THE BUSINESS SIDE OF PHARMACY

This department is devoted to the discussion of problems of business administration and commercial policies relating to the various branches of pharmacy.

CONDUCTED BY DR. ROBERT P. FISCHELIS.*

Certain writers on business topics deplore the fact that retail druggists meet the salesmen of concerns offering new products with the stereotyped statement: "We shall stock your product as soon as there is a demand for it." These writers and, of course, the salemen also, characterize the attitude of the pharmacists toward new merchandise or new pharmaceutical preparations as expressed in the quotation above, as being a sign of backwardness on the part of the druggists in merchandising ability. The shelves of most drug stores, especially in the prescription department, give the most eloquent answer to these critics of the retailer who has decided to stop making his store a dumping ground for merchandise of questionable sales possibilities or prescription products which are never prescribed. Show the druggist some real advertising of a meritorious article or some actual detailing of physicians with a valuable prescription product, and there will be no difficulty in securing his coöperation.

Of course there is much to be said on both sides of this matter and for the purpose of a helpful discussion of it, we must assume that the average retail druggist is anxious to spend a certain amount of effort in helping the sale of good merchandise which yields a proper profit and is extremely anxious to carry such pharmaceuticals of a proprietary or special nature as are prescribed with any degree of frequency by physicians. Assuming such an attitude on the part of the druggist there certainly rests upon the manufacturer or his distributor a certain obligation before he can demand the wholehearted coöperation of the retailer.

Let us consider first the prescription products. It is a common occurrence to have the salesman of a pharmaceutical house come to the store, take an order for fluidextracts, tinctures, perhaps a specialty or two that is used by local physicians and then proceed to tell about some new preparation which the "House" is putting on the market and endeavor to persuade the buyer to place some of it in stock. At this point the novice, who is unaccustomed to the usual chatter about detail work that is being done among doctors, advertising in medical journals and mail distribution of literature, is apt to accept such statements at their face value and place an order for a pint or a pound or a dozen as the case may be and too often such products remain on his shelf unopened and are finally returned or disposed of at a loss. The deal has been unsatisfactory all around. True, the salesman sold some of the new product, but his "House" eventually had to take the goods back. This druggist was harder to convince on the next new product offered him by that salesman and he very likely judged other salesmen in the light of this experience and thus offered more sales resistance to other firms which really live up to the salesman's promise.

The most successful pharmaceutical houses know that it is folly to expect these new prescription products to move off the druggist's shelves without per-

^{*} Dean New Jersey College of Pharmacy.

sistent detail work and dealer helps in the form of samples and literature distributed directly to the Doctor by mail or through the druggist who is willing to cooperate. The trouble is not so much with the "House" as it is with the salesman. Many manufacturers expect their salesmen to detail doctors where they have good druggist customers. Without going into the merits or demerits of detail work by salesmen as compared to detail work by special detail men, let it be said that the retail druggist who stocks any manufacturer's new product without being shown that the manufacturer through his sales or detail man is creating a demand for it, is extremely foolish unless he decides to do the detailing himself or through his own organization, and very few ever do.

When a salesman talks "new product" and says "it is advertised," ask him where it is advertised. He ought to be ready to tell you in what journals and if he is at all progressive he ought to have a proof of the advertising with him. Incidentally it might be well to note whether the copy directs the physician to the pharmacy for his source of supply. The nature of the medical journals in which the copy is appearing is also important. One journal is not apt to reach the entire medical fraternity in any given locality, nor is a journal with a low advertising rate apt to have much circulation. Find out which journals your doctors read. Next it is well to inquire when the advertising campaign and detail work in your territory is to start. Be sure you find out whether the salesman himself or some special man is to do the detailing and exactly when, and then offer a list of the physicians you want visited if you stock the product. Many manufacturers now offer to send letters to the doctors on the druggist's letter head. This should be accepted provided there is a paragraph or two about the druggist's own prescription service in addition to the manufacturer's advertising.

A personal chat with one or more of the doctors who have been detailed, as the opportunity presents itself, will soon establish whether or not the product is being received favorably. Only in this way can the druggist determine whether to reorder or not. Some physicians will try anything once but if they fail in obtaining results they turn to something else and the prescriptions, which came often for a few days, cease suddenly. Naturally no high grade manufacturer wants to clutter up the druggist's shelves with unsalable goods for, in the end, he is as much a sufferer as the retailer. It is in the interest of pharmaceutical progress for the retailer and manufacturer to coöperate but the retail pharmacist should have his eyes and ears wide open and make sure that he is getting coöperation as well as giving it.

Considering now the general merchandise commonly sold in drug stores, we may formulate the same general rule of making sure that the manufacturer is doing his part to move the goods after they are placed on the retailer's shelf. In this case there is more of an opportunity for the druggist to show his own salesmanship as the goods are sold directly to the public. However the pharmacist should exercise due discretion in the kind of firms he coöperates with and the goods he helps to create a sale for. Not only profit, but ultimate value to the public must be a deciding factor in determining what to push, otherwise he is not "more than a merchant." Look out for the concerns who make one big advertising splurge and are never heard of again. Persistent advertising is necessary to keep up the demand for certain special brands and unless there is a reasonable guarantee that the advertising will be continued over long periods it is better to spend the time and

energy in building up sales on your own private brand of various side lines than to help a manufacturer. Let the salesman furnish proof of the "enormous demand" that is to be created according to his talk. If he really has a good proposition he will have convincing evidence with him; if he has not, the time to find out is before you tie up capital, energy and space on a gamble.

"We shall stock your product when there is a demand for it" is a good answer in the majority of cases. As the retailer gains experience he can judge pretty well what the possibilities of a line or an individual product will be in his neighborhood and how far he can afford to go in getting it started. Cooperation should be given to the concerns who can show an honest merchandising plan and a fair possibility of permanency, others do not deserve it.

FINAL CHAPTER OF THE MILLER EXAMINATION SCANDAL IN ILLINOIS.

BY H. C. CHRISTENSEN.

Secretary National Association Boards of Pharmacy.

Across the top of the first page of *The Chicago Daily Tribune*, of January 29, 1923, running from margin to margin, in the usual big type employed to announce important events, occurs this caption:

"CONVICT MILLER AS GRAFTER"

and as a heading to the column giving the details, the following:

"JURORS FIND APPOINTEE OF SMALL GUILTY"

and in smaller type,—"Dr. Bourque also sentenced."

So at the end of practically a year, the flaming disgrace of examination rottenness in Illinois, which had befouled the very name of this sovereign State, came to its legal close. The moral wounds will be long in healing.

W. H. H. Miller, former Director of the Department of Registration and Education, escaped with an insignificant fine of \$1,000.00. This could be but an inconsiderable part of what he collected in the illegal trafficking in pharmacy and medical licenses. The State's star witness testified that he had paid Miller \$8,500.00, submitting cancelled bank cashiers' checks totalling this amount—and he was but one. Bourque no doubt collected and paid Miller large sums, and there were other sources. Many men and women who never even attended the "Miller authorized" medical and pharmacy "Quiz Schools" where the majority of the "put over" prospects were "fed" on answers to the State examination questions, were nevertheless granted licenses, for which they paid money. For example, it seems fairly well established that there were many who flunked or did not write on examination, and whose names did not appear in published lists of those who passed—who were subsequently approached and having duly satisfied the "fixer," were granted certificates.

It would probably be no exaggeration to estimate Miller's illegal gains at \$100,000.00, for which he paid a fine of one per cent. Not a bad return for a year's work. A good investment from a financial viewpoint, and it is entirely possible Miller so regards it.