

each individual druggist to do something about this matter for himself, that is, if he wants a fair return on his investment.

A few of the methods to counteract this growing tendency which are available to druggists as individuals include *first*, detailing doctors with a complete selected list of proprietaries that contain no duplicates, or with a plea that official preparations be prescribed for the economy of the patient. *Second*, that retail druggists specialize in the complete lines of a few manufacturers and have an exchange arrangement between themselves. (This method is cumbersome, for it requires much bookkeeping and delivery, and, therefore, probably will not be very popular.) *Third*, each druggist create his own duplicates of popular specialties of the simple type and detail doctors for prescriptions calling for them. *Fourth*, make an arrangement with wholesalers to furnish the specialties in amounts smaller than full packages. This will permit the retailer to buy four ounces or a one-prescription amount of a preparation and dispense it at no loss, which would not be the case if he had to buy a full sixteen-ounce or even eight-ounce bottle.

There are other legal means available to meet the problem, but whatever is done will have to be done soon or else the exclamation "Your druggist is more than a merchant!" will become "Your druggist is ANOTHER merchant!"

A PROFESSIONAL NEWSPAPER AS A BUSINESS AND GOODWILL BUILDER.*

BY ARTHUR H. EINBECK.¹

As a pharmacist who had lost his way a bit from the professional path and sadly realized some years ago that the better side of the business of a retail pharmacy lies in the stress of the primary function of filling prescriptions and telling the world about it, I sadly began to take inventory of the "wreck of the Hesperus" which I sorrowfully called my drugstore. It had been hit by the inroads of competition of the cut-rate variety, it is true, but had been cut deeper by the inroads of extra-curricular activities. My further inventory showed that I was a director of the West New York Board of Trade, a vice-president of the Board of Education, past-president and chairman of a prominent Committee in the Kiwanis Club, Past Commander and Service Officer of the Charles Cusick Post American Legion, Service Officer of the Veterans of Foreign Wars, and Adjutant, with rank of Captain, Medical Administrative Corps of the 303rd Medical Regiment of the 78th Division of the U. S. Army Service, with the command of the Service Company of the Regiment as a side issue.

Here, I sadly contemplated, was the time to put on the brakes, and I forthwith commenced my campaign; Mrs. Einbeck, who as a graduate of Home Economics of the New Jersey College for Women had the grave misfortune of marrying me, was enrolled in the Columbia University evening course on Drug Economics, conducted under the auspices of Dr. Paul Olsen of the Philadelphia College of Pharmacy, and from then on the fur began to fly.

* Presented before the Section on Pharmaceutical Economics, A. Ph. A., Minneapolis meeting, 1938.

¹ 644 Bergenline Ave., W. New York, N. J.

Our prescription department suddenly emerged into the open. Stock bottles of tinctures, drugs and chemicals blossomed forth from the dark corners of the stockroom to which they had vanished some twenty years or more ago. We soon began to lose the chainstore look. Every time Mrs. Einbeck came back from one of Dr. Olsen's lectures, her notes would assure her of the things she would see. Signs were pasted all over the door, and there were islands of merchandise so thick and assorted as to bewilder the incoming customer in a labyrinthian maze. Items that the average family purchases once a year were around the cash register, and the busy every-day items were buried in some obscure corner of the store. As these things became evident, corrections began to be made, and a newer, roomier and cleaner store emerged from the debris. Pretty soon Mrs. Einbeck began to lay elaborate plans for me to tell the doctors how much better it would be for their patients if they had their prescriptions filled at Einbeck's.

Then we began to reëxamine the situation. Were we not a personal service pharmacy? And what would be gained if I spent too much time away from the store in detailing? After all, there are about eighty doctors we'd like to contact regularly, and that would be a superhuman task for a pharmacist who had to do most of the store work himself. However, the solution was forthcoming—why not a monthly bulletin to all the doctors, reminding them of our services; and if we haven't the services they want, we will have to have something to write about, so we begin to organize them. Thus once a month for 25 consecutive months we have edited a bulletin. I edit the material gleaned from drug trade papers, such as the *American Druggist*, *Druggists Circular*, *Drug Topics*, professional pamphlets and trade papers of pharmaceutical houses. I rewrite sufficient data that I feel will be of general interest to the medical profession and type it on a sheet of paper 8 by 14 inches, leaving enough room at the top each month for a standard heading. Mrs. Einbeck keeps the mailing list up to date, and addresses the envelopes neatly in her schoolteacher hand—and if you don't think this important, catch yourself throwing away a poorly scribbled envelope or hastily tearing open an envelope that looks like a wedding invitation. These bulletins, after being run off by a local multigraphing outfit, are neatly folded and mailed under first class postage to 80 local physicians with regularity and precision. This business of regularity was firmly impressed upon my mind, and many months have I arrived at the 1st only to find myself not ready and with the thought—It'll do no harm to skip a month. But then there is the inner urge: If I miss once, I'll make it a habit, and the experiment will fail, like the constant dripping that wears away the stone. The bulletins must find their way *each month* without interruption in order to make an impression. And they *have* made an impression. I find myself reading professional material I never read before. We keep a card index of all the newer pharmaceuticals, neatly pasted on 3 × 5 cards—data gleaned from the various magazines. This file, kept up-to-date, is offered as a service to physicians. We maintain a library, add a new book of the professional type now and then, and offer to lend it to the physicians. Occasionally they'll borrow one and forget to return it, but it is good advertising anyway, and, besides, nobody returns books. We purchased an electric refrigerator to keep our biologicals, suppositories and many other items, and brag about it. We maintain a collection service for diphtheria, Wasserman and other specimens, and see that they are properly kept until

picked up by the laboratory. We find many more prescriptions coming in for unusual items, sent here directly by physicians who feel that our stock is more complete than most.

And, what is more important, we have developed a sense of our own importance, the knowledge that we can stick to a job and see it through, a pride of accomplishment. Each month as we see the beautifully arranged bulletin that emerges from the mess of material we have gathered together, we feel like the proud father and mother of a new-born baby. Why don't you try it and see? The cost is insignificant; the mimeographing of the bulletin each month is \$2.25, plus about \$1.60 in stamps and envelopes, and there you have the total cost. The material is gathered merely from reading the magazines you buy anyway and from the many interesting bulletins left or mailed by the pharmaceutical houses. No additional labor cost is involved, and, what is most important, I haven't left the store and am thus on hand to give as much individual attention to the customers as they seem to need. For to-day we must do more than just hang out a shingle to get the business. We must personalize our store, and no one can do the job better than we ourselves. This is the only weapon we have to combat the many insidious and other influences that have entered into competition, and getting the doctors who write the prescriptions to know you better, is one of the best things you can do. We are proud of our 26 consecutive issues and gloat over the fact that we have just completed editing and composing the 27th just prior to writing this paper.

MEDICAL ODDITIES.*

BY CHARLES WHITEBREAD.¹

Archeology, anthropology and geology have produced facts which demonstrate that disease has existed on earth as long as organic life has been known. These sciences have revealed that the earliest record of disease—a form of parasitism represented by fossil snails feeding on crinoids, a kind of sea lily—dates back about four and a half million years according to geological calculation of time. Fossil remains of the earth's early inhabitants give evidence of disease in the form of skeletal abnormalities, such as fractures, decayed teeth and bone necroses in extinct fishes and reptiles. The tsetse fly, a carrier of African sleeping sickness, has been identified in fossil formations a million and a half years old.

When man arrived on the scene he was met by attacks of diseases just as had been the various forms of plant and animal life which had preceded him. The "Java man," with an estimated age of 500,000 years shows pathological exostoses on the thigh bone; the "Piltdown man," whose time on earth dates 100,000 years ago had an acromegalic skull; and the "Neanderthal man," who lived 75,000 years ago had rickets.

The history and scientific beginnings of medical treatment go back to the ancient Egyptians. The Smith Papyrus and the Papyrus Ebers—ancient hiero-

* Presented before the Section on Historical Pharmacy, A. PH. A., Minneapolis meeting, 1938.

¹ Associate Curator, Division of Medicine and Public Health, United States National Museum.