

dentists with members of Professor Schicks' school. This is a phase of the work that should be fostered by more schools of pharmacy, pharmacy associations and dentists. Professor Schicks' experience indicates that dentists will welcome such efforts. It appears that the schools of pharmacy and dentistry of the same university can find common meeting ground.

Just as advertisers find it profitable to spend millions in the attempt to make dentists proprietary-minded conscious, pharmacists can work to make dentists pharmacopœial conscious. Any effort of this kind that draws its inspiration from the ideals of both professions cannot help but benefit the public for whom both professions aim to serve.

THE PLACE OF A FIELD REPRESENTATIVE IN COÖPERATIVE PROFESSIONAL ADVERTISING.*

BY L. WAIT RISING.

This era of economic decadence is witnessing the rebirth of professional pharmacy. There was a time, not so many years ago, when such a movement could only be predicted, and that with some hesitancy. But the competitive scramble in low-priced drug sundries brought on by the period of depression has changed prediction to actuality. Pharmacy is going professional. Even now a sufficiently large percentage of the existing drug stores are being made over, or will be shortly, into pharmacies with true professional ideals and methods of doing business which warrant the setting up of a new classification to take care of them. While they were the exception rather than the rule, their very minority made apparent the uselessness of dealing with them as a group.

However, this has changed. When speaking of pharmacies to-day we must differentiate between two kinds: The merchandising establishment of the "corner drug store" variety, and the prescription pharmacy, which, while no less a merchandising unit in its way, is not considered as a true retail store by the laity.

This amounts to a division of trade, and brings with it not a division but a whole new set of merchandising principles and problems that apply only to the prescription pharmacy. One of the latter is advertising. It is trite to say that a professional pharmacy cannot advertise in the same manner as the ordinary retail store. Its appeal must be both dignified and restricted and it must be directed at the physician as much or more than at the general public. Many drug stores conduct a profitable business without physician coöperation, the lack of which would quickly throttle the prescription pharmacies.

What then are the best advertising methods for securing this necessary professional friendship? Indirect contact through the mails is good and is a means of reaching the doctor periodically which is open to every pharmacist. There is no limit to the number of physicians one pharmacist can reach in this way nor to the number of times such contact can be made. A mail campaign will serve to focus some attention on the organization conducting it.

A second and perhaps the ideal way to attract professional patronage, especially if it be combined with a mail campaign, is by frequent personal contact with the

* Section on Practical Pharmacy and Dispensing, A. PH. A., Washington meeting, 1934.

physicians whose business is being sought. By this means alone can the pharmacist obtain the full measure of value for his advertising effort. To interview a physician is to be given the fullest opportunity to convince him of the merits of the pharmacy in question. There is no chance for him to throw away unnoticed advertising of this nature. It cannot be tabled to be perused some other time, only to be forgotten completely. The story of the pharmacist is put across right then. And if it is interestingly presented, there will be questions to answer that mean openings for other messages perhaps unrelated to the subject upon which it was first intended to interview the doctor, but none-the-less valuable. Through these conversations the deeper medical interests of the physician can be learned, the special pharmaceutical and therapeutic services which he would like rendered him can be ascertained. It is obvious without pointing out other advantages accruing both to the physician and the pharmacist from these periodic visits to the office of the former, that a mutually beneficial coöperative relationship can be established as a direct result.

Just how near the actual results obtained by this contact advertising approach the theoretical total possible to achieve will depend primarily on the man making the contacts. The pharmacy being represented must measure up in full to all that is claimed for it, but the fact that it does is of secondary importance when we consider the factor most responsible for the ultimate success of a personal contact campaign. Given two establishments possessing equal physical equipment, the one with the better contact man will attract more than half the professional business. In other words, inanimate advertising assets such as superior facilities are not worth as much to a business as the men who go out and tell about them.

Not all pharmacists are equally good at the telling. A large number of excellent pharmacists are unable to compete satisfactorily in a serious program of selling their organizations through personal calls. Figuratively speaking, they are forced to hide their lights under a bushel. That is poor economics. It gives all the advantage to the pharmacy possessing poorer equipment but having a better personality in representing it to the medical profession.

There is, however, a way to offset this disadvantage and to obtain the proper kind of representation, especially in the more thickly settled localities. It is one that has been tried before but with no wide acceptance following its use. This lack of acclaim probably resulted from certain difficulties which will be pointed out later. If, therefore, a simple alteration or complete removal of one or two inhibitory influences would rehabilitate an old, indifferently successful contact system, the plan certainly merits review.

The method is fundamentally this: In any community where there are a number of drug stores, let those which place a premium on the professional business cooperate in a common advertising program which can be supplemented by the individual organizations as they see fit. The stores would, of course, be carefully chosen. The proper choice of the pharmacies participating is vital. Proximity of location which means competition is not of such importance as the caliber of the various units of the organization. When a miscellaneous group is represented, there will always be one or more which by bad precept or example destroy the faith of the physicians in the entire membership. This has been forcibly demonstrated when pharmaceutical associations have attempted personal visitation work. Care-

ful selection of the participating stores eliminates that disadvantage and also eliminates inefficient direction of the campaign.

The stores so united would pool the bulk of their advertising funds, thus obtaining a fair-sized treasury. The sum made available would vary, depending on the number of stores cooperating and the average annual allowance they set aside for advertising purposes, but the minimum would scarcely be less than \$2400.00.

With this budget, the group is now able to hire a full-time field representative whose chief duty will be to make office contacts with the physicians. The salary that can be paid for this work would be sufficiently large to attract men of excellent training and who possess distinct capabilities for the task in hand. This means that each of the cooperating pharmacists can now have as a part-time member of their staffs, a man more able in personal contact or detail work than themselves. This man is to be considered as only a part-time member of the individual staffs, because he is working specifically as an emissary of each pharmacy only when he is calling on the doctors designated by that pharmacy as the ones it particularly wants approached.

Two major results are immediately achieved. The pharmacists are assured of the most efficient representation among the men from whence their business springs. This major advertising problem solved, they now have more time for other important details of business.

The messages to be carried by the field representative to the physicians will naturally be influenced by many factors, but their objectives will always be the same—namely, selling the professional services and personalities of the pharmacies combining in the advertising effort. By this method the physicians in a given locality are constantly being reminded by pleasant contact with a personal representative of Blank's pharmacy that it can best serve their needs. And because the proper kind of man is doing the detailing, the doctors have a person upon whom they can rely for valuable assistance with both pharmaceutical and therapeutic problems. For this reason alone they will always be glad to see him and more than willing to place considerable confidence in the pharmacies he represents.

In addition to his worth as a personal contact man, the field representative can earn his money in other ways. Because he is constantly meeting and studying a hundred or more doctors, his advice is invaluable in building up and coordinating advertising campaigns to be carried on by the individual units of the organization during the intervals between his visits to the physicians with whom they specifically requested to contact. He can in this fashion gear the minor advertising efforts to a higher degree of efficiency. By watching the prescribing tendencies of his doctors, he can assist materially in shifting slow prescription stock to places where it will move more quickly. Even in the matter of developing a fair pricing system for prescriptions his advice will be helpful. These suggest just a few of the ways in which a field representative having a knowledge of the problems and an interest in a number of professional pharmacies can more than pay his way.

It may be said with considerable truth that any pharmacy can, by using its regular staff, obtain for itself the personal contacts, carry on other advertising efforts, and do any number of other things calculated to build better professional relations and increase professional business. But the point is—how many of them

will do it without some organization such as has been suggested? This furnishes the stimulus which is all too often needed to galvanize individual initiative into full action.

“PATENT MEDICINES.”*

BY J. HAMPTON HOCH.

Down the street the flaming neon sign casts its ruddy lure—“Cut-Rate Patent Medicines.” Cut-rate they may be, but are they patent medicines? Nostrums of proprietary origin having registered and protected names are called “patent medicines” but, in the legal sense of the word, a patent medicine is one whose composition or method of preparation or both has been patented and is not a secret because these facts appear in the patent specifications and become public property at the end of seventeen years. The distinction between a patent and a proprietary medicine, as these terms are generally used to-day, was non-existent three hundred years ago when preparations of this type originated.

Back in 17th century England, a year before Charles I ascended the throne, the “Arcanum Goddardianum,” more familiarly called Goddard’s Drops, was patented. This first patent medicine acquired such a wide reputation as a specific for epilepsy that Charles II, thinking to benefit humanity by making the formula accessible, purchased the secret of its preparation from Dr. Goddard for 1500 pounds. And therefore it was also called “King Charles’ Drops” or simply the “King’s Drops” or, later, “Royal English Drops” and “English Drops.” Spirit of human skull and opium, for these were the ingredients, sound revolting even for such a dread affliction as the “falling sickness,” but, then, strong stomachs had our fathers of old.

The fact that Jonathan Goddard obtained a purchaser with a copious pocket undoubtedly stimulated the appearance of the many nostrums and proprietaries which followed this first one. Advertisements in the press reveal the wide distribution of trades which adopted proprietary remedies as side-lines—stationers, book-sellers, tinsmiths, hosiers—all bent on selling this “sovereign cure” or “effectual remedy” and that “established medicine” which is to be had “no where else.” And frequently the public was warned against imitators.

The English settlers who migrated to these shores demanded those remedies with which they were familiar in the old country and it was not long before the news-sheets of America advertised the same preparations in the same way; all of which probably made the “cover to cover” reader feel quite as if he were back in England.

Among the better known proprietaries of the 17th century which were advertised in the early newspapers of the Southern Colonies and set forth in glowing terms to the credulous reader we find Anderson’s Scots’ Pills, Dutch Drops, Daffy’s Elixir, Lockyer’s Pills and Stoughton’s Elixir.

ANDERSON’S PILLS.

The originator of this proprietary was a Scotch physician, Dr. Patrick Anderson, who claimed to have obtained the formula in Venice. The actual formula has been disputed for a long

* Section on Historical Pharmacy, A. Ph. A., Washington meeting, 1934.