

liness so necessary in this department and enclosed effect it creates, which we are particularly desirous of eliminating. Wood-framed doors were selected because of lower building cost. A three-inch counter overhang provides added working area and eliminates the necessity of a recessed toe space which would naturally avail less area for drawers. The shallow drawers in which bottles are flat was preferred to the deeper drawer with standing inserts because of greater flexibility and added storage space. With a clear mental picture of the features which I have attempted to elaborate on, you can easily design a case to conform to your own requirements. After accomplishing many new advantages, and by specific planning to eliminate wasted space, we changed a congested department into a systematic and roomy arranged one. I believe cost of construction would be a natural question and surprising as it may seem you could have this case duplicated to-day at a cost of less than \$200.00.

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### PRESCRIPTION PROMOTION.\*

BY T. D. HALLIDAY.<sup>1</sup>

Start by identifying your store as a prescription store by signs, window displays, etc. Within the store, give the prescription department the space and location it deserves and by all means keep it clean, regardless of whether it is open or closed. Above all have sufficient and proper equipment for filling prescriptions and display it occasionally. One of the essentials is an adequate library of reference books.

Coöperate with detail men; give them time to inform you regarding new products before they detail the physician. Then when a doctor phones to you for information and when you receive prescriptions for such new items you will be in a position to give proper service. Being able to answer your doctor when he calls without hesitating or looking up something leaves a good impression. I realize it is impossible to carry all prescription items in stock, but the druggist making a bid for prescriptions must not look at all items carried in terms of turnover. There will always be certain products which will be prescribed very rarely, but which must be kept for emergencies; however, these should be kept as low as possible. Never turn down a prescription because you do not have the ingredients if it is possible to get them. The reputation of always having or getting what is prescribed is an asset to your store.

The package, whether it be a bottle, jar, tube or box, should be the best possible container that can be supplied for the intended use. Each package should be identified as coming from your store and should be neat in appearance, easy to use and safe. Always remember that the container selected should be the one that will be easiest for the customer to use and will best preserve the contents. The package should be attractive, of course, but this is secondary to the other points.

And here enters what I like to think of as the negative phase of merchandising. Perhaps I can best illustrate by telling a little story of what happened a short time

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<sup>1</sup> Pharmacist, Jacksonville, Fla.

ago in my store. A very prominent eye specialist prescribed two drachms of a one per cent ointment of atropine. The prescription had previously been filled in another store and dispensed in a one-ounce nasal tube. You know what it looked like and the impossibility of application in the eye. The doctor came to my store and wrote the same prescription and stood by until I had filled it, then he took the other container from his pocket and told me the history of it. The proper filling and dispensing of this one prescription has not only won the approval and increased business of the doctor but also of the family for whom the prescription was written, and a number of their friends.

Honesty is the basis of all good-will; it influences customers to depend on you and your judgment. How much better off the man who first filled the atropine prescription would have been if he had only been honest with himself and his customer. If he had explained to the customer that he could not fill the prescription and explained the reason, I cannot help but feel that the customer would have been inclined to take his next prescription to him because he had been honest. Never promise something to a doctor or customer and then fail to do it. Don't tell a customer he can get a prescription in ten minutes if it will require thirty minutes to fill it.

Make it a point to always answer the phone yourself or have it answered by another pharmacist. Do not have the phone answered by some one who will have to call you to take a prescription. Doctors do not like to wait, and one prescription phoned to you is worth several written in the office, even though you may be recommended to fill the prescription. There are many other stores and many excuses for the patient to go elsewhere, but a prescription phoned in is yours.

The manner of receiving a prescription is important. How many prescriptions are lost by soda boys and front clerks? Time and time again this is done by some slight remark as: "Is this all the doctor gave you?" or "I could fill this." Instruct all employees who might receive a prescription to refrain from discussing prescriptions with customers. It is much better not to say anything unless it is in praise of the physician and the medicine.

An occasional letter to physicians is helpful. Such a letter should be short and should deal with something in which you think the physician will be interested. An example:

"Dear Doctor:

We have just completed our most successful year. A large part of this is due to your help. We want to thank you for the part you have played in this and ask your continued support.

We have tried to prove ourselves worthy of your support by giving you and your patients service and merchandise of the highest quality possible to obtain. Our prescription and doctors' supplies invoiced over \$10,000. We have tried to keep abreast of the times in every respect.

We want you to feel that this is *your Drug Store*, and if there is any suggestion you can make that will improve our service, or any additional service we might add, your ideas would be more than appreciated. Do not hesitate to criticize us, for

from your criticism we may remedy our faults and give you what you expect and deserve. Thanks.

T. D. HALLIDAY."

A medical clientele is based on confidence; much of the patient's response to treatment depends on the confidence he has in his doctor. To this we may add that much depends on the confidence which the physician and patient have in the ability and integrity of the pharmacist.

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### THE VALUE OF A PRESCRIPTION.\*

BY DENNY BRANN.<sup>1</sup>

At a recent meeting of the Iowa Prescription Academy of Pharmacy, the subject of "Prescription Pricing" was discussed. It was shown that there were many systems of schedules followed by the retail pharmacist.

After the discussion of these schedules, the comment was that many of these systems were satisfactory, but that it would not apply to the man discussing it. In other words, the pharmacist wants to do his own thinking, which he should do. I am sure such men as Lascoff, Seltzer, Lyman and many others do their own thinking, or they wouldn't be where they are.

When I have discussed this subject with successful men, they never say they can't get a price because some one else sells it for less. Their reply is, "They always fill a prescription for as economical a price as their ingredients and service will permit. This means a prescription should be broken down in several ways. The first, of course, is the ingredients. If the start is made by doubling the cost of the contents and then a compounding fee, I am wondering how they start, for instance: If it has codeine in it, as many cough preparations do, they double the price of the codeine, and when he doubles it, does he double the cost at the price of a 15-grain vial, 1/8-ounce, one- or five-ounce? In other words, does he give away his purchasing power? Then is the ammonia chloride, potassium citrate, syrup of orange or whatever it be added, then the compounding fee, or do they say a pharmaceutical manufacturer says a half grain of codeine lists at six cents when they make this tablet by the thousand and sell it by the hundred?

Then surely it is worth as much for me to make thirty-two doses and then add the price of the other ingredients plus a compounding fee for individual services. Can a pharmacist put a definite compounding fee on any prescription? It is surely worth more for a compounding fee to measure out and compound a prescription with one two-hundredth of a grain of atropine to the dose and know that it is correct and put it in with other ingredients to make up a prescription than it is to make up a few powders with 10 grains of calcium, magnesium or a bottle of Elixir Glycerophosphate compound.

Unless the use of a prescription, the number of doses, and the ability of the patient to pay, the attitude of the doctor, and many other things are taken into discussion, it is hard to regulate the value of the prescription.

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