

advising the public through patent medicine advertising that it is unnecessary to consult the doctor.

While I am on the subject of advertising, we take pride in the class of copy we are using in the newspapers. While it is not altogether original, it is personal, and each ad carries a direct message—to the point that our shop is the place to have prescriptions filled. Most of the advertisements carry the message “to consult the physician first;” nothing is used in the messages of which a doctor would not approve.

Conducting a prescription shop places the pharmacist in a position so that professional men treat him more as their equal, and I think they feel more like consulting him on many questions relative to which he can be of assistance to them, than they do a man who is busy at least half of his time looking after matters that are entirely foreign to drugs and medicines.

It has been a source of satisfaction to me to have the time (which this kind of business enables me to have) to really get acquainted with my family, and spend my evenings and Sundays at home, or at least not at the store.

As to its financial success—we have now been operating a year (April 1930), and the balance sheet is beginning to show up in black letters instead of red. I had figured that if we were able to do this in a year we would be doing well. Every month has shown an increase except August and January.

The first year's record leads me to believe that from here on it will prove a modestly profitable undertaking, sufficient to take care of the writer and his family in the station of life they now occupy, but not enough to be burdened by the worries of “lots” of money.

After all, the greatest joy and satisfaction one can get out of life is in serving our fellow men in the place where we can be of the greatest service, and my belief is that in this I have found my place.

YOUR GUEST—THE DRUG STORE CUSTOMER.*

BY W. BRUCE PHILIP.

I believe in devoting all effort to improving the man. When we improve the man, we improve everything that man makes. Improve the pharmacist and we improve the drug store. One question before pharmacy to-day is “How can we keep the independent drug store independent?” My answer is “improve the independent man; the store then takes care of itself.”

Mr. Independent Drug Store Man, I am going to talk about you, but in order that we can be on common ground, for I am an Independent Drug Store Man, let's talk about our best friend—our customer. Without him we do not exist.

Our Guests.—Is there in our home, apart from members of our family, anyone that brings to us greater joy than our guests? Do we not, regardless of how we feel or think, put our best foot forward and make them feel the pleasure we experience at their coming? We greet them instantly as the bell rings. We open wide the door. We take them by the hand and assure each one that we are glad to see them. We make them feel at home. We make them comfortable in every

* Read before the Section on Commercial Interests, A. PH. A., Baltimore meeting, 1930. No discussion.

way. We hope to make them reluctant to leave. The visit over, both guest and host should have as a last thought, "May we soon meet again."

Our demeanor, our dress, the physical appearance and the tidiness of our home, yes, the words of our conversation, are the ambassadors that make better friends.

The best friend comes back again and again. All this is reflected in the attitude of our guest to us. The guest looks up to us, or meets us on an equal plane. Even if our guest is a distinguished person, no matter how humble the home, if the reception is right, the guest is pleased and satisfied. Courtesy is the medium of exchange between gentlemen and gentlewomen.

Why should our store life be different? Are we not professional men and women? Are we not ladies and gentlemen in the true and best sense of these words? Do we not, from time to time, receive the innermost confidence and intimate personal problems of our customers who are in reality our guests?

Are we not truly hosts that have as friends and privileged acquaintanceship the people of our community?

Should we not stop selling and start serving?

In the morning of each day we open wide our drug store door. Our stores from the windows to the very rear wall should breathe *Welcome* to the world. The instant some one accepts this invitation, we, as a true host, should approach and welcome our guest. Nothing should be left undone that we can provide for our guest's welfare and comfort. To us, that guest is our entire problem. No breach of etiquette should be allowed. We, as a perfect host, should see that our dress, our manners, our speech and our drug store are such that no critical guest will have reason to find fault.

And when the service is rendered, the purchase made, and our guest departs, will not the thought pass through his mind "May it be soon that we meet again?"

Out of many friends is built a happy and fruitful life. Out of many friendly guests a pharmacy can bring to the host-owner a position in the community that is as high and respectful, as well as profitable, as any that I know of.

Forget that we are ever going to have a person whom we will call customer. When the phone rings, or when a lady, gentleman or child passes through our drug store door, remember he or she is our guest. We are the hosts.

You are operating on the highest planes of pharmaceutical endeavor.

Our clerks are our household. If we work that way throughout the days, weeks and years, we and our home stores will always be in demand and desired.

The drug stores that offer to a guest only the greeting and service of a butler or a maid, can hope to do no more than to receive the calling card of business and at best only a formal visit. To them the thrill of a pharmaceutical professional life is missing. They only see a record of a material-selling obligation performed, and when they pass, as the night follows the day, no one will mourn, no one will care.

But those that are hosts to the world, who love the joy of making the people of their community their guests, stand out for the independence of pharmacy and pharmaceutical service. They are the salt of the earth. As they keep true to the principles that guests know so well, they will live through the ages. That kind of service can never die, and as they pass their work to those who follow, they will be loved and honored as they justly deserve.

THE PRESCRIPTION BUSINESS IN BUFFALO.*

Are you filling as many prescriptions as the average store of your age?

How many years have you been in the drug business at your address? Are you doing an average business for a store of its age? Do you fill as many prescriptions as the average store of the age of your store?

Wondering how many prescriptions an independently owned drug store should fill in its first year, and how these would increase with the age of the store, I made a personal survey of the drug stores of Buffalo (a city of about 565,000) and from the data secured can make some definite statements concerning the prescription business. Figures were obtained from eighty drug stores, which constituted slightly more than twenty-five per cent of the drug stores in this city.

One approach to a problem of this kind is to call upon a store and list the number of prescriptions filled in its first year, the number filled in its fifth year and also in its tenth year, etc. With results secured from a sufficient number of stores, one can predict the number each drug store should be filling, if an average store.

The fault with this method is that stores of different years are compared. One store's first year may be during an epidemic such as the "Flu" or, on the other hand, it may be a very quiet year when there was very little illness. Another method, which seemed more feasible, was offered and on the law of averages will give you the same results, because all the figures will be based on the same year.

Recently Prof. Edmund McGarry, of the Bureau of Business Research of the University of Buffalo, made a Mortality Study of the drug stores in Buffalo, over a 10-year period beginning with the year 1918 and ending with the year 1927. This study showed that there were twenty-nine new independent drug stores opened in 1927, that there were twenty-nine stores 5 years old or opened in 1922 and there were ninety-two stores 10 or more years old, opened in 1917 or earlier.

Securing the names of the drug stores in the 1-year, 5-year and 10- or more years group, I personally called upon them and secured answers to the questions in the following questionnaire: (1) name of store; (2) address of store; (3) type of store, that is, neighborhood, transient, central, etc.; (4) class of trade, that is, foreign, transient neighborhood, etc.; (5) age of store (total, not just present ownership). For the year 1927, the following questions were asked: (6) number of new prescriptions filled including new narcotics; (7) number of new narcotics filled; (8) number of repeat prescriptions filled. My reasons for adopting 1927 as the basis for this study were: *First*, I could readily secure the list of stores with their age; *second*, it was a normal prescription year with no serious epidemic during the year.

After about sixty stores had been visited, and an approximate calculation made of the figures, I decided the survey should include the best prescription stores in the city, if possible, in order that the grand average for the city should be high rather than low. Therefore, in one of our weekly Pharmacy Staff Conferences at the School of Pharmacy, I asked the Pharmacy Staff to name the ten outstanding prescription stores in the city, which in their estimation fill the most prescriptions. Of the list agreed upon, nine are included in my survey, the other one was

* Section on Practical Pharmacy and Dispensing, A. Ph. A., Baltimore meeting, 1930.

not included because the store was neither one year, five year or ten or more years old in 1927 but instead was within the ages excluded in the survey.

Of the twenty-nine stores listed as 1 year old in 1927, twelve stores are included in the results. About ten additional stores were surveyed but found to be older than one year. If the store had changed ownership or name during the year 1927, it was listed as a new store in the Mortality Study. If the store had been in actual operation for either five years or ten or more years, the figures were recorded as of the actual age of the store. On the other hand, if the store had been in actual operation only two, three, four or six, seven, eight or nine years, it was not considered. Likewise, there were twenty-nine stores listed as 5 years old. Fifteen of these are included in the survey as five years old. Here again, if the store was actually more than five years old, it was not included unless it was ten or more years old. Lastly, fifty-three stores ten or more years old are included in the survey. One hundred and one stores were interviewed in securing the eighty results reported.

In selecting the stores to be surveyed, the stores in each age group were listed separately and, as far as possible, stores of each age were chosen in every section of the city.

The results shown by this survey, will be given by beginning with question number eight, number of repeat prescriptions filled. After starting this survey, it became very evident that this question would be of little value because very few kept a record of repeat prescriptions filled. Of the twelve stores, 1 year old, only one kept this record. Of the fifteen, 5-year old stores, only two kept this record; and of the fifty-three, 10- or more year old stores, only nineteen or about 36 per cent kept a record. The average results of the nineteen stores in the 10-year old group show that for each one hundred new prescriptions filled, there were 74 repeats filled. Of these nineteen stores, two filled a few more repeats than new ones during the year 1927, another filled 3481 new prescriptions and only 738 repeats; while still another filled 2773 new prescriptions and only 844 repeats. The consensus of opinion of most of the men not keeping a record was that they filled two new prescriptions for each repeat.

Question number seven, number of new narcotics, was not answered by all. This question was added at the suggestion of several pharmacists whom I had interviewed before making out my final questionnaire. They were anxious to see how their percentage of narcotics compared with others. Four stores in the one-year group, three stores in the 5-year group and eight stores in the 10- or more year group failed to state the number of narcotics filled.

The 1-year group had 12 per cent of narcotics, the maximum percentage filled in one store was 21.6 per cent and the minimum percentage filled in one store was 7.5 per cent; the 5-year old group had 14.8 per cent, the maximum percentage filled in one store was 35.5 per cent and the minimum percentage filled in one store was 7.6 per cent, while the 10-year old group had 14.0 per cent narcotics, the maximum percentage filled in one store was 33.6 per cent and the minimum percentage filled in one store was zero or none, while another store had only 1.7 per cent. In the case of the store with none, this was because they did not care to be involved in any narcotic violations. This was one of the big surprises to me because I did not think any drug store would refuse to fill any nar-

cotic prescriptions regardless of the quantity of narcotic involved if they had a narcotic license. The average for the sixty-five stores reported was 13.96 per cent.

Question number six, number of new prescriptions including new narcotics filled, showed wide variations in different stores, sections and stores in the one-age group. The twelve stores in the one-year group showed a daily average of 7.5 prescriptions. The stores filling the maximum number filled 7074 in its first year with a daily average of 19.1 prescriptions. The store filling the minimum number filled only 401 with a daily average of 1.1 prescriptions. The fifteen stores in the 5-year group showed a daily average of 7.0 prescriptions. The store filling the maximum number filled 6407 prescriptions with a daily average of 17.6 prescriptions. The store filling the minimum number filled 789 or a daily average of 2.2 prescriptions. The fifty-three stores in the ten or more years old group showed a daily average of 12.0 prescriptions. The store filling the maximum number filled 17,520 with a daily average of 48 prescriptions. The store filling the minimum number filled only 650 with a daily average of 1.8 prescriptions. The daily average of all the stores, eighty in number, is 10.45 prescriptions.

Table I shows the number of stores in each age group filling prescriptions based upon number of thousand filled per year.

TABLE I.

Number of new prescriptions filled in 1927.	Age of Store.		
	One year.	Five years.	Ten or more years.
Less than 1,000	2	2	3
1,000 to 2,000	2	4	7
2,000 to 3,000	2	5	9
3,000 to 4,000	5	1	11
4,000 to 5,000	0	2	4
5,000 to 6,000	0	0	9
6,000 to 7,000	0	1	2
7,000 to 8,000	1	0	4
8,000 to 9,000	0	0	1
9,000 to 10,000	0	0	1
10,000 to 11,000	0	0	0
11,000 to 12,000	0	0	0
12,000 to 13,000	0	0	1
13,000 to 14,000	0	0	0
14,000 to 15,000	0	0	1
	12	15	53

If you wish to know how many stores filled between 2000 and 3000 prescriptions, turn to Table I and you will find by looking across from the heading 2000 to 3000 that two stores, one year old, five stores, five years old and nine stores, ten or more years old filled that number. Also, Table I shows that, with the exception of one, one-year old store, four thousand prescriptions in the first year is the maximum. In the case of five-year old stores, they spread out a little and increase. In the case of the 10-year old stores, about 75 per cent of them average between 1500 and 6000 prescriptions per year.

Of the fifteen stores filling the largest number of prescriptions, thirteen were in the ten- or more year old group, one in ninth place was a 1-year old store and one, in twelve place was a 5-year old store. From the table shown and the per-

centages mentioned above, the 1-year group exceeds the 5-year group, but in my estimation, this is due to the small number considered. The one rather abnormal 1-year store doing 7074 prescriptions carries undue weight in the totals. I do not think that the 1-year group could exceed if more stores could be totaled.

Because of these figures, I then tried to secure the actual increase in prescriptions in several stores over ten years old but succeeded in getting only one, which is as follows: The number filled in its first year was 930, in its fifth year, 1505; tenth year 2942, while in its thirty-second year the number was 5856. Many stores over ten years old are not owned by the original owners or no record was kept of prescriptions filled. This particular store which was thirty-two years old in 1927, under the original ownership, was established in the outskirts of Buffalo and the section has been continuously growing until it is in the center of a thriving community.

Question number five, age of store, brought out the fact that many stores had been long established, but the owner, in 1927, in most instances had not originally opened the store. The oldest store found in the survey was 54 years old and is still operated by its original owner. Another store was 52 years old and two were 50 years old. None of these, however, were still maintained by the original owners. The average age of each store in the 10- or more year old group, regardless of ownership, was 26.5 years.

During the interview with many of these older stores, the proprietors told me that "in days gone by," they had filled many more prescriptions than at present, for which they gave me these two reasons: *First*, the shifting of population with change in the type of trade; *second*, physicians are not writing as many prescriptions as formerly, but, instead, are dispensing their own medicines.

From the data secured from questions number three and four concerning class of trade and type of store, little information can be given with the small number of stores involved. Whether a store is located in a neighborhood, on a transient corner or in the center of the city with nothing but a transient trade seems to make no difference. The averages appear practically the same. It appears that other factors tend to influence the volume of prescription business done.

In conclusion, based upon the data submitted and the personal interviews with these pharmacists, the following statements are made:

(1) It appears that the public places its confidence in the old established stores when they have their prescriptions filled. However, from the total number of prescriptions filled by the leading 1-year old store, other factors must be involved.

(2) The drug stores in the City of Buffalo, numbering about 300 in 1927, average less than ten new prescriptions a day. Will this warrant the time spent at a School of Pharmacy? Yes—to fill one prescription a year requires a technical training. Will it warrant a four-year course? I do not think so, if based solely upon present prescription figures. If Pharmacy is going to keep pace with the higher scientific developments along chemical and medical lines, it is absolutely necessary that the schools of Pharmacy keep in line with courses of the type which will qualify a pharmacist to meet the increased demands of the medical profession and place pharmacy on a standard recognized by the rest of the scientific fields.

On the other hand, in order to secure the necessary share of purely Commercial Business that is necessary to keep their business on a profit-paying basis, since the number of prescriptions being filled will not support a drug store, better courses in modern merchandising are necessary. The drug store has become an economic necessity and the public is looking to them for many other things than drugs. Therefore, a pharmacist should also be trained to meet this new and demanded service.

(3) A large prescription business is not entirely dependent upon the location of the store. Many other factors have far more weight. What are they? Teachers of Dispensing Pharmacy should instill these essential factors to develop more purely professional stores. With a thorough knowledge of these, I believe more professional stores would be in existence. Few know the essentials necessary for opening and successfully conducting such a pharmacy.

THE BIRTH OF THE SCIENTIFIC JOURNAL.*

BY FRED B. KILMER

Pharmacy moves forward or recedes under the influence of the arts and sciences, especially those to which it is particularly related.

Historians put labels on ages, periods and centuries, and thus the Seventeenth Century has been characterized as the "Golden Century." It was a period during which great strides were made in the realm of knowledge. During this century methods and means of scientific advance were established. Many important scientific facts were discovered.

During the Seventeenth Century "experiment was introduced into science," leading into that form of investigation which we now characterize as research. On the intellectual and spiritual side in this age there appear Shakespeare and Milton, Cervantes and Moliere. In science came Newton and Leibnitz, Bacon and Descartes, Galilio, Copernicius and a host of others.

SOCIETIES.

Science in this period was adopted by what has been termed "science-loving amateurs"—men of wealth, nobility and influence, and from other classes of society. These men delved in the realm of science "not as a livelihood, but for the love of it." This, in a way, is akin to our more modern "endowed research," with the difference that in the older period the patron himself took part in the research work. As one historian puts it: "Science has become the employment of the rich and great."

As a natural sequence, men of science came together for discussion and mutual aid. Unions of scientific workers, leading to the formation of learned societies, some of which still exist, form a striking mark of the period. These societies were the forerunners of the great national and international societies and congresses which so profoundly affect the progress of science in our time. The most important of these societies were:

* Section on Historical Pharmacy, Rapid City meeting, 1929.