

physicians to have a list of these stores posted conspicuously in their offices, and patients told to go to any one of them they chose—naturally the nearest one.

The certification of these stores would be under the control of the State or National Board of Pharmacy, and possibly a fee would be charged for examination. Inspectors would be free to come and go in such places, much as they do in examining National Banks, and no pharmacist would be allowed to maintain his license or fill prescriptions who failed to live up to the requirements of the Board of Examiners.

The second class of stores would be known as "drug stores," and would have the right to sell drugs and chemicals and everything else they pleased. In other words, they would be merchants running large or small department stores, depending on location, etc. They might even be allowed to have a prescription department, but the chances are the requirements would be so strict that the "drug store" would gladly turn this portion of the business over to the "certified pharmacy."

Now, we know what you are going to say. You rise to remark that a scheme of this kind is not new; that it has been in vogue for years in Europe and that it is not applicable to this country because we cannot have the same guarantee of protection of territory in this "land of the free" as the pharmacist abroad has. True, but nevertheless we believe the plan as outlined would work satisfactorily in the United States.

If the "department pharmacy" would give up its prescription department, and add, say a floral department, in its stead, and the "prescription pharmacy" would give up its sundries (aside from those belonging to a prescription store) would not both be better off? Think of the worry off the mind of the fellow who hates the prescription business anyway and wishes he had never seen a prescription; also the care off the shoulders of the ethical cuss who hates to sell candy and cigars, but feels he has to, to make a living.

A plan of this kind would hardly be applicable to the country stores, but we believe some such scheme is feasible for all towns of 10,000 inhabitants and over.—*Pacific Drug Review*.

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## PHARMACY A COMMERCIAL PROPOSITION.\*

WILLIAM A. HOWE.

The writer, after fifteen years' work as proprietor of a drug store, has come to the conclusion that pharmacy is not so much a profession as it is a purely commercial proposition, with long hours to work, and sometimes, for small profit.

From my own experience and what I have seen in a limited way, there seems to be something radically wrong in the conditions surrounding the practice of pharmacy. We all know it is almost impossible to get good registered clerks at salaries which the ordinary store is able to pay. Neither can we blame the

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\*Read before the O. S. P. A.

clerks for going into other lines of work for which they receive oftentimes a better salary for less hours' work, and incidentally have time to get acquainted with their families.

From a financial standpoint, the best drug stores today are the ones which have the best business management, together with a large number of good paying side lines.

By the best business management I do not mean simply good buying at low prices; while this is essential, it is not all that is necessary by any means. To do a successful and profitable drug business, quite a number of other things are essential besides good buying.

Every live druggist should take time to be an active member of the Business Men's Club, Chamber of Commerce or other organization representing the business men of all lines in his city. He should be a booster for anything for the good of his home town, either for bringing in new business or for making it a better city in which to live. Don't be a stranger to your own competitors or the other merchants, but meet with them and discuss trade conditions. Let them know you are alive and interested in any of the good things they are doing. More than this, when the occasion arises, help them with your money to the extent of your ability, and by all means give cheerfully when you do give.

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#### WILL THEY FIGHT?

The United Kingdom is a big attraction for American manufacturers of proprietary medicines. The latest to come to us are those who offer their goods upon some plan in which cooperation or profit-sharing is held out as the feature. "Rexall" came to us about a year ago, and the fact was not ignored by their competitors in the United States, who were not slow to realize that if there is anything here for "Rexall" there might also be for them. So now we have "Nyal" proprietaries offered to the trade. "Nyal" (New York and London) have made a beginning in Ireland, where they are not bothered with medicine-stamp duty nor with National Insurance Act medical benefit. So far British manufacturers and wholesalers have not worried themselves about these cooperative or profit-sharing ventures, but it is just as well that we should note that another bird from the eagle's brood has come to our shores. In the past some of these high fliers have come to stay.—*The Chemist and Druggist*.