

THE DEPARTMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

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DEPARTMENT.

PROFESSIONAL PHARMACY.

AN ADDRESS BY DEAN C. B. JORDAN, DELIVERED AS A PART OF THE PROGRAM OF THE
SECOND GENERAL SESSION, A. PH. A., RAPID CITY MEETING, 1929.

I believe there is growing up a gradual separation of commercial and professional pharmacy, especially in the large cities. This movement is not revolutionary but evolutionary and will take a great number of years for completion, if separation is ever fully accomplished. I have watched this movement with a great deal of interest and believe that its speed is accelerated by the advent of the chain store and the development of commercialism in all lines of retailing.

More attention is given to the science of retailing to-day than ever before in the history of this country. The old-fashioned merchant, who opened a store, displayed his merchandise and sat down to wait for customers, has gone and a new energetic "go-getter" has taken his place. Advertising, business economics, salesmanship, overhead, leaks, etc., have all been carefully studied and the average druggist is rapidly becoming an expert business man. The old-fashioned shelf bottles have been relegated to the back room and the store has taken on the appearance of a sales counter with everything price-tagged. It is but natural that such changes would hurry a separation between commercial and professional pharmacy. Whether or not we are in favor of such a separation and whether or not it is for the best interest of pharmacy in all its phases, we should, in my opinion, study this movement and endeavor to see where it is leading us.

This movement will be very slow in reaching the smaller cities and, perhaps, will never come to towns less than 10,000 in population. In the cities, however, it has gained rapid headway during the past decade. In a recent visit to the City of St. Louis, I found four professional pharmacies and three highly developed commercial drug stores within the radius of two blocks. Two of these commercial stores belong to chains and one of the professional pharmacies was over a chain store. The interesting fact is that, apparently, there is no competition between the two types of pharmacies. I suppose this condition is duplicated in many of our larger cities.

I wrote the following letter to a number of professional pharmacies—to determine the extent and success of the separation:

DEAR SIR:

I am very much interested in securing information regarding the development of professional pharmacy. I believe there is a decided trend toward the *gradual* separation of commercial and professional pharmacy. If I can secure sufficient information, I hope to present a paper before the AMERICAN PHARMACEUTICAL ASSOCIATION on this subject.

A professional drug store, as I mean it, is one that emphasizes the compounding of prescriptions and carries only those side lines that supply the medical needs of

the home, that is sick room supplies, mouth washes, dentifrices, etc., and carries no proprietary medicine except those that physicians tell their patients to buy, such as milk of magnesia, mineral oil, etc.

I understand you are conducting a professional drug store and I will appreciate it if you will give me the following:

1. A picture of the store from which a slide can be made, if you have such.
2. The date the store was opened as a professional pharmacy.
3. The number of registered pharmacists employed.
4. Number of prescriptions compounded per year.

I fully appreciate that this latter information is private and I certainly will not give it in connection with any store, but I would say that store No. blank compounded blank No. of prescriptions per year.

Any assistance you can give me in developing this subject will be greatly appreciated.

Sincerely yours,

C. B. JORDAN.

Many of the proprietors were very kind and answered my letter fully, others were too busy to secure the extra data and probably threw the letter in the waste basket with the comment, "Another one of those fact-finding cranks." In a conversation with President J. K. Lilly, of Eli Lilly and Co., I told him what I was endeavoring to do. He showed interest in the subject and offered to secure information for me through the representatives of his company. Accordingly, I submitted to him a list of cities that my letters had not covered and he secured the information I desired. I am sure that this report is not complete and probably we never will be able to secure a complete report of professional pharmacies. It is a start, and will show the trend of separation.

I secured the names and addresses of the professional stores by calling upon my friends, located in cities, for this information. All that I called upon very graciously gave me assistance and my thanks are due to them. I sent out over 100 letters and received 40 replies, so my batting average is about 40%. Mr. Lilly, through personal visits by his representatives, secured 90 reports, so his batting average compares favorable with Babe Ruth's. These reports came from all parts of the United States, from Boston to San Francisco and from Minneapolis to New Orleans. I doubt if any city of 50,000 has been overlooked. It is interesting to note that the spread of professional pharmacy is effected by local conditions. In some large cities there are no professional stores, while in others there are a great many.

I found it very difficult to define a professional pharmacy in such terms as permit of sharp classification of all drug stores. Many drug stores make a special feature of their prescriptions and are doing a splendid professional business but, at the same time, are carrying the usual stock of the drug store. The question arises "Should such stores be classified as professional drug stores?" I found considerable difficulty in answering this question and, finally, avoided it by including all that reported to me. However, I am sure that the number of not strictly professional stores that reported is not more than 5 per cent of the total and I believe we can consider this insignificant.

The question of how to get this data before you troubled me a great deal until a photographer friend suggested that I have a stenographer copy it and he would

photograph it and make slides for me. I hope that all will be able to read the slides. The stores are not arranged in any order so it will be impossible for any one to identify any report unless there be present some proprietors who recognize the figures they sent in.

Three facts are reported for each store: A, Date of establishment; B, No. of registered pharmacists employed; C, number of prescriptions compounded annually.

Store no.	Date of opening.	Prescriptionists.	Annual no. of prescriptions.	Store no.	Date of opening.	Prescriptionists.	Annual no. of prescriptions.
1	1927	2	15,000	48	1923	2	2,700
2	1926	2	9,000	49	1820	12	82,000
3	1928	2	10,000	50	1914	3	12,000
4	1906	3	22,000	51	1928	3	20,000
5	1899	3	15,000	52	1906	4	60,000
6	1905	1	12,000	53	1925	3	15,607
7	1870	4	25,000	54	1895	16	81,433
8	1928	1	11,000	55	1929	2	25 daily
9	1928	2	6,000	56	1918	2	No answer
10	1900	2	40,000	57	1920	2	12,432
11	1925	3	28,080	58	1888	3	?
12	1904	4	46,815	59	1896	10	84,000
13	1909	3	28,000	60	1923	3	50,000
14	1881	3	30,115	61	1927	3	65,000
15	1872	4	36,500	62	1924	2	4,500 est.
16	1923	3	18,350	63	1929	2	4,500 est.
17	1926	2	9,500	64	1928	2	2,000
18	1922	2	10,500	65	1881	4	24,850
19	1929	1	3,500	66	1918	1	3,000
20	1899	6	60,000	67	1916	3	6,000
21	1900	3	25,000	68	1920	3	15,000 est.
22	1926	3	9,500	69	1927	1	1,500
23	1890	3	10,000	70	1929	2	10 daily
24	1928	2	5,000	71	1928	2	12,500
25	1890	3	10,000	72	1927	3	12,000
26	1890	3	10,000	73	1926	1	6,000
27	1919	1	8,000	74	1923	3	20,000
28	1917	6	30,000	75	1914	6	68,000
29	1800	8	35,000	76	1925	2	25,200
30	1929	2	10,000	77	1910	6	40,000
31	1928	3	10,000	78	1927	6	70,000
32	1890	3	25,000	79	1926	2	20,000
33	1898	5	50,000	80	1903	7	75,000
34	1885	3	7,500	81	1921	4	30,000 est.
35	1926	4	20,000	82	1917	3	20,000
36	1921	5	27,000	83	1921	2	10,400
37	1929	3	18,000	84	1925	1	10,000
38	1927	2	24,000	85	1927	2	15,000
39	1923	2	28,000	86	1922	2	10,000
40	1923	3	50,000	87	1929	5	36,000 At present rate
41	1925	1	9,600				
42	1913	3	26,000	88	1924	4	40,000
43	1923	2	15,000	89	1923	3	28,000
44	1911	2	4,768	90	1917	4	38,000
45	1927	3	16,500	91	1908	4	36,000
46	1888	6	29,000	92	1925	6	35,000
47	1927	1	8,000	93	1925	4	46,600

Store no.	Date of opening.	Prescriptionists.	Annual no. of prescriptions.	Store no.	Date of opening.	Prescriptionists.	Annual no. of prescriptions.
94	1924	5	50,000	106	1913	13	63,000
95	1929	3	20,000 new location	107	1925	2	5,000
96	1912	2	22,000	108	1924	3	7,200
97	1869		2,000,000 to 6/26/29	109	1918	7	60 to 70,000
98	1923	3	5,000	110	1907	-	1,166,100 to date
99	1929	3	20,000 at present	111	1912		3 stores doing \$200,000 a year
100	1870	2	6,500	112	1915	3	19,000
101	1927	2	7,000	113	1926	2	3,000
102	1912	5	45,000	114		13 in 3 stores	54,050
103	1902	2	160,000 to date	115	1899	10	45,000
104	1925	9	100,000	116	1926	2	21,900
105	1889	12	60,000	117	1904	9	1,286,000 to date

The foregoing list is far from complete as many replies gave me a great deal of information but not the data that I wished and, without doubt, a number of professional stores were not approached. I believe the information contained does show a decided trend on the part of American pharmacy to separate into two distinctive types, professional and commercial. I am convinced that this trend is only in its infancy. Of the 117 stores reported, 64 or 54.7 per cent were established in the last nine years and 44 or 37.6 per cent in the last five years. Eliminating 16 reports for which we have no accurate data, these stores are compounding an average of 16,300 prescriptions per year, or 45 daily. I feel sure that there are a goodly number of non-professional stores that equal or exceed this average. However, we must not lose sight of the fact that 54.7 per cent of these stores were established within the past nine years and it takes considerable time to build up a professional business.

I wish that time permitted me to give you all the interesting comments I received in answer to my letters. I will endeavor to pick out the most interesting ones. A number commented on the time it takes to build up a professional business and the discouragements that are met with. I can best illustrate this by quoting from a recent address before the Indiana Pharmaceutical Association by Dr. Leonard Seltzer of Detroit, who, we all know is conducting one of the most successful professional pharmacies in the United States, that he compounded an average of only three prescriptions a day during his first year in business.

Another states "The first two years, 1911 and 1912, were a complete failure. The expenses amounted to \$11.00 per day and the income scarcely ran over \$3.00 per day. Although my friends advised me to give it up, I stuck to it and simply made the best of it until I won out. Last year, 1928, we filled over 40,000 new prescriptions besides a great many repeats."

Another point frequently stressed was location. The professional store must be located near a goodly number of physicians' offices or it is doomed to failure. One man commented as follows:

"There were in this building twenty or more physicians, some of whom did not prescribe. At the end of one year about half went to a new building. This left me to get many of my prescriptions from outside of the building and I believe my continuance in business is due to a previous reputation and acquaintance in the neighborhood. A year ago an exclusive prescription pharmacy was opened in a

down town location with expensive fixtures, youthful enthusiasm, but no following. After six months they closed out and the proprietor went back to work."

Another states, "In the past six years there have been three strictly prescription pharmacies opened—two failed outright, one is in a miserable condition now. The latter is in an office building formerly housing 60 doctors, but with the erection of the *bank* building here, nearly all of the doctors moved."

Moral: Move with them.

"The 'Prescription Shops' as they are called in *blank* city are all of the type of store that you are interested in and in my opinion they will have a growing importance in the future. The idea, as it has been worked out in *blank* city is economically sound for the following reasons:

1. They have low rentals and low overhead expense.
2. They appeal to the discriminating physician.
3. Their net profit is at least one-third of their volume.
4. The hours they are open for business are comparable with other business and not nearly as long as other drug stores."

"I am glad to see that men of your type are becoming interested in professional pharmacy. The old trend of pharmacy needs to be revamped and it is not at all a credit to the pharmaceutical profession that they have become the legalized saloon keepers of the country."

"We feel that it takes time to develop in the public a sense of security and ethical professionalism in their druggist. Any one can sell a tube of tooth paste but the average man feels more particular about who fills his prescriptions."

"My store is run as a professional pharmacy and is opened at 8:00 A.M., closed at 7:00 P.M. on week days, and Sundays opens at 9:00 A.M. and closes at 1:00 P.M."

"Our store is open day and night. This in itself has proved a very good feature as the physician, when called late at night, oftentimes can save himself quite a long trip by calling us and prescribing the medicine required."

Evidently there is not a perfect agreement regarding the hours that a professional store should operate.

The type of service that should be given by the professional pharmacist is emphasized in several comments. The following serve to illustrate it.

"We enjoy the confidence of the medical men and try hard to deserve it. Our employees list increased to 14, 6 fully registered pharmacists besides 8 other helpers. Most of my clerks have been with me from 5 to 11 years. I find it a good investment to be strict in discipline but treat the employees like your own and they will stand by you. We have had no break in our official family within the last four years."

"Another interesting feature of our store might be, last year we filled over one million Seidlitz Powders, as our records show."

"We do not recognize Chain Store competition. We give the closest attention to our trade and let the public decide who is the most competent pharmacist. It surely pays to run a first class Prescription Store without lunch and soda water with ice cream. Prescription work is a specialty which few persons understand."

"*Service* is the watch word and that combined with super prescription work and supplying *only the best* drugs obtainable are responsible for our business. We

do not consider price until the quality has been ascertained and it must be *quality*. Another much stressed subject is, give the patient what the Doctor prescribed. Do not give him another make which may be as good or cheaper, but give him what his prescription calls for and charge him for it.

"When a prescription is turned out, fill it just as accurately and as carefully as if it were for your own family and have the finished product as neat as a professional pharmacist should compound it."

"There is no question in my mind but that there must eventually be a separation between the two branches of pharmacy. I firmly believe that the increased standards of pharmacy—the increasing of the length of time in College of Pharmacy together with other restrictions—will eventually solve the problem of the druggist."

"Just as medicine had to get rid of its quacks—so, too, does pharmacy have to get rid of its quacks, the only difference being that pharmacy has more quacks to get rid of. How can you expect to have the public respect certain pharmacists when they do not respect themselves? If we want the public to respect us as they do lawyers or doctors or even garage men we must act accordingly.

"We carry out a policy that no matter how busy we are, if a child comes in and asks for a drink of water politely, he will always get it, but you let the child or adult come in and ask for same in a manner showing no respect for the druggist in charge, he will not get it. We respect them and we in turn command respect. We do not argue about prices of prescriptions—we charge a fair profit and consider it professional service rendered. We do not fill our prescriptions up to a price—we fill them first and then price them afterward. We do not cut the prices on prescriptions—we have in force a schedule of prices that are followed by the stores that have been successful. We do not follow those that have shown themselves failures."

These comments could be extended at length but I believe they will only tire you. I have been impressed with the number of replies that read as follows: "There are no strictly professional drug stores in this territory." The territories referred to include some cities with population of 100,000 to 500,000. Evidently there is still a great opportunity for the development of professional pharmacies and we may expect to see this movement grow for some time to come.

I reported that the average number of prescriptions per year is 16,300. The largest number reported in one year is 100,000 and the store was opened in 1925. A store opened in 1896 compounded 84,000 per year and one opened in 1920 reports 81,433 per year. In contrast to these figures, a store opened in 1928 reports 2000 per year, one opened in 1918 reports 3000 and one opened in 1926 reports 3000 per year. Evidently it takes time to become established as a prescription pharmacist.

If we arbitrarily assume that it takes from eight to ten years to become firmly established in professional pharmacy and consider only those stores that were opened prior to 1920, we find an average of 35,000 prescriptions per year per store. In these same stores, one registered pharmacist was employed for every 20,300 yearly prescriptions. This makes practically 60 prescriptions per day for each registered pharmacist. Of course he may also have been employed in manufacturing and other duties about the store. This analysis could be continued, but when the figures are printed, each individual may analyze them as he sees fit.

I have prepared a slide showing some letter heads used by professional pharmacists, a slide showing a method of appealing to the public in favor of professional pharmacy and in opposition to commercial pharmacy and several slides showing professional stores. (These slides were shown by Dean Jordan.)

From this study I believe we are justified in stating that professional pharmacy is on the increase; that its development is only in its infancy and that we may expect a division of pharmacy in our larger cities into professional and commercial groups. It is my opinion that there will be little or no competition between these two divisions of pharmacy.

The study also emphasizes the importance of locating professional stores where the prescribing physicians are, and cultivating their acquaintance so that there will be close coöperation with them. It requires time, tact and patience to develop a professional business, but the reward justifies it.

If this movement continues, and there is no reason to believe it will not, I think there will be an opportunity to perfect a strong organization of professional pharmacists. Such an organization ought to be able to secure coöperation from the American Medical Association and thus build up an *esprit de corps* that will be mutually beneficial.



Knut Sjöberg Pharmacy, Stockholm.—Pharmacist Sjöberg was elected an honorary of the A. Ph. A.—see page 896, September JOURNAL.

COURT RULES THAT PHARMACY IS A PROFESSION.

Mr. Justice Murphy of the British Columbia Supreme Court, on October 29th, in a case of the Provincial Minimum Wage Court, ruled that pharmacy is a profession.