

taken one and a half hours after the tablet had been swallowed, the barium tablet is seen in the intestine and showing evidence of disintegration. The urine, five hours after the tablets were swallowed, gave a very strong reaction for salicylates. This experiment indicated that these were suitable enteric tablets, since passage intact through the stomach was demonstrated and solution of the tablet in the intestinal tract proved.

#### SUMMARY.

A method is described for following the fate of enteric tablets after ingestion which gives positive evidence:

1. As to the passage of the tablet through the stomach.
2. As to solution of the tablet in the intestinal tract.

FROM THE LABORATORIES OF CHARLES E. FROSST & Co.,  
MONTREAL, CANADA.

---

#### MERCHANDIZING THE PRESCRIPTION DEPARTMENT.\*

BY GEORGE A. BENDER.<sup>1</sup>

Replying to a question about his aversion to prescription writing, a dispensing physician recently said: "I can't remember all they have down at the drug store. Here, I can look up on the shelf and see what I have."

Lame as this excuse may have been, there is even less excuse for the pharmacist, whose drug store was under discussion, permitting such a condition to exist. He complained bitterly that the physician persisted in dispensing. They played golf together, but they competed instead of collaborating in business. This was but one of the indications that this pharmacist did not properly merchandize his prescription department.

It is realized that the word "merchandizing," as it is used in this article, may have the same effect upon some pharmacists that a red flag has upon a gentleman cow. Although the earth may be pawed when "merchandizing" is discussed in connection with the prescription department, these same pharmacists like the word when applied to other departments of their stores.

In order that there may be a clear understanding of its usage, let us analyze the word, "merchandizing." What does it mean? Apply it to any commodity. It does not mean price, system, selling. In fact, it is that something in between buying and selling. Selling is only the act of wrapping up a package and making the change. But the process of making the commodity known, creating an interest, swelling that interest to desire and demand through display, advertising by word of mouth or other ways constitutes the function of merchandizing. Merchandizing, then, is the act of making the consumer conscious of what you have, aware that he wants what you have, and wants it badly enough to come to you and spend money to satisfy his desires or needs.

---

\* Section on Commercial Interests, A. PH. A., Toronto meeting, 1932.

<sup>1</sup> Editor, the *Northwestern Druggist*.

Why, then, is it not possible to apply merchandizing principles to the prescription department—and to apply them ethically? If you will analyze the business of any successful prescription department, you will find that it is being merchandized, although its owner may not realize the fact.

Merchandizing, as applied to the prescription department, obligates one only to inform patrons, both professional and lay, of what one has to offer, and to convince them that it is to their advantage to make use of one's services. And, after all, that is the function of the pharmacist, for, as our good friend, Herman L. Emmerich, former president of the Wisconsin Pharmaceutical Association, says, "The successful pharmacist must be, first, a pharmacist, and second, a good business man."

The first requisite of merchandizing is, of course, "having the goods." In the prescription department, this includes more than an adequate stock of reliable drugs and mechanical aids for dispensing. He must possess other tools, among them, native ability, ingenuity, diplomacy.

Education he must have had, to fit himself for the examinations he passed to become registered. But has he kept the process going? Or does his pharmaceutical knowledge consist of that at graduation, less that sloughed off by time? Even so, if he knows where to get the information he wants when he wants it, he is well off.

Among other tools are his books, the U. S. P., the N. F., the A. Ph. A. Recipe Book, New and Non-Official Remedies, business and professional journals and current literature. If he will familiarize himself with these and realize the hidden opportunities within their pages, he will find them valuable assets.

What shall he do with these tools?

*First*, try merchandizing the prescription department to the physicians. Avoid the mistake that so many make of approaching the physician with the "What can you give me?" attitude, requesting, wheedling or attempting to buy his good-will. Go to him and say: "Here, Doctor, is what I can do for you."

The physician in the smaller cities labors under a handicap. He has no laboratory facilities, unless he can attend to them himself or has time to send his material out. With little effort and a minimum of equipment the pharmacist could relieve the physician of many of these tests, at a profit to the pharmacist. These things include such things as urinalysis and blood chemistry, not to mention bacterial examinations.

According to a recent statement by Dean E. R. Serles, Division of Pharmacy, South Dakota State College, all the necessary equipment for carrying out this angle of the drug store's service may be installed at a cost approximating one-third the price of a good modern soda fountain.

If there is in his city a young physician recently out of training, the pharmacist can be of great help to him by offering casual, tactful suggestions and leads. These need not be put in a way that will offend the young professional man's intelligence, but in a helpful way, as one practitioner to another. The young medico can learn a lot about prescription writing, proper combinations and the like from the pharmacist if the latter will avoid making him feel embarrassed. Friendship thus established will be shattered only by acts of the pharmacist himself.

The pharmacist may feature special preparations, detailing his physicians

with them. One young pharmacist who recently purchased an old store, found in the stock enormous quantities of crude drugs. As the sales possibility of these was almost nil, he sought an outlet for the usable portions. Among them was a quantity of wild cherry bark. This he converted into syrup of wild cherry, then added other ingredients to make a special cough mixture. He called on his physicians, gave them samples and told them what he was doing. He found them responsive, and in a short time the preparation was going out regularly.

Fresh infusion of digitalis, Basham's mixture, fresh Blaud pills, sterile solutions, enteric coated capsules and pills, and even ampuls of special nature are within the scope of the pharmacist who is interested in increasing the usefulness of his prescription department. And why shouldn't he be interested in these? Is he not as well trained, basically, as the pharmacist in the large manufacturing house? If he will but do so, he can produce preparations as valuable, authentic and elegant as any one. If he himself is not capable of this, he may readily employ an intelligent recent graduate of a modern college of pharmacy, who has benefited by training not offered to some of the older pharmacists when they were "in the mill." This has been done advantageously by far-sighted pharmacists in many cases.

The position of the reputable pharmaceutical manufacturer should not be under-estimated, any more than it should be over-estimated. These firms have been responsible for great advances in the field of medicine and pharmacy. Because they have unlimited resources at hand to study many of the complex problems of the day, they have developed many invaluable additions to our *materia medica*. Both physician and pharmacist should recognize this. It does not follow, however, that individual effort should be curtailed, nor that the pharmacist should calmly stand aside and watch a myriad of lesser lights in the drug manufacturing field ruin his business and create dispensing physicians by educating them to hand out catchily named preparations that may be but colored copies of existing preparations compounded out of the cheapest materials available.

On the other hand, it is not beneath the dignity of the alert pharmacist to post himself thoroughly upon the new releases of reputable pharmaceutical houses and to personally convey information about them to physicians. He will thus establish himself in the physician's mind as a wide-awake individual, and he will increase the likelihood that his store will be chosen as a source of supply when there is need for the preparations mentioned.

This personal detailing, it is believed, can become a most important asset to the practicing pharmacist. It gives him an opportunity to tactfully shape his prescription business along the lines he wishes. His own services may be featured; the preparations he prefers to sell may be high-lighted, and those that are not so favored may be delegated to oblivion. He must take care, however, to keep in mind at all times the welfare of the patient. He must not depreciate valuable preparations, and he must not urge upon the physician preparations that are unworthy. Eventually such narrow practices are bound to come out and the reaction which follows will offset any temporary profit.

The value of a good campaign of mailing pieces to physicians cannot be over-estimated. Regular contact by mail, be it personal letters or prepared circulars, tends to create favorable remembrance of your store.

A campaign of this kind must bear the earmarks both of sincerity and originality, however, if it is to be effective. If a physician's business is worth while at all, it is worth the added expense of individually typed letters over multigraphing; clean-cut printing over cheap presswork.

When a new, meritorious product comes out, read upon it in medical and pharmaceutical literature, and drop a personalized letter to physicians, detailing its valuable points. This is much more effective than merely sending a standard printed circular, and it impresses the physician with the fact that you are keeping up-to-date.

Besides contacting physicians, the pharmacist should contact the public of his community. This contact should not be confined to his store. He should make use of every opportunity to publicize pharmacy as such before his clubs, schools and the like. Furthermore, a good understanding between him and his newspaper editor will go a long way toward getting professional pharmacy before the public and in averting publication of adverse articles, of which there seems to be no shortage these days.

Some Northwest state pharmaceutical associations are forming publicity committees and speaker's bureaus, to further work of this kind.

The individual pharmacist in his own little community, however, should not overlook his opportunities to carry on this work. He must learn to discern between true and false modesty; not to hide plain fear to stand on his feet before an audience behind the excuse that he shuns publicity. No honest criticism will be directed at him if he attempts to do an ethical job of acquainting the public with pharmacy. He will be at a disadvantage only if he fails to use reasonable judgment in the selection of his subject and its discussion. Creation of confidence in pharmacy generally is much more valuable to an individual in the long run than any play for personal favor.

Having confidence in pharmacy generally, the public favors an individual store principally because of its reputation for good professional service. Its continued patronage is dependent upon the actual satisfaction and service which is received.

These are but a few of the tools that the pharmacist may use in merchandizing his prescription department. The simile is not out of place—like tools of steel, they may be kept sharp and bright, ready for constant use; or they may become dull and corroded, useless to any one.

Regardless of the fact that a prescription may be written the same no matter by whom it is filled, the art of the pharmacist is individual. There are little differences, indefinable, yet impressive. And he who will polish his tools and merchandize them to best advantage will soon find himself with all the work he can do.

---

Dr. Theodore Holm, Danish-American botanist and explorer, bequeathed his collections and library to the Belgium government for the University of Louvain. Dr. Holm's specialty was arctic and Alpine flora, regarding which he was an outstanding authority. During the last ten years he lived near Clinton,

Md., and died December 26, 1932, aged 78 years. Dr. Holm came to the U. S. in 1886 and for eight years was on the staff of the Smithsonian Institution and in later years until 1920, he was in the U. S. Department of Agriculture.

---