

Ichthyol is *not* miscible with oils and a physician writing for a mixture of ichthyol and oil would obtain an entirely different product from what he had been led to expect by the statement appearing in the "N. N. R.," as well as on the label of the ichthyol containers and the literature put out by the manufacturer thereof.

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ARRANGEMENT OF THE PRESCRIPTION DEPARTMENT.*

H. W. WEED, NEW YORK.

The modern druggist is as far away from the "mysterious" in regard to the conduct of his prescription department as he is far away and different in his method of store merchandising when compared to the apothecary shop or drug store of ten or fifteen years ago. Therefore it is not to be wondered at that improvement in arrangement, fixturing and equipment in the modern prescription room has undergone many changes to keep pace with the demands of the progressive merchant.

The object of this paper is to suggest to the members of the American Pharmaceutical Association who are contemplating changes in their prescription department a few suggestions which seem to the writer worthy of consideration.

First, let us think for a moment of the actual needs of the smaller merchant, the store doing in the neighborhood of \$25,000.00 a year. These stores to make money necessarily have to be clerked with economy; hence the proprietor generally alternates with his one prescription or head clerk, as he is generally termed. To remove the prescription department in such instances to the back part of the store across the back or in either corner is bad for service and should not be done. If any reader's store is thus arranged, I would suggest you change at your earliest convenience to a position of the drug counter which should be located not more than half way back in the store, and so constructed that the prescriptionist could have a good view of the store. This statement will shock some of the straight-laced ethicals, whose "Safety First" ideas call for isolation, concentration, uninterrupted, etc., all necessary factors to be insisted upon in the conduct of large departments employing many men whose total daily output of prescriptions compounded will reach or exceed two hundred and fifty. There, such discipline is necessary. Please do not misunderstand me. I am not belittling dignity or safety; but we are considering the one man proposition in the smaller town or the neighborhood druggist, who, because of the smallness of his business, is obliged to be general clerk as well as prescriptionist; hence the necessity of constructing, arranging and locating this department so it will fit into the merchandising scheme in such a way that the proprietor or head clerk has general supervision of the whole store at all times. The result of this arrangement will be satisfied customers, increased business and a competence worthy the calling, because the mas-

*Read before Section on Practical Pharmacy and Dispensing, A. Ph. A., San Francisco meeting.

ter hand and mind is in the midst of things and not separated by an unwise choosing of location for this department.

The amount of space required would be 4 ft. long by 18 in. deep and 6 ft. high, running lengthwise of the store and should be a part of the drug counter, which is, as you know, a fixture 30 in. wide by 36 in. high. This would give plenty of room in front of the upright for display purposes. I am opposed to zinc covering for the work board, glass is always preferable, and this $\frac{1}{4}$ to $\frac{3}{8}$ plate. The arrangement of drawers, width of shelves, etc., should be carefully thought out by the owner, avoiding always big drawers, as they invite untidiness and waste of room. In one corner of the work board should be a very small sink about 6 by 9 inches, fitted with gooseneck faucets for hot and cold water. The majority of my readers may think these dimensions too small, but can you wisely devote more space?

As stock turnover is also necessary to success, I counsel the purchase of drugs in small quantities. Therefore, in ordering prescription ware, I would not buy any salt mouth bottles larger than four-ounce and only a limited number of them.

The care and filing of prescriptions might just as well be considered here, for the following plan is the best and most applicable for all prescription departments, regardless of size and number compounded. This method enables immediate reference to any number desired, takes up little space, as you will see. The arrangement is to have cardboard boxes made $4\frac{3}{8}$ wide by $6\frac{1}{2}$ long by $2\frac{1}{8}$ deep outside measurements, not including covers. Procure some thin bookboard, have same cut $6\frac{1}{8}$ long by $3\frac{1}{8}$ wide, have a small hole punched in these cut pieces in the center about half an inch from one end. A pair of these bookboards will form the top and bottom of the prescription file, the scheme being to place one hundred prescriptions between the covers, bind them loosely with a single string which will make a sort of loose leaf arrangement, with one hundred prescriptions to a book and five books to the box, and two boxes deep on a shelf. By this method you will have in time a perfect metric system of filing; every two boxes containing one thousand prescriptions. The writer saw a cabinet of twenty thousand prescriptions filed in this way and was amazed at the small space occupied by so many prescriptions and the ease with which any number could be selected. The shelf arrangement should be built to accommodate but ten boxes wide and two boxes deep. Therefore, the first shelf would hold prescriptions numbering from one to one thousand; second shelf one-thousand-one to two thousand; thus a cabinet with ten shelves would accommodate one hundred thousand prescriptions. The system of numbering and pricing is, numbers always in the lower left-hand corner, prices in lower right-hand corner.

Where the business of a store warrants the steady employment of two or more prescriptionists who give their entire time to manufacturing and prescription work, the location of the department may be in a space least valuable for merchandising purposes, preferably in a space next adjoining the rubber goods or sick room supply department, for the reason that the prescription department is the natural and almost exclusive feeder to this allied department, and if this department is merchandised properly and properly clerked, the business of this department will grow and become the most profitable part of your whole store.

Have you ever stopped to think, when a prescription is brought into your store, it should be thought of as a certificate of information signed by the doctor, conveying to you the knowledge that there is sickness in the home of the bearer, and, where sickness is, there is every possibility that many sick-room supplies may be required, and the very opportunity you are seeking is at hand? Perhaps you can tell by the medicine prescribed somewhat the nature of the sickness in the home. If not, a few simple inquiries will give you the idea of what to suggest in the way of sick-room supplies. The present method of handling prescriptions is all wrong, according to the writer's notion of merchandising. Did you ever know of a perfectly well person wanting a pair of crutches or a bed back-rest or a bed-pan, a sick-feeder, or a gruel tube? You have probably said a great many times when handing out a prescription after filling it, "Who is sick up at the house?" You have been told by the mother or father, or James or John, or whoever brought in the prescription, and the only comment made is, "I am sorry; tell them I inquired after them; hope they will not be confined to the house long." Where, if you applied the art of salesmanship, it would be the most natural thing in the world to say, "When father gets so he can sit up, you better come down and get him a back-rest or an invalid's wheel chair, so that he can begin to get a little exercise and sunshine." Just that moment you begin to bring the prescription department into closer relationship with your rubber goods and sick-room department. Just that moment you will begin to get enthusiastic over this suggestion the writer is making and by giving it some thought and by letting your imagination work along these same lines, you will see what's in the writer's mind when he urges upon you to link these two departments together.

Labels and copies of all prescriptions should be typewritten.

No person other than the man on the job can lay out a suitable or workable floor and fixture plan without careful data as to size and shape of store, together with an estimate as to the amount of business expected to be done, the population of the town, also whether the M. D.'s are prescription writers or dispensers. However the experience of others is valuable and a suggestion from this one, an idea from another helps a fellow solve the problem of the best for his particular store. So it is with the hope this brief article will help some brother to better things, as it surely will if some of the suggestions are adopted, for they are not experiments, but the result of experience.

ABSTRACT OF DISCUSSIONS AND REMARKS.

Chairman Osseward: I saw in one of the papers that Mr. Liggett had made an address before the Philadelphia branch of the American Pharmaceutical Association on "Modern Merchandising," and the paper appealed to me. So I got the idea of writing Mr. Liggett and asking him to prepare a paper. I thought it might bring out the point that he would have some of his men give us a paper. Mr. Liggett told me as he was not a practicing pharmacist, but a merchandiser, that he could not comply with my request. I then wrote Mr. Liggett and asked him if he would not have one of his men give us a paper, and this is the result.

There are several points in it that are valuable, it seems to me. The idea of placing the prescription department in the center of the store was a new thought. Of course, he is speaking of a small store now; this does not mean a large store. It does not mean those who have a good prescription business. He suggests making the prescription department more prominent, placing it where you can watch both ends of the store, especially where there is only one man in the store most of the time. These are very valuable suggestions.

Dr. Weinstein: I do not see what I could learn from this. This is the arrangement in most of the stores. The difference is that most of the stores do not do \$2,000 a month. There are stores in New York that do \$2,000 a month or say \$25,000 a year, but most of the stores would be happy if they could do so.

Mr. G. H. P. Lichthardt: It seems to me that the valuable part of that paper is the suggestion as to salesmanship. It is brought out very forcibly. I never realized when Jimmy came in with a prescription for an old gentleman with the rheumatism that possibly he might want a water bag. I know that I could not hold a job in a chain store because I could not do that. I would get fired the next week. But that is evidently the great point in that paper, to my mind.

Mr. F. W. Nitardy: The way that paper is written, you can see that it is by a man that considers dollars and cents in the drug business. He is a merchant and he is a business man, and his eyes are open for getting the dollars. We have got to do that, even though we like to be technical pharmacists.

I have been told lots of times that I am not a business man at all; that I am a scientific man. I do not lay any claim to that; I try to be a business man; that is the way I make a living.

I think there is a lesson in that paper. I don't agree with Dr. Weinstein that he cannot see anything new in the paper. I think it sets us a good example. I greatly appreciate the idea of Mr. Liggett.

MAGNESIUM CHLORIDE TO STIMULATE CYTOPHYLAXIS.

The property possessed by living cells of protecting themselves from infection is named by the author cytophylaxis. The favorable action of the majority of antiseptics used is due not so much to their killing the harmful micro-organisms, but to their allowing the process of cytophylaxis to proceed. This is mainly due to the action of phagocytes. Unfortunately, the majority of those antiseptics which kill the harmful germs, at the same time destroy, or hinder, phagocytosis. Even in the most favorable cases the number of phagocytes is reduced by 80 per cent. This explains the lamentable number of failures which follows the use of antiseptics when applied to infected wounds. The problem of killing the microbes without injuring the living cells has not yet been solved; but many antiseptics are known which destroy the cells without with certainty destroying the microbes with which they are mingled. The author has therefore experimented with a number of non-antiseptic solutions which stimulate phagocytosis. Of these magnesium chloride, in the proportion of 12.1 per 1,000 is one. This solution increases phagocytosis 75 per cent. compared with physiological salt solution, and the latter is 63 per cent. more active than Ringer-Locke's serum. The augmentation is observed not only in the number of active polynuclear phagocytes, but also on the individual phagocytic power of each cell. The solution retains its cytophylactic power when administered by injection into the circulation. It may advantageously be employed in this manner as well as applied locally in the form of dressing.—*P. Delbert and Karajanopoulo (competes rend., 1915, 161, 268), through Pharmaceutical Journal.*