

was being paid. There was no other location nearby and it was necessary to move a considerable distance from the original location. The new location was "clocked" and it was found that only three-fifths of the number of people who pass the old location during a given period, pass the new location, and inasmuch as the main thoroughfare of the city intervenes between the two locations it was safe to assume that a large percentage of the people customarily passing the old location on their way to and from business would not pass the new location. In other words, it was to be expected that business in the new location would hardly be more than 50% to 60% of what was done in the old location.

A sufficient period for readjustments has elapsed and I have been informed that the drop in general business was nearer 25% than 50% and in the prescription business it was actually less than 25%. The leader—namely prescriptions—had developed a sufficient following over a period of years to continue to attract people to the new location even though in terms of modern transportation and convenience the location may be described as inconvenient. The management attributes its success to the character of its "leader" and no one will doubt that not a single other product or service that might have been selected as a "leader" for this particular store could have accomplished what emphasis on prescription service and the building of a clientele on this basis has apparently done. Surely there is a moral in this which will not escape even the most extreme merchandising enthusiast in pharmacy.

THE TEACHING OF COMMERCIAL PHARMACY AND ITS RELATION TO SCIENTIFIC OR PROFESSIONAL PHARMACY.*

BY C. E. MOLLETT.

During the last half century, due largely to the economics of quantity production by large manufacturing concerns, and partly to increased facilities for transportation, the retail pharmacist has become more of a distributor than a manufacturer but, fortunately, he is still a dispenser and an adviser of the public on questions of health and medicine.

Retail pharmacy furnishes an immediate opportunity for the services of the graduate, therefore many schools have overlooked the opportunity to even train for other fields. The inadequate two-year schedule of the past was so crowded with skeleton courses which could not be taught like other sciences that it forced schools to forgo the addition of subjects beyond the mere fundamentals of ultra-scientific pharmacy. This, fortunately, is being overcome at present by the lengthening of the minimum course.

Since retail pharmacy is so largely concerned in the distribution of products furnished by a great unseen corps of researchers in many laboratories, it is important that teachers of the science study the new and changed conditions in order to function properly and train the young pharmacists to meet these new conditions, lest thousands of these unseen workers be unable to gain a livelihood, and the public suffer for want of their services.

Let it be understood that the sale of commodities, not pharmaceutical or in some way related, is not commercial pharmacy, but pure merchandising. While

* Section on Commercial Interests, A. P. H. A., Portland meeting, 1928.

those who love the profession deplore the entrance of the lunch counter and the sale of all kinds of unrelated commodities in the drug store, it must not be forgotten that many pharmacies owe a debt to merchandise lines, which have helped pharmacists during the past decades to maintain respectable and high class pharmacies which otherwise would have been forced to close their doors, and thereby deprive many localities of the helpful services of a good pharmacist.

It might be well here to raise the question as to what is commercial pharmacy. An author of a well-known text on this subject gives the following definition: "Commercial pharmacy is that science that treats of the proper methods of buying and selling of commodities as a business of pharmacy, and for profit." This does not clearly define or give a distinction between commodities related or unrelated to medical science. Another author of a more recent publication, entitled, "Drug Store Business Methods," diplomatically avoids the use of the term "commercial" pharmacy altogether, but rightly assumes that good business methods are essential to the operation of an efficient pharmacy.

There has been a great change in the last quarter of a century. The old adage, "that if you can make the best rat trap, the world will make a beaten path to your door," is much out of date. No matter how well trained, no matter how skilled you are, no matter how fine your product may be, you cannot make a success unless you can find the one who needs your services, or to whom you may sell your product.

The increasing competition in the sale of medicinal products by all kinds of stores demands better drug store business methods on the part of the pharmacist, if this competition is to be met successfully. Proper laws may assist, but can do little good as compared with a super-knowledge of pharmacy and the practice of better business methods by the pharmacist. All professions to-day, such as medicine, dentistry, etc., have courses similar in nature to our so-called commercial pharmacy courses, designed to prepare their followers in meeting the public, collecting their fees and selling their services. Therefore, a course in the efficient management of the drug store is a necessity and should be included in every pharmaceutical curriculum and taught by a pharmacist who has had actual experience in this line of work.

A few schools have mildly attacked this subject for more than a quarter of a century, but in most instances have been afraid to "go all the way." In 1904, the speaker was privileged to pursue a course in dispensing and prescription practice in the model drug store laboratory of The School of Pharmacy of Kansas University, under the late Dean L. E. Sayre. This laboratory was arranged on a well-thought-out plan of an eighteenth century scientific pharmacy. There were no show cases and no druggists' sundries; nothing but crude drugs, chemicals, dispensing apparatus and shop bottles filled with galenicals. Compare this, if you please, with the modern laboratories, or so-called model drug stores of the Oregon Agricultural College School of Pharmacy, and of the University of Washington School of Pharmacy, where not only the dispensing of prescriptions is exemplified, but also the arrangement and display of drugs, drug sundries and all kinds of medicinal products, which are used in training the student for the duties of a retail drug clerk.

The best synonym for salesmanship to-day is service, and in pharmacy it is requiring a better knowledge of all medicines, appliances and commodities which are purchased and sold and used to assist in the prevention and alleviation of disease

and the promotion of health and happiness of the patrons of this ancient science, which is the foundation of all therapeutic medicine.

It behooves pharmacy schools to add more and better courses and separate curriculums for the other phases or fields of pharmacy as well as for the education of the retail pharmacist. It has been said that retail pharmacy to-day occupies the highest pinnacle of success in its history.

Some believe the chief fault lies in the fact that there is not enough pharmacy taught to-day. There is more than enough foundation subject required in most schools for the superstructure of pharmacy which is builded thereon. Too many of the teachers are chemists instead of being pharmaceutical chemists; too many of the teachers are botanists or biologists instead of being pharmaceutical botanists or biologists.

In the minds of some of us who have spent the greater part of our years in preparing students for this profession, the chief need of pharmacy is more and better courses, longer and broader courses, as well as additional cultural studies.

It is not necessary, however, for pharmacy schools in state universities, which maintain business administration departments, to add any business courses other than those that deal directly with pharmacy. Trade courses are entirely unwarranted.

The decline in the dispensing of prescriptions, and the unpopularity of this department with some retail pharmacists is said to be due largely to the lack of good business methods.¹ A large number of stores have operated this department at a decided loss in profits, and many are still doing so to-day. This, too, in many cases has compelled the pharmacist to add more sundries and merchandise lines in order to maintain this division.

Commercial pharmacy is therefore necessary in the efficient conduct of a retail or of a prescription pharmacy and its foundation is the sum total of the knowledge of the science which must be used in accord with modern business methods strictly applied to pharmacy.

SOME OBSERVATION ON PACKAGED HOUSEHOLD DRUGS.*

BY B. F. DAUBERT.

Packaged household drugs consist of such items as epsom salt, sulphur, turmeric, alum, Rochelle salt and a host of others packed in 1-oz., 2-oz. and 4-oz. packages and larger. Most of these items that are commonly used in the household are sold in all drug stores. It is a debatable question whether it is an advantage to the druggist to dispense these items already conveniently packed, or whether it is detrimental to his profession and business. On observation it is conceded, without doubt, that placing drugs in conveniently sized packages increases and aids in the speed and rapidity of sale. It decreases the amount of time necessary to make such a sale, an important factor in modern merchandizing. There is an air

¹ EDITOR'S NOTE: Recently, several successful retailers have discontinued the "Modern Store" methods and are now conducting pharmacies with very satisfactory results. Probably one of the greatest modern successes in Europe has been the Pharmacie Principale of the Toledo brothers in Geneva. In this store professional and business methods are practiced.

* Section on Commercial Interests, A. Ph. A., Portland meeting, 1928.