

(2) E. N. Gathercoal, "The Prescription Ingredient Survey," AMERICAN PHARMACEUTICAL ASSOCIATION, pages 16, 17, 19 and 22.

(3) A. C. Taylor, JOUR. A. PH. A., 19, 1003 (1930).

PRESCRIPTIONS AT YOUR FINGER TIPS.*

BY KELLY E. BENNETT.¹

Much is heard these days concerning the separation of professional pharmacy from the more commercial and commoner type of drug store. It should not be forgotten, however, that a great percentage of the drug stores of the country are located in towns too small in size to support a strictly professional establishment. This fact is apparently overlooked by many proponents of a division.

The discussion of this subject seems far less important than the attention that could be given to the development of what is available to all types of pharmacists if they saw fit to reach out and obtain it. By that is meant real, worthwhile, sustained effort to emphasize medical products, biologicals, prescription compounding and merchandise related to professional pharmacy. The course of least resistance, however, rather than necessity appears all too often as the factor that stamps a drug store as a service station with long hours rather than a source of supply for physicians and their patients.

It should be clearly understood that there is no intention on my part to belittle so-called commercial pharmacy. Most certainly it has its place and satisfies a demand on the part of the public. It is, however, a highly competitive field. Fountain pens, stationery, toiletries and cosmetics are by no means exclusive drug-store merchandise. Even the soda fountain, and sandwich unit, a good money-maker when properly managed, is spotted in a dozen places on main street in almost any town.

What is least competitive? Many will agree at once that it is the drug store business as such. But, comes the qualifying thought, there isn't enough volume because the proprietor has not bestirred himself to study ways and means of going after it and digging it out. Of course the pharmacist can't create illness, and illness is the source of prescriptions. It is amazing, however, how much real drug business there is that has little or nothing to do with the sick bed.

If you would go over the profit-and-loss statement of drug stores situated in different sections of the United States, you would find one outstanding fact which is consistently established. Stores that enjoyed handsome returns from what appeared to be comparatively small or just fair volume proved invariably to be the stores that majored in prescription and drug store services; while other stores doing five or ten times the volume of the more professional stores are dealing in merchandise of all types, sometimes showed an actual loss or only a small profit.

In a national survey there appeared an evaluation of the actual figures of 152 drug stores that filled 651,181 prescriptions in 1937. The average per store over a

* Presented before the Section on Pharmaceutical Economics, A. PH. A., Atlanta meeting, 1939.

¹ Pharmacist, Bryson City, N. C.

period of a year was only 4284 and the average price of 90 cents. The average total sales volume per store was around \$30,000. These stores were taken just as they came. No attempt was made to produce a showing one way or another.

The margin on sales average 34.3 per cent for the entire store. Of this 34.3 per cent margin, which amounted to \$1,597,777.37, the prescription department accounted for \$352,015.03, or 22.3 per cent. Let's bear in mind that this showing was in drug stores where the average prescription volume yet produced 22.3 per cent of the total gross margin. What better proof could be offered that the drug business is profitable.

Assuming that the point has been proved, what is there to be done about it? There's where the rub comes because specific ways and means will not apply everywhere. As with any other professional establishments, such as the physician, the engineer or the lawyer, the road to success is a long one. Perhaps that is one of the reasons why so few pharmacists stick to their calling. They are impatient. Time is required—plus patience, plus demonstrations of cleanliness, dignity, thoughtfulness, willingness to serve. The store manner of the pharmacist and those associates engaged in interpreting his ideals in conducting a pharmacy is comparable to those rare assets of a physician—his bedside manner. Most of us become so close to our duties that we become neglectful of our opportunities. For, example, every pharmacist has it within his power to increase the confidence of the patient in the efficacy of a prescription merely by the way he handles it, by a short remark complimentary to the physician who wrote it, or through an expression of hope that it will prove effective. Little things such as this are far more important than most of us realize. Many times each day opportunity is provided to add a few bricks to the foundation of a drug store's reputation. The multiplicity of such little things in the end is a greater contributor to prestige than the costlier and showier investment in commercial type establishments. How proud are you of your prescription department? If you are not proud of it, what keeps you from making such changes in it as are necessary to make you proud of it? Clean up, paint up and wash up. Keep the prescription desk clear. Don't let soiled graduates, mortars and spatulas accumulate in the sink. Be a good housekeeper. Take advantage of every opportunity and create a few besides, to ingratiate yourself with those in position to assist you in your ambitions. Show respect for your calling. Speak of your stock and of specific items intelligently and enthusiastically. Handle them with respect for what they mean to those who prescribe and use them. Get behind the labels of those manufacturers who show respect for you and for your calling and who deal with you fairly and create volume for you. Avoid indifference. Cooperate so that better results will follow the producer's efforts and thus assist you.

If you want the coöperation of physicians, and dentists you should try overlooking little peculiarities on the part of some of them. Handle the physician tactfully.

What avenues are open to the pharmacist to promote prescription business? Here local conditions and store location count for much. There is no universal rule that will apply. Definite policies, however, can be established. The store can seek the confidence of physicians, nurses, dentists and laymen, and study and apply ways and means to build that confidence. Once a year isn't enough. It should be continuous effort, shared by every employee in the store. Unless everyone in the

establishment has a thorough understanding of the objectives it may be that the proprietor will find himself at an uphill job.

Nothing counts for more in promoting prescription business than an immaculate, well-ordered prescription department, well lighted, well ventilated, spick and span at all times. The desk should be cleared completely following the finishing of each prescription. It is well to urge physicians to look in on your prescription department, and especially while you are compounding one of his prescriptions. do it tactfully; that is invite the doctor to see a new item, a utensil, an article in a journal or what not. The doctor may make little comment but an impression will be recorded. Your prescription merchandise counts much. The doctor may dispense cheap pharmaceutical products from his own office but he will be the first to notice and carry away a poor impression of a prescription department stocked with unknown brands. To himself he thinks, "so that's the kind of preparations they use in filling my prescriptions." Show enthusiasm over your stocks and your service. Talk about them, write about them. Never be forgotten. Each week in our local paper I use a four-inch double column space, in which I write about some phase of the prescription department, over the top I use these words: "Bennett's Chats About Your Health," and in closing: "See your doctor and dentist regularly."

Whether you call on physicians in the interest of your prescription department or not you should cultivate the friendship and respect of medical men, your endeavor being to impress them with your pharmacy and its service. You can scarcely expect support from those who know neither you nor your drug store.

Comparatively little business comes to any pharmacy of its own accord. There is a reason in everyone's mind for patronizing a particular drug store, grocery store, hardware establishment or any other type of service institution. It is up to the individual druggist, by this same token to provide the reason and keep right on providing the reason.

One way I keep in closer touch with both customer and physician is by the use of permanent prescription records. The physician keeps his history chart, why not the pharmacist his permanent prescription record? A record easily accessible to the pharmacist and the physician. My store is situated in a mountainous section of Western North Carolina, a mile and a half from the Great Smoky Mountains National Park on the north and surrounded on the east by the Balsam mountains, on the south by the Unaka mountains and on the west by the Nantahalas. Due to the formation of the mountains surrounding Swain County, parts of three adjoining counties do their shopping in Bryson City. With so many of my customers in the rural communities and not attaching any importance to proper care of their labels or number, it became necessary that I install some system in order that I might find their prescriptions when they were refilled. Many times the mothers have used the prescription bottles for nursing bottles, and later when they had occasion to have the bottle refilled, brought them back without label or number and expected me to fill it. Many a time have I had them come to the prescription window and ask for a prescription to be refilled, and upon my asking for the number or date of the original filling of the prescription, they would come back with the words, "You've got it in there. Can't you fill it?" Yes, we had the original prescription on file sandwiched between hundreds of others but finding it was next to impossible.

It was largely due to this fact that I installed a card index system, to have these

prescriptions at my finger tips when needed. My permanent prescription card system was put into operation on October 20, 1937, and has grown to some four hundred cards, with thousands of prescriptions recorded. It was installed primarily for my convenience in finding prescriptions to be refilled, where the customer had lost the number or forgotten the bottle or box at home.

It is a very simple system and the cards fit any standard card index file.

BENNETT'S DRUG STORE.

BRYSON CITY, N. C.

NAME PARENT B's. No's.	Mrs. A. M. Filled.	Refilled.	By.	ADDRESS Bryson City, N. C. Physician.	Price.
125195	9-16-37	11-14-37	K	A. M. B.	Ptt.
128572-73	9-13-38	3-19-39	M	A. M. B.	Htt.
132697	9-10-38	2- 5-39	K	A. M. B.	Ptt.
139116	7- 7-39	8- 1-39	D	P. R. B.	Ptt.

This card is printed on two-ply white card board 3 x 5 inches, at the top is printed the name of my store and location, the patient's name and address and the father's, mother's or guardian's name. The number of the prescription or prescriptions. The date it was filled, or refilled, space for the initials of the pharmacist who filled the prescription, space for the name or initials of the physician writing the prescription and then the price of the prescription or prescriptions filled.

The index card has many advantages to the pharmacist, the physician and the dentist. To the pharmacist it gives a last check to the prescriptions he has compounded during the day. It also helps him to keep up with his prescription stock each day. In compounding prescriptions for accident cases where the insurance company requires one to furnish them with a complete statement of prescriptions and medicines, it is a very simple matter to take the customer's card and make your statement. In handling the Federal Physicians account of federal prisoners confined in the county jails, one is required to keep complete check on all prescriptions and at three-month intervals to make up a statement of all prescriptions furnished, and make copy of prescriptions and submit them with the statement to the federal physician. This is very easily done with the card system. It gives one a check on the people of the community who patronize the prescription department, and is one of the best mailing lists. The physician or dentist can call and find out what he has prescribed at some previous time for a patient, or he can drop by the store and examine the cards or prescription file. It has been a great labor-saver for me, and the physicians and dentists of this section are very enthusiastic over the system.

UNIVERSITY OF MISSISSIPPI STUDENT BRANCH.—The regular meeting was held on November 2nd. After completion of necessary business the speaker of the evening, Dr. J. B. Looper, was introduced. He gave a very interesting discussion tracing the developments in Medicine up to the present day, and explaining briefly some of the recent discoveries in Medicine.

On December 6th the members of the Branch held their annual election of officers, with the following results: *President*, Harry Lynch; *Vice-President*, Horace Barnes; *Secretary*, Marguerite Holmes; *Treasurer*, Graden Senter; *Reporter*, Dorothy Flemmons; *Faculty Advisor*, W. W. Johnson.

MARGUERITE HOLMES, *Secretary*.