

DEPARTMENT OF COMMERCIAL INTERESTS

Conducted by DR. ROBERT P. FISCHELIS.

In order to expand the usefulness of the JOURNAL to the membership, the Council of the American Pharmaceutical Association has decided that some definite space be given in the JOURNAL to the consideration of commercial subjects that relate to legitimate pharmaceutical practice, referring the question to the Committee on Publication for final action (Council Letter No. 27, Motion No. 43).

In compliance, therewith, this Department of Commercial Interests has been established. Dr. R. P. Fischelis, whose high ideals and wide journalistic experience eminently fit him for this work, yielding to the request of the Editor, has generously consented to conduct this department.—The Editor.

Pharmaceutical Practice may be divided into Professional Practice and Business Practice. The two really go hand in hand, just as business and science must go hand in hand in all other professions if they are to be of value to the human race.

Some pharmacists object to the title of merchant when it is applied to them, and often attempt to deny that the retail druggist is a merchant primarily. They overlook the fact that in a broad sense all men, except the idlers, are merchants. While it is true that our general use of the term merchant conveys the impression of one who buys and sells merchandise, we must not overlook that the artist sells the work of his brush, the teacher sells his knowledge accumulated from books and by experience, the physician sells his intimate knowledge of the physical man and his skill to prevent or remove disabilities, the statesman sells his knowledge of men and affairs and the spoken or written exposition of his principles of government. Thus the pharmacist, like men of other professions, is a merchant, whether he sells side-lines of a non-pharmaceutical nature or sells his knowledge of compounding and skill, plus experience in the preparation of drugs and medicines for the sick. What wrong can there be in combining both?

Such terms as commercial pharmacy and ethical pharmacy have been sadly misused and have injured the practice of pharmacy in the eyes of members of the laity. We are often told by those who deprecate the inroads of non-pharmaceutical side-lines into the modern drug store that the panacea for this so-called evil consists in dividing drug stores, according to the Continental European plan, into Pharmacies and Drug Stores. Pharmacies would be comparatively few in any community and would be the laboratories where physicians' prescriptions would be compounded and various drugs would be sold. Drug stores, on the other hand, would be many in number, and would be very much like the modern pharmacy, without the prescription department.

We do not believe that such a separation will ever take place in the United States. It is undesirable and unnecessary. Thousands of young men and women are being trained by our colleges each year to practice pharmacy, and no authority in this land would be competent to decide which of these should be permitted to fill prescriptions and which should not. Theoretically they are all equally competent; legally; after passing the State Boards, they are all equally competent. Where could we draw the dividing line if we should desire to do so?

There is a very simple solution to the problem. The modern drug store can care for both the needs of the public as regards medicines and the convenience

of the public with reference to the multitudinous accessories, pharmaceutical as well as non-pharmaceutical, of which the druggist has become a purveyor. In order to take care of both these things the pharmacist must conduct a high-class prescription laboratory and just as high a class of merchandising counter—but they may both be under the same roof. Why not? He must be "ethical" in both sections of his shop and remember that the correct definition of the word ethics is "the doctrine of man's duty in respect to himself and the rights of others." Nothing in this definition confines the term to prescription pharmacy; nothing in this definition confines it to science as apart from commerce. Ethics, in short, is the application of the Golden Rule to the acts of the individual, be he minister, physician, carpenter, machinist, pharmacist, blacksmith or hod-carrier. Let us stop talking about ethical pharmacy as a thing apart—something upon a lofty pinnacle to be viewed only during the lecture of the college professor and rarely by a practising pharmacist. Ethical pharmacy is any kind of pharmacy that is conducted fairly and squarely in the interest of both the pharmacist and the public. A drug store with a talking machine department, giving honest service and honest values in this as well as all the other departments of the store, is just as "ethical" as a strictly prescription store with few side-lines—in fact it may be more ethical, for shady practices are just as apt to creep into a laboratory as they are to enter a transaction involving the sale of musical instruments.

There is a certain amount of business practice connected with every drug store transaction, and the pharmacist must be at once a fairly good buyer, a good manufacturer, and a good salesman.

In this section of the JOURNAL it is our intention to discuss each month some particular phase of pharmaceutical practice, and, wherever possible, cite instances and present concrete examples to illustrate such ideas and information as will be of practical value.

THE VALUE OF "PHARMACEUTICAL ATMOSPHERE."

When we enter a laboratory, a department store, a church, a physician's office, or a bank, we expect to be surrounded by an "atmosphere" that is peculiar to each one of these places. If the "atmosphere" does not correspond to our preconceived idea of what it should be we are disappointed or gratified depending on whether the actual atmosphere is less or more pleasing than we expected to find it. "Atmosphere" is something that can be brought about. It does not merely happen. It is cultivated, and to the extent that it is cultivated to lend individuality to any place of business it is an asset—a great asset.

The general public knows instinctively that the pharmacist is a more learned man than the ordinary shop-keeper. That is why people like to buy even non-pharmaceutical products at a drug store. They have the feeling that the pharmacist, with his superior training, is more discriminating in his purchasing, and therefore is able to give better values to his trade. Propaganda to encourage the viewpoint and create it where it does not already exist should be one of the important tasks undertaken in every pharmacy.

Now that we have perhaps made clear what it is that we have named by the rather broad term "atmosphere," let us dwell for a short time on the things that create pharmaceutical atmosphere in the retail drug store.

Our forefathers in pharmacy had their own ideas about "atmosphere." To the quaint old shelf bottles, dust-laden apparatus, more or less accurate—but none the less impressive—scales, they added the odors of hand-made pills of valerian, milk of asafetida, etc., etc. This was creating atmosphere in another sense of the word, and yet it was also atmosphere in the broad sense, for what member of the community upon entering the apothecary shop did not expect these very indications of the nature of the place into which he had come? Absence of these reliable indicators of the pharmaceutical establishment might have cast a doubt as to its reliability into the mind of the layman.

A little of this quaint mysterious atmosphere is a good thing in the general make-up of a drug store even to-day. The decorated shelf bottles are moving farther back all the time, and are out of sight in some places, but many recognize the value of these ancient landmarks of the apothecary shop and permit them to occupy a small corner somewhere in front near the prescription department. Keep them there—they do lend something to the drug store atmosphere.

Cleanliness, a sympathetic attitude toward the person having a prescription filled, the readiness to serve, the ability to serve promptly by having adequate stocks on hand, are some of the personal factors that give to the layman the idea of superiority of the drug store. Decorative schemes are great factors in influencing the attitude of mind of the person entering an establishment. The use of medicinal plant designs, as worked out at the University of Wisconsin and recorded in previous issues of this JOURNAL, is splendid.

The right kind of an atmosphere is necessary to successful business. It is right when the customer leaves the store with the thought "That is a 'real' drug store."

THE HARRISON NARCOTIC LAW.*

The enactment of the Harrison Narcotic Law, December 17, 1914, marked a step in legislation designed to protect the manhood of America, in advance of any other similar prior legislation. It was a tax measure, but obviously the incidental moral purpose of the law overshadowed in importance the comparatively small amount of tax imposed and collected.

Narcotic drug conditions prevailing at that time demanded remedial legislation. The leading public citizens of this country concluded that the Federal Government could best handle the situation. The problem was perplexing. A cancerous condition had developed which, if not arrested, threatened to undermine the health and moral stamina of our manhood and womanhood and was even stretching out its insidious and loathsome tentacles to strangle the youth of this fair country.

The eyes of far-seeing loyal Americans looked across the broad expanse of the Pacific and saw a great nation in the clutches of a foe that was stripping it of its strength and manhood and would soon make it little more than a pawn upon the international chess board. These Americans of vision realized that this same foe had already secured a footing in this land of ours and was insidiously striking at the heart and life of our people.

The Harrison Narcotic Law was a fourteen-inch gun fired in the war to save the health and manhood of this country. The law was attacked in various ways. Paid attorneys with skilfully drawn briefs struck at its vitals, alleging its unconstitutionality. Lower courts here and there, but not all of them, gave favorable consideration to such arguments and proceeded to extract the teeth out of the law. This occasioned in certain parts of the country a rather timid and hesitating policy of enforcement, natural but necessary under the circumstances.

* An address by B. W. Andrews, B.S., LL.M., Assistant Counsel Prohibition Unit, Internal Revenue Bureau, before Washington, D. C., Branch, American Pharmaceutical Association, February 25, 1920.