dr. Samuel L. Mitchill (1) in stimulating uniformity in the manufacture of medicines, in aiding unification in the writing of prescriptions and establishing drug standards, the activities of Dr. DeButts came to the fore. Little is of record of his work in the above fields. He was one of the five physician-chemists, who took a prominent part in supporting the first United States Pharmacopæial Convention and the results issuing therefrom. The five physician-chemists were Lyman Spalding, Samuel L. Mitchill, Elisha DeButts, Wm. MacNevan and Joseph Parrish. Dr. DeButts took a continued active part in the work.

<sup>\*</sup> Presented before the Historical Section, A. Ph. A., Minneapolis meeting, 1938.

<sup>&</sup>lt;sup>1</sup> Former Chief of the Drug Division, Bureau of Chemistry, U. S. Department of Agriculture.