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HIGH CLASS PHARMACY.*

BY J. LEON LASCOFF.

We pharmacists all know the true meaning of the term *High Class Pharmacy*. Unfortunately the public often labors under the mistaken idea that a *High Class Pharmacy* is represented entirely by a window display of widely advertised perfumes, or by the modern lunch counter with its shining brasses and glossy mahogany; and, in the rear of the store, we find a few drugs and pharmaceuticals.

What is truly meant by *High Class Pharmacy*? After all, this profession, regarded as one of the noblest in the days of the medieval apothecary, has reached the state when such a thing as a drugless drug store has become a reality. Fortunately, the New York State Department of Education forbade these stores from using the term drug store in New York, but they are known as patent medicine and perfumery shops.

The very existence of these shops is due to the fact that the pharmacists neglected the professional side of pharmacy and stressed the merchandising, thereby making the shop lose its individuality and making it in many respects no different from these perfume shops. The greed of the pharmacist in many cases made him forget his professional duty because of the attraction of "quick turnovers," "free goods" and high pressure salesmanship.

I recall the remarks of Dr. J. Solis Cohen on "The Function of the True Pharmacist." He said, "It seems to me that a larger and nobler meaning should be given to the term pharmacist. The true pharmacist has a function to fulfill—

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a much higher function than drawing soda water or handing out proprietaries over the counter. When the physician ceased to collect and prepare the drugs he administered and turned over to the apothecary that important duty, in order to devote more time to his special study of diagnosis, pathology and therapeutics, the apothecary became charged with all the responsibilities concerning the medication that had heretofore rested upon the physician. In the evolution of science and of art, the responsibilities both of physicians and pharmacists have become greater, not less. The grocer, or the notion dealer, or the ten-dollar clerk in the department store, has sufficient knowledge to take a package from the shelf and hand it to a purchaser, or even to decant a portion of it into another container. As a physician, I look to my brother of the pharmaceutical profession for greater knowledge, greater skill and greater assistance than I can get from the grocer's clerk or the errand boy."

Not long ago, I had the pleasure of visiting a number of so-called drug stores and real pharmacies with President Skinner, of the Pharmaceutical Society of Great Britain, and, later, with Dr. Krusen. It would be impossible for me to describe in detail what we observed and what we were told during these visits. The visitors were very much surprised by seeing the large space devoted to the merchandising and the very little space devoted to the actual handling of drugs and dispensing of prescriptions. In most cases, when we entered these shops, we had to look for and ask for the so-called prescription department; there was no sign of any kind.

Now I do not necessarily infer that the presence of cosmetics or a luncheonette necessarily detracts from a store being a *High Class Pharmacy*, but I do insist that stressing these departments *only*, and utterly disregarding the drug and prescription department, is not only contrary to good business but, in my opinion, distinctly fraudulent practice in claiming a store to be a *High Class Pharmacy*.

We older pharmacists are often told that times have changed and that we must keep up with the times. That is quite true and my theory has always been to progress and keep up, within reason, with modern conditions—but I never have and never will advise the complete suppression of the drug and pharmaceutical departments of the pharmacy and rely entirely on the outside appearance and surface to try thereby to substantiate a claim of *High Class Pharmacy*.

The owner of a high class pharmacy or the purchasing agent of a chain of high class pharmacies, should consider prices secondary to quality. Even though he may have a knowledge of how to compound prescriptions, he still may not turn out the proper preparation because of an inferior constituent. This question often arises in my daily work, even in our own pharmacy. Not long ago, a prescription calling for lead acetate and zinc sulphate, in equal parts, was mixed and a yellow product resulted. Upon investigation we found that the zinc sulphate was not U. S. P., though labeled as such.

After many years of experience and dealings with high class physicians, a pharmacist's prescription department flourishes and he is able to render better service to the public than the type of man who looks only for the quick profits and immediate gain, by buying everything at the lowest figure. If a mixture or other preparation does not turn out as it should, the pharmacist who cares little

about his prescription department will not experiment by making it over, but will simply place a shake label on the container and hand the preparation over to the patient. Let us take the following prescription as an example.

An ordinary lotion containing zinc oxide, magnesium carbonate, etc., etc. A high class pharmacist will use the purest zinc oxide and magnesium carbonate obtainable. The price will be a secondary consideration and the result is that the preparation will be entirely different from the same prescription compounded in the so-called merchandising store, where the owner buys the cheapest chemicals obtainable. The real pharmacist will turn out a homogeneous mixture while one of the other class would turn out a good-for-nothing mixture.

In my experiments I have come across many cases where chemicals bought cheaply became an extravagance because of the fact that they were not up to standard although labeled as such. About two years ago, a friend of mine was approached by the representative of a foreign chemical house. The agent had a large quantity each of bismuth subcarbonate and bismuth subgallate, marked "C. P." and "U. S. P." The price quoted was far below the market. My friend bought fifty pounds and suggested that I buy the same amount. Before buying, however, I had the salts tested and, to my amazement, arsenic was found in the chemicals. I refused to buy, of course, but the salesman told me that I was very foolish, as the product was being repacked in pound cartons marked "U. S. P.," and sold at the market price or, perhaps, a few cents lower. I informed one of my salesman friends, who lost no time in spreading the facts to other pharmacists who might be inveigled, with the result that these peddlers of chemicals had considerable difficulty in marketing their merchandise to the pharmacists of New York, without facing the problem of having their chemicals analyzed for purity, before the transfer of money. It is unfortunate that lack of faith and confidence has forced the pharmacist, the physician and the layman to specify the brand of chemical, but this is due to the fact that there are still a few who place price before quality.

I will illustrate here a number of prescriptions which were put up in two different stores, one in the *High Class Pharmacy* and one in a store of the other type. One of these prescriptions was compounded by the proprietor or by one of his assistants, who are highly trained pharmacists; the other was compounded in a store of the other class, put up by an incompetent clerk, whose mind was trained on selling only. The difference between these mixtures is readily noted.

I love my profession, and just as other men have their hobbies, my hobby is to take a difficult prescription and experiment and try to have the finished product a perfect example of pharmaceutical skill and science.

No. 1.

Magnesium Carbonate.....	25.0
Zinc Oxide.....	10.0
Expressed Oil of Almond.....	45.0
Lime Water.....	25.0
Rose Water q.s. ad.....	240.0

The correct procedure for compounding this prescription is as follows: First, saponify the lime water with the expressed oil of almond. To this saponification product add the powders little by little, with constant trituration. Lastly, add the proper amount of rose water. While

this method of compounding is correct the finished product may not turn out to be satisfactory, unless the chemicals used are of the highest purity. If the magnesium carbonate is a fine, silk-finished powder and the zinc oxide is of the best quality, the finished product will be a smooth, homogeneous mixture from which there is no separation of the oil.

No. 2.

Zinc Oxide.....	30.0
Starch.....	60.0
Olive Oil.....	90.0
Lime Water ad.....	500.0

Should this prescription be compounded in the order of the ingredients the oil at once separates and a very unsatisfactory mixture results. The proper method is to first saponify the olive oil with ninety Gm. of lime water. The next step is to triturate the zinc oxide and the starch in another mortar. To the mixed powders add the saponified lime water and oil slowly and with constant trituration. To the resulting smooth, uniform lotion the remainder of the lime water is added. If this procedure is carried out the finished prescription will be one that no pharmacist need hesitate to dispense.

No. 3.

Acetylsalicylic Acid.....	1.2
Methenamine.....	1.2
Water to make.....	60.0

If this prescription is compounded with chemicals which are free from impurities a clear solution should result. If, however, impure chemicals are used in compounding, a precipitate may form. Should this happen some pharmacists would add powdered acacia to the mixture. Here, again, the question of *purity* arises. If the acacia is not of a high grade quality it will have an effect on the color and the appearance of the mixture. The correct method is to compound and dispense this prescription without the addition of any acacia. In this case the addition of any camouflage may be avoided by the use of pure chemicals.

No. 4.

Camphor.....	2.0
Tincture of Benzoin.....	12.0
Acetic Acid.....	40.0
Rose Water to make.....	120.0

Unless this prescription is correctly compounded a very unsatisfactory mixture will be produced. First of all, the camphor should be dissolved in the tincture of benzoin. This solution should be added slowly to the mixed acetic acid and rose water and the precipitate which forms should then be removed from the liquid. To this precipitate is added, in a separate mortar, two drachms of acacia and to this mixture is then added the liquid little by little, with steady trituration until a homogeneous lotion is formed.

No. 5.

Iodoform.....	2.0
Balsam Peru.....	8.0
Petrolatum to make.....	120.0

Time and again this and similar prescriptions have caused pharmacists considerable trouble, which is due entirely to the wrong method of incorporating the balsam of Peru. In this prescription the balsam of Peru should be mixed with the petrolatum and then the iodoform should be added in small portions at a time. If the iodoform and the balsam of Peru were mixed first, the gummy portion of the balsam would immediately separate and its inclusion would be impossible.

No. 6.

Tannic Acid.....	4.0
Alum.....	4.0
Dobell's Solution to make.....	120.0

This prescription gave more trouble, perhaps, than any of the ten prescriptions presented here. If it is compounded as written a thick, heavy sediment is formed which it is impossible to remove from the bottle. The correct procedure is to use, in place of the tannic acid, 20.0 of glycerite of tannin. The alum is first dissolved in the Dobell's Solution and the glycerite of tannin is added a little at a time. By this procedure a fine clear solution will be obtained. There is no objection to the glycerin of the glycerite of tannin. Glycerin is present in the Dobell's Solution and the additional few mils which are added will not have the slightest effect on the therapeutic action of the finished prescription.

No. 7.

Tincture of Cannabis Indica.....	8.0
Sodium Bromide.....	15.0
Tincture of Valerian.....	8.0
Water to make.....	120.0

Here, again, if the prescription is compounded as written. If it is simply dispensed as a "shake" mixture the subdivision of doses will be unequal. In order to overcome this enough acacia should be added to the precipitate to insure its uniform suspension throughout the mixture.

No. 8.

Camphor.....	2.0
Menthol.....	0.6
Balsam of Peru.....	4.0
Ointment of Zinc Oxide.....	30.0

The proper method for the compounding of this ointment is as follows: First, rub up the balsam of Peru with about 20.0 of the ointment; next, triturate the camphor and menthol together and then incorporate them with the remainder of the zinc ointment; lastly, combine the two ointments. This method will insure a smooth, uniform ointment and will prevent the separation of the balsam of Peru.

No. 9.

Powdered Tragacanth.....	1.5
Zinc Oxide.....	5.0
Rose Water.....	50.0
"Aquaphor".....	50.0

In the compounding of this prescription improper procedure invariably ruins the finished product. The tragacanth and the zinc oxide should be thoroughly mixed with the rose water. This mixture is then added to the "Aquaphor" little by little. Sometimes this mixture is difficult to combine and the water separates out. Should this occur the addition of a small amount of Mineral Oil will hasten the absorption of the water and aid in the forming of smooth creamy ointment.

No. 10.

Argyrol.....	8.0
Albolene to make.....	60.0

Any pharmacist knows that it is impossible to add argyrol crystals directly to solid albolene and obtain a proper ointment. In order to prepare this ointment properly the argyrol should be dissolved in a small amount of water. This solution should then be incorporated in a little wool fat and then added to the albolene.

Just as a pharmacist is responsible for selling an inferior chemical to the public, so the salesman is also responsible to both the public and the pharmacist. No harm can come to the patient if a pharmacist sells a cheap comb or brush or any other side-line, but a great deal of harm can be done by the pharmacist if he

sells a preparation which is not up to standard and which does not come up to U. S. P. requirements.

As we know, we have a number of chemicals which are labeled "For Technical Use," "U. S. P.," "C. P." and "Highest Purity;" the pharmacist should never purchase articles for technical use. The salesman who represents a chemical house should never encourage a pharmacist to buy a cheaper grade. His best possibilities are to recommend and induce the pharmacist to buy the better grade. After all, the person who is sick and wants to get relief will not care much about the cost, but wants results.

About ten years ago, the Board of Pharmacy in New York State collected samples of Magnesium Carbonate, U. S. P. One of the largest houses, which makes a specialty of these products, claimed it was difficult to make a strictly U. S. P. product and was honest enough to admit it. At that time we collected quite a number of samples which were marked U. S. P. and for which U. S. P. prices were charged, and they did not come up to the standard. I call this dishonesty.

The same applies to **Magnesium Usta Ponderosa**; I tried to compound a mixture with some and water and it turned pink. First I thought that the mortar was not clean and probably there were traces of phenolphthalein. After further experimenting I discovered that it was not the fault of the mortar but of the product itself; it did not come up to the standard. This also applies to strontium salts, to sodium salicylate, atropine, pilocarpine, etc.

Another matter which I want to call to your attention is that the salesmen sometimes endeavor to sell articles which do not keep. For instance, **Spirit of Nitrous Ether** should never be sold in gallon lots, but in pint or one-quarter pint bottles. On many occasions we found samples that assayed only one-tenth of its original strength.

Another case of an unscrupulous method in meeting competition was one where they sold Elixir Lactated Pepsin which hardly contained any pepsin and not more than 5% Alcohol. The finished product was little more than plain sugar water slightly colored.

Does it pay to conduct a *High Class Pharmacy*? Yes, by all means, I can speak from my own experience. It is a hard struggle at the beginning and one must make many sacrifices, but in the end one achieves success.

Once more I repeat that no pharmacist should lose sight of the fact that he is in business for a profit. A *High Class Pharmacy*, in my opinion, does not necessarily have to grow cobwebs on the cash register. I know of high class pharmacists throughout the country who, because of the profits they have shown, have been able to increase their business and merge with other businesses, bringing these up to the same high standards and making formerly unheard of profits due to the transaction. So, good business methods may go hand in hand with *High Class Pharmacy*.

As far as honesty in dispensing is concerned, I would say that the guiding motive of all *High Class Pharmacies* should not be that "Honesty is the best policy" but that "Honesty is the only policy."
