

pharmacist in a large city adopted Sunday closing, advertising the venture in the daily papers prior to making his decision effective. The results were so satisfactory that this pharmacist has continued the practice started in 1919. He refers to Sunday leaks as amounting to quite an item, perhaps more than offsetting the profits. Another pharmacist continued the practice of Sunday closing, because his business increased as a result; a number of patrons gave this among their reasons for patronizing this pharmacy.

Of the thirty-three stores dealt with in the study, the majority opened at 8:00 A.M. and closed at 10:00 P.M. on week-days, while the average Sunday hours are from 9:00 to 9:00 P.M. Two of the stores do not open on Sunday. As for the Sunday prescription business, one store reported it heavy, three good, five only fair and twenty-four (or 73 per cent) poor. Fresh evidence that long hours and compounding prescriptions do not necessarily go hand-in-hand is furnished by the new prescription department recently inaugurated by R. H. Macy & Co. of New York, which has announced that it will abide by the regular store hours which are from 9:30 A.M. to 5:30 P.M. The store is closed on Saturdays during the summer and on Sundays the year round. Employee pharmacists are naturally attracted by employment in prescription departments of the type mentioned above. If we must work fifteen or sixteen hours a day, let us be honest and admit that we do so purely for commercial gain and not because of our professional responsibilities.

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#### THE PLACE OF THE PROFESSIONAL DISPLAY IN A PHARMACY.\*

BY M. MEDFORD COOPER.<sup>1</sup>

What is meant by the phrase "professional display?" It means one which calls to the attention of the public the need for medical care, explains a pharmaceutical process, or in some other way suggests that the pharmacist, apart from merchandising, is professionally trained. Some of these displays may be strictly professional, others may indirectly advertise ethical products.

About two years ago, I became particularly interested in the average pharmacist's attitude toward displays, especially toward professional ones. I made it a point to question pharmacists in different sections of the state whenever the opportunity offered. The average response was something like this, "A professional display may be all right during pharmacy week because others do it, but people aren't interested in that sort of thing. All they want to know is where they can buy things the cheapest. They know drug stores fill prescriptions without being told about it."

I didn't agree with them. I believed that the public would be interested in professional displays and that such displays should be of definite value in dollars and cents.

In our college I am charged, among other things, with the responsibility of store practice in our model pharmacy. With this as an opportunity, I started my students building professional displays, trying them in the windows of the model

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store and then taking them out to windows of stores around the capital district. The response has been gratifying.

We have placed such displays in different types of stores. In every instance the pharmacist has told me that more people have examined our display than any they have had in the window for a long time. In many cases people have gone into the store to ask questions about it. Some of these people have been regular customers of the store. Other store owners, after observing the attention the public has given to these windows, have telephoned me to find out whether they, too, could have one. A regular customer of one store said to the pharmacist, "I didn't know you were interested in that side of pharmacy. I thought you just wanted to sell patent medicines and other things." In another instance a neighborhood doctor was attracted by the display, stopped in to talk with the pharmacist, and, as a result, started sending his patients there.

These experiences, even though limited, prove to me that professional display has a vital place in the store program, a place which most pharmacists are ignoring.

I do not wish to minimize displays really intended to sell merchandise, but I do condemn those that give a prospective customer the idea that a drug store is merely a place in which he may buy something on Sunday which he forgot to get at some other store during the week. The prestige of the profession of pharmacy has suffered greatly in the minds of the public because the multitude of stores resemble anything but a drug store. However, the public will hold pharmacy in a higher respect, and, in the long run, supply as large or larger profits to the pharmacist who will follow a consistent program of professional displays.

Much has been written recently suggesting displays, letters to physicians, and open prescription departments as a means of increasing the prescription practice. This is surely a worthy objective. Personally, I am of the opinion that an increase in the sale of drugs other than those prescribed, is of equal or greater importance than the goal which has received so much attention.

Constant emphasis upon the need for preservation of health through professional displays cannot help but increase the sale of health items. For example, the average person probably uses a toothbrush three times as long as he should. It isn't because he hates to spend the thirty-nine or fifty cents, but because he doesn't realize that a new one would clean his teeth better. When he cuts his finger he thinks, "That's nothing," largely because he has no first-aid dressing handy. When his eyes are tired after a dusty drive he thinks, "Oh, well, they will feel better in the morning." He doesn't go to his medicine cabinet and use an eye wash, because no pharmacist has sold him on the idea of the greater comfort he might secure.

It is true that drug stores everywhere sell toothbrushes, band-aids and eye washes, but, to a large degree, they are sold on a price basis, along with a lot of other items. The customer upon walking into the store is confronted with an array of articles, each of which carries a price. The customer is price conscious rather than health conscious.

I do not pretend to claim that price display should be avoided entirely, but I do believe that the average pharmacist should show a professional display frequently. These are more valuable than the cardboard displays of products which may be purchased anywhere, or, at least, in any drug store. Then he should follow

it up inside the store with a portion of his space devoted to the display of drugs on the basis of health needs and preservation.

A store carrying out such a program is, eliminating legal definitions, rightfully entitled to call itself a "pharmacy." Others are better described merely as "drug stores," with emphasis on the "store."

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### SOME USES FOR COLOR IN THE DRUG STORE.\*

BY GEORGE F. ARCHAMBAULT.<sup>1</sup>

The pharmacist's own use of color in the average store has been, up to the present, mostly confined to window and show-case displays. It is true that manufacturer's lithographs and the myriads of patent and proprietary medicines have created kaleidoscopic views upon our drug store shelves, but the truth still remains—more color could be used. The purpose of this paper is to point out some salient facts concerning color, both from the physical and psychological angle, and methods whereby color may be utilized to increase sales volume and good-will, at a trifling expense.

Color still remains one of the strongest optic attention-getting factors. Before many commodities are released to the public, they are "sales tested" in several different colored combination packages and dress, to ascertain exactly which combination of colors will produce the greatest sales appeal. Many brands of cotton are now packaged in blue with a blue inner wrapper since white cotton against the blue background appears still whiter. Comet rice packages are lined with blue at an extra cost of thousands of dollars annually. The increased sales, however, prove well the point that color is an invaluable selling aid.

Before attempting to give any actual applications of "color selling" several key facts that must be observed in producing proper color harmonies are here pointed out.

1. Materials react differently to light on account of their "surface quality" or texture. This phenomena is called "specular reflection" or "mirror action," and is due to the fact that some materials are flat and others are deep piled, some are dull and others shiny. These physical characteristics cause materials to catch or reflect light rays differently. Velvets, for example, contain thousands of little pockets which trap the light and prevent it from being reflected. For this reason, two different textured fabrics may appear to have different shades or tints when in reality they have been dipped in the same dye.

2. Electric and other artificial lights by comparison with daylight usually contain considerably more yellow or orange and less blue rays, and under such illumination blue objects have a tendency to appear green. Other colors are also affected. Therefore two colors which harmonize in daylight when viewed under artificial light may conflict. Test your color combination before using.

3. In building a monochrome harmony (several colors of the same hue) con-

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