

DEPARTMENT OF BUSINESS MANAGEMENT

Conducted by Paul C. Olsen.*

COMMENTS, QUESTIONS AND SUGGESTIONS ARE INVITED AND WELCOME.

Readers are invited to submit comments, criticisms and suggestions regarding the material which appears in this department. The Editor will also undertake to answer questions regarding general problems of business management. Letters of general interest will be published, but the writer's name will not be revealed without his permission.

DOES IT PAY A RETAIL PHARMACIST TO DETAIL PHYSICIANS?

BY PAUL C. OLSEN.

The largest and most successful pharmaceutical manufacturers have made, year after year, great expenditures for detailing physicians and other professional people and certainly would not have continued so long to do so if there is any serious question about the profitableness of detailing.

Many people have asked, and with logic, that if detailing physicians is so obviously profitable to pharmaceutical manufacturers, why shouldn't it be even more profitable for retail druggists to detail physicians in the localities tributary to their stores? The costs of detailing under these conditions are not as great as those which have to be borne by pharmaceutical manufacturers with detail men traveling from distant headquarters. Local pharmacists—particularly those who have been long established in the communities they serve—have, in addition, the advantage of personal acquaintance with most of the physicians in the localities around their stores.

The principal results a retail pharmacist hopes to gain from detailing the physicians in the localities tributary to his store is more prescription practice and to enhance his reputation as a pharmacist. To do this the retail pharmacist must win, if he is to be successful in his detailing, the interest of the physicians upon whom he calls and their confidence in his exceptional professional competence. Pharmacy and medicine are interdependent and a physician cannot practice medicine with greatest success if he does not have at his command the services of a competent pharmacist. Naturally, when a physician is convinced by a retail pharmacist that he can supply these necessary services for him in an exceptionally able and trustworthy manner, he is likely to direct his patients to take their prescriptions to the pharmacist who has won his confidence.

There are many less obvious, but equally important, gains to retail pharmacists from detailing physicians. Physicians who have been writing few or no prescriptions may be persuaded that their professional services will be more valuable to their patients, if they write more prescriptions. Retail pharmacists also may interest physicians whom they detail in the purchase from them of supplies used in the practice of medicine.

It is natural, then, that when a pharmacist has won the confidence of a neighboring physician, a large number of the prescriptions of this physician will be found

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in the files of that pharmacist. The greater the number of such physicians whose confidence has been won by such a pharmacist the greater also will be the total number of prescriptions that that pharmacist will fill.

Startling evidence of the truth of these statements is found in the results already published of the National Drug Store Survey in St. Louis. In 6 different neighborhood drug stores included in that Survey 1500 to 2000 of the most recent prescriptions on file in each of these stores were tabulated to show the number of physicians who had written these prescriptions. The number of different physicians whose prescriptions were on file in each store ranged from a little less than 250 to almost 300.

The most important thing that these results of the Survey show is that these physicians did not contribute equally to the prescription practice of the stores in which their prescriptions were on file. Indeed, in each of the 6 stores, 40 to 60 per cent of the total number of prescriptions examined were written by only 10 of the 250 to 300 physicians whose prescriptions were filled in that store. Consider what the total of prescriptions of each of these stores would have been if the prescriptions of not 10 but even 20 such physicians had been brought to these stores.

Confidence in a pharmacist's exceptional professional ability leads a physician to direct a patient to take his prescriptions to a particular drug store. What better way is there to lead a physician to do this than by detailing him persistently but tactfully.

The following table shows for each of the 6 St. Louis neighborhood drug stores included in the National Drug Store Survey the exact number of the physicians whose prescriptions were found on file in the groups of prescriptions examined and the proportion of these prescriptions which were written by the 10 physicians whose prescriptions were found in greatest numbers in these stores.

	Number of Physicians Writing Prescriptions.	Per Cent of 10 Leading Physicians Are of This Total Number of Physicians.	Per Cent of Total Number of Prescriptions Written by These 10 Leading Physicians.
Store No. 3	292	3 per cent	54 per cent
Store No. 7	295	3 per cent	58 per cent
Store No. 8	283	4 per cent	58 per cent
Store No. 10	257	4 per cent	47 per cent
Store No. 11	244	4 per cent	44 per cent
Store No. 12	244	4 per cent	44 per cent

The table above clearly shows facts of great value to any pharmacist anxious to increase his prescription business. Remember that the 6 drug stores above, while all neighborhood drug stores in St. Louis, are each in sections of that city which have notably different characteristics. In fact, these stores were included in the National Drug Store Survey to represent the different types of conditions which retail pharmacists have to meet.

The table shows that to each of these stores the patients of hundreds of different physicians bring their prescriptions. This means that the pharmacist who desires to detail physicians—if the above facts are at all typical of conditions

generally, as they certainly appear to be—has a large number of physicians in the locality tributary to his store whom he can logically detail.

The table shows, too, that from a single physician a large number of prescriptions can be obtained. What more logical way is there to obtain these prescriptions than to win the interest and confidence of physicians and their patients so that they both will insist on bringing their prescriptions to this particular store?

It is interesting, too, to note the kind of physicians whose prescriptions were found in greatest numbers in these 6 drug stores. Of these 60 physicians, 49 or over 80 per cent were general practitioners. The alert retail pharmacist, anxious to increase his prescription practice, will recognize in this fact a useful hint of the kind of physicians most profitable to detail first.

Only 35, or a little less than 60 per cent of these 60 physicians had their offices in the immediate vicinity of the drug stores in which their prescriptions were found in such large numbers. This indicates, apparently, that in a large number of instances the residence of the patient may be a factor of almost as great importance as the location of the physician's office in determining the pharmacist who is to fill the prescription. This also may indicate that physicians, in order to assure themselves of the most competent professional service in the compounding of their prescriptions, are willing to direct their patients, in many instances, to pharmacies at a distance from their offices. Here, too, is a hint for the competent and aggressive retail pharmacist who is determined to increase his prescription practice.

BULLETIN, NATIONAL PHARMACY WEEK EXECUTIVE COMMITTEE.

ANTON HOGSTAD, JR., *Chairman.*

Pharmacy Week Window Display Contest Committee.—The following committee has been appointed to serve as judged for the 1932 National Pharmacy Week Window Display Contest: Frank East, *Chairman*, 1858 Summit Avenue, West Roxbury, Mass., Prof. F. J. Amrhein, Wilfred Chagnon, Carl G. A. Harring, John R. Sawyer.

The secretaries of the respective State pharmaceutical associations are hereby requested to send the photograph of the window display awarded the first place of honor to the chairman of the above committee, as soon as possible after December 1, 1932.

State Proclamations.—The chairman of the National Pharmacy Week Executive Committee is desirous of securing the original copies of the various proclamations issued by the Governors of the respective states. If the original proclamations are not available, kindly send a copy to 161 Sixth Avenue, New York City.

1932 Pharmacy Week Report.—In order to prepare a résumé of the 1932 Pharmacy Week activities, it is necessary to secure as much data as possible. The State pharmaceutical secretaries are requested to send in reports that are as complete as possible for their respective States. Editors, deans and their associates, and others are likewise requested to assist in collecting and forwarding all information available promptly. These reports should, of course, include a list of professional window displays, radio and community talks, etc.

President W. Bruce Philip, of the AMERICAN PHARMACEUTICAL ASSOCIATION, has been appointed lecturer on Commercial Pharmacy in the School of Pharmacy of George Washington University.

C. Jelleff Carr, a former recipient of the Garvan Scholarship Award, has been appointed the Isaac Emerson Research Fellow in Pharmacology in the University of Maryland, for 1932-1933.