

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 also will 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.

POPULARIZING THE PREPARATIONS OF THE UNITED STATES PHARMACOPŒIA.

(Continued from p. 1165.)

One group of the preparations of the United States Pharmacopœia (and National Formulary) are commonly used household remedies. The fundamental steps to be taken by a retail pharmacist to increase their sales were outlined in the preceding article in this series. Also included in this article was a list of some of these household remedies to which specific attention might be given by retail pharmacists.

Another group of preparations of the United States Pharmacopœia (and National Formulary) are preparations which are used in physicians' prescriptions, and, therefore, are ordinarily dispensed only on their orders.

The long-established method of popularizing proprietary preparations of this character has been to detail physicians (and other professional people) either in person or by mail. A modification of this method can be employed by retail pharmacists in their efforts to popularize the preparations of the U. S. P. and the N. F.

The modification calls for considerable finesse and tact if it is to be successful. For instance, I cannot imagine a pharmacist going from office to office with any success if his plan of action takes the following form.

"Doctor, are you familiar with fluidextract of Cascara Sagrada? I have some freshly made, in stock, in case you write any prescriptions calling for it."

If a physician is not highly incensed at having his time taken to have this unimportant information imparted to him, he at least has his opinion of the pharmacist's understanding of the professional side of his calling greatly depreciated.

A pharmacist's approach to physicians has to be far more subtle than that. For instance, a friend of mine in the retail drug business had had continuous complaints, particularly from the patients of one physician, about his prescription prices.

Many times the complaint had taken the following form.

"Why, Dr. Harrison told me this prescription would be only 75 cents and here you are charging me \$1.10."

The druggist went to the physician, not in a belligerent or combative mood, even though this assumption of his prerogatives by the physician might have justified him in feeling that way.

Instead he approached the physician as follows:

"Doctor, I have had the pleasure of filling a number of your cough prescriptions lately, and I look forward to filling more of them. Naturally, I appreciate your

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interest and coöperation. The price I have been charging on this cough mixture you have been writing for most frequently has been \$1.10, and the reason I have been charging \$1.10 is on account of the advanced cost of some of the ingredients. Here's the way it works out, Doctor."

The druggist then took out a pad and pencil and showed the doctor that for the four-ounce mixture which he prescribed, the cost of the ingredients alone left him only a very small margin to cover his other expenses in compounding the prescription and his profit.

Suppose my friend had not stopped here. Suppose he had gone on as follows:

"Doctor, I have been wondering if there wouldn't be some way in which I could fill that prescription for 75 cents or 80 cents instead of the price I have to get now? Your patients and my customers would be better satisfied and you and I would be happier. Here is one idea that occurred to me. See what you think of it."

Then follows an explanation of how it appeared to the druggist as if the substitution of two medicaments from the United States Pharmacopœia in place of the compound mixture the doctor had been prescribing, would accomplish the same therapeutic effect.

Is such a procedure ethical and fair? Has the pharmacist any moral right to encourage substitution? The obvious answer is emphatically no. He must and should follow physicians' specifications, except in cases of apparent error, just as the structural engineer follows the designers' specifications, except for apparent errors.

On the other hand, a pharmacist has a perfect right to bring to physicians' attention, the merits of specific preparations and the advantages from their use. The group of such preparations with which pharmacists and physicians both have the greatest familiarity are those of the United States Pharmacopœia and National Formulary. The unethical thing to do is to propose their substitution in specified items. Such a procedure is just as unfortunate and, incidentally, just as unsatisfactory (if not more so) as persistently trying to persuade a person who asks for a proprietary to accept a substitute—"something just as good."

Detailing, which consists of calling attention to the merits of designated preparations of the U. S. P. (and the N. F.) can be accomplished in the store when physicians visit the store and by personal calls upon physicians. It also can be done over the telephone and by mail. Every retail pharmacist who has done successfully this type of detail work remembers well the constant care and caution which must be used to avoid even the appearance of trying to tell a physician how to carry on his practice. The position of the pharmacist in a situation of this kind is that of an advisor on the aspects of pharmacy, materia medica and pharmacognosy, which the alert physician is constantly seeking to be informed about, but with which the pharmacist, on account of his professional work, is likely to have more familiarity.

It is easy enough to say, bring the merits of certain preparations to physicians' attention. But what are these merits? If they aren't clear in the pharmacist's mind, how can he expect to put a clear impression in the minds of busy physicians, who have many other things to think about? Thorough study and analysis usually are necessary on the part of the pharmacist in order to get clearly in his own mind the merits of specific preparations. Then in talking to physicians about them, he

must be careful to choose those points which are most likely to be of interest and profit to them.

That is why concentration of effort upon the designated preparations of the U. S. P. and N. F. most likely to be prescribed immediately by the physicians of a locality is certain to produce the most definite and profitable results.

All efforts at detailing of this kind by pharmacists don't work out as smoothly as might be hoped. One of the most discouraging things that happens, after a special effort of the type just quoted, is to find that the physician accepts the recommendation readily enough, but all or almost all of his prescriptions go to a competitor's store.

Love's labor is not entirely lost, however. Certainly the physician, if he makes any recommendation at all, is likely to favor the pharmacist whom he holds in highest regard. This situation, however, is no different from that found in the sale of ordinary merchandise in a drug store.

I knew of a druggist who delivered and installed three different makes of radio in a prospective purchaser's home on trial and then learned later that the purchase had been made from another store which offered a 15 per cent discount. In the case of detailing physicians a wise caution, however, is to concentrate activities upon the physicians whose patients are most likely to bring their prescriptions to the store.

Remember, the measure of the effectiveness of the detail method of popularizing preparations with physicians is in the hands of every retail pharmacist. From his prescription file he can see readily enough that certain official preparations are in demand on account of prevailing sickness and suggest the possibilities for detailing. The retail pharmacist in detailing the physicians of his locality has the advantage of being in contact with them; this permanency gains him an acquaintance advantage with these physicians and the opportunity for creating a greater interest in preparations of the United States Pharmacopœia and the National Formulary.

(To be continued)

THE GERRARD MEDAL (ENGLAND).

A medal has been provided in memory of Alfred William Gerrard, whose outstanding work at Guy's Hospital, and investigations of alkaloidal drugs, particularly, *jaborandi* are recorded in chemical and pharmaceutical literature. The medal is to be awarded annually for "distinction in pharmacy."

THE AMERICAN INSTITUTE OF PHARMACY.

The Washington Star of November 30th carried a lengthy article by Chairman Charles Moore, of the Fine Arts Commission, on the beautifying of the section in which the Headquarters Building of the A. P. H. A. will be located. The report of the Commission from which the excerpt of the *Star* is taken contains the design and it is also reproduced in the paper mentioned. In other words the report expresses both satisfaction and approval of the plans for the American Institute of Pharmacy.