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**PHARMACEUTICAL SELLING, "DETAILING,"
AND SALES TRAINING**

PHARMACEUTICAL SELLING,
“DETAILING,”
AND SALES TRAINING

BY

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PHARMACEUTICAL SELLING, "DETAILING," AND SALES TRAINING

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TO MY
FATHER AND MOTHER
TOGER PETERSON
PAULINE GULBRANDSEN PETERSON

PREFACE

This volume is an outgrowth of many years of selling, "detailing," and managerial experience in the pharmaceutical industry. It is my desire to give to those who can profit from it the benefit of that experience. My aim in writing the book has been to approach the entire subject from a practical point of view. In these pages there is little of a theoretical nature.

Consideration has been given to the arrangement of the subject matter in teachable form. The sequence is essentially chronological, from the first thought given to embarking upon a selling career, step by step, through organizing the territory, and on to the successfully completed, productive interview and continuous sound operation.

The book is intended especially (1) for pharmacists whose retail pharmacy experience has fostered the desire to examine pharmaceutical selling in its various phases or to enter upon a career of selling and "detailing" (Professional Service Pharmacy) in the service of a pharmaceutical-products manufacturer; (2) for use as refresher material for those who are already engaged in pharmaceutical selling and "detailing"; (3) for use in pharmaceutical sales training courses; and (4) for teaching purposes in schools of pharmacy.

While the book specifically covers the art and the problems of selling pharmaceuticals and related public-health products that are used or administered by or on the prescriptions of physicians, dentists, and veterinarians, it contains considerable basic information applicable to the selling of technical products in general. Primarily, however, the book is a sales training manual for pharmaceutically indoctrinated personnel.

The necessity for progressively more intensive training of Professional Service Pharmacists and other sales personnel in the pharmaceutical industry is generally recognized. This is made apparent by (1) the introduction of more complex, more

highly scientific therapeutic products; (2) demands by physicians and pharmacists that sales representatives be better informed; (3) the increased educational requirements for pharmacists; and (4) the superior performance of the more highly trained, more scientifically prepared, sales-minded pharmaceutical sales personnel.

Professional service work and the selling of "over-the-counter" drugs, sick-room supplies, cosmetics, toiletries, and other products required for the public health are most interesting for the individual who is trained in the pharmaceutical sciences and who is inclined toward a selling career in the pharmaceutical industry. It affords both attractive remuneration and possibilities for advancement to executive positions for those who are industrious and who make the effort required to keep abreast of the knowledge necessary to the work they have to perform.

A good basic knowledge of chemistry, physics, physiology, pharmacology, bacteriology, anatomy, pharmacy, and salesmanship is requisite for the best possible progress. One who is concerned with pharmaceutical-sales promotion should understand the problems, the language, and the philosophy of pharmacists, physicians, dentists, and veterinarians. Pharmacists have the advantage of gaining that knowledge in their education and in their daily contacts with these members of the medical profession.

If this volume contributes in some measure to the success, greater efficiency, happiness, prosperity, and other good things in the life of any of its readers, the time and effort expended in its preparation will have been worth while.

Except where references specifically indicate otherwise, the names of persons which appear in the text are those of imaginary individuals, and any similarity to those of real persons is purely coincidental. The authors and publishers of several quotations could not be determined even after considerable effort and correspondence to do so. It is hoped that ultimately they may be brought to my attention so that formal sanction may be had and customary acknowledgment may be made in a later edition.

It is with great appreciation that I acknowledge the inspiration and suggestions of Dr. Carle M. Bigelow, Dr. Gregory Stragnell, Dr. William H. Stoner, Dr. Robert L. Swain, Ernst Hammer, Vincent A. Burgher, R. D. Keim, Robert A. Hardt, M. M. Ricketts, William Rados, Perry L. Stucker, Herman W. Leitzow, George C. Straayer, Allan A. Miller, George E. Hlavin, Francis X. Egan, and L. E. Spencer.

My thanks are also gratefully extended to the authors and publishers of the quotations, to those who provided illustrations, acknowledgments of which appear elsewhere, and especially to my wife, Delma Coovert Peterson, and to my daughter, Vivian Peterson Wolter (Mrs. Gilbert R.), for their inspiration, encouragement, and invaluable assistance.

ARTHUR F. PETERSON

EAST ORANGE, N.J.

June, 1949

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CHAPTER I

ADVENTURE IN PHARMACEUTICAL SELLING AND "DETAILING"

Opportunities Are on the March. New opportunities are constantly emerging for men in the field of pharmaceutical selling. This is the result of intensified laboratory and clinical research and the ever-changing character of therapeutic agents. Hormones, vitamins, sulfonamides, antibiotics, antihistaminic agents, and protein hydrolysates, among others, have revolutionized many phases of medicinal therapy.

Today, in elaborately equipped research laboratories staffed with highly trained technical personnel, lies the major responsibility for the development of new diagnostic and therapeutic products. This has led, and will continue to lead to the origination of more highly technical products that, in turn, have made necessary a new approach to pharmaceutical sales promotion.

As a consequence, greater opportunities with their attendant benefits will accrue to men in pharmaceutical sales work who are willing to accept the challenge to improve their "know-how" and operative skill and to profit through more technical, more scientific selling.

A Guide to More Proficient Selling. It is the purpose of this book to provide information and direction whereby the Professional Service Representative, the pharmaceutical salesman, may attain greater proficiency and make his work easier, more interesting, more productive, and more remunerative. It takes the reader "behind the scenes" to show the thinking of many sales managers about the qualifications that are most likely to enable representatives to succeed and to progress to the greatest degree in pharmaceutical sales work. It explains how to get good territorial organization. It offers many suggestions that, when followed, enable a representative to "mature" more quickly and to

gain earlier recognition for outstanding performance and potential executive ability.

The chapters on "Selling" and "Detailing," for which those preceding them are preparatory, are based on many years of practical experience successively as retail salesman, pharmacist, traveling salesman, Professional Service Representative, district manager, professional service manager, and sales manager. They discuss the principles of effective selling and "detailing." They demonstrate how to improve one's efficiency and thereby further to increase one's earning capacity.

Always Something New. Pharmaceutical selling and "detailing," professional service work, is not only remunerative. For the college graduate experienced in retail pharmacy, who has an equal inclination toward and aptitude for pharmaceutical sciences and selling, it is both interesting and fascinating. There is always something new—new problems, new challenges, new approaches, new products, new information, new horizons. It is a profession in which a man can build a great deal of prestige for himself by diligent and energetic attention to his work.

A Highly Respected Profession. The well-informed "detailman" is one of the most influential and highly respected individuals in the public-health professions. His niche is an extremely important one in the dissemination of scientific information to the medical, pharmaceutical, and allied professions. Upon him frequently depends the saving of life or relieving from suffering by virtue of his timely introduction of a therapeutic product and his intelligent discussion of it with a physician. His opportunity to render service of extraordinary value to physicians for the benefit of their patients is in itself a source of real satisfaction. He serves humanity well.

What Is a "Detailman"? A "detailman" is a Professional Service Representative in the pharmaceutical and chemical industry who is fortified with broad scientific knowledge and the ability to impart it and to use it effectively, who can do a fully rounded-out, integrated job of selling "ethical"¹ pharmaceutical products.

¹ By "ethical" pharmaceutical products is meant therapeutic products used or administered by, or on the prescription of, a physician, dentist, or veterinarian. It does not infer that pharmaceutical products for over-the-counter sale to lay-

In general, the duties of a "detailman" are (1) to visit physicians, dentists, and veterinarians in order to bring to their attention the products of his firm, with the purpose of prevailing upon the members of these professions to administer the manufacturer's products or to specify them on prescriptions for the prevention or treatment of ills of patients, and (2) to visit and obtain the cooperation of (a) pharmacists and physicians' supply houses, (b) hospitals and their various departments, (c) wholesale druggists, and (d) other accounts that come within the scope of the firm's sales policy, such as private, "prepay," and industrial clinics and dispensaries, and exporters. He must do a fully integrated selling job to make his medical "detailing" efforts most effective.

men are *unethical*. That they decidedly are not, since they are strictly proper and have a highly important and necessary place in the area of public health, both human and animal. The term relates rather to the distribution and marketing policy applied to such products. A distribution policy on pharmaceutical products and related public-health and physicians' supplies may be "unethical" from the point of view of pharmacy and medicine if it sanctions the sale of such products through channels other than those operated by registered pharmacists.

"Ethical" products might better be termed "professional" products to indicate their relationship to the practice of medicine and surgery. Thus the products commonly termed "semi-ethical" might better be termed "semi-professional" to denote products which their manufacturer advertises only to the medical professions but of which the over-the-counter sale in pharmacies is countenanced by both the manufacturer and the pharmaceutical and the medical professions. Similarly, "non-ethical," which denotes therapeutic products which the manufacturer advertises directly to laymen primarily, might better be superseded by the term "non-professional."

"Non-professional" pharmaceutical products, for use with or without the knowledge or advice of a physician, may be fully as scientific as comparable "professional" products. They may be produced in the most modern laboratories by equally skilled personnel and as carefully controlled at every step of their manufacture from raw materials to the finished products. Our Federal laws, under which the Food and Drug Administration and Federal Trade Commission function, prevent nostrums entering the market and unwarranted claims from being made for the efficacy of therapeutic products.

There is little justification for the descriptive terms "ethical," "semi-ethical," "non-ethical," "professional," "semi-professional," or "non-professional" as applied to therapeutic products. But it is convenient to have conventional terms to differentiate easily between pharmaceutical and related public-health products for over-the-counter sale in pharmacies to laymen and those for use or administration by, or on the prescription of, a physician, dentist, or veterinarian.

It is very necessary for the representative to give close attention to the proper distribution of his products in the outlets on which patients and physicians rely for their medicines and clinical supplies and equipment. Thus, the Professional Service Representative must not only have good scientific information to enable him to present his products properly to physicians and pharmacists, but he must also have a good knowledge of salesmanship and an understanding of pharmacists' problems, their profession, and business. These things are all very necessary to obtain the retail pharmacists' cooperation in stocking and featuring the products for which the representative will create specifications through his "detailing" efforts.

His title should more properly be termed "Professional Service Pharmacist"² if the representative is a pharmacist by education,

²Because the great majority of Professional Service Representatives of pharmaceutical manufacturers in the United States are registered pharmacists, and logically so, it seems desirable to refer to them by professional title, just as we speak of a physician, dentist, or veterinarian. A professionally trained man is entitled to be known for what he is. The physician, for example, who observes the title on the representative's business card will recognize at once the extent of the man's scientific background, his relationship to the medical profession, and the probable proficiency and understanding with which he may discuss his subject in its broadest aspects. For these reasons the title "Professional Service Pharmacist," or P.S.P., will have predominance in this book. The word "pharmacist," unappended, will refer to the pharmacist engaged in retail-prescription practice or pharmacy proprietorship.

The word "professional" in the title "Professional Service Pharmacist" has a dual significance. It implies (1) that his activities are confined to "ethical" pharmaceutical-products promotion directed to the medical and pharmaceutical professions and (2) that he is a professional. In the latter sense it distinguishes between a mere member of a profession and the true professional, one who has a mastery of his subject and an absorbing interest in his operating proficiency and in the pursuit of scientific knowledge for its own sake. Mere membership in a profession neither makes a man a professional nor assures that he will remain one. But the least a professional will do is to belong to his national professional association—in this instance the American Pharmaceutical Association—support it actively, and keep abreast of the information supplied by its journals.

The professional will not only review periodically what he has learned in his college or other training courses so as to maintain his proficiency in those subjects. He will advance his knowledge beyond what he learned there by keeping abreast of current literature. He maintains a loyalty to a code of ethics. He will not sacrifice his own self-respect either through coercion or for mercenary reasons. He is motivated by a genuine and resolute spirit of service.

background, and experience, as is most likely. Likewise, "detailing" is more properly "Professional Service Pharmacy."

Professional Service Work and the Man. The Professional Service Pharmacist's job is one of scientific selling in every sense of the word. His approach to the art of selling as well as to the intricacies of his products must be scientific. He must be a *salesman* first, last, and always, and he must never lose sight of the techniques of scientific selling. However, he must be adept at balancing the human equation. He must be friendly, sincere, and earnest, have confidence in himself, be interested in his prospect, and believe thoroughly in his house, his product, and his presentation.

Hence, any scientifically trained individual who is a good student of human nature and who has had good retail pharmacy experience may be good as a pharmaceutical-products salesman. In no profession, perhaps, can so many gain the satisfaction of personal achievement as in selling, particularly in professional service work.

Professional Service Selling Principles. The same underlying principles of selling apply to professional service work as apply to the selling of over-the-counter merchandise in drugstores or to any other type of selling. While the principles of selling are the same in "ethical" pharmaceutical-products promotion as in other types of sales endeavor, they are, so far as the physician is concerned, applied somewhat differently.

Sales Ability Required. It is apparent that the first qualification for a prospective Professional Service Pharmacist is sales ability, a love for selling, a "selling heart." It is most desirable, therefore, that anyone who has this work in mind shall have had good retail-selling experience in an up-to-date drugstore or pharmacy. It is particularly advantageous to have had drugstore managerial experience because of its value in enabling the representative to manage both his territory and his own time properly and efficiently.

The prospective P.S.P. must be thoroughly imbued with the knowledge that *products are made for the purpose of being sold*. True, the products must be meritorious pharmacologically and therapeutically, but, even so, they must be sold. It is the func-

tion of the P.S.P. to *sell* them, to get distribution, promotional cooperation, and physicians' specifications.

The Value of Time. Unfortunately, not all the hours or minutes of the working day can be turned to productive selling effort. That is because the Professional Service Pharmacist has to move from physician to physician and from account to account. Not every physician or buyer can receive the P.S.P. immediately upon his arrival. He may be required to wait, with loss of productive effort, or to move on to another prospect to try to put in productive selling time until he can come back for the interview that was postponed. Because of such delays and postponements it is imperative, for the greatest efficiency, that the representative have the best possible self-organization. How to acquire this will be discussed later.

"One of the most helpful things a salesman may be taught is how to increase his productive time."³ It is very desirable that the prospective representative study a good book on production management. That may seem a strange suggestion to anyone planning to go into the selling field, but there are two excellent reasons for it:

1. Since time is a most valuable asset to a sales representative, it behooves him to know how best to use it; not only that but to become extremely conscious of the value of time. Books on production management usually go quite thoroughly into the subject of time studies and operational efficiency. The information that he gains from such studies will enable the P.S.P. to apply these principles to his sales work so that he can utilize time more efficiently and more productively and make his work easier and more interesting. It will help him to become a better salesman.

2. It is highly desirable that a sales representative understand something of the methods and problems of production, because it is an integral part of distribution.⁴ Actually the sales repre-

³ Grant, Richard Hallam, *Six Principles of Sales Success*, as told by G. D. Baird, *Sales Management*, February, 1944.

⁴"... distribution costs are an integral part of total costs, and hence should not be dealt with separately." Bower, Marvin, "Cutting Distribution Costs Through Integrated Cost Reduction," Sixteenth Boston Conference on Distribution, Retail Board of Trade, Boston Chamber of Commerce.

sentative's function is one of production—the creation of markets for pharmaceutical products. What he "produces" very materially affects production costs, production methods, and production efficiency.

Ordinarily, the P.S.P. can see his prospects from 8:00 A.M. to 6:00 P.M. At best, by diligent attention to the purpose for which he was employed, he will find himself doing productive selling for only a fraction of that time. In the interim he must keep trying, keep moving. Time waits for no man, and time lost can never be regained. The successful salesman will usually be the one who is conscious of the value of time and utilizes it to the best of his ability. "Time is a salesman's stock in trade. It is his capital. He must be taught to respect it and to conserve it."⁵ This requires the representative to combine a goodly amount of "legwork" with keen "headwork."

Necessity for Study. What a man has learned in the four- or five-year pharmacy or pharmaceutical chemistry curriculum that gained him a professional degree provides merely the background for the information he will require in his progress. The extent of his progress may be limited only to the degree that he neglects his acquisition of further knowledge. The older a person grows and the more responsibility he acquires, the more expansive must be the fund of information and learning needed for him to keep abreast of his contemporaries or of the demands of his position.

What a man learns at college is one thing that no one can take away from him. However, the man may of his own accord permit that to happen by neglect, by letting it slip away and be completely forgotten.

It is indeed unfortunate that many college graduates not only fail to keep abreast of new information or developments in the branch of learning on which they spent much time and money. They also cease trying to retain or "brush up" on the information they acquired in college. What avails it a man to gain the fundamentals of a profession or other pursuit and then promptly to permit them to seep away and be forgotten?

⁵ Aspley, J. C., "Getting the Most Out of Salesmen," p. 63, Dartnell Corporation, Chicago.

The mind may well be compared to a muscle of the arm. If it is not used and properly exercised it will deteriorate. It then cannot do the ordinary work expected of it, much less take on extra work or greater responsibility. The most undeveloped territory in existence is that bounded by one's skull. It should be developed by continuous study and reflection so that its owner becomes increasingly able to learn and to retain.

We live very largely by habit. If we pursue a habit long enough we find it extremely difficult to overcome. That is particularly true with work and study. In sales work, as in other pursuits where a man is essentially "on his own," acquired habits of working, planning, and studying are requisites of great importance. Without them a representative cannot be successful. Immediately he leaves college, a man should set aside a certain period daily for planned study courses and review of previously pursued technical subjects.

The man who stops studying instead of trying further to improve himself after he leaves college makes a serious mistake. But "the infinite capacity of the human mind to resist the introduction of knowledge"⁶ is one of the phenomena of the world. The whole world is moving forward rapidly. There is new scientific knowledge virtually every day, and every day brings new problems. A pharmacist, physician, or lawyer would be very severely handicapped and in certain circumstances, almost helpless in five years' time if he stopped studying after his graduation from professional school. There is nothing more tragic than a student taught only what he is required to know for graduation and not imbued with the spirit, desire, and necessity to continue to study and to teach himself after he has finished his formal schooling.

In this modern day, with so many excellent correspondence and evening schools and universities offering extension courses in almost any conceivable subject, there is absolutely no good reason for a man not to continue improving and expanding his knowledge. There are correspondence courses and evening classes in business, accounting, management, and the humanities

⁶Briggs, Professor Le Baron, formerly Dean, Harvard University, at a press conference.

to enable him to supplement his scientific training. Courses include advanced subjects in many of the sciences themselves. Whatever study he pursues will enable him to retain that much better what he learned previously. "Reading serves for delight, for ornament, and for ability. The crafty condemn it, the simple admire it, the wise use it."⁷

In his preliminary interview the sales manager or professional service manager will ordinarily quiz the prospective representative about his college subjects sufficiently to find out whether the man has retained or kept up on the fundamentals at least of what he was supposed to have learned and which pertain to the business of the employer.

If the applicant manifests a notable deficiency in this knowledge it may indicate one or more of the following:

1. The man is lazy, unprogressive, or just naturally dull, or else his interests do not lie primarily in this business.
2. He is not getting on well in his present pursuit and is looking for something easy and for someone else to carry him along.
3. He has developed habits that are not desirable from the prospective employer's point of view, habits that will not enable the man to be successful to the extent desired.

The usual defense of an applicant who does poorly on such an examination is that he has not had time for study. The answer to that is that if he does not *have* time for that purpose *now*, he will not *have* time to keep abreast of the essentials and new information that would be required in the position he seeks. Every individual who wants to *can* find the time necessary for study and self-improvement.

Another defense is that it has been five or six years, more or less, since he finished college and that in his past work he has not *had* to use any of that particular information, even though it is knowledge fundamental to the profession or business. It does not occur to him that the man doing the interviewing has probably been out of college twenty to thirty years. He usually

⁷ Francis Bacon.

suggests that, given a few weeks, he can easily "brush up" on his past studies and have them well in mind.

To say that a man who has neglected his mental training or exercise can in a few weeks "brush up" on the fundamentals of his past studies so as to be sufficiently proficient in them is too frequently only wishful thinking. If he does force himself to do a quick "brush up," it will very likely serve only as a temporary expedient. ". . . an empty sack can hardly stand upright."⁸

Therefore, a man who contemplates employment as a Professional Service Pharmacist should give himself sufficient time to refresh his knowledge, to develop his brain in the proper direction, as an athlete would a muscle, and to acquire the habit of study. This cannot be done in a week or a month.

Take time to work—it is the price of success

Take time to think—it is the source of power

Take time to play—it is the secret of perpetual youth

Take time to read—it is the foundation of wisdom.

—Selected⁹

Knowledge and Its Acquisition. The impression a representative makes upon pharmacists, physicians, dentists, or veterinarians depends to a great extent upon how well informed he is on the scientific knowledge of his products, upon his knowledge of markets and marketing, upon his knowledge of his customers' problems, and upon his ability to impart pertinent, useful information.

His house is not the only firm that makes good products, but his prospect's feelings in the matter will be influenced by how well informed he is on his products and the business relating to them. It is not sufficient that he has particular bits of knowledge. They are likely to be merely rapidly aging facts or information that the representative may have difficulty in correlating accurately with other facts because he does not understand the principles, theories, and methods upon which those facts are based.

⁸ Benjamin Franklin.

⁹ Unable to find author.

Unless a prospective representative has the basic scientific background of a pharmacy-college graduate, he had best not attempt a technical sales position such as one in professional service work. A great deal of courage and self-confidence is required of a Professional Service Pharmacist, as of representatives in other sales positions. Courage and self-confidence are the natural result of a thorough knowledge and understanding of one's products and of the business or profession to which the representative undertakes to sell.

Paul H. Nystrom, an authority on marketing, has stated that "the performance of advertising and selling, even in its routine phases, is going to call for an increasing scientific background and scientific training."¹⁰ Another authority asserts, "Modern competitive conditions are so keen, and the emphasis on selling is so changed, that unless a salesman steadily improves his knowledge and enlists every possible aid that will enable him better to serve his customers he is foredoomed to failure."¹¹

A salesman's education is never finished. The more extensive his education the more probable it is that he will have cultivated the habit of reading and studying literature on his work and that he will review often enough the subjects which he has pursued so as to keep them fresh in his memory. Such are the men with whom the Professional Service Pharmacist must henceforth compete.

Aptitude Tests. An increasing number of firms are requiring that applicants submit to aptitude tests. While there is no substitute for a thoroughly experienced sales manager's good judgment in the selection of men, aptitude tests are an important tool if for no other reason than that they disclose certain tendencies or inclinations inherent in the individual. They help to bring to light a clearer picture of an individual's aptitudes. They point to native as well as acquired abilities and, what is extremely important, attitudes. The tests are not infallible to the *n*th degree since they require interpretation, but frank discussion of results

¹⁰ Nystrom, Paul H., "Major Trends in Distribution," speech before American Marketing Association, Marketing Conference, New York, January, 1944.

¹¹ Aspley, J. C., "Getting the Most Out of Salesmen," p. 133, Dartnell Corporation, Chicago.

is likely to be very helpful both to the applicant and to the prospective employer. An unsatisfactory or questionable aptitude-test rating may serve as a caution signal. It may indicate that while a man has a natural liking for or an occupational interest in a special kind of work, he may not have the aptitude for it, *i.e.*, he may like selling but have no real sales ability. Moreover, an aptitude test may indicate real sales ability in an individual who has no occupational interest in selling, would not like the work, and hence would not pursue it.

Very high ratings in certain phases of an aptitude test may be as open to question or as undesirable as a low rating in other phases, according to the position for which the applicant is being considered. A very high average rating may be just as undesirable as a very low average rating on a particular test in question. An aptitude test should not be feared by an applicant who believes himself fully qualified for the position he seeks. If he is not so qualified he is certainly better off to have found it out early, assuming of course that the interpretation of the aptitude test is correct.

Anyone who contemplates seeking employment in the pharmaceutical-sales or professional service field should arrange for a comprehensive aptitude test, both for his own good and that of any prospective employer. If his interest in sales work continues, it would be well for him next to take three or four days to accompany one or more men who are engaged in professional service work, so that he may get a better idea of the work. Such prospecting of a job should include observing the clerical work required in the evening following the day's work—writing reports and correspondence, record keeping, inventorying and requisitioning samples and literature stock, time required for study and the subject matter to be studied.

Salesmen are "born" with an aptitude for selling as an innate characteristic. Not everyone who is born with real potential sales ability has discovered it or, having discovered it, does anything about developing it with intensive and continuous training to become a finished, able salesman. His being a "born" salesman does not mean that a man does not need sales training. Cer-

tainly he does. A "born" salesman is merely a man with an aptitude for the work.

His aptitude for a particular pursuit does not necessarily mean that the man knows anything about it; possibly it may be a pursuit that has not as yet even come into being. He may not know of the existence of the particular profession or occupational specialty in which he would be most proficient. He may then select for his livelihood his strongest aptitude in light of the pursuits of which he is aware. Actually, it may be several notches removed from his strongest aptitudes. As a result, his workmanship may gain for him the reputation of not being very proficient. Clearly he is then an oval peg in a round hole without realizing that he is not utilizing his strongest aptitude. The aptitude test may be expected to indicate, in a general way at least, a man's strongest aptitude and inclination.

Obviously, a man is born with a variety of aptitudes, each present in greater or lesser degree. It is usually a matter, then, of determining which aptitudes are the greatest and which of his stronger aptitudes the individual wishes to pursue. Possibly he may wish to pursue two strong aptitudes. If, let us say, they are (1) selling and (2) pharmaceutical sciences, he should make a good Professional Service Pharmacist. He would be an unusual person if he possessed one strong aptitude and one only. However, because of lack of occupational interest in the work for which his aptitude is greatest, the man may not wish to engage in it. He may think he will be happier in another pursuit, even though his aptitude for it may not be innately strong. It is possible that he may, by intensive study, diligent application of principles, and earnest practice, acquire such proficiency as to be outstanding. In any event, he may be perfectly satisfied and happy. A "born" salesman can be a misfit if he does not have a good broad basic technical knowledge of the products he is trying to sell and of the business in which he is engaged.

If by chance a man has chosen between a particular job or career and starvation and subsequently finds by aptitude test *and experience* that he is not ideally suited for the work, he should plan to withdraw from it as early as possible and get into a position for which he is ideally suited. He may take the matter

up with his superior who may help to transfer him elsewhere within the organization.

Consider the Future. The man who contemplates the possibility of entering upon a selling career in the employ of a pharmaceutical manufacturer should recognize the necessity for his being prepared and well qualified in the operative fundamentals of the business and the sciences on which it is based. He should also realize that the seeking for and the selection of men for sales positions is one of the most important duties of a sales manager. Hence the thoroughness with which the executive may be expected to examine the applicant to make certain that the candidate is qualified.

If perchance the interviewing sales manager is not thorough or is careless in this respect, the applicant may well be wary of joining the firm.

To be most successful a representative must have a genuine and understanding interest in those on whom he will call. Unless he has the recognized basic training and experience which distinguish him as a career man in the pharmaceutical profession, he cannot have that interest in sufficiently high degree. He cannot know his prospects' problems, sound convincing, lodge conviction, or make the most of his opportunity. If the applicant is not qualified, it is best for him, his future progress, and his prospective employer that this be determined in the preliminary interview if possible.

Mistakes in the selection of men for professional service work are costly errors of judgment as well as moral responsibilities. Men should avoid employment in businesses or phases of business for which they have little or no aptitude or for which they are not basically trained.

Burton Bigelow has concluded that "60 per cent of the men in the selling field are in the wrong job, 25 per cent of those in the same field probably never should have been salesmen at all, and the other 35 per cent, which comprises the 60 per cent, are selling the wrong thing or under the wrong management."¹²

¹² Bigelow, Burton, Speech before Sales Executives Club of New York, February, 1944.

There are three very obvious reasons for this: (1) many do not have a well-defined aptitude for selling; (2) others do not have the technical "know-how" or basic scientific or operative training in the business they are trying to pursue; and (3) they have, as a whole, not been carefully or properly or intelligently "screened."

A firm that employs inadequately qualified representatives slows down its progress and impairs its prestige. Moreover, it does these employees an injustice because of the severe handicap with which they become saddled.

Almost inevitably it may be said that the "lack of 'know-how' was the main cause of the employees' failure."¹³ For the man who engages representatives, "an investment in knowledge pays the best interest."¹⁴ "Some sales jobs require little in the way of education and experience, others require technically trained men of a high order."¹⁵ Professional service work, "ethical" pharmaceutical selling, is one of those jobs that require technically trained men of a high order.

Professional Service Pharmacists come into contact with professional men and businessmen who have high standing in the community, who have a good background of scientific education, and who have considerable responsibility both professionally and commercially. Sales approaches have to be varied according to the prospects' particular endeavors. A P.S.P., therefore, must have versatility and be correspondingly well equipped with natural selling ability, technical education, and sales training. He must be alert, enthusiastic, energetic, and resourceful and have a good degree of initiative, personal magnetism, and persuasive ability. He must have the ability to obtain good active cooperation from distributors and specifications from the most highly qualified physicians. Ordinary sales ability is not sufficient. A high quality of selling is required, with no cushion comforts for the weary, weak, or indolent.

¹³ Hoffman, Paul G., "Salesmanship for Today for Sales Managers of Tomorrow," Harper & Brothers, New York.

¹⁴ Benjamin Franklin.

¹⁵ Hegarty, Edward J., Sales Training Should Be in Terms of the Average Salesman, *Printers' Ink*, January 26, 1945.

Temperamental prima donnas and clowns are not well suited to professional service work. It does not afford them a good outlet for the ego of the one or the playfulness of the other. A sales manager must have men who will be receptive to coaching along lines that he considers requisite to their development according to his thinking and plan of operation. He must have men who can work independently, men who can plan well and follow through diligently and effectively without someone near to prod them.

The two chapters that follow were written with the view of giving those contemplating a career in pharmaceutical-sales work a glimpse of how many thoroughly experienced pharmaceutical sales managers think. The reasons why and the philosophy underlying the conclusions are elaborated, so that candidates may give direction to their consideration of, and their preparation and planning for, professional service work.

CHAPTER II

REQUISITES OF A PHARMACEUTICAL SALES REPRESENTATIVE

Ideal Representative. There are so many variables to be considered in the selection of sales personnel that it is difficult to draw a pattern of the ideal representative. A man who fails to comply with one point in a pattern may well be so compensated in other respects that he is fully as desirable and as assured of success as another whose virtues or characteristics are differently apportioned. However, in general, other things being equal, the following points will give anyone who contemplates the possibility of pharmaceutical-sales work a fairly good idea of the kind of appraisal that the sales manager is likely to give when considering an applicant for a position.

Good Appearance. The general grooming of an individual is usually the first thing that others notice about him. If he is slovenly dressed, with suit unpressed and badly wrinkled, shoes unshined, hair uncombed, face unshaven, or fingernails long and filled with muck, he sets up for himself a hurdle of sales resistance that may be difficult to surmount. If he is gaudily dressed and afflicted, purposely or naturally, with mannerisms that attract attention, he may create a feeling of revulsion in his prospect. A man who dresses conservatively and thus does not distract the prospect's attention from the sales story presents the best appearance from the operative-sales point of view.

A Pleasing Personality. Everyone is attracted to someone with a pleasing personality. "Nothing inspires confidence so quickly as a well-developed personality."¹ Personality, which entails in part wise management of conduct in matters of propriety and self-control, is one of the greatest assets a salesman may

¹ Larson, Christian D., "Business Psychology," Thomas Y. Crowell Company, New York.

have, provided he does not attempt to sell on the basis of it alone, to overwork it. But what is personality? It is a combination of character traits which produces individuality or which distinguishes a person from others. Personality of an individual is that something, the emotions and reactions, which the *customer* or *audience* experiences as a result of the individual's presence or performance—the ability to affect people pleasingly and to control their reactions, to sway their actions. It can be developed or enhanced. The inclination to influence other people is instinctive, but the ability to do so must be developed.

Personality is a relative term and its exact connotation at any given time, or in any particular pursuit, depends upon (1) the type of business or situation in which, or the audience with which, the person finds himself and (2) what he is required to know. Accordingly, his personality may be highly pleasing, agreeable, peculiar, annoying, or disagreeable. Too often a sales representative relies essentially on personality alone to carry him forward. *Personality* alone is not enough, even though the buyer or audience experiences a pleasing self-reaction. It must be accompanied by sincerity, ideas, information, good selling techniques, and a valuable service.

By all means a man should develop or maintain a personality that is pleasing to those with whom he is to associate or upon whom he is to call in the daily pursuit of his activities. But there is a relatively wide range in the definition of a pleasing personality because of the many variables and the compensating factors that go to make up a "personality." The test of one's personality is one's "wearing qualities," and the respect that one's associates and patrons have for one. Whether a man is of gay or serious bent is immaterial, so long as he is always the gentleman and "takes well."

It is the better part of wisdom for a representative to be conservative in his actions, with good knowledge of his trade and products, and with diligent performance of his duties.

Fortunate is the man who is possessed of knowledge without conceit, who can be energetic while preserving his equanimity, who has vision and foresight controlled by common sense. Strong is he who can lead with authority, command without dictating, and make haste

without disorder. Happy is the man who can be friendly without familiarity, whose self-respect is free from self-esteem, who can criticize with justice and accept criticism with understanding.²

A Good Speaking Voice and Effective Speaking Delivery. A good speaking voice and the ability to speak well are most desirable assets, particularly for a salesman. They can be developed by training and practice. Effective speaking is a matter to which every representative should give constant attention. Many men do not speak well because (1) their tonal quality is unpleasant, (2) their articulation is imperfect, (3) their balance of articulation and tone is improper, (4) certain speech "blemishes" are present, (5) their "how" of speaking is not automatic, (6) their "think-speak" rhythm is not well perfected, (7) their "life-meter" of speaking is faulty, (8) their "melody of speech" is monotonous, or (9) they are not relaxed, they are tense. Proper speaking promotes relaxation, and relaxation induces proper breathing, involuntary diaphragmatic breathing.

A man is able to sell primarily by virtue of his voice, by his ability, in some measure, to speak. That being so, he should endeavor by all means to improve that important asset.

In most cities today there are available excellent courses in voice training and public speaking for businessmen. Some pursue private instruction, others attend classes comprising a dozen or more persons. One seldom hears anyone else say that he is taking speech lessons, but a man needs only to visit an evening class in speech at a private or public school of instruction to appreciate the wide interest in this subject among mature businessmen. Every salesman or prospective salesman may profitably take time for such a course of instruction in his own program of self-improvement and pursue it conscientiously and determinedly.

Alfred Dixon, a well-known authority on speech correction and training, has commented as follows:

It can now be accurately stated that any person wishing to improve the quality and delivery of his speaking voice can do so. The long,

² Cohoe, Dr. Wallace P., *The Technologist's Place in the World of Today*, *Canadian Chemistry*, 25:391-396, July, 1941.

dark period of speech being treated as an academic subject full of physiological fiddle-faddle is slowly coming to an end. A practical objective profession is emerging, one which acts as a specialist to medicine and business. Therefore businessmen may drop their negativity regarding any improvement of the speaking instrument. Forget elocution, enunciation, and such.

A good speaking delivery is developed in the same way a sport is mastered, by careful, short, preliminary coaching and then constant participation, not by absorbing a welter of academic information. One may even choose the phase of this sport he needs.

To speak of the importance professionally, socially, and business-wise of the speaking voice is like saying that "love is here to stay." Everyone knows that, regardless of what particular thing *you* develop or invent in any field, the last inch "boost" that "puts it over" must be done by *you* personally. It has accurately been determined that the speaking voice is 75 per cent of this "*you*."

Good speaking voices, good speaking deliveries are not born, they are acquired. No more than a great champion is born. A sports champion must have two ingredients: a desire to participate and the industry to perfect.

Effective speaking is only expert (1) coordination of the speaking instrument itself and (2) coordination between the instrument and the mind.

This coordination can be brought about quickly and lastingly without one's becoming a scientific authority on the subject. Monotony, tonal "blemishes," and bad rhythm (stoppage, hesitation, poor thought grouping) are all due to improper coordination either in the instrument itself or between the instrument and the mind. In many cases bad "thought-speaking coordination" causes blemishes to the instrument proper. On the other hand, a poorly coordinated instrument invariably causes poor "think-speak" coordination.

The speaking voice is a wind instrument producing tone by bone vibration. If we do not blow the instrument properly, we will not vibrate the walls of it properly, no matter how excellent they may be. On the other hand, we may blow the instrument properly, but due to some habitual noncoordination of our "think-speak" rhythm we produce muscular constriction of the walls of our instrument in much the same way that one can hold a bell with the hand and destroy the quality, or try to push a golf ball off the tee.

There is only one way properly to blow the speaking instrument—by diaphragmatic use of involuntary muscles. Note the word *in-*

voluntary. We cannot think ourselves into good tone. Constant drill like constant participation on the golf links produces the proper involuntary habit. The proper "think-speak" rhythm can only be present after the person has lost all anxieties and feelings of inadequacy regarding himself and his delivery. These again cannot be "thought-out," they must be "participated-out."

Among thousands from all walks of life who have pursued speech training at one private institution, there were found no deficient minds and very few organically damaged speaking instruments.

Bad speaking is an acquired habit of bad coordination. With simple objectivity and industry every one may have the delivery he needs in his work. If he has ever mastered any coordination as simple as even consistently hitting a golf ball, that is proof that he may coordinate his mind and speaking instrument if he wants it enough.³

The Professional Service Pharmacist should develop the knack of speaking effectively and interestingly before groups because of the many opportunities he has to do so. Unless he takes full advantage of those opportunities he is not doing full justice to his job or to himself. Not infrequently he has occasion to discuss his subject with groups of physicians, either in a physician's office, at hospitals, or at scheduled meetings. If he attends the city or county medical society meetings, as he should, he may have occasion to address the group.

Whenever possible, he should hold sales meetings with his distributors' pharmacists or other sales personnel to acquaint them with his products, so that these people will be able to discuss the products intelligently with physicians. He must be able to lodge conviction and imbue pharmacists with an enthusiasm and zeal for his products and promotional plan, so that they will put forth real sales effort in his behalf. He must seek and gain their active cooperation to make the most of his opportunity and his job.

Such meetings do not require that the representative be a comedian but rather that he have a good "delivery" and good, solid, usable information. Perfection comes from practice. The more such meetings he holds the better and more confident he becomes, and the more cooperation he will gain. He should prepare the talk carefully, practice it, and act confidently.

³ Dixon, Alfred, *The Speaking Voice*, *Bulletin*, Alfred Dixon Speech Systems, Inc., New York.

One of the important duties of a representative is to submit daily reports and special reports to his sales manager. Speech instruction and practice will also improve the representative's written composition. The clarity of expression and effectiveness with which a man writes often determines his progress toward responsibility. A report is ordinarily, and logically so, a written speech. It must be well organized, to the point, and convey effectively the impression intended. Since a course in speech training helps a man to write better as well as to speak it serves a double purpose.

Moderate Habits, Good Health, and Physical Fitness. Modern salesmen, such as Professional Service Pharmacists, are probably as temperate a group as is to be found in any calling. By the very nature of their work and of their clientele they must maintain a pleasant demeanor that begets confidence and respect. Their work is strenuous in many ways, not only mentally but physically as well. Intemperate excesses and successful salesmanship are not compatible. Sales managers today do not tolerate such abuses. They cannot afford to do so.

Time lost by salesmen is expensive. Their jobs demand, of course, that they sell merchandise sufficient not only to reimburse the company for their own salaries and expense allowances but also to provide the profit to pay all other employees whether tradesmen or executives, to pay stockholders a reasonable return on their investment, and to provide new working capital and a surplus to permit the firm to expand. This, in turn, affords more opportunities and bigger jobs for more people, including the representatives themselves.

Therefore, it is extremely important that salesmen should be completely fit, physically and mentally. They must guard their health carefully.

The strenuousness of pharmaceutical-sales work almost automatically rules out men with certain physical handicaps. The sample case or cases of the alert pharmaceutical representative who makes the most of his opportunities will usually weigh twenty to thirty pounds. He has ordinarily considerable walking to do, in spite of the fact that he usually travels by automobile.

In the aggregate of his duties there is considerable physical exertion, which is ordinarily not comprehended by the uninitiated.

Many pharmaceutical firms require that a prospective representative undergo a thorough physical examination by a physician known to the firm or by a physician who is regularly engaged for the purpose by an organization like the Life Extension Institute. If the applicant is handicapped or afflicted in any manner that prohibits him from functioning close to normal, he may be denied employment in the sales capacity for which he was being considered. The medical examination is as much for the benefit and welfare of the applicant as for that of the firm.

An applicant for professional service work may well be in his thirties or forties, for maturity is an advantage in gaining people's confidence and lodging conviction. I do not mean that men in the twenties, even early twenties, may not do well—quite the contrary. They are only a little less certain. There has been considerable reluctance on the part of many firms in the past to engage men over forty. To have a prejudice against men of that age is a moral irresponsibility and a means of passing up splendid talent. True, some men over that age become quite inflexible or unadaptable to new situations, but that is an individual problem. There are similar individual problems with some of the younger age group that make them undesirable for a particular type of work. Many organizations wished during the early depression years, and in fact prior to the 1929 collapse, that young executives had possessed the mature judgment and mental stability of men over forty.

As the nation, time, and medicine progress, greater and greater numbers of our population are saved from premature death. Length of life is progressively increasing. Hence, more and more men in their forties and fifties must in fact be depended upon, both as inexperienced and as experienced sales personnel in general, as well as for the more technical professional service work.

Relatively recent exhaustive studies⁴ substantiate the necessity for differentiating between chronological and physiological

⁴ McFarland, Ross A., *The Older Workers in Industry*, *Harvard Business Review*, XXI, No. 4:505-520, 1943.

ages. Osler⁵ has quite appropriately said that "a man is as old as his arteries." Chronological age is hardly ever a reliable index to physical stamina and mental acuity. Some men are old at thirty, some are relatively young at sixty, with receptive minds, brilliant intellects, sound bodies, and the ability to function efficiently.

If an applicant's physiological or functional age, supported by aptitude tests and good judgment, is used as a basis of appraisal, excellent material may be found or present itself, and it may serve well and long in the employ of an organization. Many companies during the Second World War engaged men in the 45 to 55 age group for sales work and discovered that, knowledge, aptitude tests, and physical examinations being satisfactory, well-selected men of that age-range are excellent producers and frequently more industrious, better planners and organizers, and carry more "weight" and prestige than younger men.⁶ However, at that age applicants inexperienced in professional service work should have risen to managerial capacities in retail pharmacies or drugstores as an indication of their sales and professional ability and leadership.

Alertness, Friendliness, and a Fighting Spirit. 1. A Professional Service Pharmacist must be alert to what goes on in remote parts of his territory as well as to what transpires immediately around him. He must know what his competition is doing. He must know competitive products well in order to present his own intelligently in the light of the facts about competitive products. Those facts pertain to price, quality, pharmacology, therapeutic effectiveness, administration, and sales potential. He must have a "nose" for new business and be able to act quickly lest competition gets in ahead of him. He must keep his finger on the pulse of his established accounts to prevent inroads on his volume from competitive lines. He must be sales-minded and resourceful in sales planning and execution so as to obtain the greatest possible cooperation from those who are in

⁵ Sir William Osler (1849-1919).

⁶ Leitzow, Herman W., "Management and Territorial Coverage in Wartime," Sales and Advertising Conference, American Pharmaceutical Manufacturers' Association. Published in *Proc. Am. Pharm. Mfrs.' Assoc.*, February, 1945.

a position to buy from him or to influence favorably the sale of his products.

2. Friendliness is a necessary characteristic of a successful representative. He must be friendly not only toward the buyer but also toward any others whom he meets. He can never tell whether the stock boy, the sales clerk, the receptionist, the nurse, the pharmacist, the physician, or even a competitor, who appear to be of no value to him now, may not be very useful in the future. Even at the present time any one of them may have considerably more influence on his sales than the representative realizes. In any event, the friendly, considerate way is the most pleasant, the happiest, and the most profitable way.

3. The man who is easily discouraged, who does not have the stamina to withstand almost constant sales resistance and sometimes downright rudeness, must either overcome that trait quickly or drop by the wayside. A good salesman must be able to "take it" and also when necessary to "hand it out." This does not mean that he should be belligerent, quite the contrary. But he must stand his ground in any event. He must be able to overcome objections by rote or by resourcefulness. He must have the determination and the perseverance to make the sale within the bounds of propriety, and the persistence to keep coming back to renew his efforts where he previously failed. The prospect who is difficult to "crack" will be just as difficult for his competitor to take away when once the Professional Service Pharmacist has "gotten in."

Sometimes months or years are required to sell a worth-while prospect in the way that the representative wants him sold. But when he does make the sale, it affords a great deal of satisfaction. Not only that, it makes him a better salesman because the moral victory perks him up and teaches him that persistence and diligent attention to his responsibilities "pay off." It helps him to get the habit of winning over the tough ones. It is the "fighting spirit," the dogged determination to keep coming back for more until victory is won, that "brings home the bacon." Sure it's tough, but to the man with a "selling heart," it's a lot of fun in the end, and a great game in the matching of wits in the interim. He must make up his mind that he *can* "take it" and *will* succeed.

Integrity—Not Inclined to Make Exaggerated Claims. 1. Integrity is a virtue the lack of which engenders disrespect and ill will if not disaster. Integrity is honesty, a sense of honor, and moral responsibility. It implies honesty not only toward oneself but toward all others, including coworkers and competitors. Economic peace, prosperity, and progress cannot be attained in full measure without complete integrity in all elements of business intercourse. Every individual and firm has the moral responsibility to live and function by the golden rule. "Get your principles right, and the rest is merely a matter of detail."⁷

2. Exaggerated claims injure the reputation of both the representative and the firm. "I was taught young the potency of truth, that it would prevail. The raw material of truth is facts."⁸ There was a time when some pharmaceutical representatives were inclined to "puff" the values of their therapeutic products, to make exaggerated claims for them. Frequently, it was the result of a representative's lack of scientific knowledge through which he was not conscious of the significance of his claims. The claims may have been passed to the representative by someone who was also deficient in technical knowledge and had little understanding of the philosophy of physicians, pharmacists, and other scientists who seek the truth.

The Professional Service Representative of today is generally a scientifically trained graduate of a college of pharmacy, a Professional Service Pharmacist. He usually has a Bachelor of Science or higher degree. He is well versed in chemistry, bacteriology, physiology, and pharmacology and obviously thinks as a scientist. At the same time, however, he is sales-minded. Fortunately, there are enough sales-minded scientists to enable pharmaceutical manufacturers to employ graduate registered pharmacists to carry their messages and discuss them understandingly with physicians from the chemical, pharmacological, and therapeutic points of view. Physicians respect the modern pharmacists' educational background and their ability to render superior service because of their intensive, specialized college training.

⁷ Napoleon Bonaparte.

⁸ Herbert Hoover.

As a result of that broad scientific training, the P.S.P. is not inclined to make exaggerated claims, which injure his own reputation and that of his firm. He realizes that he must appraise a product fairly if he is going to succeed. He discusses with the physician and the prescription pharmacist not only the advantages of his product but also its disadvantages, that is, the dangers, incompatibilities, limitations, and deficiencies of the product. Not to do so would be unfair to the pharmacist and to the physician, dentist, or veterinarian and their patients. The P.S.P. is not only morally obligated to avoid exaggerated claims but, in fact, has a legal responsibility in that regard.

A Good Cooperative Make-up and the Will to Work and to Follow Instructions. 1. The representative must be of a cooperative turn of mind if he is to progress. He is one of a team of many individuals. Unless he plays his position to the best of his ability, with adequate action and proper timing, he creates difficulties, which are both disconcerting and expensive. Consider the matter of daily reports, for example. One day's delay in the receipt of a representative's daily report can delay the routine of a whole accounting operation by that much time, because consolidated data cannot be completed without all reports. A delayed report ordinarily requires special handling, which causes more delay and expense. The fact that one daily report is late may postpone an important statistical study that may be the basis for urgent decisions of consequence. The reports submitted by the firm to all its representatives may be held up because of the tardy arrival of one man's daily report (see page 142).

2. A representative who does not follow through promptly on his manager's request for special action may be the cause of an account's ill will or of loss of business. His failure to respond to a request for special effort to sell a certain product at a given time may contribute to profit losses, warehouse overcrowding, production problems, sales lost to competitors, insufficient distribution of the product at the time of release of special advertising, and other possible unfortunate results. If a representative does not cooperate with his immediate coworkers, the result is friction, depressed feelings, and conflicting impulses that cause diminished efficiency and unpleasantness.

If a representative shirks his job by starting productive work later in the morning than need be, while away minutes or hours during the day in "bull sessions" or plain loafing, or finishes for the day while work can still be done at a reasonable hour, he is definitely a liability both to himself and to his firm. He cannot expect to progress or even to hold his position. A man so constituted cannot hide the fact from his superiors for long, and he will not be given responsibility.

For Every Working Day

When I work for a man—in Heaven's name—I work for him with the best I have. As long as he supplies my bread and butter and shelter—I work for him, think well of him—stand by him and stand by the institution he represents.

When and if the time comes, I feel he is wrong, and I must condemn, vilify, disparage, and damn him inside and outside, then I feel that is the time to resign—quit—get out—and keep my self-respect.

But so long as I am a part of an institution—I will not condemn it and try to drag it down. Not that I can injure the institution—not that—but when I "knock" the concern of which I am a part—I lower myself to the level of "a bird that fouls its own nest."⁹

It is unfortunate that men permit themselves to become victims of shirking habits. That lack of cooperation and ambition not only depreciates their productivity for their firm but, more important, for themselves. They virtually sign a "stop progress" order where they are concerned. Merely to perform routine duties as they present themselves is not sufficient. Those representatives who do not enjoy working, who are not anxious to work, and who will not work conscientiously cannot expect to progress to positions of greater responsibility. If the time and energy that some men spend in making failure a certainty were applied to constructive endeavor it would assure promotion and success. Those who work for the sheer pleasure and satisfaction of accomplishment are the most successful of all. They never place hurdles in their own pathway. They never start too late

⁹ Unable to find author.

or finish too early. They get there the hard way, but they get there—to the top—and stay there.

A Good Credit Report. It is to be expected that a firm will obtain a credit report on a man who is being considered for a position. If the applicant does not have a good record of paying his just bills, he is likely to be dropped quickly from consideration. A man who is careless in this matter is likely to be a problem and an embarrassment to the firm, not only in respect to his debts but in other matters as well.

A Satisfactory Financial Status. A man may be in debt and still, for the purpose of employment as a representative, have a satisfactory financial status. However, it is important for a firm to know that an applicant's financial status is such that he would be able to live comfortably on his prospective earnings and liquidate his obligations satisfactorily. Otherwise, there would be conflicting and incompatible interests, which would not permit the man to pursue his work with the greatest possible efficiency. In that event, the prospective employer will most likely either stop consideration of the applicant, or he will find the man another position which he can perform satisfactorily and which will remunerate him sufficiently to enable him to take care of his obligations. A man who is not paid enough to keep himself from financial embarrassment has little prospect of being a good employee, even though the compensation for the position is reasonable and satisfactory under ordinary circumstances.

A Happy Marital Status. A man who has a happy home life, other things being equal, will perform more efficiently than one who has not. He will not have the troubled mind that causes the other to be relatively less efficient. The man who has an unhappy marital status may become a problem in various ways directly or indirectly. A sales manager may avoid employing him on that account. He will at least make a thorough investigation of the situation before doing so, because a man will not ordinarily be a successful salesman if his home life is not reasonably agreeable.

A Cooperative Wife. "A man has his will—but woman has her way"¹⁰ appropriately depicts the importance of the wife as

¹⁰ Oliver Wendell Holmes.

a factor for consideration in employing a man for a sales position. She is an extremely important variable on which to judge a man's desirability for such a position, one that is most vital in its bearing on the representative's future success. It is highly desirable that the sales manager first interview the prospect's wife before hiring the prospect.

Not only in the selection of sales representatives are wives recognized as important factors in men's success, stability, and judgment. William Allen White, the internationally known journalist of Emporia, Kansas, was once plagued by political bigwigs when he would not declare himself for a certain political candidate until he had met the candidate's wife. Glancing at his own wife with glowing pride he said:

You don't know a man until you know his wife. She reveals two things: first, his skill as a picker, and, second, by her own character she points the way of his future course.

If a man ignores his wife, doesn't take her into his counsel, and goes ahead like a buck Indian with his squaw trudging behind with the papoose, you've got his number. If on the other hand he does consult her, you can tell which way he's going to turn. So it's never wise to pick a man for any responsible job until you've taken a good square look at his wife.¹¹

The wife should thoroughly understand at the outset everything that her husband's prospective job entails, both the good and the bad. There is probably no job that is so much of a family proposition as the job of a salesman. The wife is concerned in almost everything the man does, such as his being away from home for a week, a month, or more; his coming home for dinner at irregular hours when he works in his headquarters city; his getting started from home in the morning in sufficient time to be on the job at the proper hour—salesmen do not ordinarily have to punch time clocks; his having to spend part of nearly every evening in writing daily reports, in answering correspondence, in keeping his records; and then to spend extra time, Saturday and probably Sunday as well, in the reading and study of material and books on his work.

¹¹ David, Richard C., *At Home in the "White" House in Emporia, Better Homes and Gardens*, June, 1942, pp. 16-17.

It is a question, then, whether the wife will be agreeable to these absences of her husband from home; whether she will try to keep him at home as late in the morning as he may be prevailed upon to do; whether she will insist that he be home to dinner at 5:30 P.M. sharp, when possibly he should be making a very important business call at 5:45 P.M. which might make it inconvenient for him to have dinner before 7:00 P.M.; whether she will discourage him from spending time in study and in planning because it deprives her of that much companionship; whether she will discourage him from maintaining his "country" schedule and encourage him instead to spend more time in the home city because she may think the office will not know the difference anyway; whether she is a nagger or troublemaker; whether she lives within her means; whether she is one who must be "on the go" night after night, as a result of which her husband cannot possibly pursue his work efficiently.

The sales manager must determine, if possible, whether the applicant's wife will be loyal to the firm that employs her husband; whether she will constantly encourage him and spur him on to greater effort and increased proficiency; whether she will be a stabilizing influence in his moments of discouragement or distraction; whether she will help him to keep his thinking straight; whether she will see that he remains constantly attentive to his job, realizing that his success is her success and that his failure is her failure; whether she will take pride in the work he is doing and in his accomplishments.

The answers to those questions form the basis for two important decisions: (1) whether to hire the man or not, (2) whether to engage in sales work or not. If the wife feels that she cannot be entirely or even relatively happy with her husband in a sales job as it has been honestly described to her by the interviewing sales manager or if she feels that she is not entirely willing to endure its disadvantages indefinitely and uncomplainingly while enjoying its advantages, then it is probably best that her husband should not seek the sales position.

A Good and Suitable Educational Background. A good educational background of college training in both didactic and laboratory work in inorganic and organic chemistry, physiology,

pharmacology, medical bacteriology, and pharmacy as offered in the modern college of pharmacy curriculum is quite necessary for the most successful pursuit of professional service work today. To do the kind of job that should be done, the representative must know thoroughly the chemical, physical, and pharmacological facts about his products (and those of competitors as well) and the physiology upon which these pharmacological facts are predicated. These facts together with a good knowledge of pharmacy in general, are an important part of the selling tools of the Professional Service Pharmacist. He must learn to handle these tools effectively.

The sales-minded individual who has had the minimum of four or five years of the sciences required for graduation from the pharmacy college, coupled with good common sense and intelligence, is ideally equipped to gain a receptive and lasting entree to the physician's office.

It is not enough to be able to tell the physician in outline what a drug is, what it is for, why it is better, how much it costs, and where it can be had. That may influence the physician to consider the product acceptable, but it does not really "nail down" the physician's determination to administer and prescribe the product. That is the P.S.P.'s job. The physician wants to know how the drug compares with others, in chemical structure and in pharmacological action, and he likes to discuss cases. True, in not every instance need a P.S.P. utilize that information, but frequently he is required to do so to lodge real conviction or to clinch the "sale." Intelligent, brief discussion of cases enhances the representative's prestige with the physician and helps to keep the door open.

Of necessity, the P.S.P. must read much of the current literature on pharmacology and therapeutics. Hence, his firm will supply him with many reprints of pertinent articles from medical journals to supplement the medical journals that he himself receives regularly. To read and study that material with sufficient understanding to enable him to utilize it fully and to the greatest advantage in his work, the representative requires the scientific training afforded in a four- or five-year pharmaceutical course leading to the baccalaureate degree.

But it is not only the work with physicians that must be considered. That is only a part of what is required to do a fully rounded-out job. He must get distribution of his ethical products among wholesale druggists, among professional pharmacies, including those in hospitals and bona fide clinics, among general-type drugstores wherein special attention is given to professional business, and among physicians supply houses. He needs the cooperation of these agencies for most successful promotion. To operate most effectively with these outlets the representative must be able to "talk the pharmacist's language."

Selling drug products to retail druggists, most of whom are registered pharmacists, requires considerable technical knowledge of these products. It can hardly be expected that a salesman who lacks this understanding can discuss intelligently the druggist's needs. Therefore, it is suggested that men added to the wholesaler's sales staff possess as a minimum requirement a good knowledge of pharmacy . . . and be registered pharmacists. . . . druggists appear to have more confidence in men possessing a certificate.

They [pharmacists] know the druggists' problems and consumer attitudes. They are familiar with drug products. They are accustomed to long hours and the discipline of the store and hence are often inclined to work harder than do men secured from other sources.

Selling drug products to retailers is a specific job that requires very special abilities, and not every salesman is properly qualified for this work.¹²

Professional service work is still more technical than wholesale selling. While an individual can, if he is unusually outstanding, do acceptable work with lesser scientific training than that acquired by the four- or five-year pharmacy-college graduate (and there are some who have done exceptionally well, with all due credit to themselves), the odds are against his going far in that type of work. That is partly of course because of the competition he has with men who are college-trained in pharmaceutical sciences and who are thus ideally suited by training and experience for professional service work or pharmaceutical-sales work. "The quality of our sales representatives and the effi-

¹² Nolen, Herman C., "Sales Management Guide," National Wholesale Druggists Association.

ciency with which they function is of great importance to the industry as a whole." ¹³

Inadequate training for a job that a man attempts to pursue is not fair to him, the company he represents, or the clientele upon whom he calls. "One poor detailman, no matter whom he represents, can cause a doctor to have an unfavorable impression of all detailmen." ¹³

The chances are that a man who can successfully pursue professional service work without that degree of basic training and retail drugstore experience can make much greater progress in other fields of endeavor where he would not have that deficiency handicap with which to contend.

An Inclination to Keep Abreast of Modern Pharmaceutical Science and Service. The busy physician does not have time to read much on the specific products with which any given representative is concerned. Medicine is a very broad field of endeavor. It is only natural, then, that the physician will devote his study hours to the broader aspects of his practice. He depends in great measure upon the well-informed Professional Service Pharmacist to provide him with the more specific details on the pharmacology and therapeutics of newer remedies developed by highly technical, extensive, and costly research, and on the forms in which they are administered. That is in no sense a depreciation of the physician. It merely points to the increasingly important role and the greater scientific bent and ability of the present-day P.S.P.

It is apparent, then, that the P.S.P. must train himself to be a good student of scientific literature as well as a good, enterprising, and resourceful salesman. Continuous and frequently intensive study is required to keep abreast of the current medical and other pertinent scientific literature. Unless the man entering professional service work today has a real inclination to keep up with the medical and pharmaceutical literature, he is bound to be a misfit in his job.

¹³ Hardt, Robert A., *Pharmaceutical Marketing to the Medical Profession*, *Medical Marketing*, 6, No. 7:1-8, December, 1946. Published by Medical Economics, Inc., Rutherford, New Jersey.

An applicant for a position of P.S.P. intensifies the impression of his progressiveness and leadership by being a member of his national professional association, the American Pharmaceutical Association.

Good Retail Experience. Retail-sales training is invaluable to anyone entering upon professional service work. With proper retail training and the study and application of the principles of salesmanship, he learns what goods are made for: *to be sold*. He learns the fundamentals of handling people. He learns their reactions to various sales stimuli such as suggestion, counter display, floor display, window display, newspaper advertising, handbills, booklets, direct mail, and souvenirs. That is extremely important because first of all a Professional Service Pharmacist must be a salesman. He must have natural sales ability. He must have the ingenuity and resourcefulness applicable to salesmanship. In the field he must see the physicians who "don't see detailmen," and he must be able to get the kind of active enthusiastic cooperation from distributors that creates extra business.

A successful Professional Service Representative is a very versatile salesman, but an otherwise successful salesman may not make a successful Professional Service Representative. There is no gainsaying the fact that an able salesman fortified with good scientific knowledge has a very great advantage over one who has equal sales ability but little or no scientific educational background. A man who is so fortified will do a better all-around job of selling and will gain much more prestige for himself and his house.

The pharmacist acquires good scientific training in his four years or more of college work. Retail-sales training gives him the basic practical preparation in salesmanship that, if he has real sales ability, is invaluable as a background for professional service work.

The man who will succeed in professional service work is likely to be of a serious temperament, an ambivert, the kind who does not neglect his work in any of its phases, who plans well and operates effectively, and who knows the medical and pharmaceutical professions' thinking and their problems. If he has had

pharmacy managerial experience he will have become accustomed to making daily reports and will know how to analyze sales and activities reports. He will most probably have developed the habit of reading material on his business to keep himself informed and alert. He will have accustomed himself to getting things done. He will have been trained to uphold policy and operate in a respectable and businesslike manner. He will believe in a truly equitable system of enterprise and competition, free from the "chiseling" and "cutthroat" tactics that lead to market demoralization and economic upheaval and waste. He will most likely have become accustomed to assuming responsibility and to maintaining the pleasant dignity that begets confidence, respect, and prestige for himself and his firm.

Good Organizing Ability. The ability of a representative to plan sales work and to operate in a well-organized and efficient manner is important in ordinary selling and especially so in professional service work. Otherwise, he will function badly in some phases of his work while trying to perform efficiently in others, with the end result that the territory will not "produce" to the extent that it should. If, for example, physician calls are neglected while relatively too much attention is devoted to distribution outlets, prescriptions for the products will not be written in sufficient numbers to keep the distributors interested in giving them active promotional support.

If distributors are not given their proper balance of attention while calls on physicians are relatively overstressed, (1) dealers' promotional cooperation will be deficient, and (2) many prescriptions may be written but sales may not follow because the products' distribution is inadequate. Specifications thus negated are doubly difficult to regain, because physicians will not long prescribe or specify a product that their patients find difficult to procure.

If hospitals are neglected, physicians may cease to specify a product both there and at their offices, because they like to prescribe the same medication at both places. If physicians supply houses are neglected, the representative may lose or not gain the cooperation of their sales managers and salesmen who, if sold the idea of giving active promotional support, can build some very

nice extra volume on a line of products. If wholesalers are not encouraged to carry adequate stocks, the territory will suffer on a wide scale from unfilled or canceled specifications that will be changed to competitors' products.

Thus, divided responsibility in working a territory is seldom as productive as a single fully qualified representative with the whole task of territorial operation. A representative, then, should be able, by virtue of proper education and sales training, to do a fully rounded-out, integrated job of professional-products promotion. The most successful territorial operation requires good sales-management sense on the part of the representative.

Compatibility and Leadership Qualities. A discerning firm today, one sagacious in adapting means to ends, is not so likely to engage a man for a sales position or professional service work merely because it feels that he would perform satisfactorily on the territory. Progressive management wants representatives qualified by education and training who have potential executive ability, men who can fit into positions where a well-grounded understanding of the firm's basic marketing problems is desirable, and who have had ample preparatory experience to meet those problems successfully. These future executives will in time have people working under their direction.

Therefore, the sales manager who is considering an applicant will place himself in the other's position for a moment. He will ask himself how he would like to work for the applicant if their situations were reversed. Is the applicant the kind of fellow the interviewing sales manager would enjoy working for if he were the representative and the applicant the sales manager? The answer may have a marked bearing on the applicant's success in his quest for the position he seeks. That does not mean that all representatives engaged are expected to become executives, because there may not be that many opportunities even over a long period of time. But a firm does recognize that the more men it has on its staff with these possibilities, the more assurance there will be that the organization can grow and prosper. Field representatives are encouraged to prepare themselves for executive positions in advertising, market research and statistics, credit,

purchasing, and administration, as well as in sales and professional service.

Looking back over a protracted period to recall salesmen or Professional Service Pharmacist acquaintances of earlier years, it is interesting to note how many of those who remained in the selling field have been promoted to executive positions. They are almost invariably the men who stuck to their jobs, labored, studied, planned, and worked their plans; men who were agreeable and cooperative and did not shirk; men who looked into the future and prepared themselves for better positions. Apparently they felt that it was better to be prepared and not be called than to be called and not be prepared. They were willing to pay the price.

CHAPTER III

GOOD MEN ARE SOUGHT

A Thousand Eyes Are Searching. Many, many pharmacists without being aware of it are "looked over" by pharmaceutical sales managers making preliminary determinations of whether they would be desirable for sales or professional service work. Sales managers are always on the watch for good prospects for the sales staff whether times are good or bad. They often go on personal "scouting expeditions" to try to "uncover" prospects, because the best ones are frequently those who have been "spotted" by the sales executives who visit pharmacies or drug-stores to observe the personnel for that purpose.

In drugstores that have soda fountains a sales manager may select a stool or booth as if he were a customer seeking only refreshment. His real purpose is to observe from a vantage point the actions and alertness of the pharmacists on duty. The mirrors are useful instruments at this time for they enable a sales manager to observe without his interest being detected. If the store does not have a fountain he may appear to have come there for some purpose other than his particular objective. If he is impressed with a man he will merely make note of him and probably return a number of times at intervals to check upon or to confirm his original appraisal. He desires to study the potential prospect's actions and behavior. In any case, he will not approach the prospect directly but will arrange that the man in whom he is interested will apply to him for a position.

Sometimes the sales manager must hasten this sizing-up process, so that the preliminary interview is brought about within the day, especially if the prospect is in a town to which the executive may not soon return.

Opportunities Go Begging. Many opportunities go begging because of the poor impressions made by otherwise potential

prospects. They are eliminated even before they could have any idea that there is an opportunity seeking a man. A pharmacist in a badly kept, disarranged store with dirty windows and "foggy"-looking display cases just has no chance. For a firm considers, as is usually true, that the store reflects the store manager and the employee pharmacist too. In fact a sales manager who is seeking prospective representatives would not waste time by walking into so unkempt a place to look for personnel. If a pharmacist appears to be inattentive, irritated by, or surly to patrons, he is not considered. Similarly, if he lolls about, lacks alertness, "drive," and the appearance of being "up and coming" he misses a possible opportunity.

Therefore, the man who desires greater opportunities can never afford to appear to lack initiative, alertness, and the other characteristics that add to his value, because he can seldom know when his apparent worth is being weighed for a better opportunity. That applies equally to the Professional Service Pharmacist.

Sales Managers' Check Lists. A sales manager usually has a "check list," which he finds useful in helping him to appraise a prospective representative. The list enumerates important qualities and characteristics for which he will look in the prospect or applicant. The following is one of such lists:

Positive Qualities

- | | |
|---------------------------------|-----------------------------|
| 1. Ability | 13. Confidence |
| 2. Adaptability | 14. Cooperation |
| 3. Alertness | 15. Courage |
| 4. Ambition | 16. Decision |
| 5. Appearance, personal | 17. Determination |
| 6. Appreciation | 18. Diction |
| 7. Capacity for overcoming odds | 19. Economy |
| 8. Caution | 20. Education |
| 9. Cheerfulness | 21. Effectiveness of speech |
| 10. Common sense | 22. Energy |
| 11. Companionship | 23. Enterprise |
| 12. Concentration | 24. Enthusiasm |
| | 25. External influences |

- | | |
|-----------------------------|--------------------------------|
| 26. Fairness | 54. Personality |
| 27. Friendliness | 55. Power of character |
| 28. Frugality | 56. Physical fitness |
| 29. Habits | 57. Physical poise |
| 30. Health | 58. Pride |
| 31. Height | 59. Promptness |
| 32. Home life | 60. Reasoning |
| 33. Honesty | 61. Reliability |
| 34. Honor | 62. Resourcefulness |
| 35. Imagination | 63. Responsibility |
| 36. Importance | 64. Self-confidence |
| 37. Inclinations | 65. Self-control |
| 38. Independence | 66. Self-respect |
| 39. Industry | 67. Sense of humor |
| 40. Initiative | 68. Sensitiveness to criticism |
| 41. Instinctive helpfulness | 69. Smile |
| 42. Integrity | 70. Speech |
| 43. Intelligence | 71. Spirit |
| 44. Justice | 72. Stability, emotional |
| 45. Leadership | 73. Steadiness |
| 46. Loyalty | 74. Studiousness |
| 47. Mannerisms | 75. Strength of character |
| 48. Memory | 76. Tempo |
| 49. Mental discipline | 77. Tenacity |
| 50. Neatness | 78. Truthfulness |
| 51. Observation | 79. Voice |
| 52. Patience | 80. Weight |
| 53. Perseverance | |

Negative Qualities

- | | |
|-----------------|------------------|
| 1. Affectation | 9. Extravagance |
| 2. Belligerence | 10. Immorality |
| 3. Bragging | 11. Indolence |
| 4. Busybody | 12. Insolence |
| 5. Cheekiness | 13. Instability |
| 6. Conceit | 14. Intemperance |
| 7. Dullness | 15. Irresolution |
| 8. Exaggeration | 16. Just get by |

- | | |
|------------------------------------|---------------------|
| 17. Meager or inadequate knowledge | 23. Prevarication |
| 18. Misrepresentation | 24. Procrastination |
| 19. Negligence | 25. Sophistication |
| 20. Noisiness | 26. Trickiness |
| 21. Pessimism | 27. Unreliability |
| 22. Playboy | 28. Vulgarity |

The Preliminary Interview. In the preliminary interview with an applicant the sales manager wants to learn as much as possible about the kind and quality of the man's thinking and the depth and breadth of his knowledge. He wants to know whether the man has found or has taken the necessary time for self-improvement. He wants to be certain that the applicant has been trained to think and that his mind has been trained to take training. But good thinking is not enough, a salesman must make things happen. The interviewer wants further to know that the applicant is a gentleman, that he can stand on his own feet, that he is sincere, that he has the ability to interest others, that he has the ability to sell himself, and that he has a healthy body and mind.

He may ask many questions of a personal nature, all of which are important in arriving at his appraisal of the applicant. Some questions are asked for very special reasons. The answers and reactions to them are of greater significance than other factors in arriving at a preliminary impression. It is not wise for the applicant to give "phony" answers, because the experienced interviewer is very sure to discover the fraud at some point in the interview. That will quickly terminate any interest. The questions should be answered freely and honestly in a manner of mutual confidence.

The principle upon which the patterned interview operates is a simple one: It assumes that the best basis for the prediction of what a person will do in the future is a careful study of what he has done in the past. To accomplish this, the applicant is questioned closely about his work history, his schooling, his home environment as a child, his present domestic and financial status, and his health. The interviewer seeks to ascertain the make-up of his personality, espe-

cially the extent to which he exhibits desirable traits. These include industry, perseverance, willingness to accept responsibility, initiative, self-reliance and loyalty. The pattern of these traits is especially important because it is this which makes possible prediction of what he may be expected to do on the job.

The interviewer also studies the applicant's motivation. He seeks particularly to determine how badly the applicant desires or needs work. If the latter has an employed wife or other sources of income, he is likely to lack incentive to stay on the job and work steadily. Possible distractions, such as financial or domestic trouble or ill health of the applicant or of some member of his family, are taken into account. Evidences of immaturity (weakness, tendency to lean on some other person, refusal to accept responsibility—the alibi artist) or of emotional maladjustment and mental illness (oversuspiciousness, violent swings in mood, fanaticisms, etc.) are also considered, since these conditions are particularly undesirable in selling.¹

The National Society of Sales Training Executives has published the following questions, the answers to which the sales manager should know:

- What limits the applicant's desire to learn?
- What incentive has he to do his best?
- What is the influence of his home life?
- Is he a trouble-maker or team-worker?
- Is he a sympathy-seeker or self-reliant?
- Is he an alibi artist or truth-teller?
- Is he slippery or dependable?
- Is he complacent or eager?
- Is he a shirker or a worker?²

Applicant's Inquiries. The applicant as well has every right to ask directly the questions that are important to his assurance that he will make a wise decision to accept the employment. Such questions may be related to finance: (1) pension plan, (2) group life insurance, (3) accident insurance, (4) automobile insurance, (5) expense allowance, (6) who assumes moving expenses in event of transfer to another territory, (7) deductions

¹ McMurray, Robert N., Use a Patterned Interview in Hiring Men, *Sales Management*, February 15, 1944.

² National Society of Sales Training Executives, "Selecting and Training Post-war Sales Personnel."

(salary and expenses) for absence from work, (8) commissions, (9) bonus plans. Others may relate to promotion possibilities: (10) policy with respect to promoting men from the sales staff, (11) total number of employees, (12) total number of representatives, (13) salesmen turnover, (14) average length of service of the firm's representatives, (15) percentage of the firm's representatives over 45 years of age. Questions relating to the work are: (16) sales policy, (17) method of territorial operations, (18) territory to which the applicant will be assigned, (19) approximate amount of time to be spent away from home, (20) how many weeks the training class may be expected to last. Other pertinent questions may be as follows: (21) Are full salary and all expenses paid during the training period? (22) With what should he provide himself for the trip to the training class? (23) Approximately how often are representatives brought to the home offices for conferences, sales conventions, or retraining? (24) Is all required sales equipment supplied by the firm? (25) To whom will he be responsible? (26) What would be his working conditions and hours? (27) Does the firm provide subscriptions to medical and professional pharmaceutical journals? To how many and on what basis? (28) Does the firm provide memberships in the American Pharmaceutical Association for its Professional Service Pharmacists? (29) How many branches does the firm operate?

The applicant may do well to obtain a Dun & Bradstreet report on the firm for an idea of its size, financial standing, and other relevant information. He should also obtain independent appraisals of the firm's reputation and prestige, its possibilities for future progress, the quality, elegance, and acceptance of its products, and of its fairness and considerateness toward its employees. He should inquire about the comparative happiness and contentment of its present and past representatives. He should find out if the firm's representatives are "his type of man" in their thinking, actions, and educational background.

A salesman's success depends upon his house as well as upon himself. Hence it is important that he select a firm where he may, within reasonable bounds, have an opportunity to express his own personality and individuality. He should try to deter-

mine the kind of training, direction, and guidance he may be expected to get from his boss. "With this in mind, it will be a good idea to try to select as employer a sales manager who not only knows his stuff but also gets his greatest satisfaction from helping salesmen improve their skill and prepare for promotion."³

Joint Interview with Applicant and Wife. If after the preliminary interview the sales manager still is satisfied that the prospect has possibilities, he may suggest, as some do as routine, that the applicant arrange to come for another interview in the company of his wife. His purpose primarily is to interview her to get her real reactions and feelings toward her husband's taking such a position as the one under consideration. He also wants to learn something of the kind and quality of her thinking and whether she is cooperative. The reasons for requesting that the wife appear for a joint interview have been described in Chapter II. It could be that the wife is the one who should have applied for the position on the basis of her initiative and "drive." She may be her husband's motivating power in virtual absence of any of his own.

The applicant by this time should be very certain in his own mind that he has a real aptitude for selling and for pharmaceutical sciences. If he is at all in doubt, as a result of tests and experience and not mere overcautiousness or apprehension about taking a new position, he should reconsider his application, both for the sake of his own future welfare and that of the prospective employer.

Engaging the Applicant. If now the sales manager is entirely convinced that the applicant has the desired qualifications, he may make him a tentative offer, subject to satisfactory personal and business references, credit report, aptitude test if desired, and medical examination.

If the applicant agrees to the terms offered, he may not be expected to resign his present position until he hears from the prospective employer that the completed application file is satisfactory and that he is employed as of a specified date. However,

³ Osborne, David R., "Selling as a Postwar Career," Dartnell Corporation, Chicago.

there is one reservation that if not specifically stated should be implied, *i.e.*, that employment is contingent upon satisfactory progress in the training class. It further implies satisfactory conduct, initiative, cooperativeness, and industry. Of that the management is the judge.

Employment obviously is not guaranteed to be permanent. If the new employee's services are continuously acceptable, it may well be permanent. There is no guarantee of permanent employment on the employer's part, any more than there is a guarantee by the new employee that he will remain in the service of the new employer permanently or for a definite period, except possibly by special written contractual agreement.

Applicant's Preparation for Training Class. During the interval before the date of actual employment it is well for the newly engaged representative to spend as much time as possible in reviewing the basic science subjects. This will help him in the training course. He should take with him books on organic chemistry, physiology, bacteriology, and "New and Non-official Remedies." He should have a standard desk-size medical dictionary (not the pocket size), such as Stedman's Medical Dictionary, published by The Williams and Wilkins Company, Baltimore; the American Illustrated Medical Dictionary (Dorland), published by W. B. Saunders Company, Philadelphia; Taber's Cyclopedic Medical Dictionary, published by F. A. Davis Company, Philadelphia; or Gould's Medical Dictionary, published by Blakiston-Doubleday & Company, New York. If the one he has is not the latest edition, he should provide himself with one. That is very necessary, not only for the training class but for continuous use during his professional service work. The representative should replace his medical dictionary as each succeeding edition is published, usually about every two years.

CHAPTER IV

THE TRAINING CLASS

Thorough Training for Successful Selling. The most important preparation for a successful selling career, with promotion and continued progress, is thorough training and acquired proficiency in the job at hand. That, in itself, demands (1) study of brochures on the products and of the current literature relating to them, (2) study and practice of presentations so as to acquire an effective technique of persuasion, (3) study and application of sound principles of salesmanship and sales psychology, and (4) study and formulation of a plan of efficient territorial coverage and its execution. Pharmaceutical manufacturers are giving increasing attention to the continuous training of their representatives so as to help these men to become still more proficient and valuable and, further, to prepare them for the greater opportunities that may arise. The training commences with the classes conducted for new representatives before they are assigned to territory.¹

¹There are three notable exceptions to the training procedure described here for advance preparation for the formal training period at the home office and laboratories:

1. The relatively few instances in which no formal training is provided. The new employee is given the brochures available on the firm's products with the request that he study them. Except for a day or two of briefing on writing orders and reports and possibly a review of the brochures supplied him, he proceeds immediately to his assigned territory to pursue his sales as best he can. No formal training.

2. The new representative is sent immediately to his territory. A supervisor or other experienced representative is assigned to work with him and give him product and operating instruction for a week or thereabouts. After that he is "put on his own," except for visits of two or three days by the supervisor every six or eight weeks. After several, possibly six, months of territorial work, during which he is expected to study his literature and bulletins well and demonstrate satisfactory ability and progress, he is brought to the home office for the formal training period.

3. When the applicant is engaged he is sent to accompany an experienced representative for two or three weeks. During this period he gets product in-

Training classes are usually held at the firm's home offices or at its laboratories, or at both. The initial training period may run from a few weeks to many weeks, depending upon the number of products or product groups to be studied. Before the study of the products themselves, about ten days to two weeks may be consumed in a review of or lectures on physiology, anatomy, neurology, urology, cardiology, gastroenterology, pathology, bacteriology and immunology, pharmacology, and chemistry.

TYPICAL STEPS IN THE DEVELOPMENT

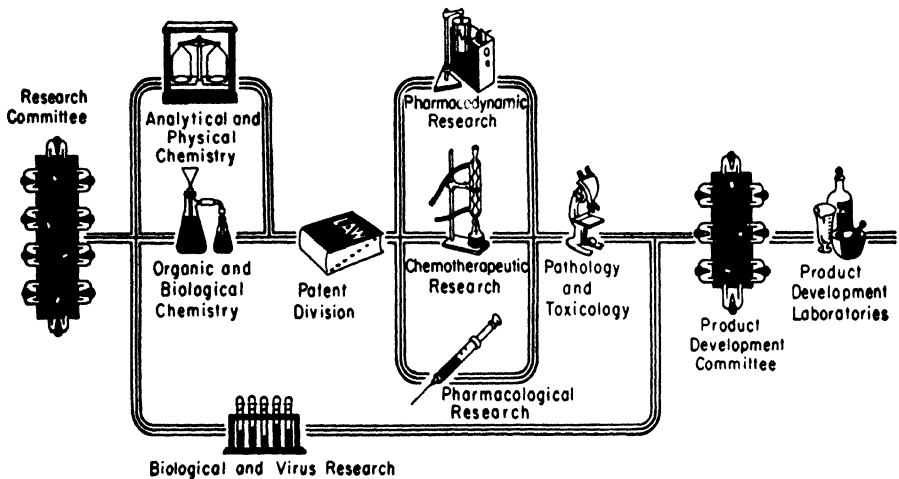


FIGURE 1a

Anatomy lectures are usually illustrated by means of plastic models of the human body, both male and female. The class instructors are provided by the medical division, chemical research division, biological research division, products development division, production division—chemical, pharmaceutical, and biolog-

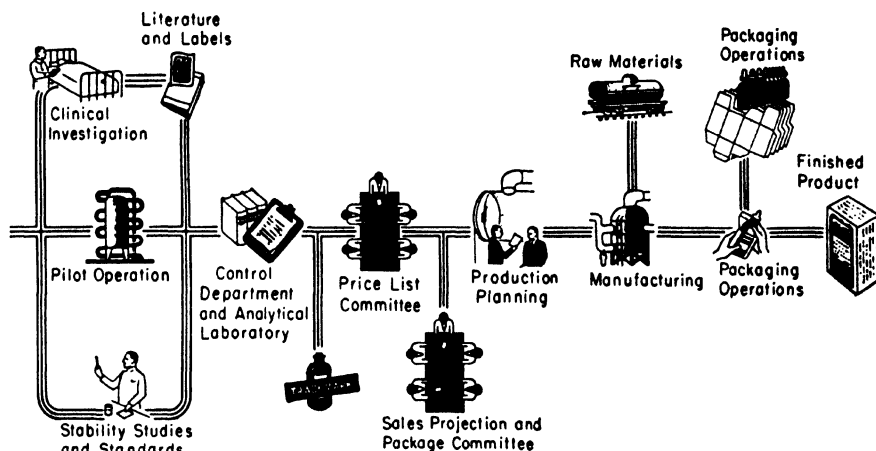
struction and observes the methods, techniques, and organization of the tutor. He may, within limited scope, be given a number of opportunities to sell and to "detail" but always in the immediate presence of his instructor. Having gotten that much of the "feel" of the work, he is sent to the home office and laboratories for thorough training.

The last method provides assurance that a representative will have increased confidence and poise, that he will be thoroughly informed, and that he will be prepared to get more persuasion and "sell" into his presentation, as well as to gain prestige for himself and his house from the outset of his assignment to territory.

ical—sales division—sales office, professional service department, advertising department, and market research and sales statistics department.

Appearances are also usually arranged for members of the accounting, credit, shipping, general office records, personnel and library departments. They explain the workings of their respective departments and how their work may be coordinated with that of the field representatives so as to be mutually help-

O F A N E W P H A R M A C E U T I C A L P R O D U C T



(Courtesy of Parke, Davis & Company, Detroit. Adapted from Parke, Davis & Company. Eightieth Annual Report, 1946.)

FIGURE 1b

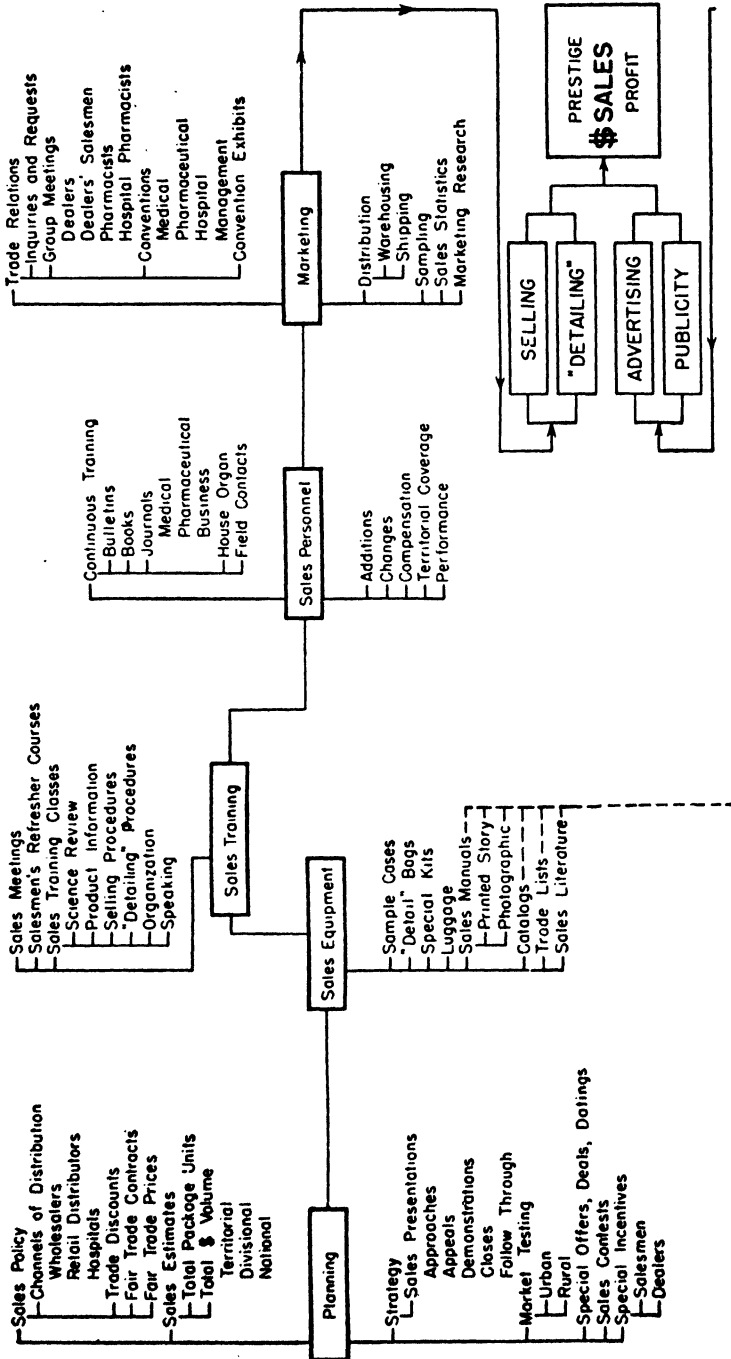
ful in gaining the greatest possible proficiency in the various phases of the science of marketing.

It is the marketing function obviously for which the representative is given intensive training. Upon him, supported by advertising and other promotional efforts, depends in great measure the success that the product will enjoy commercially.

Product Development. It is desirable for the representative to have some idea of the tremendous amount of planning and effort required to turn out a product, from the time of its conception to the actual marketing of the finished package. Figures 1a, 1b, and 2, considered together, present graphically a typical evolution from the original idea to the time when the product

TYPICAL FUNCTIONS OF A SALES PROMOTION DIVISION
FROM PLANNING STAGE TO SALES PRODUCTION

Sales Department



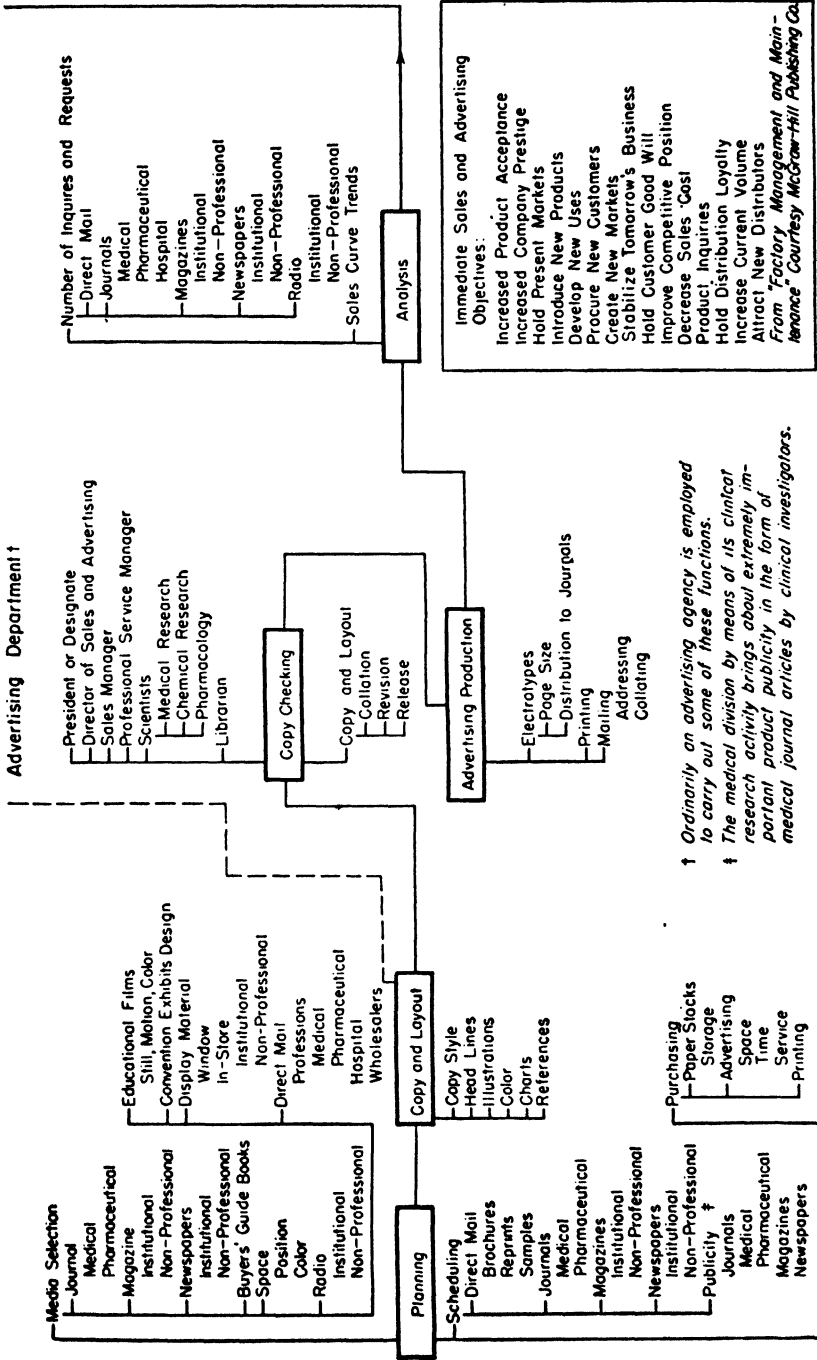


FIGURE 2

is placed in the hands of the field staff. The first phase of the development, which is illustrated in Figure 1a, may require several years. That depicted in Figure 1b may be expected to require at least a year, depending upon how intensive the clinical investigative work is—sometimes it may require two years or more. The third phase, illustrated in Figure 2, is concurrent with that shown in Figure 1b after clinical investigation has proved the product to be therapeutically safe, efficacious, and desirable for marketing.

Introduction to Medical Terminology. One of the first study assignments given to the training class is a list of prefixes and suffixes of medical terminology. The prefixes and suffixes should be studied thoroughly and memorized. When that is done the reading of medical literature is no problem. A medical dictionary, such as Stedman's, Gould's, Dorland's, or Taber's, should be in the possession of every Professional Service Pharmacist from the outset of his training and used as frequently as necessary to get the full significance of any medical term not clearly understood.

Study of Products. In the study of the products care should be taken to learn the disadvantages, incompatibilities, or dangers, as well as the advantages both of the firm's own products and of the competing products of other manufacturers. The result of deficient, lopsided training in this respect may be tragic.

To illustrate, consider the case of a certain product that, when administered orally, is eliminated through the urinary tract. It is bacteriostatic to *E. coli* and is thus effective in the treatment of urinary tract infections by that organism. However, gonococcic infections are so mildly affected that the drug is essentially ineffectual against them. It was advertised as an effective bacteriostatic agent for urinary tract infections. Particular emphasis was given to its value in *E. coli* infections or in mixed infections wherein *E. coli* predominate. But inadvertently warning was not given of its ineffectiveness in the treatment of gonorrhea. Many physicians prescribed the drug for the treatment of gonorrhoea. The result was that the product was thoroughly discredited in many quarters and suffered a serious setback even



(Courtesy of Organon Inc., Orange, New Jersey.)

FIGURE 3. Section of a pharmaceutical chemistry research laboratory.

for use in infections for which it is highly efficacious. Obviously the firm's prestige was severely jolted.

Another instance is one in which a product for intramuscular administration was highly recommended for efficacy by its clinical investigators. Several very favorable reports were published of the drug's effectiveness. The manufacturer carelessly advertised the product as essentially causing no pain on injection. On the contrary, it was not only painful, but in some instances the pain produced was excruciating. Innumerable physicians who had waited enthusiastically for the drug to become generally available because of its reputed efficacy and freedom from pain on injection were severely disillusioned and chagrined. Not only did the reputation of the firm suffer, but so widely did physicians decline to give further consideration to the drug that even its improvement was of little avail. Had physicians been properly forewarned, much of the difficulty could have been avoided, and the future of the drug might have been much more promising.

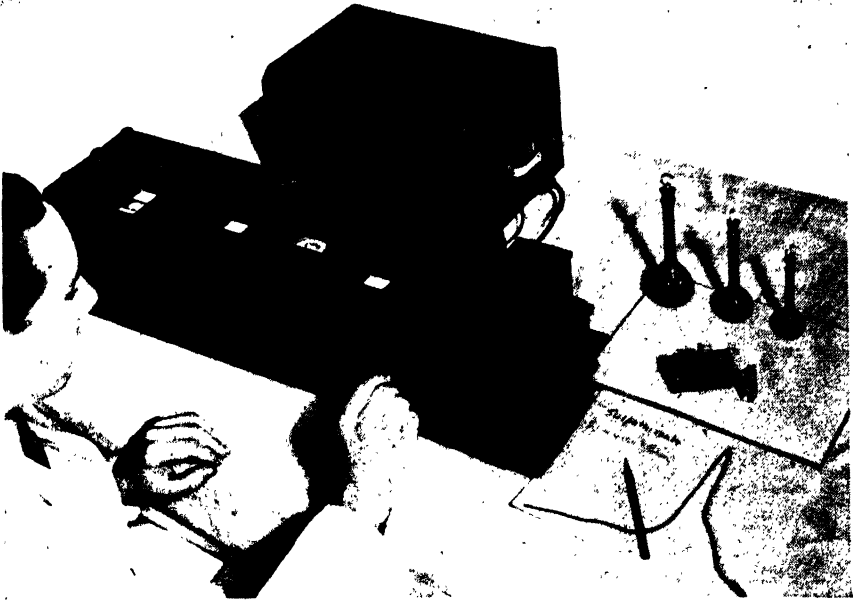


(Courtesy of The Wm. S. Merrell Company, Cincinnati.)

FIGURE 4. Section of analytical control laboratory.

Competitive products should be studied simultaneously with the firm's own, and honestly. A man cannot know his own products well unless he also has full information about competitive products. The representative should know the whole truth about his products and impart the whole truth and nothing but the truth, supported by authoritative literature.

Special reading assignments on medical subjects will ordinarily be made a part of the training course. This is for the purpose of introducing the trainees to a more intensive study of medical literature as well as to provide them further with background necessary to understand and present the firm's products. Trainees will obviously be provided with full sets of the firm's



(Courtesy of McNeil Laboratories, Inc., Philadelphia.)

FIGURE 5. Section of laboratory for the assay of vitamins, sulfonamides, and other drugs for control purposes, and the determination of structure, reaction rates, etc., for research purposes by means of the Beckman Ultraviolet Spectrophotometer.

literature and reprints, to which they will be expected to devote as much time as possible. This is both for the purpose of learning the products and of looking up the meanings of any medical words not entirely familiar.

In the study of a product the instructor, at this point usually a physician of the medical division, may first discuss or review thoroughly the body anatomy and physiology concerned in the application of the drug. Next he may consider the drug's chemistry, its standardization and its pharmacological or physiological action, being as careful to stress its disadvantages, dangers, or shortcomings as its advantages. Then may follow the study or discussion, based on clinical reports, of the types of cases or conditions in which the drug has been found effective, as well as those in which it has been found to be ineffective. These, where possible, may be illustrated by photographs, lantern slides, or motion pictures. Comprehensive notes should be taken and preferably transcribed for permanent reference. They should



(Courtesy of The Upjohn Company, Kalamazoo, Michigan.)

FIGURE 6. Section of tablet manufacturing laboratory.

be supplemented as new facts are gained from current medical or other scientific literature.

Introduction to Medical Authorities. A biographical sketch of each authority who has published on the product should be given. This will impress these individuals better upon the trainees' minds and thus make more certain that they will not be forgotten when the representatives later have occasion to refer to them in their professional service work. At least one pharmaceutical house goes to considerable expense in bringing to its training classes, even from long distances, recognized medical authorities who devote a day or half day each to lecturing on the pharmacology and therapeutics of the manufacturer's products used in their respective specialties. This indicates how extremely important it is in professional service work for a representative to be able to quote authorities in his discussions with physicians and pharmacists.

Representatives should take every opportunity to meet and visit any authority who has written on the use of one or more of



(Courtesy of Abbott Laboratories, North Chicago.)

FIGURE 7. Glass-lined tanks and filter presses used in the manufacturing of pharmaceutical products.

a firm's products. Frequently such men may be seen at the medical conventions that representatives may attend as exhibitors. The advantage to representatives cannot be overstressed of making good use of authoritative references and having at least a reading acquaintance with the authorities. Medical authorities, for practical purposes, are physicians who are the authors of medical articles, based on their own clinical or laboratory researches that have been published in medical or other recognized scientific journals.

Lectures by Other Scientists. Scientists of the research and control laboratories will appear in logical sequence to deal with the products from the point of view of chemistry, bacteriology, physical properties, sterilization, standardization, and laboratory control.

Trip through Laboratories. At some time during the course the trainees will be taken on a tour of the laboratories. They



(Courtesy of Merck & Co., Inc., Rahway, New Jersey.)

FIGURE 8. A partial view of a fermentation unit for the manufacture of streptomycin. The microscopic organism, *Streptomyces griseus*, is grown from test-tube quantities through increasingly larger tanks. When it has multiplied itself billions of times, the living material is transferred to the huge tanks shown above for final fermentation.

will find it highly interesting and enlightening. On such an inspection trip the trainees must be very careful that they do not touch, lean upon, or in any way come in contact with any piece of equipment or material. Any interference of that kind, however innocent, may cause losses of product and time that may be very costly. The high-precision instruments and intricate equipment used today in the manufacture and control of chemicals, biologicals, antibiotics, and other pharmaceuticals are extremely interesting and intriguing to pharmacists who obviously should have some knowledge of them. In these laboratories are represented a variety of professional men. These include chemists, physicists, pharmacists, pharmaceutical engineers, chemical engineers, mechanical engineers, electrical engineers, sanitary engineers, pharmacologists, biologists, mycologists, bacteriologists, physiologists, pathologists, physicians, and veterinarians.



*(Courtesy of Lederle Laboratories Division,
American Cyanamid Company, New York.)*

FIGURE 9. Inspection of filled biological vials for possible defective capping, broken vials, clarity of product, etc.

During their trip through the laboratories the representatives should familiarize themselves as far as possible with all precautions taken to maintain quality throughout the plant. They should observe or preferably study carefully the methods of production, the equipment used, and the number, rigidity, and frequency of control tests and assays employed from raw material to finished product to assure product uniformity and superiority. They may thus acquire sufficient familiarity with the production of the pharmaceuticals they sell to build up their own necessary, implicit confidence in them.

Relationship of Field and Office Activities. Upon completion of the scientific portion of the training course meetings are

held with members of other departments of the business, as mentioned earlier. As much attention should be paid to these speakers as to the medical or laboratory scientists because they will talk upon subjects that coordinate the representatives' field activities with accounting and other procedures. It is extremely important to understand those procedures and services so that representatives avoid confusion and unnecessary correspondence after they have taken up their duties in their respective territories.

Commercial Training. Before the formal training period has been completed, trainees may be sent into the field to observe the work of seasoned representatives. The time so spent may last from two days to a week.

After reviewing the subject matter of the training course to this time, the members of the sales division, including the professional service manager, advertising manager, and market research manager, will give further training in the art of selling and detailing, a review of the advertising program, and a discourse on the subject of markets and statistics. Following that portion of the training course, which, as usual, will have been interspersed with written quizzes, a final written examination on the commercial lectures will ordinarily be given. A few questions selected at random from such examinations may be of interest to the trainee:

1. Name the four primary steps leading to a sale.
2. What will be your procedure with a pharmacist to convince him that he should stock our products and otherwise cooperate with us?
3. The physician's receptionist tells you that the doctor is busy today and seldom sees detailmen. What will you do in such a case?
4. State how in the interview with a physician you can effectively bring forth your photographic portfolio.
5. A physician who should be interested in product X tells you that he can give you only three minutes. Describe fully your interview.
6. A pharmacist has not stocked our products and has not previously seen our representative.
 - a. The pharmacist is receptive. What is your procedure?
 - b. The pharmacist is an important one but unreceptive. What is your procedure?

7. What do we mean by "continually driving to the point of sale"?
8. The day is a miserably rainy one. What will you do to make it productive?
9. You have a "tip" that the buyer or one or two staff physicians of X hospital are attempting to have your product replaced by another for routine use in the hospital. What will you do?
10. You are told that the hospital pharmacy is not permitted to stock your product because it is not listed in the hospital's formulary. What do you do about it?
11. You are in a new territory that has not previously been worked by us. Explain in detail, with illustrations, how you proceed to organize it on paper.
12. Outline your visit to a 300-bed private hospital; to a government veterans hospital; to a bona fide clinic.
13. One of your wholesalers requests frequent drop shipments to be made. What will you do about it?
14. What do we mean by (a) a "case" type of "detail"; (b) a hospital service; (c) an in-patient department; (d) an out-patient department; (e) a house physician; (f) an interne; (g) an internist; (h) an orthopedist; (i) an orthodontist; (j) a geriatrist; (k) an otologist.
15. You are ready to set up your exhibit at a medical convention. It appears that the material for your exhibit is not going to arrive. What will you do?

Training Class a "Screening Test." The training period will have been a "hard grind" but a stimulating and invaluable experience. At its termination every trainee will be anxious to get to his assigned territory to apply what he has learned. He will have had little or no time for sightseeing or entertainment if he has made the most of his opportunity to learn and to get off to the best possible start. It will have been to his advantage to have stayed close to his studies, both to impress his fellow trainees and the executives in whose hands his "future" lies and also because he must get the most possible information and understanding from the course for his own particular benefit and welfare. The training course serves as a "screening test" whereby men are released who display inaptitude for the work or undesirable qualities.

Representatives, as previously explained, are engaged with the distinct or implied understanding that they must satisfactorily

pass the tests or other requirements of the training course and that they must be in every way acceptable to the firm's management. An unacceptable selection will usually be known by the time the training course is finished or almost invariably within six months of field activity. Firms do not hire men with the expectation or intention of "firing" them. That is too expensive. But if a mistake in selection has been made, then the sooner the termination is made the better for all concerned.

Present-day methods of selecting representatives, however, are usually so thorough and the educational standards required sufficiently high that all but a comparatively few will satisfactorily complete the training course. Most frequently, all the trainees who do not shirk will pass.

Preliminary Field Training. Shortly after a new representative takes up his duties in his territory he may be visited by his division or district manager whose purpose will be to get him off to the best possible start. Three days to a week are usually taken initially for this field training. The supervisor may do all the "detailing" and selling for two or three days to give the trainee further opportunity to observe. The evening may be used to review the day's work and to give further suggestions on territorial operation and organization. After a few days of demonstrating the supervisor will turn the "bag" over to the new representative for a day, coming to his rescue as little as possible. Another day may be used to alternate interviews, during which the supervisor puts the "finishing touches" on the new representative to complete the preliminary training.

The supervisor will usually revisit the representative every three to six months thereafter, primarily to assist, to learn new things to pass on to other representatives, to study the market, and, of course, to observe the representative's progress.

Beginning of Continuous Training. The formal training course is at best only an orientation to the ultimate objective, *i.e.*, progressive improvement in knowledge and skill and efficient, productive field operation. To be really effective, sales training must be a continuous process. To that end, most firms have a medical-journal abstract service, provided both by the library department and by members of the medical division and cleared

through the professional service department. These abstracts supplement the medical and pharmaceutical journals with which the representatives are provided or to which they themselves subscribe.

The *Practical Pharmacy Edition* as well as the *Scientific Edition* of the *Journal of the American Pharmaceutical Association* consistently offers much valuable information for the Professional Service Pharmacist. The abstracts that appear in each issue of the *Journal of the American Pharmaceutical Association*, *Scientific Edition*, are valuable to alert representatives.

Journals need not necessarily be read from cover to cover, but they should be carefully scanned to see if anything published in them may be applicable to one or more of the firm's products. When pertinent articles do appear they should be studied thoroughly. That should also be done in the case of articles that deal with competitive products. Then representatives will be familiar with them if these products are later brought to their attention by physicians or pharmacists. Representatives should always page through and review journal advertisements as one means to keep up to date on competitors' products and what is said about them.

Sources of Information. The representative will do well to reread and study, as early as possible after being located in his territory, all the printed matter supplied and the class notes taken.

His reading of medical literature on his products and his discussion of it (1) enables him to expand his medical vocabulary; (2) teaches him the applicability of the products, their specific indications, their value as supplementary medication, and their contraindications; and (3) helps him to arrange the knowledge into clear, concise, and logical word pictures.

There are various sources of information from which may be gained knowledge valuable for use in the presentation of the firm's products:

1. Medical journals, both general and specialty
2. Pharmaceutical journals, such as the *Journal of the American Pharmaceutical Association*

3. Reprints of medical- or other scientific-journal articles
4. House bulletins
5. House literature or leaflets on the subjects
6. Copies of letters from the firm's medical department to physicians in response to specific questions
7. Firm's own advertising in medical journals, the copy of which is usually concise and to the point
8. Advertising of similar competitive products in medical journals
9. Exchange of information with coworkers
10. Exchange of information with competitors' representatives
11. Information obtained during visits with pharmacists, physicians, dentists, and veterinarians
12. Information obtained from the firm's own laboratories
13. Information obtained from competitors' literature
14. Books on pharmacology and therapeutics
15. Books dealing with selected subjects
16. Medical dictionaries
17. The firm's medical department
18. The firm's library
19. Other scientific libraries
20. Correspondence courses or evening college classes

The representative should arrange to spend some time periodically "sitting in" with doctors at hospital clinics, to observe cases, particularly those cases being treated with one of the products of the firm. He will get a better idea of patients' complaints and see the problems with which physicians are confronted in the various specialties.

Trade publications should be read regularly for information on news and developments within the industry. Similarly a general business magazine or journal should be read regularly for its wide variety of business news, reports, and statistics.

Attendance at local or sectional medical and pharmaceutical association meetings helps representatives to keep abreast of what is new. It also provides the opportunity to meet the physicians and pharmacists in whom one is interested.

CHAPTER V

THE PRICE OF PROGRESS

“Genius Is Sweat.” Almost without exception the successful Professional Service Pharmacist is one who has accustomed himself to diligent, sustained, and intelligent work, coupled with intensive study and careful planning. He has applied Thomas A. Edison’s philosophy that “genius is sweat.” He derives great personal satisfaction from doing a good job. He wants to do a job well. He bends every effort to do so because, as a self-respecting man, he would not do otherwise. He realizes that “rewards are in proportion to what a man has to give and is willing to give”¹ but feels that the honor of winning is more significant than the award. Thus he pursues his work enthusiastically and loyally, realizing that seldom if ever can a man get more out of his work than he puts into it. He wants, furthermore, to give his company his best.

Alexander Hamilton wrote:

Men give me some credit for genius. All the genius I have lies in this. When I have a subject in hand I study it profoundly. I study it in all its bearings. My mind becomes pervaded with it. Then the efforts that I make are what people are pleased to call the fruits of genius. It is the fruit of labor and thought.

Key to Successful Selling. Industriousness, systematically and intelligently applied, is a key to successful selling. It is the hard way, but the sure way, and there is no magic formula to take its place. No formula or rules for success will work unless *you* do. It’s reciprocal. Unless a man is fond of work and eager for it he should not enter the selling field. If he does, his chances for success are meager indeed. Real success, recognition, and distinction within one’s field never materialized within the

¹ Whitmore, Eugene, “Helping People Buy,” Dartnell Corporation, Chicago.

limits of an eight-hour day. The eight hours are only the hours when ideas and plans are executed or put to work. The ideas and plans were conceived in study and thinking during the four or more hours that followed the eight hours of the day before. "Midnight oil" is the light that leads men to the top in selling or any other profession and enables them to stay there.

Courage, thrift, and hard work, intelligently applied, have always paid. Furthermore, they are vital to a prosperous and virile nation. They have made America great. Abandonment of them leads to decadence. Our very honor and survival are dependent upon them. "The greatest cause of unemployment is the lack of earnest, real, sincere desire to work."²

Many men will not put forth the effort necessary to succeed. They start too late and finish too early. They exert just enough effort to be able to say they have tried and then fail. Yet, by going to a little more trouble to do just a little better than the other fellow, real success may be attained. Instead, they day-dream and struggle against their own innate ability to do what could be done if they would permit themselves to develop a habit of industry, pride of accomplishment, and, in fact, a sense of self-respect. They procrastinate and fail to make an attempt to counteract their own habitual inertia and irresponsibility. Perhaps it is an attitude of self-sufficiency, a deplorable mental trait.

"Your mental attitude toward your work does just as much for success or failure as the work itself"³ and "your states of mind while at work determine largely how much energy you will be able to give work."³

Why should a man deliberately cripple and thwart himself by indecisive or negative action when with so little more effort he could turn mediocre accomplishment, even failure, into real success? Some are too busy to work. They must fritter away their time in gossip, frolic, and purposeless activity instead of directing that energy to the things of which progress is made.

² What Does Your Boss Think of His Sales Manager? *Bulletin*, Sales Executives Club of New York, December, 1944.

³ Larson, Christian D., "Business Psychology," Thomas Y. Crowell Company, New York.

They loaf and play through life without making any real contribution, without using nearly the full measure of their inborn or acquired abilities, or without giving themselves an opportunity to see how productive an existence they might lead. With the time and energy some men spend in making failure a certainty they could pursue well-directed activities that would assure success.

Objective Effort. The man who sets earned success for his objective and is willing to pay the price does not have to depend greatly upon gaieties and frivolities to find an escape from mediocrity or self-pity. He does not fill his life full of secondary or substitutive activities that prevent him from doing the best work of which he is capable, lots of it. He finds his major hobby in his work and pursues it intently. Obstacles do not annoy him too much, because they give him an opportunity to show the kind of stuff of which he is made. They are the stepping stones to his development and his progress, but to the ne'er-do-well and the quitter they are the basis for the excuses for his not "buckling down" to earnest work.

The success of any human endeavor is dependent upon the amount and quality of the work put into it. Its recompense lies not only in the monetary return from it but particularly in the real personal satisfaction that it affords.

What Is Success?

It's doing your job the best you can,
 It's being just to your fellow man,
 It's saving money and holding friends,
 It's staying true to your aims and ends,
 It's figuring how, while learning why,
 It's looking forward, yet thinking high,
 It's serving, striving, through storm and stress,
 It's doing your noblest—that's success.

—*The Apothecary*

The Way to Better Things. To pursue a job successfully over the period of years is not easy. One meets with many problems that are difficult and other things that one really dislikes to do

but must. Everyone ought every day to do one or more things that he loathes to do, just for practice:

Keep the faculty of effort alive in you by a little gratuitous exercise every day. That is, be systematically ascetic or heroic in little unnecessary points, do every day or two something for no other reason than that you would rather not do it, so that when the hour of dire need draws nigh, it may find you not unnerved and untrained to stand the test.⁴

Preparation for the job ahead includes character building. Self-discipline and the acquisition of emotional control, good judgment, and the ability to take action are very important objectives of that training process. However, no amount of any kind of training can serve as a substitute for hard work. It is learning how to make hard work more effective that paves the way to better things.

As the diamond is the piece of coal that stuck to its objective, so has the top executive who has come up through the ranks stuck to his. He did not and could not rest on his laurels. He worked as *you* will have to work and expanded and applied his knowledge as *you* will have to do, except that, to quote an old Spanish adage, "To equal a predecessor one must have twice his worth."

The man who seeks a bigger and better job will find that the price is dear. He must not want it for the sake of money alone but for the sake of his own achievement. Otherwise, his perspective will be warped, and he may frequently "stub his toe" badly. He must have a sense of sportsmanship, recognize others' responsibilities, and cooperate fully.

Two Philosophies for Advancement. There are two philosophies that may be held by one who wishes to get ahead: (1) the trampler's and (2) the booster's.

The philosophy of the trampler is the feeling and belief that he must tear the other fellow down to build himself up. He will be of as little help and as uncooperative to his coworkers as the "law" will allow. He will belittle another's accomplishment, steal credit where it is not his due, and thus by misdirection

⁴James, William (1842-1919), "Psychology," Chap. X, Henry Holt and Company, Inc., New York.

focus favorable attention upon himself. He will trample upon anyone who shows promise of competition for him. He will knock the props from under his superior in the hope of getting his place. He will scheme, connive, misrepresent, and destroy. It has worked and may still, but fortunately and deservedly it usually augurs ill for the disdainful trampler. His undeserved elevation ordinarily does not last long, because the very practices and traits responsible for his promotion as quickly undo him. Favoritism and "pull" are excellent, so long as they are genuinely deserved by real accomplishment.

The philosophy of the booster is that of genuine cooperation, helpfulness, and pride in the other fellow's deserved progress. By contributing to his superior's success and advancement or to that of his other coworkers, he helps to open opportunities for better things for himself. It lays solid groundwork and molds the appreciation and respect upon which good will is dependent and which is most often reciprocated in kind. Of course, the booster must keep pace with his fellows and, in fact, strive respectably to surpass them in learning and accomplishment if he wishes to outdistance them. He must be alert, active, and discerning. That he must improve his mind by continuous planned study, increase his knowledge of his business, and acquire the ability to manage himself is axiomatic. That is the foundation for promotion. But "a man is a good deal like a tack—he can go only so far as his head will permit."⁵

Time Required to "Learn the Ropes." A new representative is usually much "at sea" when he first starts out on a territory, but that is to be expected. A man who was "big and brave" in his previous retail-selling position awakens to the fact that it is now not a walkaway. He has a great deal to learn. While he may not realize it at the outset, usually at the end of a year he will look back and appreciate to some extent how "green" he was and how much a year's experience has done for him generally.

However, a man should not deceive himself. Ordinarily, with diligent attention to his work and study, from five to seven years are required for a man really to "learn the ropes" in professional

⁵ Buckley, Homer J., *Sales Scrap Book*, II, No. 2, March, 1938.

service work with all its implications, to learn to operate efficiently, to become a seasoned Professional Service Pharmacist. Then he may be ready to change to a different type of territory, as from a "city" territory to a "country" territory or vice versa, because frequently more real selling ability and stamina are required for effective selling and "detail work" in a "country" territory than in a large city territory.

Volume of dollar sales is not necessarily a criterion of men's comparative sales ability nor of the difficulty of the task, as when a large-city territory is compared with a "country" territory.⁶ A representative who is looking forward to promotion to executive positions in sales, advertising, market research, or sales statistics should, for his own good and that of his future operations, gain adequate experience in both types of territories. Wise management will adopt that policy as routine preparation for potential future executives. After approximately seven to fifteen years of conscientious effort and diligent attention to his duties and constant study of the sciences with which he is concerned and of accounting, finance, management and general business economics, he may be ready to be considered for greater responsibility.

Broaden Knowledge of General Business. During his years on territory a representative should, if he desires to progress to greater responsibilities, continue to broaden his knowledge of business in general. He should, of course, read regularly his trade publications. It is not enough that he keeps well informed on his products and performs efficiently in his territory. So many men, when the required day's work is done, think more of satisfying their immediate social inclinations or of just "killing the evening" than of preparing for future responsibility. Of course, a representative must have relaxation and fun, and he most certainly cannot be antisocial or an extreme introvert, but he should set aside some hours every week in which to pursue planned or organized courses of instruction in general business and in accountancy.

⁶ Bigelow, Dr. Carle M., *It's the Selling Task, Not the Dollar-of-sales You Pay For*, *Sales Management*, pp. 78-81, December 15, 1945.

Such courses can be had by extension (correspondence) as now offered by a number of State and private universities, or by such recognized schools as La Salle Extension University, Alexander Hamilton Institute, International Correspondence School, and International Accountants Society.

A representative who travels and spends a considerable number of nights a year at hotels has an excellent opportunity to pursue such courses and still keep as up to date and well informed about his products and territorial operation as he should. If a man does not travel except in his home city which has a university that offers evening courses, he can usually arrange to spend one or two evenings per week in classroom instruction. More than two evenings per week in such a pursuit is not desirable from the job's point of view. Two such classes, or even one, in one evening each week is more satisfactory from that standpoint than the same classes given on two different nights per week. Even for men who have city territories, it is frequently more satisfactory to take the correspondence courses offered by colleges and universities than classroom work because the time involved is more flexible.

Anyone who has not taken advantage of this opportunity to prepare for the future may ask, "When would I have any time to spend with my family?" The answer is simply a matter of planning and of cooperation between the man and his family. If the wife is as anxious for her husband to prepare himself for better things as he is himself, the time will be found without too much sacrifice of time with his family. Time creeps upon us before we realize how much has gone by. Suppose a man in his thirties pursues these studies for a period of six or seven years. He would probably still have thirty years in which to enjoy the fruits of efforts, to say nothing of the satisfaction he and his family would have from his completing the work and placing himself in a better competitive position for the time when promotions are in prospect.

Preparation for Administrative Work. The technically trained salesman who thinks in terms of his future as an executive, particularly as a top executive, must prepare himself to understand the broader aspects of business management. Thor-

ough selling experience, fortified with a good basic knowledge of accounting, statistics, market analysis, finance, business law, economics, management, and production problems, is one of the best preparations for administrative work. One needs only to look over the list of the most successful administrators in business today to determine that the companies or businesses with their destinies in the hands of former salesmen seldom get into difficulties and usually are the most progressive.

But to be a good executive a man must be able to gain and maintain the respect and trust of the customers or clientele whom the firm serves. Furthermore, he must be able agreeably and productively to supervise and motivate men.

It sometimes happens that there is someone in an organization who is difficult and who may be a problem or somewhat of an enigma. In that case, the representative or executive must remain unbiased, reasonable, and cooperative but assert himself firmly when necessary for his own efficiency, protection, and self-respect. One sometimes wonders why men who make themselves difficult and obnoxious remain so when with a little extra effort they could make themselves agreeable and contribute to a tranquil and harmonious situation.

Everyone should strive to maintain an amiable relationship with those about him. The ability of an executive to inspire and to gain the confidence, admiration, and whole-hearted cooperation of his coworkers is, obviously, of great importance for the smooth functioning and success of a business.

Progress is not without pain, but recognition comes sooner or later for work well done when combined with the extra values of character, loyalty, initiative, and enthusiasm.

CHAPTER VI

ORGANIZING A TERRITORY ON PAPER

Survey and Analysis. When a man takes over a new territory, especially one never worked by the firm before, it is most desirable and wise for him to make a careful survey and market analysis¹ of it. Only by so doing can he pursue his work with the greatest possible efficiency for the time and effort expended. The firm's department of market research and sales statistics can be very helpful in providing information and data, but only the man actually on the ground can really get down to the "grass-roots." But he must know how, and he must really want to do so. Figures are useless unless they reflect the real and integrated facts, and the facts are of no value unless they are intelligently utilized.

Operating Plan Depends on Sales Policy. The first thing that a representative should do is to get a map of the territory, preferably a good road map showing county lines and listing towns, cities, and counties, with their respective populations. The map should have printed upon it the automobile-road mileages between towns and cities and should differentiate between United States and State highways and secondary roads.

The next step will depend upon the sales policy of the firm: (1) whether it wants an average coverage of the territory in eight weeks or twelve weeks, (2) whether it wants every pharmacy,

¹ Helpful tools which are available to the representative for this purpose are the following: (1) "County Outline Retail Sales Map," published by *Sales Management*, New York; (2) "Survey of Buying Power," published each year by *Sales Management*, New York; (3) Smith, Charles W., "Some ABC Principles Behind Efficient Territory Layout," *Sales Management*, August 15, 1945; (4) "Determining Markets and Defining Sales Territories," Marketing Series No. 59, American Management Association, New York; (5) "N.W.D.A. Trading Area Map," published by the National Wholesale Druggists Association, New York; (6) Aspley, J. C., "Sales Managers Handbook," Dartnell Corporation, Chicago; (7) "Hayes Druggists Directory," Edward N. Hayes, Publisher, Detroit; (8) "Physicians Directory," American Medical Association; (9) *J.A.M.A.*, Hospital Number, American Medical Association, Chicago.

drugstore, physicians supply house, wholesale druggist, physician, dentist, and veterinarian called upon, (3) whether it sells primarily to dispensing physicians, and (4) whether it sells direct to the retail-drug trade and to hospitals. Let us assume that the firm, because of its limited sales personnel, desires to work the most profitable centers according to a reasonable plan of coverage.

Accordingly, what follows explains a method of organizing a territory for a hypothetical pharmaceutical manufacturer who may have for its accounts (1) wholesale druggists, (2) selected retail professional pharmacies, (3) selected general drugstores that give primary attention to professional business, (4) selected physicians supply houses, (5) hospitals with licensed pharmacy departments, (6) clinics of twelve physicians or more in connection with which there is a licensed pharmacy, (7) industrial dispensaries with licensed pharmacies, (8) State institutions, and (9) Federal institutions.

Physicians, dentists, and veterinarians are visited for the purpose of getting them to prescribe and otherwise to specify the firm's products. The firm sells them supplies for office use through retailers, *i.e.*, pharmacies, drugstores, and physicians supply houses. The firm maintains a suggested physicians' price, a retail druggists' price, and a wholesale druggists' price. If in emergency and for lack of adequate distribution of a product, it is necessary to supply a physician direct, the firm will send the order c.o.d. or on open account. It will charge the suggested physicians' price, which is a price at which the pharmacy or physicians supply house would also sell and at which the latter could make a legitimate mark-up if it sold the product to physicians, dentists, and veterinarians. Otherwise, the firm does not sell to physicians direct.

Plan of Coverage for Territory 206. Under these conditions let us assume (1) that the firm has determined, on the basis of a general market analysis and of the number of representatives it will place in the field, that the average territory will consist of approximately 3 million inhabitants, and (2) that the territory under consideration is an average territory. Let us assume further (3) that the headquarters city has a population of 750,000, the largest city in the territory, (4) that the size of the territory

is approximately 300 miles square, (5) that the headquarters city is approximately in the center of the territory, and (6) that it is desirable to make the circuit generally once in three months or approximately four times per year. The territory has been assigned the number 206. (See Figure 10, page 77.)

The "circuit" will then consist of thirteen "trips." A trip is the coverage made in one week. On the map the representative should mark under the name of each city of over 1,000 inhabitants the population given in the map's list of cities and counties. He should write also on the map within each county outline the population of the county. That will give an idea of the extent of the trading area population in any city in which we may be interested. Next he should make a list of all cities with populations over 10,000. In a column to the right he should place the population figure opposite each listed city. He should do the same for cities over 25,000 population. He should not include the headquarters city *A* in either list.

The representative should select for a trial circuit the list the total of which added to the population of the headquarters city will equal roughly one-half of the total population of the territory. For example, Table 1 shows that the total population of the cities over 10,000 population in Territory 206 is 682,000, and of cities over 25,000 is 456,000. We shall then select the list of cities over 10,000 for the basis of our circuit.

The approximate amount of time we can allow to be spent in the headquarters city compared to the time required to make the circuit is a fraction with the headquarters city population as the numerator, and one-half the territorial population as the denominator. In this instance it is $\frac{1}{2}$. However, a little more time, proportionately, is usually required for the "country" portion of the territory. It must be borne in mind that the *trading* population of a smaller city or town is proportionately much greater for our purpose than that of the headquarters city, compared to their respective official populations.

On the basis of the minimum amount of time that can ordinarily be spent in a city, according to the size of its population, we find seven weeks are required for coverage of the "country" portion of Territory 206. Of these seven weeks two trips, 2 and 3, must be combined into a two-week continuous trip be-

TABLE 1. LIST OF CITIES IN THE TERRITORY SHOWING THE POPULATIONS OF CITIES OVER 10,000 AND OVER 25,000

Cities over 10,000 population		Cities over 25,000 population	
City	Population	City	Population
<i>B</i>	60,000	<i>B</i>	60,000
<i>C</i>	40,000	<i>C</i>	40,000
<i>D</i>	25,000	<i>D</i>	25,000
<i>E</i>	12,000		
<i>F</i>	20,000		
<i>G</i>	12,000		
<i>H</i>	15,000		
<i>I</i>	25,000	<i>I</i>	25,000
<i>J</i>	60,000	<i>J</i>	60,000
<i>K</i>	15,000		
<i>L</i>	12,000		
<i>M</i>	20,000		
<i>N</i>	12,000		
<i>O</i>	12,000		
<i>P</i>	40,000	<i>P</i>	40,000
<i>Q</i>	6,000 *	<i>Q</i>	6,000 *
<i>R</i>	50,000	<i>R</i>	50,000
<i>S</i>	25,000	<i>S</i>	25,000
<i>T</i>	15,000		
<i>U</i>	12,000		
<i>V</i>	15,000		
<i>W</i>	50,000	<i>W</i>	50,000
<i>X</i>	12,000		
<i>Y</i>	12,000		
<i>Z</i>	15,000		
<i>BB</i>	15,000		
<i>CC</i>	25,000	<i>CC</i>	25,000
<i>DD</i>	50,000	<i>DD</i>	50,000
	682,000		456,000

* Added because of a large United States Veterans Administration hospital located there.

cause of the distance the representative has to go from his headquarters city.

If a town is more than 30 miles from the headquarters city the representative should hotel out instead of driving home at night.

If more than 125 miles from home at the week end he should hotel out the week end rather than drive home and then have to

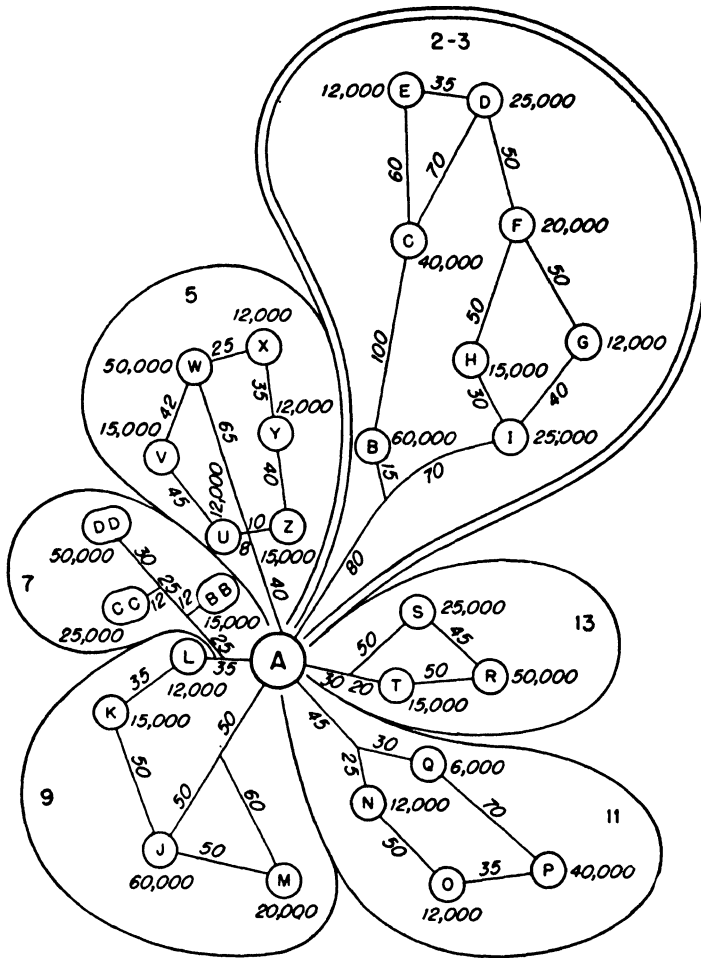


FIGURE 10. Map of Territory 206 divided into 13 trips. The numbers on the periphery indicate the "trip" numbers of the respective areas. Encircled letters represent cities; the adjacent figures indicate population. The connecting lines indicate approximate routes of travel, and the figures on the lines indicate the mileage between points.

come all the way back to complete a two-weeks' trip that is continuous. Having determined upon a thirteen-week circuit, we shall devote seven weeks to the "country" portion of the territory and six weeks to the headquarters city (see map, Figure 10). The master schedule would then be set up as follows: .

TABLE 2. STANDARD ROUTE LIST—TERRITORY 206
(Thirteen-week circuit)

Trip No.	City		Number of days
	Regular trip	Alternate trip	
1	A		5½
2, 3	B	B	3
	C	C	2
	E		1
	D	D	2
	F	F	1
		G	1
	H	H	1
	I	I	2
4	A		5½
5	U		1
	V		1
	W		3½
		W	2½
		X	1
		Y	1
		Z	1
6	A		5½
7	BB		1
	CC		2
	DD		2½
		CC	2
		DD	3½
8	A		5½
9	L		1
	K		1
	J		3½
		J	4
		K	1½
10	A		5½
11	N		1
	O		1
	P		3
	Q		1
12	A		5½
13	T		1
	R		3
	S		2

Standard Route List. Our schedule lists a city of 6,000 population although it was intended to list only cities of 10,000 and over. In this particular town or nearby there is a large Veterans Administration hospital. It, obviously, must not be passed up. The standard route list is prepared with the intention that it should be adhered to closely. However, a representative must not consider the schedule so inflexible that he runs away from business or passes up even better business in a smaller town. If he has definitely determined that substitution should be made in the schedule, the representative should ask the home office for approval to make the suggested change or changes.

More complicated problems than that described above arise in setting up standard route lists. Sometimes it may be advisable to set up one comprising a seventeen-week circuit with alternate trips planned so as to visit most important cities every eight or twelve weeks and small but important towns every seventeen, twenty-six, or thirty-four weeks. It depends upon the number and distribution of cities away from the headquarters city. As volume increases and the field staff is expanded, the schedules may be so arranged as to include visits to a greater number of smaller towns, or to enable the representative to spend longer periods in the cities previously worked, or to do a combination of both.

It must not be inferred that smaller cities or towns do not have as good potential per physician as do larger cities. Frequently, on the contrary, the potential per physician in smaller towns, even some very small communities, is much higher than in the large cities. One reason is that people who live in smaller communities or on the farms often are more inclined to safeguard their health. Another is that the official population of a smaller city does not at all reflect the actual trading population, which includes the great rural population surrounding it for probably many miles around. Physicians in small towns see just as many patients per day as do city physicians, frequently a good many more.

Accounts Distribution Map. It is important to the representative as well as to the sales manager that an accounts distribution map be prepared and kept up to date especially for each

large city. The map or maps should be of sufficient size to permit all accounts or prospective accounts and physicians to be "spotted" on the map. Different-colored squares may be used to designate the accounts according to whether they are retail druggists, hospitals, wholesale druggists, or other types, while dots, circles, and triangles may be used to denote physicians, dentists, and veterinarians, respectively. Areas in which there are high concentrations of physicians may be shown by a special shading of the area.

The advantage of such a map is that it may indicate whether there is proper distribution of accounts in terms of the distribution of physicians. For example, if the cooperating accounts that a Professional Service Pharmacist has are primarily in the northern part of the city when the heavy concentration of physicians is in the southern part, the matter should be investigated. The accounts in the northern part of the city may be perfectly justified, but, if dealers are not cooperating in the southern part where most physicians are concentrated, the P.S.P. may not get the full benefit of his "detailing" efforts.

Dispensing Towns and Dispensing Physicians. Another consideration in preparing a schedule is whether one or more of the towns contemplated for the standard route list is a "dispensing town." While there are exceptions my impression, based on personal experience of many years in the field, is that many dispensing physicians are likely to purchase drugs on a purely price basis and that they get so involved with their drug-buying and dispensing that they do not have the time to keep abreast of newer therapy that prescribing physicians have.

Furthermore, it seems to me that many representatives of firms whose laboratories discover or perfect new therapeutic products cannot afford to take the time to call on many dispensing physicians to inform them about these products in the usual way because of the lack of response that makes such visits profitable.

It is my opinion too, following many years of observation, that dispensing by physicians has been on the decrease for a number of years² and that, in general, dispensing physicians do not main-

²"A comparative study of 113 identical pharmacies covering a period of three years—1944, 1945, and 1946—shows a steady increase in the prescription business. This is partly due to a trend to more general acceptance of prescription medica-

tain the active voluminous practices that prescribing physicians do for two reasons: (1) Their divided responsibility of doctor and druggist gives them less opportunity of being informed than prescribing physicians who have more time for study and seminars while their pharmacists take care of their dispensing and drug-buying problems. (2) The pharmacists, who serve and get to know a great many more people in the course of the day's work and have many confidential inquiries about local physicians from prospective patients, recommend prescribing physicians.

It is obviously unfair, and certainly unethical, to attempt to prevail upon the physician to dispense his own drugs except those ordinarily required for emergency use. The practice is not compatible with the age-old physician-pharmacist relationship and the logical division of professional labor. It is recognized, of course, that in isolated communities, remote from a reasonably accessible pharmacy, the relatively few physicians so situated may have no alternative but to dispense.

Code of Ethics, A.M.A.: Pharmacist-Physician Relationship. Chapter IV, Section 4, of "Principles of Medical Ethics of the American Medical Association" reads as follows:

By legitimate patronage, physicians should recognize and promote the profession of pharmacy; but any pharmacist, unless he be qualified as a physician, who assumes to prescribe for the sick, should be denied such countenance and support. Moreover, when a druggist or pharmacist dispenses deteriorated or adulterated drugs or substitutes one remedy for another designated in a prescription, he thereby forfeits all claims to the favorable consideration of the public and physicians.³ [Italics are my own.]

Influence of "Key" Physicians and Pharmacists. The described plan of coverage is intended to enable the Professional

tion and to a sharp decline in dispensing by physicians. In some localities this last is attributable to the war but it is also true that doctors now appreciate that dispensing is not needed as a competitive tool in medical practice. With the prescription pharmacy relieving the physician of having to carry large stocks of drugs, of tracking down those that are scarce, and of cluttering up their offices with compounding equipment, few, if any of the dispensing doctors are likely to return to the practice."—1946 Lilly Survey, *Northwestern Druggist*, September, 1947.

³ Published by the American Medical Association, Chicago, 1943.

Service Pharmacist to visit "key" physicians in the various parts of the territory. The "key" men, whom we may classify as either *A* or *B*, should if possible be seen on each coverage of the circuit and in addition as many *C* and *D* physicians as the allotted time will permit. On alternate trips *C* and *D* physicians other than those visited the time before should be seen so that all or most of them are seen at least once within the year. Even when they do not see a representative frequently, assuming that they are really interested in his products and that he has made a good impression on his previous visits, physicians are very likely to respond relatively well to his "detailing" efforts, particularly if the products are well supported by direct-mail and medical-journal advertising.

If a firm has a field staff, and its representative in a territory does not call upon a physician whose practice is coming along well and his colleagues are visited at least occasionally, the physician may feel slighted and take personal offense. In such instances it is very difficult later for the firm's representative to bring that physician into the fold. The feeling has been expressed, "They did not see fit to call on me when I was 'breaking in' and developing my practice. Now that I am successful and have a good practice they come along and want my business. I have gotten along very nicely without their products heretofore, so I shall continue to do so and confine my business to the fellows who didn't pass me up."

Apropos of that, a supervisor's report carried the following: "Dr. ——— has used most of our products in the past, but he was converted to ———'s products, because *we* had not been visiting him while our competitor's representative 'had been pounding it into me.'" However, *our* journal advertising and direct-mail releases had been reaching the physician in increasing amount or frequency.

Of course, it is physically impossible for a Professional Service Pharmacist who is developing a large territory to see all the good-enough physicians in it. Seeing the key men over a fairly wide area is about the best that can be done. By so doing the P.S.P. gets the advantage of the "key" men's influence upon many other

physicians in the area who may decide to administer or prescribe the same products.

There is another very important reason why it pays the P.S.P. to spread his work, although it may appear to be pretty "thin" territorial coverage. It is to gain the active cooperation of "key" retail pharmacists through whom continuous effort in the promotion of the firm's products is to be had in the various sections or cities of the territory. The representative will satisfy the retail pharmacist by getting product specifications from the key physicians. The retail pharmacist, in turn, will be glad to cooperate with the P.S.P. by trying to get specifications from other physicians by means of his own local professional-products promotion activities.

Rating of Physicians. The following is one method of classifying physicians according to their relative value to the firm:

- A. A physician who has a large practice, who administers or prescribes a great many pharmaceutical products, who is probably connected with a medical school as a member of the faculty, who does clinical research, and who writes for publication the results of his research.
- B. A physician who has the same type of practice as an *A* man and administers or prescribes a great deal of pharmaceutical products but who may not be on the faculty of a medical school and does not write for publication.
- C. A young physician who is building a very substantial practice, who has the earmarks of becoming an *A* or *B* man in the future, even though his present worth to the firm would not be greater than that of a *D* man.
- D. A prescribing physician who has a fairly comfortable practice and who is worth calling upon.
- E. A physician not worth calling upon.

Rating of Physicians for Sampling Purposes. Another type of classification that is desirable, in addition to the above, is one for the distribution of samples. It may be described as follows:

- V. A physician to whom samples may be supplied reasonably freely with the knowledge that he is honest in his use of

them for clinical research only. He will most likely write for publication.

- W. A physician to whom samples of new products may be given or may be sent with the knowledge that he is honest in his use of them for clinical investigation only. He will probably not write for publication, but his influence on other physicians in his use of the product is worth while. He will not abuse the use of limited free material and will rarely request any but new products.
- X. One who is not an investigator and to whom samples should be sent only on general mailings in the introduction of new products or by special request of the P.S.P.
- Y. Sample grafter. Not an investigator. One who requests samples for the real purpose of treating his patients instead of buying the product through ethical outlets, or who orders any kind of samples for trading to "sample peddlers" for supplies he can use, or who tries to foist them upon his pharmacist in exchange for supplies. No samples given under any circumstances.
- Z. A physician who does clinical research but who will abuse the privilege of receiving samples for investigative purposes by disposing of a part of his supply to sample peddlers in exchange for other merchandise.

Preparation of Route Book. With the plan of territorial coverage set up, the next step will be the preparation of a route book. The loose-leaf book may more properly be described as a territorial directory in which physicians, selected drugstores, physicians supply houses, pharmacies, hospitals, wholesale druggists, and other clientele are arranged according to routes and addresses. Therein should also be shown physicians' hours, specialty, and hospital connections. It should not be used for detailed information. That should be recorded on cards for reference.

In my personal experience as a Professional Service Pharmacist I have devised various adaptations of the route book described here (see Figures 11a to 11d), each with space for more detailed information, but they did not work out as well for the

Mount Cass, Indiana			
30 N. Michigan Ave.			
Questionable			
1927 Miss Jones; Mary Smith, R.N.			
19-12	A Q. B. Smith, E.E.N.T.	1/5	7/6
MVF 1-3	B J. T. Holcomb, D.D.	3/5	3/9 19/11
2-4	A O. A. Orr, D.D.	3/5	6/5
3-5	B E. T. Olmeyer, D.D.	3/5	6/5 8/27
3-6	C L. M. Roor, D.D.	1/5	4/6 4/7
1921 Gertrude Hanley			
9-12	A E. M. Campbell, D.D.	1/3	5/6 8/2
7-12	A Geo. Roberts, D.D.	1/4	7/5 4/7 6/10 10/2
10-1	C P. K. Bishop, D.D.	1/3	5/2 7/27
11-1	B C. B. Fitch, D.D.	5/6	8/27
12-2	B B. S. Kessler, D.D.	1/4	3/5 6/5 8/27
MVF 1-3	A J. V. Dupleman, D.D.	1/3	7/5 6/5 8/7
2-4	B G. S. Benton, D.D.		
3-6	C H. T. Ordor, D.D.	1/3	6/20 8/7
1915 Mary Jackson			
9-12	C H. E. Cargy, E.E.N.T.	3/15	6/5 9/4
10-12	B F. F. Gindler, D.D.	1/4	3/16 4/5 8/27
10-1	C Geo. Fitzhugh, D.D.	6/5	
12-2	B E. S. Hill, D.D.	3/6	4/5 9/4
1-3	C Q. C. Springer, D.D.	1/4	3/5 6/5 9/4
1-4	B W. R. King, D.D.		
2-4	B L. A. Rugh, D.D.	1/3	3/5 6/5 8/27
3-5	A R. S. Brownell, D.D.	3/16	6/5 9/4

FIGURE 11g. A page from a Professional Service Pharmacist's route book. (Loose-leaf page size 3 3/4 by 6 1/4 inches.)

Mount Airy, Indiana

30 N. Michigan Ave.

Justin Bldg.

1826 Ruth Johnson

1A-1	P.T. Tinscott, Pharm. X-ray	1/5	4/2	7/8	
1A-3	C.A. Middleton, Surg.	1/5	3/6	7/9	8/11
1A-4	F.E. McKelvey, Gen.	1/6	3/2	6/5	9/6
2-5	H.G. Kelly, Int. Med.	1/10	3/2	6/6	
3-6	M.R. Betner, Med.	1/9	3/2	5/24	7/9

1817 Lillian Marsh

2-12	Geo. Frank, X-ray	1/11	4/1	7/6	10/11
2-12	B.R. Williams, D.D.S.	4/11	4/2	7/9	7/11
1-11	F.S. Harpaz, Gen.	1/9	4/2	7/9	
1A-5	K.A. Miller, Surg.	1/11	4/2	7/9	9/2
1A-3	Milton Castelli, Int. Med.	4/2	7/10	9/6	
2-6	A.P.M. Hugh, D.D.S.	1/11	4/12	7/10	
6-8	R.O. Washburn, Int. Med.	1/9	4/2	6/2	9/2

1806 Vivian Marsh; Marcella Jones, RN.

11-2	C.E. Glover, D.S.	4/2			
1A-3	W.C. Fragg, Int. Med.	1/11	7/9		
1A-4	R.M. Rittel, Med.	1/12	3/15	4/2	6/27
3-5	T.B. Schlinger, Int. Med.	3/11	7/9	10/10	
2-6	G.B. Hollington, Gen.	1/12	4/2	6/5	3/29
2-7	M.W. Hethcote, Gen.				

1702

Cunningham Pharmacy 21
 Edwin Miller, Mgr. Pharm.
 Alvin Jenkins, Pharm.
 John Margart, Pharm.

FIGURE 11b. A page from a Professional Service Pharmacist's route book (continued).

Mount Airy, Indiana

157 Indianapolis Ave.
 19-11
 3-5 J. K. Smith, Gen. '15 3/17 5/15 7/19 10/11 Gen. (Fern McDonald)

151 Indianapolis Ave.
 14-12
 1-2 L. D. Orndson, OB Gen. '15 3/18 5/24 7/19 Gen. (Alice Peterson)

117 Taylor St.
 1-5 A. R. Deade S. U. '14 3/17 5/15 7/19 10/11 Gen. (Evelyn Duwall)

101 Indianapolis Ave.
 1-1
 5-8 T. M. Mueser, OB '15 3/16 5/14 7/19 Gen. (Dorothy Olson)

203 Rensselaer St.
 1-13
 3-4 E. P. Jansen, Gen. '16 7/19 Gen. (Margaret Hartel)

301 Rensselaer St.
 10-11
 5-6 R. P. Ackerly, Surg. '16 7/17 9/24 11/30 Gen. (Mary Parsons)

98 Kentland Rd.
 11-2 B. A. Waters, OB, Surg. '17 1/15 7/18 10/11 Gen. (Virginia Wolter)

76 Lafayette Ave.
 Stecher's Professional Pharmacy 21
 H. R. Baldwin Reg. Pharm.
 Vivian Raymond, Pharm.
 Jeanne Sanders, Pharm.

FIGURE 11c. A page from a Professional Service Pharmacist's route book (continued).

Mount Upr. Indiana

278 Goodland St. (Jane Patch)

Methodist Hospital. 31 ○

- A. T. May, Ph. C. Supt. $\frac{3}{12}$ $\frac{5}{9}$ $\frac{7}{15}$
- L. N. Reis, Pharm. $\frac{1}{15}$ $\frac{2}{10}$ $\frac{3}{16}$ $\frac{4}{11}$ $\frac{5}{17}$ $\frac{6}{12}$ $\frac{7}{18}$
- R. P. Dillon, X-ray $\frac{1}{15}$ $\frac{3}{16}$ $\frac{5}{17}$ $\frac{7}{17}$
- H. A. Cregar, Anesth. $\frac{3}{16}$ $\frac{5}{17}$ $\frac{6}{12}$ $\frac{7}{17}$ ○
- R. E. Stallman, Surg. Nurse $\frac{6}{10}$ $\frac{7}{17}$ $\frac{7}{17}$
- E. N. Fink, OB Nurse $\frac{5}{13}$ $\frac{6}{10}$ $\frac{6}{16}$
- F. D. Bergen, Chief O.P.D. $\frac{5}{13}$ $\frac{6}{16}$ $\frac{6}{16}$
- H. O. Quack, OS, O.P.D. $\frac{7}{12}$ $\frac{6}{10}$ $\frac{7}{17}$ ○
- B. R. Sanford, S.U. O.P.D. $\frac{6}{10}$ $\frac{7}{17}$ $\frac{7}{17}$
- T. J. Ellis, Int. Med. O.P.D. $\frac{4}{11}$ $\frac{7}{17}$ $\frac{7}{17}$

1246 Kentland Rd.

Taylor R. Pharmacy 21

- T. J. Taylor, Mgr. Pharm.
- E. N. Smith, Pharm.
- J. C. Arbert, Pharm.
- V. M. Harmanson, Pharm.

1252 Monroe Blvd. (Eunice Stewart)

- | | | | | | | |
|--------|---------------------|----------------|----------------|----------------|----------------|----|
| 6-6 | R. C. Jones, OS | $\frac{7}{12}$ | $\frac{5}{10}$ | $\frac{7}{17}$ | $\frac{7}{17}$ | 45 |
| 12-2 | N. J. Thomas, S.U. | $\frac{7}{12}$ | $\frac{5}{10}$ | $\frac{7}{17}$ | $\frac{6}{16}$ | 45 |
| 1-3 | Geo. Seaman, Gen | $\frac{7}{12}$ | $\frac{5}{10}$ | $\frac{7}{17}$ | $\frac{7}{17}$ | 45 |
| 2-5 | L. B. Rishoping, OB | $\frac{7}{12}$ | $\frac{4}{10}$ | $\frac{7}{17}$ | $\frac{7}{17}$ | 45 |
| M.W.P. | H. S. Samal, Gen | $\frac{4}{10}$ | $\frac{7}{17}$ | $\frac{7}{17}$ | | 45 |

2008 Valparaiso Rd.

Fulkerson Prof. Pharm. 21 ○

- A. C. Johnson, Mgr. Pharm.
- E. T. Masters, Pharm.
- Thos. Carrier, Pharm.

FIGURE 11d. A page from a Professional Service Pharmacist's route book (continued).

purpose intended. Some representatives who have been under my direction have likewise tried to expand the information but have found that it does not work well, the book becomes too clumsy, too cumbersome, and unhandy. The preparation of this type of route book is a big undertaking; a great amount of work is involved of necessity. I strongly urge that an extra copy be prepared, page by page, so that in case of loss of one, the whole task will not have to be done over again from its very beginning.

The ring binder should have rings not to exceed $\frac{1}{4}$ inch inside diameter and should take cross-ruled paper $3\frac{3}{4}$ by $6\frac{3}{4}$ inches. In a route book of that size one may have 1,500 to 2,000 names of physicians, hospitals, pharmacies, etc., when prepared and spaced according to the suggestions given here and as illustrated in Figures 11*a*, *b*, *c*, and *d*. In some territories two or three such route books may be necessary for complete listings. The ring binder that is excellent for the purpose is Genuine Trussell No. 308 EP, or a similar one of good leather stock. It slips very handily into the inside pocket of one's suit-coat from which it may be easily withdrawn for quick reference.

It is best to begin the route book for the headquarters city. A good starting point is the Classified Telephone Directory, provided that *all* physicians, pharmacies, drugstores, physicians supply houses, wholesale druggists, hospitals, or other clientele are listed therein. If dentists and veterinarians are to be called upon they may be dealt with similarly. If the Classified Telephone Directory does not give complete lists, other directories must be referred to, such as the Directory of the American Medical Association, the Chicago Blue Book Directory of Physicians, or the New York, New Jersey, Connecticut Blue Book Directory of Physicians.

First the P.S.P. should purchase an ample supply of 3-by-5 cards. He should then place the name and address of each physician, pharmacy, etc., on a 3-by-5 card. On a large detailed map of the city he should outline convenient divisions. He should separate the cards according to the particular division in which the address is located. He should study the addresses on the cards and on the basis of the apparent concentrations of physicians within the division arrange them into groups according to

the addresses, so that one follows the other in logical order as a mail carrier would in arranging his route. It is not expected that the representative will actually work everyone in that order, but by reference to his completed route book at any given moment he may quickly see or be reminded of what physicians, pharmacies, or hospitals are in the vicinity, and where.

It is well to list *all* physicians, prescription pharmacies, physicians supply houses, hospitals, wholesale druggists and other accounts. From the point of view of ethical medical-products promotion ordinarily in a large city not more than 10 to 25 per cent of the drugstores, including professional pharmacies, need be listed. That percentage of pharmacies and drugstores will probably fill approximately 75 and 90 per cent, respectively, of the prescriptions of the city, and, when physicians supply houses are included, may do an even greater percentage of physicians supply business. In smaller cities the percentage will vary, plus or minus, within not too wide limits.

When the cards have finally been properly arranged according to addresses and the originally outlined divisions of the city, they should be reappraised by plotting them on a large-sized city map to determine whether they should be separated into divisions of different boundaries within the city (see page 79).

As an aid in the preparation of the route book, especially for a large city, it is well to inquire of one or more local newspaper offices for a copy of a "Drugstore Route List." Many newspaper publishers supply such lists gladly. Each newspaper's "Drugstore Route List" will most likely vary so it is well to obtain a copy of each to see which is preferred. They are usually prepared as a service to the salesmen of national advertisers as well as for the convenience of the newspaper's "merchandising staff." These staff members are frequently placed at the disposal of an advertiser who desires special sales assistance to get quick distribution of products for which a new or invigorated advertising campaign is being launched.

These routings should be traced on the large-sized city map so as to compare them with the routings initially prepared from the 3-by-5 cards of physicians, pharmacies, wholesale druggists, and hospitals, as already explained.

Acquiring Needed Information. If it were not for the fact that there may be concentrations of many physicians in "medical buildings" the representative might begin preparing his route book immediately. However, the route book should show the numbers of the suites within the buildings in which the physicians maintain their offices. Therefore, it is best to take the cards pertaining to a specific address, get a reasonably early start in the morning, and copy from the doors the names of the physicians occupying each suite.

The representative should then begin to visit one suite after another, introduce himself to each receptionist, state his business, and ask her whether she will be good enough to provide him with the doctors' hours, their specialties and hospital connections, and whether any of the doctors maintain offices elsewhere. She should be asked also to check the names listed for that suite, as sometimes there still may be listed on a door the name of a physician who has moved, retired, or died.

But, before he asks to see the physician whom he has chosen to interview, the Professional Service Pharmacist should ask the receptionist her name. She may become a little suspicious at that question, depending upon his approach, since she met him only a few minutes before. Usually putting the question in the following way will elicit a favorable response: "By the way, as a matter of having my records complete for this office, would you mind letting me have your name?" Thus, just before his next visit he can refer to his route book to recall the receptionist's name since he may have forgotten it.

As he approaches her desk he may then address her by name, "How do you do, Miss Smith. You may recall that I am Daniel Olsen of the Blank Company who visited this office about three months ago." Yes, of course, she remembers him! She may ask him how he remembered her name after so long, since he meets so many people. Then it will be well for him to have an appropriate answer, for she is already flattered that he should have remembered her name.

Here is an answer that has worked: "Well, I don't know, Miss Smith. I hadn't really thought about it. I guess it's just that some people impress me more than others. I greatly appreciated

your courtesy and help on my last visit, and I hadn't forgotten it. I should like very much to see Doctors X, Y, and Z this morning and shall be grateful to you if you will arrange for me to have a visit with them. I particularly desire to speak with them about the new ——— for the treatment of ———."

Having gotten the information he requires in the first suite, he should see one or two of the physicians there and pass on to the next. As soon as he has sufficient information to begin transferring it to the route book, he should do so.

Sometimes, especially if the number of physicians in a medical building or area is not large, the P.S.P. may find that the information on physicians' office hours and specialties may be obtained from a nearby pharmacy whose management gives full-time or special attention to prescription and physicians supply business. In individual cases the prescription pharmacist may be prevailed upon to look up the office hours in his prescription file, if necessary, since they are usually printed on the prescription blank.

The preparation of a duplicate copy of the route book should be started at once. The P.S.P. will, of course, survey the pharmacies in the area to determine which may logically be listed in the route book. Some of the information that he desires about pharmacies, drugstores, and hospitals may be had by inquiry of other representatives and prescription pharmacists.

The pages of the route book will, if this plan is followed, take the form of the pages shown in Figure 11. Figures 11a and 11b illustrate the arrangement of suites and physicians located in a medical building. The P.S.P. should always start from the top floor and work down. The names of the physicians of a suite should be listed in the order of the earliest office hours. The reason for so doing is to facilitate quick and more accurate reference. If, for example, the physician whom the P.S.P. had planned to see at 9:00 A.M. cannot be seen for another twenty minutes or so, he will not want to waste the time if he can avoid it. Hence, he may glance at the top listings of the adjacent suites to remind himself whom he may see in the meantime.

One of the secrets of successful professional service work is to keep moving rather than to wait unduly, so as to put in the most

productive time possible. A hen is the only creature that can sit quietly and simultaneously produce dividends. The pocket route book will help materially to make a P.S.P.'s time most productive. That is the purpose for which it is intended. It is a means of preventing disorganization and aimless wandering.

The P.S.P. should write the specialty immediately following each physician's name, as illustrated. To the extreme right of the page are abbreviations or code marks indicating the hospital staffs to which the physicians are attached. The receptionist's name should follow the suite number, but in pencil. In the space between the specialty and the hospital reference the P.S.P. should write, in *pencil* as indicated, the date of the last call upon the physician. When the date-of-call space is filled, the earlier dates should be erased and that space used to indicate the latest calls.

Figure 11c shows the method of listing physicians who have individual addresses and offices. Some may have offices in their homes. To attempt to save space by crowding does not pay. The method illustrated saves the eyesight.

Each physician, as already explained, should be rated. A convenient method of marking the "worth" ratings of each physician is to write the capital letter in red ink on the same line immediately above the name to which the rating applies.

Listing Trade Accounts. Figure 11b lists the Cunningham Pharmacy in suite 1702. The names of hospitals and pharmacies or other dealers should be written in red ink. The purpose of that is to differentiate visually and quickly such accounts from physicians' names, so that they may not so easily be overlooked. The number following the account name is a classification number (see Figure 11b and Table 3).

The information that the P.S.P. obtains about a pharmacy or other institution is not complete until he has the names of the pharmacists and other personnel. They should be listed as shown.

The registration certificates, which in all instances are required to be prominently displayed, will show the name of the pharmacist to whom each is issued. Make note of the names, get

them well fixed in mind, and then after the introductions remember the individuals to whom each belongs.

TABLE 3. SYSTEM OF CLASSIFICATION OF ACCOUNTS

<i>10 Series (Wholesalers)</i>	
Service wholesalers, independent.	11
Service wholesalers, chain.	12
Mutual wholesalers.	13
Professional products (exclusively) wholesalers.	14
<i>20 Series (Retailers)</i>	
Ethical (prescription) pharmacy.	21
Physicians supply pharmacy.	22
Physicians supply house.	23
General pharmacy (public-health products only).	24
General variety-type drugstore.	25
Chain drugstore.	26
Department store with pharmacy.	27
X-ray supplies.	28
Veterinary supply house.	29
<i>30 Series (Hospitals)</i>	
Private hospitals (with pharmacy).	31
Industrial hospitals (with pharmacy).	32
Federal hospitals or agencies.	33
State hospitals or agencies.	34
County hospitals or agencies (with pharmacy).	35
City hospitals or agencies (with pharmacy).	36
<i>40 Series</i>	
Clinic (with pharmacy).	41
Industrial clinic (with pharmacy).	42
<i>50 Series</i>	
Pharmaceutical manufacturer.	51
Veterinary products manufacturer.	52
<i>60 Series</i>	
Hospital (no pharmacy).	61
Clinic (no pharmacy).	62
Physician.	63
Dentist.	64
Veterinarian.	65
Industrial.	66

In Figure 11*d* of the route book is listed a hospital and the names of the heads of various departments. Attempt should not be made to list the whole staff under the hospital name in *this* part of the route book.

Special Lists of Hospital Staffs. Another important section of the route book is that wherein, under the heading of each hospital, is listed the senior staff and the associate staff, or permanent staff and visiting staff, according to departments or services. That is a cross reference to the abbreviated designation or code that appears opposite each physician's name in the main part of the route book. This special hospital staff listing (see Figures 12*a*, 12*b*, 12*c*, and 12*d*) is invaluable on an occasion when the Professional Service Pharmacist wishes to make a special promotional effort among physicians of a certain hospital. It might be for the purpose of gaining quick acceptance of a product for use in the hospital, or when there is danger of one of his important products being dislodged by a competitor.

The list of staff members and other pertinent information about the hospital may be had from the hospital's year book or annual report, or sometimes from the posted directory. If a copy cannot be obtained from the hospital, possibly one of the staff physicians will let the P.S.P. see his copy long enough to transcribe the information desired. The hospital pharmacist most likely has a list which he may permit the P.S.P. to copy. The local chamber of commerce or a local credit bureau may have a copy.

Products-reminder List for "Detailing." Another feature that the route book should contain is a products-reminder list. There probably is no one in professional service work who, if he has to make a "fill in" call, does not, some time or other, have to stop and think what is best to bring to that physician's attention. Hence, if the Professional Service Pharmacist has already prepared a list of his firm's products that are adaptable to each medical specialty, it may come in very handy.

It also serves another good purpose, that of reminding the P.S.P. of any product to which he should give reasonable promotional effort but which, for reasons only of oversight, he may have been neglecting. Figures 13*a*, 13*b*, and 13*c* are illustrations of such a list.

Route Book Not for Detailed Record. I stated that no more information should be incorporated into the route book than that suggested. Additional information should be placed on suitable

Raritan Memorial Hospital
Brainerd, Minnesota

Staff

Physician-in-Chief
 Warren T. Balmer

Surgeon-in-Chief
 Fred S. Lake

Physicians
 Arthur A. Horner
 M. S. Hurth
 D. S. Jackson

Surgeons
 J. Henry Lukens
 M. H. Chute
 B. R. Cartelle
 F. J. Mansfield

Obstetricians
 D. H. Overson
 Carl de Haen

Gynecologists
 M. E. Small
 C. S. Cutter

Thoracic Surgeon
 Richard L. Manor

FIGURE 12a. List of hospital staff members. (Loose-leaf page size $3\frac{3}{4}$ by $6\frac{3}{4}$ inches.)

<u>Raritan Memorial Hospital (cont'd)</u>	
<u>Brainerd, Minnesota</u>	
<u>Staff (continued)</u>	
<u>Consulting Oral Surgeon</u>	
	Ralph F. Gilbert
<u>Orthopedists</u>	
	Robert Mansel
	George Haggert
<u>Pathologist</u>	
	Russell Wayne
<u>Urologists</u>	
	E. F. Kraft
	J. E. Everts
<u>Ophthalmologists</u>	
	Wm B. Beckman
	Edward P. Anderson
<u>Consulting Neurologist</u>	
	Oscar J. Treadens
<u>Neuro-Surgeons</u>	
	George Allen
	John J. Pappert
<u>Dermatologist</u>	
	Alfred T. Johnson
<u>Roentgenologist</u>	
	S. L. Merriman

FIGURE 12b. List of hospital staff members (continued).

Raritan Memorial Hospital (cont'd)
Brainerd, Minnesota

Staff (continued)

Otologists, Laryngologists, Rhinologists
 Henry C. Hobart
 Matthew Galiaferro

Pediatricians
 L. A. Martin
 Joseph D. Olsen

Geriatrists
 Herbert J. MacGarry
 Don R. Mather

Proctologist
 Thorvald Bjornsen

Anesthetists
 C. Gilford Gilbertson
 George B. Peterson

Associate Staff

Internists
 Henry F. Adams
 T. L. Bonnell
 D. T. Chambers
 E. Wm Carlsen
 S. E. Emerson
 M. D. Fowler
 Evelyn B. Hempstead
 George C. Stavanau
 P. Tuhturen

FIGURE 12c. List of hospital staff members (continued).

<u>Raritan Memorial Hospital (cont'd)</u>	
<u>Brainerd, Minnesota</u>	
<u>Associate Staff (continued)</u>	
<u>Surgeons</u>	
H. S. Allison	
J. D. Bender	
R. C. Cummins	
Allen Darwin	
F. R. Gulbrandsen	
Edward Harrison	
C. B. Mertens	
<u>Obstetricians</u>	
O. E. Austlid	
H. B. Baker	
J. A. Hermanson	
S. F. Kraugerud	
Wm. D. Pennyson	
V. N. Vincent	
Roger Wolter	
<u>Gynecologists</u>	
B. A. Cunningham	
H. A. Green	
J. Chas. Taylor	
R. J. Thorkelsen	
S. R. Worthington	
A. H. Young	
<u>Oral Surgeons:</u>	
S. R. Cissdahl	
S. T. Wolter	

FIGURE 12d. List of hospital staff members (continued).

<u>Pediatrician</u>	<u>Dr. Gyn</u>	<u>Reminder List</u>	<u>Urologist</u>	<u>Internist</u>
Vitarone	Sol. Pituitary	Nearaphenamine	Sulfaphenamine	Cod Liver Oil Prods.
Aspro-Vitarone	Sol. Ag NO ₂ Amps	Sulfaphenamine	S. P. T. Sphenamine	Urosterol
Chon-Vitarone	S. E. Ergot	Solargantrum	S. P. T. Sphenamine	Melilot Green Oil
Urosterol	Aminatin	Bacthinal Vaccine	Calcium Gluconate	Vitarone Products
Cod Liver Oil	Follvitain	Crocaine	Propranolol	C. T. D. Tablets
C. T. D. w/ Vitarone	C. P. T. Sphenamine	Spral	Spral Adulants	El. T. Sphenamine
Alkyl	Vitarone Products	Sodalimitol	Spralidon	Spral Adulants
Citalk	Cod Liver Oil	Di Phen	Prothroid Hormone	Spralidon
El. T. C. 72	C. T. D. w/ Urosterol	Urosterol	Amnypin - Adulter	Urosterol
C. P. T. Sphenamine	Vitarone	Di Phen	Calc. Gluconate	Urosterol
Capr. Epilad. Amp.	Urosterol	Urosterol	C. T. D. w/ Blood Test	Urosterol
Biphid. Toy - Amintol	El. T. C. 72	Urosterol	Urosterol	Urosterol
Biphid. Toyoid	Urosterol	Urosterol	Urosterol	Urosterol
Market Fever Toxin	Urosterol	Urosterol	Urosterol	Urosterol
Market Feat	Urosterol	Urosterol	Urosterol	Urosterol
Blanching Feat	Urosterol	Urosterol	Urosterol	Urosterol
Smallpox Vaccine	Urosterol	Urosterol	Urosterol	Urosterol
Market Feat	Urosterol	Urosterol	Urosterol	Urosterol
Album. Bre. Toxoid	Urosterol	Urosterol	Urosterol	Urosterol
M. L. D. w/ Urosterol	Urosterol	Urosterol	Urosterol	Urosterol
Toxoid	Urosterol	Urosterol	Urosterol	Urosterol

FIGURE 13a. Illustration of products-reminder list for "detailing" reference. (Loose-leaf page size 3 3/4 by 6 1/4 inches.)

<u>Reminder List (continued)</u>		
<u>Surgeon</u>	<u>Proctologist</u>	<u>Peripartist</u>
Echin	Sig. Pat. Prods.	C. T. Serenium
Chloroform	Spral C.T. Elix.	Cod Liver Oil
Procaine	Spralidon	Adax
Cyclopropane	Vitavase Prods	N. L. O. Products
Spral C.T. Elix	C. T. Occult Blood Test	Vitavase
Spralidon	Di. Phen	Chocolate Vitavase
Calc. Silicate		Sig. Pat. Products
Vitamin Sol		Spral Products
Aminochin	<u>Neurologist</u>	Di. Phen
C. T. Serenium	Spral C.T. Elix	Auto Liver Conc.
Leucocyte Ctt.	Spralidon C.T. Elix	Aminochin
Thromboplastin	Aminochin	Thyrogen
Di. Phen	Neosporphanamine	Digitalis Prods
Sunt Digitalis	Silphosphoramine	Elix Cypriferum
Vitavase Prods.	Vitavase Products	C. T. Occult Blood Test
Sig. Pat. Prods.	Adax Tablets	Graphaminicoid
Thyrogen	Cod Liver Oil	Isobolusmitol
Auto Liver Conc.	Thyrogen	Antipneumo Serum
	Auto Liver Conc.	
	<u>E. E. N. T.</u>	
	Caps. Ephed Comp.	
	Solargantium	
	C. L. O. Products	
	N. L. O. Products	
	Vitastarol	
	Adax	
	Spral Products	
	Phen. Allergens	
	Calcium Chloride	
	Bacteriophage	

FIGURE 13b. Illustration of products-reminder list for "detailing" reference (continued).

Industrial Surgeon	Reminder List	(Continued)	Osteopack
Copa. Epled Comp	Schick Test	Cod Liver Oil	Soc. Ag NO ₃ Amps
CST. Serpentinum	Dick Test	Cod Liver Oil w/Chol	CC-T. Serenium
Neosporphenamine (as alterative in slow healing of wounds & be- comes a pl. t.)	Blanching Test	Coccy. Test Btz	Tolluence Antitoxin
Bacterial Vaccine	Tetanus Antitox.	Masterson L.	Smallpox Vaccine
Cod Liver Oil	Thromboplastin	Vitavase Products	Diphtheria Antitoxin
Oder Tablets	Diphther	Spiral Products	Dick Test
Vitavase Products	Auto Liver Conc.	Spiraliden Products	Blanching Test
Spiral Products	Amniotin	Leg. Test. Products	Scarlet Fever Antitox
Spiraliden Products	H. L. O. Prode	Auto Liver Conc.	Schick Test
Solargentium	Spiral CT - Elix	H. L. O. w/ Viterol	Album Rec. Toxic
Bacteriophage	Spiraliden T- Elix	Amniotin	Benedict's Solution
Aden Allergene	Ether	Folletin	Neosporphenamine
Smallpox Vaccine	Oleriform	Thyrogen	Salpisphephenamine
Diphth. Tox. - antitox	Prosaime	C.T. Occult Blood Test	Sod. Bic. Nitrol
	Cyclopropama	Parathyroid Hormone	Calcium Chloride
	Aden Allergene	Di Aphen	Solargentium
	Smallpox Vaccine	Ether	Bacteriophage
	Diphth. Tox. - antitox	Cyclopropama	Sarcocystis Test
		Prosaime	Secondary Allergene

FIGURE 13c. Illustration of products-reminder list for "detailing" reference (continued).

cards for reference. A 5-by-7 card is a convenient size. Such cards should be reviewed the evening before visiting the physicians selected for the next day's work. A Professional Service Pharmacist who is suited to and really interested in his work will very quickly develop the knack for remembering what has transpired in previous visits to physicians or other clientele. The detailed information on cards, however, is of value for special reference by the representative and especially so for a successor in the territory. In Figure 18 are shown physician's record cards.

CHAPTER VII

PLANNING THE WORK

Importance of Planning. The rewards of well-directed activity are far in excess of those of haphazard endeavor, which requires the same physical energy. Regardless of the physical effort expended, results are bound to be poor unless the work is carefully planned, systematically organized, and intelligently pursued. By careful planning we save ourselves from embarrassing or costly blunders, ineffectiveness, and loss of time and energy. A representative, to be successful, must be a good organizer and a good planner. He should plan his work so that he does not run out of things to do. He should, therefore, plan *more* than a full day's work and then be both able and willing to follow his plan.

Good organization lifts the man of average mental capacity far above the man of more brilliant mind who is careless about systematization. One must have a definite, well-organized, purposeful plan of operation and then follow it methodically and industriously every day. Otherwise, a man cannot know where he is going and most frequently gets nowhere at the expense of much effort.

The successful salesman plans his work, has a system, and aims squarely at results. The system may not be of his own invention, but he puts it to work effectively. He can be shown how to plan, but he has to do his own thinking. He must, of course, learn to plan on his own initiative, but first he must know how to think. The opportunity to plan "leaves the door wide open for the salesman who has a keen interest in—and does something about—the *who* and *where* and *how* and *why* of his job."¹

¹ Hoffman, Paul G., "Salesmanship for Today for Sales Managers of Tomorrow," Harper & Brothers, New York.

First Tasks. Organizing a territory on paper has already been discussed in Chapter VI. The standard route list may already have been prepared, and the new representative has returned from training to his headquarters city. Before his period of didactic training was completed, the firm that he now represents had sent to his home his selling equipment, including sample cases, "detail" bag, products literature, samples, price lists, order blanks, report forms, requisition blanks, name stickers, business cards, advertising portfolio, photographic portfolio, and such other material as he may require at the outset.

His first task, after the pleasantries of the return to his family, will be to unpack all of these supplies and lay them out in orderly fashion to determine how much shelf room, protected from dust, will be necessary to store them and allow for replenishment as these stocks are utilized. Shelves are then provided, and the samples, literature, and supplies systematically placed upon them. Report forms and office supplies are assembled to begin the perpetual "Battle of the Dining-room Table."

Carrying Samples. The "detail" bag and sample case are the "man mountain" of the Professional Service Pharmacist. The two reasons for this are, first, because his success is determined largely by the extent and efficiency to which they are utilized and, second, because of the loaded weight and the energy required to carry them. A salesman's ambition and proficiency may easily be determined by the extent to which he utilizes that equipment.

The salesmen who fall by the wayside or never get farther than their present positions are usually those who gradually become more and more neglectful about utilizing their sample cases. They work instead from their advertising and photographic portfolios alone, without the aid of samples, or, pitifully, merely from the price list or "trade list." That is one reason why salesmen fail.

Samples are prime functionaries in gaining attention and maintaining interest, whether or not the product is well known. They help the buyer to visualize his program of merchandising or promoting the sale of the products. They create and maintain an atmosphere that stimulates the buyer to buy and the salesman to sell, whether or not the product is old or new. Showing of

samples should be made an event at every visit and an inseparable part of every sales presentation.

If the product line is extensive, the selling samples should be varied from time to time, but outstanding products should always be carried, and others for special promotion. The sight of the "fast items" makes it easier for the buyer to have a favorable response toward the products of lesser volume. Displayed together, they make him, and the salesman too, more full-line-conscious.

The Professional Service Pharmacist should create an appropriate setting for displaying his samples. He should not lay them down just anywhere as if they were so much dirt. He should be proud of them if he has reason to be. If he is not, he should not do himself the injustice and moral irresponsibility of trying to inflict them upon other people. At least one pharmaceutical salesman for years carried yard squares of dark green velvet or velveteen on which to display his exquisite, distinguished pharmaceutical products. It created a favorable impression and sold merchandise. If *you* have a good line of products of which *you* are proud with good reason, try it. It will pay dividends.

The Sample Case. The sample case should obviously be of high quality. Certainly, good equipment costs more money, but it also lasts longer and has good advertising value. It makes a better impression upon the buyer and lifts the spirit of the representative. The purchase of the best-looking sales equipment that money can buy is one of the best and most economical investments a firm or a salesman can make. Who can be favorably impressed by a line of products being carried around in junky-appearing, cheap-John equipment, ragged at the edges, torn at the handles, and its middle looking like an old worn-out kitchen-table oilcloth pasted over a cardboard box? What an impression a salesman makes carrying such equipment! What an effect upon his own self-respect and efficiency!

It is the duty of the representative to see that his leather equipment is kept polished, clean, and presentable. About once each month it should be treated with a good leather freshener. Shoe polish or a dye should not be applied to it at any time, except possibly at long intervals when a base coat is required.

(However, shoe polish should be used every day for the purpose for which it is intended.)

Probably no firm has ever purchased sales equipment that perfectly suited every representative. Equipment must be purchased that most of the men will use most of the time, realizing the problem of negligent representatives or shirkers who will not put forth their best efforts. Frequently the size of the equipment is not adequate for the ambitious representative, or he feels that he can do better work with equipment of a different style. That representative should then create his own design, have it made, and pay for it himself. If it proves to be more productive of results, maybe the firm will reimburse him for the expenditure, but he should not expect the firm to do so unless it was prearranged.

There are probably few successful salesmen who have not designed pieces of their own equipment and had them made at their own expense. The experience so gained, plus the personal satisfaction derived from it, justified the cost to themselves.

The "Detail" Bag. The "detail" bag should be designed so as best to suit the products and literature that have to be carried. The "detail" bag which is inadequate and which does not permit the carrying of the requisite quantity and variety of literature and demonstration samples is an expensive deficiency. Representatives cannot operate at greatest efficiency unless they are adequately and fully equipped for the job in hand. The "detail" bag must be so arranged that the literature and reprints do not become "dog-eared" and that any piece of literature may be easily and quickly located.

If articles about the products promoted are frequently published in medical journals, many reprints are likely to be available for distribution. Thus, more space for literature will be required in the "detail" bag than if few reprints are to be carried. The literature should be arranged in the pockets of the bag according to product. If there are several reprints of medical-journal articles on a product, they should be arranged according to subject matter or types of clinical cases, so that they may be picked out easily and quickly without breaking or interrupting

the interview when discussing the product and pertinent cases with a physician.

The daily literature requirements will ordinarily be from three to ten pieces per kind of literature per product "detailed." The new Professional Service Pharmacist must learn how much from experience, according to the amount of promotional effort devoted to any particular product.

The literature supply in the "detail" bag should be replenished every evening from the reserve stock, so that it will be in full readiness for the next day's work. The demonstration samples must be kept clean or, if soiled, must be replaced. Enough reminder samples or those for clinical trial or initiation of treatment should be carried for the day's work.

It is a good plan to empty the "detail" bag in its entirety once a month, not only to brush out the fuzz and dust that are bound to settle within it but also to inventory and freshen up its contents and to reappraise its arrangement. That practice doubly assures good organization of this working tool.

Carry Reserve Literature and Sample Stock in Automobile. There are frequent occasions when a Professional Service Pharmacist requires more literature than he normally carries in his "detail" bag. That also applies to his samples. Such occasions arise particularly when he visits internes at their hospital quarters or classes of nurses. They may also occur where there is a gathering of physicians, such as in the hospital staff room where products may be discussed with a number of physicians at one time.

The need for such reserve stock also arises in the discussion of products with pharmacists and representatives of physicians supply houses or of wholesale druggists. They should be supplied with every kind of literature available on every product, not only for their own reference but also to distribute to interested physicians.

That necessitates the carrying of a supplementary stock of literature in the P.S.P.'s automobile. In my opinion, the two- or four-door sedan models are more desirable than the coupe for anyone doing professional service or pharmaceutical-sales work. One of several reasons for that is that on rainy days a man can

replenish the literature or samples of his "detail" bag from the inside of his automobile. Another is that he frequently requires more room for luggage or other material than the coupe affords.

Good un mutilated corrugated-paper boxes are excellent for the purpose of carrying the reserve stock of literature and samples in the automobile. The boxes should not be large. They should be just high enough to place the literature and reprints in an upright position. For headquarters-city work the amount of each brochure or other literature carried in the automobile reserve stock may vary probably from ten to one hundred pieces.

When a P.S.P. packs his automobile for a "country" trip he will have to gauge his supplies carefully so as to be sure to have enough of all of them to provide adequately for the whole trip. If the boxes, for convenience, are placed on the back-seat cushion, the P.S.P. should be sure that it and the back are protected by a seat-cover or a blanket. Otherwise, the rough edges of the box ends and corners may rub a lengthy cut through the upholstery. Sometimes it is desirable to remove the rear-seat cushion of the automobile, but even then the back of the seat should be covered.

For those representatives who travel in the northern States it is recommended that the following equipment and personal effects be carried in the car in the wintertime: snow shovel, heater, radio, two blankets, which may be used as seat covers, extra can of gasoline for emergency use, extra can of radiator antifreeze compound, pair of high-top overshoes, shoe rubbers, topcoat, raincoat, heavy overcoat, woolen neckpiece, heavy leather gloves, heavy cap with fur earlaps. The windshield and rear and side windows should be provided with glass frost-shields to prevent frosting. Representatives should listen to weather reports. They should avoid driving at night if possible during the winter.

The Automobile. The automobile is a vehicle of great convenience and utility both for business and for pleasure, but unfortunately it may also be an instrument of mayhem or of death. The representative should drive carefully always and give the other fellow, especially the pedestrian, the benefit of the doubt as to who should have the right of way. He should observe warning signals and never try to beat a train to a crossing. Speeding endangers one's own life as well as that of others.

If a man must change tires he should get well off the roadway so as to avoid any possibility of another running into him and causing injury or death. When he descends a hill the car should be placed in second gear so that the braking power of the engine will give greater protection and save the brakes.

When parking the automobile on a hill, the front wheel should be turned into the curb as a block. The emergency brake should also be applied. The curb block is extra insurance at no cost. As an added precaution the gear should be thrown into the reverse of the slope. It may save a life—and the automobile.

A P.S.P. should never "pick up" a hitchhiker, male or female, however much he or she may appear to deserve a ride. Many salesmen have been robbed, mayhemed, or killed by hitchhikers.

There is a further danger in picking up hitchhikers. In the event of an accident wherein the rider is injured there is danger of lawsuits filed against both the driver or owner of the automobile and the firm he represents. Some hitchhikers furthermore have feigned injury on the slightest pretext with the express purpose of causing sufficient trouble to get a cash settlement. A representative should not allow anyone to ride with him whom he does not know. He cannot afford to take the chance.

He should not take his half of the road in its middle, but keep to the right. He should be cautious about passing and not pass on a hill or a curve.

Parking and Storing Automobile. A salesman's automobile is always a temptation for thieves, because it usually carries valuable samples, luggage, or other personal equipment or supplies, which are, occasionally at least, too much for the pilferer to resist. A P.S.P. should never leave a "detail" bag in sight, even when the automobile is locked, because seekers of narcotics may mistake it for a physician's bag. They may break into the automobile, and steal the bag with the expectation that it contains opiates. If the "detail" bag must be left in the automobile, the salesman should place it in the locked rear compartment.

The representative should park the automobile on a well-traveled street if possible or in a supervised parking lot. He must *get in the habit of locking the car* every time it is parked. Locking the car does not afford complete protection against theft,

but it is a deterrent. If at any time one should be unfortunate enough to be victimized, the police should be called at once.

It is not a good idea to leave the automobile parked overnight in an unprotected place. It should be put in a storage garage when away from home or, if the weather is not too cold, in a guarded all-night parking lot. Even though a representative is adequately protected by insurance and granting that loss from theft is relatively infrequent, the inconvenience and loss of time incidental thereto is not worth the chance that may be taken.

Automobile Operating Costs. There have been a great many statistics provided with respect to the operating cost of automobiles. Accordingly the "standard" automobile for operating-cost efficiency is frequently defined as the light-weight car.

Now that is all fine. Figures are figures, assuming that they take all the facts into account and that the interpretations and conclusions from them are correct. However, there is one very important element in connection with automobile-operating cost that seems not to have been taken into account. It appears that the factor of the human economy has been absolutely ignored in those calculations.

It is my opinion that any saving in automobile-operating cost from the use of a light-weight compared with the medium-weight car is greatly offset by its fatiguing effect upon the individual. Fatigue caused by driving a light-weight car is much greater than the degree of fatigue experienced by the same individual when driving, under similar conditions, a medium-weight automobile such as the Packard, Buick, Oldsmobile, De Soto, Chrysler, Mercury, Nash, or Studebaker. This greater fatigue lessens the P.S.P.'s efficiency in the following ways:

1. Comparative diminution of available energy, which expresses itself in fewer calls
2. Dampened enthusiasm because of fatigue
3. Diminished alertness
4. Lessened efficiency in his sales presentation
5. Diminished pride in his equipment, which obviously gives the man less buoyancy and a comparatively depressed spirit
6. Greater vulnerability to uncomfortable organic disturbances, such as of the rectum, back, and kidneys

How do I know that? I made such fatigue studies on representatives and experimentally on myself over the period from 1929 to 1943. I personally made a number of long one-day trips, same route, in light-weight automobiles and in medium-weight cars. I found that the wear and tear on the physical economy, the fatigue, was considerably less in driving or riding in the medium-weight car compared with the light. When I learned that a representative driving a light-weight car was contemplating the purchase of a new medium-weight car, I made it a point either (1) to make a trip with him lasting several days or a week before he bought the heavier car and then the same trip in the new one, or (2) to have him make similar careful observations himself. These fatigue studies were consistently in favor of the medium-weight automobile.

In a personal communication a man who has in the meantime risen to the position of sales manager has written as follows:

I can cite an experience of my own in which, after traveling a city territory for a couple of years during which time I suffered recurrent low-back pain necessitating frequent medical attention, I finally discovered that the use of a heavier car eliminated the difficulty for good. I have known any number of other detailmen, salesmen, and chain-store supervisors who had similar costly experiences with light-weight cars.

From the standpoint of working efficiency of the man the heavier car is again the best bet. In large territories, where long trips are often necessary, sometimes at the beginning of a day a heavier car will get the man there faster and still so free from fatigue that he can step out of his car fresh enough for a fully productive day's work.

In a personal communication another salesman wrote:

I must say that the larger and better car has always given me more satisfaction. After a hard day's work I find I am more rested. We salesmen have plenty to think about, and if we drive a car that is small we just feel that way. Contrariwise, if we have better, more comfortable, more impressive equipment, we think in bigger terms—bigger and better orders.

With respect to integrated operating costs, my own records show that there is very little if any difference in the cost of driv-

ing a medium-weight car compared with that of the lighter because of lower repair expenditures and the fact that the heavier car can be driven for a longer period before trade-in. Therein it is advantageous, of course, to have an automobile of which the "lines" do not change to speak of from year to year. The initial cost of the medium-weight car is higher, of course, but the integrated cost to the time for trade-in is very favorable, aside from the more salutary effect upon the representative's efficiency and physical economy.

In the first personal communication referred to, the sales manager wrote also as follows:

So far as operating costs are concerned, I have not found from my very critical records of operations of both kinds of cars that those of the larger car are greatly in excess of those of the lighter car, certainly not enough to anywhere balance the other advantages of the heavier car. Initial cost of the same type of equipment is only slightly more, and that is likely to be more than absorbed through less frequent repair bills and even through greater life of the car itself.

Pride of ownership is an intangible advantage of a heavier car. But like many other intangibles in salesmanship it is not to be overlooked. A man feels about as big as the car he drives, and he is inclined to do a job in about the same proportion.

Another attest to the advantage of driving a medium-weight automobile in preference to the light-weight car is the great number of traveling representatives in the pharmaceutical industry who drive them in preference to the lighter automobiles, even though their firms may define the "standard" car for their purposes as the light-weight car. If there is a difference in operating cost, depending upon the car's life before trade-in, these representatives prefer, if necessary, to pay it out of their own pockets. For they feel their efficiency is increased by driving the heavier car, because of the extra comfort, personal physical economy, greater personal satisfaction, and pleasure that a medium-weight automobile affords them.

This discussion is to point out the importance and desirability of considering very carefully, from the health and efficiency viewpoint, the selection of an automobile for use in traveling-sales work.

Automobile Insurance. By all means the representative should make certain that he is adequately insured against personal-liability and property damage. He should not drive his automobile until he definitely is "covered." Many firms provide fleet-policy coverage under which both the representative and the firm are insured. Other types of automobile insurance in which the representative may be interested are (1) comprehensive insurance, including fire, theft, cyclone, and other causes of damage to his car and (2) collision insurance with deductible features for damage to his car.

Automobile Accidents. If a representative is unfortunate enough to become involved in an automobile accident, however minor it may be, he must *stop*. He should get names and addresses of witnesses to the accident. He should ask someone to call the police. He should obtain the other driver's name and address, automobile-license number, and the name of the company with which he carries his automobile insurance.

The representative should not enter into any argument. He should not admit responsibility for the accident. He must not leave the scene until the police agree that he may. The accident should be reported immediately to his own automobile-insurance company and to his firm. Very likely he will have been provided with special forms for reporting such accidents.

Drive carefully! Keep your automobile in good operating condition! Obey the laws! Avoid accidents!

Illnesses and Accidents. A man cannot do effective sales work if he is ill. At such a time he should go to bed and remain there until completely recovered. No one appreciates a call from a salesman afflicted with a "cold" because of the danger of its transmission. Physicians and pharmacists consider that the representative of a pharmaceutical manufacturer should know better than to expose others to "colds." It is at least considerate not to do so. Remaining at work, furthermore, only tends, as a rule, to prolong the affliction, with greater loss of time than if precaution is taken early to overcome it. If illness strikes while traveling away from home, it is well to consider that food, lodging, and medical care at a hospital cost little more than food

and lodging at a hotel. Illness should be reported promptly to the company.

All accidents of whatever nature or degree, sustained personally or inflicted upon others while the representative is at work in the company's interest, should be reported to the firm immediately.

Route Lists. It is necessary that the representative send his route list to the firm well in advance of his traveling schedule. The plan of coverage, as discussed in Chapter VI, is his master route list (see Table 2). It is his guide in making up his current route list, as illustrated in Table 4. Copies should be sent to the home office and branch offices or to others as he may be directed to do. He must be sure to leave a copy with his wife and also to carry one himself. He should follow the route list. If it becomes necessary for the representative to make a change in his route list while on a trip, he should telegraph all concerned.

As a general thing, the next route list should be "in" at least twenty days, preferably thirty days, before the expiration of the current one. One reason for this is that the sales manager or supervisor may be planning to visit the representative at a certain place. Usually he requires at least three weeks' advance notice because he invariably has to plan his dates much further ahead than the representative. There are other reasons, too, which need not be discussed here.

Get your route lists in on time. Do not penalize your future by carelessness.

The route list should bear the date on which it was prepared. That is important in the event it is necessary to send a revised copy of it before or after its effective date. Each day for which the route list is effective should be listed separately by date, as illustrated in Table 4.

Names of towns must not be abbreviated. A representative's home address must be written in full, not merely "at home." If the representative is not familiar with the hotels in the various cities for which he is scheduled, he should procure a pocket-size hotel directory. One of the local hotels may provide him with a copy upon request. "Travel America Guide," published quarterly by Ahrens Publishing Co., Inc., New York, is an excellent

TABLE 4. CURRENT ROUTE LIST

Route List of F. R. Gulbrandsen

Date: April 17, 1947

Month	Date	City and State	Hotel or Address
June	1	St. Cloud, Minnesota	St. Cloud Hotel
"	2	" " "	" " "
"	3	" " "	" " "
"	4	" " "	" " "
"	5	Little Falls, Minnesota	Buckman Hotel
"	6	Brainerd, Minnesota	Elks Hotel
"	7	" " "	" " "
"	8	" " "	" " "
"	9	" " "	" " "
"	10	Fergus Falls, Minnesota	River Inn
"	11	" " "	" " "
"	12	Fargo, No. Dakota	Gardner Hotel
~~~~~			
"	23	New Ulm, Minnesota	Dakota House
"	24	" " "	" " "
"	25	Mankato, Minnesota	Saulpaugh Hotel
"	26	" " "	" " "
"	27	" " "	" " "
"	28	Minneapolis, Minnesota	4933 Fremont Ave., S.
"	29	" " "	" " " "
"	30	" " "	" " " "

and inexpensive hotel directory to carry for reference purposes. It contains much additional travel information also. The most complete hotel directory is "The Official Red Book and Directory," published annually in June by American Hotel Association Directory Corporation, New York.

**Advance Cards.** By the time the training course is finished the new representative will have been supplied with a list of accounts, those of distributors, wholesale druggists, and hospitals. Information about each account will also be supplied. Such accounts should, routinely, be informed of his forthcoming visit ten days to two weeks prior to his arrival. The firm will most likely supply the representative with specially prepared post cards for that purpose. It will then be necessary for him merely to address the cards, fill in the date of his expected arrival, and sign his name. For particularly important customers it is

sometimes well to write the buyers a more personal message announcing the time of his arrival.

There are several advantages to sending advance cards rather than walking in on a distant account unannounced. The buyer (1) will have had an opportunity to prepare to receive the representative, for example, by having the stock prechecked, (2) may inform interested physicians of his coming visit, and (3) may hold competitive business for him. Further advantages are (4) if the Professional Service Pharmacist is to introduce to physicians a new product that the account may not have in stock, notice of it written on the advance card may motivate the buyer to anticipate immediate demands, and to order in an initial supply in advance of the P.S.P.'s arrival, and (5) sending an advance card is the friendly and courteous thing to do.

**Food and Lodging.** At the time of sending advance cards to his customers, preferably as far in advance of his visit as possible, the representative should write for hotel reservations. He should select a hotel where he can get reasonably good accommodations. He need not pick the highest priced hotel or the highest priced room, unless the charges are within reasonable range of everyday traveling expenses. However, he should choose a hotel and room at which he would not be ashamed to have his best customer visit him, or which, if mentioned, would not cause his most conventional customers to raise their eyebrows disapprovingly, a place that will not depress him or make him feel inferior.

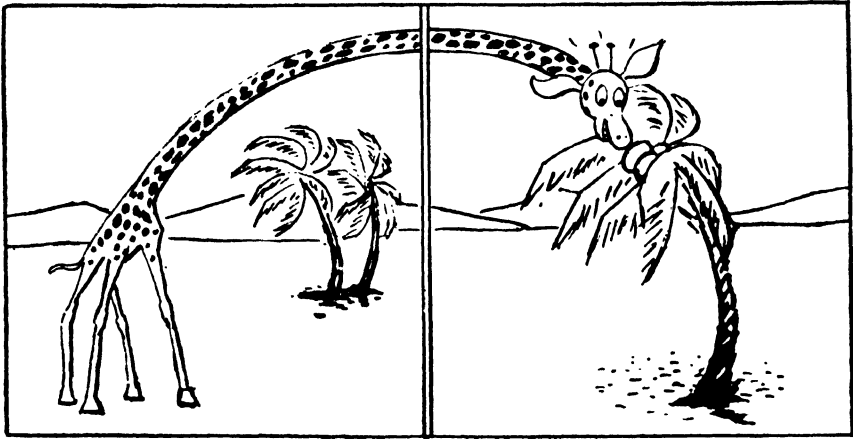
Surroundings affect one's thinking, one's efficiency, and one's confidence. One should select the best hotel and cuisine that the firm's expense allowance will permit, then practice economy from that point. Neither one's own nor the firm's money should be squandered.

Most traveling salesmen of today are frugal businessmen who like to save money, at least within reason. The new salesman is apt to go to the extreme in his endeavor to save. As a result he may begin to patronize cheap eating places where the food is not suitable for a steady diet. Because he has to eat away from home so much, it is not good policy for a salesman to sacrifice good food for a price. It must be remembered that he has the only stomach that he will ever have. Thus, it behooves him to



take good care of it. He should avoid eating at "greasy spoons." What may be saved in money there today may be paid out ten-fold in doctor bills in later years as a result of it. It does not necessarily follow, however, that the higher the price the better the food, but a man should patronize the good restaurants or dining rooms that serve food most like what he gets at home.

Pick good places to eat...



...if you want to stay well

(Drawing reproduced by courtesy of Murray Breese Associates, Inc., New York.)

FIGURE 14. You have the only stomach you will ever have. Be good to it!

The good restful, pleasant, congenial atmosphere of a well-appointed dining room, where a man does not have to hurry through his meal, is worth a little extra expense. A representative should not skip any meals if he can avoid it, because in sales work all the energy is needed that regular, good meals provide.

**Always Leave a Forwarding Address.** A representative should always leave a forwarding address when checking out of a hotel, so that anyone who may try to reach him at the hotel that he has just left will know where to communicate with him. His mail may be late in its arrival, thus necessitating its being forwarded to him. With no forwarding address the hotel may hold the mail for two or three weeks before returning it to the sender. By the time it catches up with the representative, a month or more may have elapsed. It may contain especially im-

portant information and an undue delay may prove very embarrassing. The representative should *always leave a forwarding address*. He should obtain a receipt for lodging when checking out of the hotel.

**Time to Travel.** At best, as mentioned earlier, the actual productive time of a salesman is relatively short. Therefore he must plan sagaciously to create as much productive time as possible. The time that elapses between sales or "detail" interviews is, in a sense, unproductive. However, just as "place utility" adds value to goods, so does it add value to the time a salesman utilizes in transit from one interview to the next. Any time beyond that actually necessary for the salesman to create "place utility" from one interview to the next is definitely wasted, and it is that lag that should receive the representative's first attention for more efficient utilization of time. My father's advice to "take plenty of time with the customer to sell thoroughly but hurry on the way to the next one,"² is one of the best pieces of counsel that can be given any salesman.

A man must so plan his work that he is not traveling when he could be selling. The first requisite then is for the representative to leave home in time to permit him to be on the job ready to interview a prospect at 8:30 A.M. Not all prospects are ready to be seen at that time, but many are and prefer to be seen then rather than later in the day. Some, whether physicians, pharmacists, or other buyers, may be seen advantageously even earlier. It is the salesman's duty to find out who can be seen at what hours and then plan his visits accordingly.

If a salesman has a broad line of products, he may find it advantageous to see the drug buyer in the evening when the buyer is under less pressure and can give him better attention. This is particularly feasible when the representative is away from home and registered at a hotel. Then whatever time is saved in that manner gets him home that much sooner or earns for him that much more commission or sales volume.

A man who is traveling a territory that extends beyond his headquarters city cannot always avoid traveling at times when

² Toger Peterson (born Tøger Petersen, December 1, 1868, at Tutturen Gaard, Eidsberg, Østfold, Norway; died February 10, 1944, at Brainerd, Minnesota).

interviews might otherwise be had. But that time should be planned so as to be cut to a minimum. If the P.S.P. has many miles to travel to be ready to see his first prospect at 8:30 on Monday morning, he should consider leaving his home on Sunday afternoon or at an hour that will bring him to the distant city by Sunday night. He can then get a good night's rest, can meet his prospects fresh and unfatigued on Monday morning, and can put in a full day of effective selling effort.

Such time as is required to get from one interview to the next may be used for thoughtful consideration and analysis of the preceding interview. The P.S.P. can then determine its weakness and strength and where it might have been improved. He can also do supplementary planning of the interviews ahead. At the first opportunity his thoughts should be recorded in a pocket notebook where they may be referred to later.

**Use the Telephone.** Some men overlook the possibilities of the telephone to help them avoid "wild-goose chases" and loss of time. When a representative finds it advisable to alter his planned itinerary and make a special call relatively some distance away he had better telephone to learn whether his prospect will be available for interview and at what time.

One Professional Service Pharmacist wrote on his daily report the following: "Spent the day jumping to various sections of the city to call on a number of physicians who wanted to see me the first of the month. Very disappointed in the number I found in." (Miles driven: 38.)

In the first place, this representative did not have his territory well organized on paper, *i.e.*, in a route book with adequate information. He was only *hoping* that the physicians would be in, for he did not know their office hours. Secondly, in those circumstances particularly, he should have used the telephone to make appointments.

Whenever a P.S.P. has calls to make on physicians or other prospects in various parts of the city that require his "jumping around" he should telephone them or their secretaries in advance. Then he can determine whether or not the prospects will be in, and if not whether he may make an appointment for another convenient, specific time. By so doing the representative

will be able to save himself a great deal of time for he will not need to go to a place at some distance and then find that the prospect is away.

"Drove in here in hopes of seeing Dr. ———, but the doctor has been transferred. Impossible to 'detail' in this town Wednesday afternoon. Doctors' afternoon off." (Miles driven: 60.)

Occasionally, upon arrival at a city on the standard itinerary it is a good idea for the P.S.P. to telephone certain physicians for appointments. That may save him time and may enable the physician to arrange for a better interview than he might otherwise have had.

**Physicians' Afternoons Off.** It is quite customary for physicians to take off one afternoon each week for relaxation. In some towns all the physicians take the same afternoon. The half days taken may vary from town to town. Thus it behooves the Professional Service Pharmacist to find out in advance of his arrival which half holiday is taken by his prospects in the town or city he plans to work. This is particularly necessary if he has projected only a one-day stay.

If the P.S.P. is confronted with the physicians' half holiday, he must find how to make that time productive. This will vary according to the character of the products that he is selling. In any event, he can utilize the time productively in various ways.

1. He may meet with the pharmacists and buyers to inform them more fully about the qualities and uses for his firm's products and about the profit to be gained from active support to the promotion of those products. By so doing the P.S.P. will gain promotional support that will create physicians' specifications in his absence by virtue of the efforts these pharmacists make to that end with the physicians who enter the pharmacy or upon whom the pharmacists make objective calls.

2. Hospitals may be visited. House physicians and internes, as well as some staff physicians, will be available at the hospitals for interview to help make the day productive. Other internes will be available in their living quarters. Here the P.S.P. may assemble a group for the discussion of his products. Internes usually welcome such sessions if the representative is well informed, just as they are ordinarily eager for the P.S.P.'s pharma-

colological and therapeutic knowledge of his products about which he is expected to have the most up-to-date facts.

3. Nurses at the head of the various services and nurses' training schools should be informed about products for use on those services.

4. The hospital pharmacists, obviously, should be the recipients of detailed information on all the products, because of the many opportunities they have for discussing them with physicians and nurses. These pharmacists should be well supplied with literature and medical-journal reprints for distribution to physicians and nurses. As his name implies, the pharmacist is a specialist in all knowledge on the action and uses of drugs. Accordingly, he is more and more being depended upon as a reliable purveyor of such information. This is increasingly true as pharmacists devote their attention exclusively or primarily to the practice of professional pharmacy.

5. The friendship of the hospital superintendent should be cultivated because of his obvious interest in all products with which a hospital is concerned and in the various firms with which it deals.

6. Hospital dieticians are interested in food products for infants, convalescents, and the sick. They are also concerned with vitamin preparations and other pharmaceutical products, the use of which necessitate careful supervision of the patient's diet.

7. Pathologists, bacteriologists, radiologists, and laboratory technicians are interested in materials for testing and diagnostic purposes.

8. The medical personnel of State hospitals, Veterans Administration hospitals, Army, Navy, and Marine hospitals, prison hospitals, industrial hospitals, clinics, and dispensaries are usually not affected by the weekly half holidays of private physicians and thus may well be visited on such days. In some of these hospitals arrangements may be made to interview the whole hospital staff at one time, particularly if it is the day of the weekly staff meeting.

9. University schools of medicine afford very important contacts from the point of view of both clinical research and, since they usually have a hospital affiliate, specifications of products

for use. It is very important to keep in touch with the members of the medical teaching staff as well as the hospital staff, for they influence other practicing physicians in the products they specify and prescribe.

10. If the representative has products that may be used for veterinary purposes he may find it profitable to see the veterinarians located in or near the town.

**Saturday Work.** Effective and productive selling can be done on Saturday. That applies to physician interviews as well as to trade and hospital calls. There are some in each category who prefer not to see representatives on Saturday as a general rule. Many salesmen do not and are not asked to do field work on Saturday. It is felt that they may profitably utilize the day to complete their office records for the week, to plan their work for the next week, to catch up on their reading and study of new literature and pharmaceutical and medical journals, and to get their automobiles washed, greased, and in general readiness for the following week. The relaxation they may get on Saturday afternoons and the companionship of their families on Sundays contribute to their contentment and efficiency in the ensuing week.

However, those who desire to utilize it either for actual sales work to gain selling time, or to make contacts that are more convenient on that day than on another day of the week, find Saturday with proper planning as good a day as any other.

**Rainy Days.** Inclement weather is anything but ideal for a salesman, partly because it is difficult for him to keep his clothes looking presentable. But he must go on selling, and effectively. It has its advantages notwithstanding, because prospects may not be so busy. Rainy days are invitations for the alert representative to "make hay." Pediatricians, for example, who ordinarily may be very busy, can most easily be seen then, because mothers are disinclined to take their infants and children out in stormy weather. Large medical buildings are a haven for Professional Service Pharmacists on rainy days, but those who take refuge in them should consider how many others may have acted upon the same impulse.

It is not a good idea for too many P.S.P.s to stampede physicians' offices almost en masse merely to avoid some inconvenience to themselves. Common courtesy to competing representatives and to the physicians suggests that P.S.P.s who have not completed their "detail" work in the building should not be handicapped by sudden overcrowding by other P.S.P.s on these days.

Ordinarily one should not enter the physician's reception room to wait if another representative is already "warming a chair." It may dampen or spoil the entree for both. On the other hand, an infrequent visitor, because of the size of his territory, should be shown just and friendly deference by his fellow P.S.P., who may otherwise feel that he is being unnecessarily "crowded" merely because of the other's fear that a little rain will ruin the crease of his trousers.

**The Itinerary.** There are two itineraries to consider: (1) the headquarters-city coverage and (2) the out-of-town coverage. While the headquarters-city area, like the out-of-town area, will be divided into sections that in general should be worked consecutively, there will be some wholesaler, distributor, hospital, or other accounts that it may be desirable to visit more frequently than others. Possibly there are certain days at stated intervals on which some are most advantageously seen. That will require special routes or trips to be devised within the general plan of the city's coverage. Careful planning will have to be done so as not to visit such accounts more frequently than necessary and yet obtain the maximum amount of business on a profitable basis.

Where an "order taker" may visit certain accounts every week, a "salesman" will *sell* the buyers and "train" them to anticipate their requirements sufficiently in advance to enable him to obtain the maximum cooperation and sales volume by visits every two, three, or four weeks. Thus, the time saved may be used for developing new business among other good prospective accounts. That is the statement of a principle. The efficiency of its application is a function of the skill and judgment of the Professional Service Pharmacist.

The coverage of the out-of-town portion of one's territory does not allow for that much flexibility in seeing some accounts more

frequently than others. However, more frequent trips to some important out-of-town accounts can be arranged by the method of alternate trip visits to a town, or by repeating a certain trip within the plan of coverage or circuit. For example, the P.S.P. may make an especially important trip the first and seventh, or third and ninth, trip of a thirteen-week circuit, or the first and ninth, or sixth and fourteenth, trip of a seventeen-week schedule.

It is desirable to visit accounts at as regular intervals as possible, so that the buyers will learn to anticipate the approximate time of the P.S.P.'s arrival. His "advance card" will announce the exact or approximate time of his arrival.

While it is desirable to work a schedule as regularly as possible, a man must not let a route list become his master to the point that he is giving more attention to the time of departure than he is to doing development work and getting new business. This does not mean remaining in the headquarters city to develop extra business primarily because that enables the P.S.P. to save some expense money for himself. It implies that a representative should not hurry away from or skip an account because he had previously planned to leave for his next destination a few hours earlier.

Punctuality should be one of the P.S.P.'s first principles, but it should not be at the expense of running away from business if circumstances are right for its acquisition. Leave the train-dispatching job to the train dispatcher.

**Leave Your Telephone Number.** Buyers frequently wish to communicate with firms' representatives. A good form of reminder is a sticker for the buyer's "rogues' gallery." The sticker should carry the representative's name, address, telephone number, and, of course, the company's name and address. The representative should also be provided with conservative, dignified business cards.

**Identification and Personal Credit.** Occasions arise, not infrequently, when it is desirable to have good identification. That is especially true when it is necessary to have a company or personal check cashed. Many hotels issue credit cards after careful investigation of the applicant's references. These cards will



permit the cashing of checks in limited amounts at the hotels which issue them. The credit cards of some outstanding nationally known hotels are frequently recognized by other less well-known hotels throughout the country. It is a good idea, I believe, for a representative to obtain credit cards from the major hotels in his territory at which he is likely to request checks to be honored.

A representative should *never ask customers to cash checks* for him or request that they extend him credit on merchandise. By no means should he ask any customer to lend him money. He should buy personal needs from customers, but he should always pay cash. It is just better business to do so.

**Visiting an Unfamiliar Town.** When a representative arrives in a town or city that he has not previously visited, he should go at once to see the accounts for whom he has customer cards. He should let them know at what hotel he is registered. He should meet as many as possible of the personnel who may have to do with any of his products. He should be careful that he does not work too fast, for his first objective must be to get as well and favorably acquainted as he can.

As suggested earlier in this chapter, he will undoubtedly have sent an advance card to inform each customer of his coming and what products he plans especially to bring to the attention of physicians. He should obtain at once an order for those products not in stock. The order may be transmitted by telegraph or telephone to speed delivery if necessary. Then he can tell the physicians on whom he calls at what pharmacy or pharmacies they or their patients may obtain the products. He can also inform the pharmacies or drugstores, in turn, from which wholesalers or other distributors the products may be had. He will, of course, return to each distributor for a really substantial stock order when he has had an opportunity to get in some effective work with the physicians.

It should not be necessary to repeat that the pharmacists, with whom the Professional Service Pharmacist expects to cooperate, should be given at least as much information about the products as the physicians. The P.S.P. must see that these pharmacists are amply provided with literature about the products

immediately, because neither they nor he can afford that they be uninformed or poorly informed on a product that he has brought to a physician's attention.

Physicians frequently communicate with the prescription pharmacists about products the P.S.P.s have discussed with them. It is perfectly natural and logical that physicians should do so. If the pharmacist has not been properly informed, (1) it makes him look foolish at least to himself, (2) both he and the physician are embarrassed, (3) the P.S.P. may not only lose a sale and continued specification, but (4) the ill will of the prescription pharmacist may take him time to repair.

Many proprietors and managers of prescription pharmacies especially are very fussy on that score. If they get specifications for any new product of a well-known firm and it is not yet in their stocks, the representative concerned can be certain that he will be severely taken to task by them. That is an excellent attitude on the part of the proprietors or managers of the prescription pharmacies. One of the real secrets of their success is—nothing new in the way of an ethical product but what they have it. They are on some manufacturers' lists of accounts who are sent reasonable amounts in unrequested shipments at the first release of a new product, before the product is advertised and "detailed." Such shipments are *not* sent on consignment, but, as is usual with ethical products, their sale is guaranteed.

If a P.S.P.'s firm has no distributors in the town or city he is visiting, he will have to approach the problem much as he did in organizing on paper his headquarters city. If there is a wholesale druggist in the town, the P.S.P. will visit that establishment to size it up for its possible value to his firm as a distribution outlet. The manager or sales manager will be glad to tell him about the pharmacies, drugstores, and hospitals in the town. The P.S.P., in turn, should tell them about his products and the promotional efforts behind them.

The manager of the hotel may be asked what he knows about the comparative reputations of the pharmacies, drugstores, and hospitals. The opinions of one or two bankers may be sought on the same matter. In this way the P.S.P. can catalog as accurately as possible which are the 10 per cent or thereabouts of the

pharmacies and drugstores that are important in the order of their probable worth as outlets or distributors.

Having that information the P.S.P. should visit the better drugstores on his list to check on the opinions he has received of these stores' possible worth to him. He should apprise them of his purpose, acquaint them with, or review with them, his products. He then should sell orders for immediate delivery to support the work he will do with physicians, and ask these retailers for their cooperation in the sales promotion of his products. From these pharmacies he can get good information on the really worth-while prescribing physicians, the type of their practices, their hospital connections, and other pertinent information.

As he visits physicians, the P.S.P. can inquire of them which pharmacies or drugstores in the town are the best professional or ethical-products outlets. Collectively they will give him the right answers.

His survey of all the town's pharmacies and drugstores should be completed as early as possible. It is well to bear in mind that about 75 per cent of professional business is done in approximately 10 per cent of the pharmacies or drugstores.³

**Purposeful Calls.** Any call that a representative makes should have been planned with a definite, determined objective. For a call on a dealer the aim should be to make a substantial sale and to gain good active sales cooperation in order to make that call count. The representative must be prepared to discuss intelligently and convincingly (1) the sales-promotion program supporting the products, (2) the "specials" for the current period, (3) those products about which physicians are especially apt to ask questions, and (4) those products that require attention because their sales are increasing less rapidly. Naturally this requires careful preparation in advance of the day's work.

In planning physician calls for the following day or days the Professional Service Pharmacist should list about twice as many worth-while physicians as he may hope to see. They should be paired, two for each day-call planned, according to the office

³ Olsen, Dr. Paul, Sales and Advertising Conference, American Pharmaceutical Manufacturers' Association. Published in *Proc. Am. Pharm. Mfrs.' Assoc.*, pp. 8-13, February 6, 1946.

hours they keep, so that if one cannot be seen, the other may. The P.S.P. should not waste time in the physician's office. The friendly, affable physician is pleasant to visit and may be very interested in the products brought to his attention. But does his practice or his apparent prospect for success justify the P.S.P.'s time? The P.S.P.'s time is valuable. He must make it pay. He must not waste it.

The difficult physician may irk a P.S.P. and appear to be not especially friendly, but his apparent curttness may be because he is extremely busy. He must be cultivated. He will not waste a P.S.P.'s time. The P.S.P. should not waste his.

Not all busy physicians by any means are difficult or discourteous. On the contrary, most busy physicians are very pleasant and considerate. They welcome an interview when they have time to see a well-informed representative. The discourteous physician is more likely to be one who has a relatively unsuccessful practice. But in fact the erudite P.S.P. will meet with so very few physicians who do not receive him cordially that discourtesy is hardly worth a mention.

The general trend of the representative's sales curve is dependent in great measure upon the number and kind of his calls and his effectiveness in lodging conviction during each interview. These factors will depend in turn upon the care and judiciousness with which his day's work is planned and executed.

An increased number of calls does not mean much if they are not good ones, but it is better to wedge in a call on a mediocre prospect than none at all. On the other hand, time must not be wasted on unproductive calls where it is obvious that the potential business is small and where past experience has shown that the chance of making any kind of sale or of getting any specifications is remote. However, a man must do a certain amount of exploring and developing of new accounts. He must have a "nose" for new business.

In development work among young physicians, the effect of one year of regular visits every six to twelve weeks may influence their prescribing habits for the next twenty years. During that year a well-informed, conviction-lodging P.S.P. is likely to

make a permanent impression for his products and his firm. The poorly informed representative spoils his firm's chances for acceptance and prestige with these same young physicians in an equivalent time.

Thus, the P.S.P. should plan to cultivate and develop prospective retail-pharmacy accounts, as well as new contacts and

The more trees you tap...



...the more syrup you make

*(Courtesy of Yankee Network, Inc., Boston.)*

FIGURE 15. To get the best results necessitates the greatest possible number of calls.

friends among young physicians. Twenty years from now they will be the leaders. What is accomplished with them now is very likely to show up on the firm's profit picture many years in the future.

Good "detail" work is effective over a long period of time. Today's work helps to attain next year's sales increase in proportion to the amount and effectiveness of the effort expended. A P.S.P. can make it easier to write a greater sales volume next year by planning carefully and well now, and by working diligently and effectively today and every day. The more people he contacts objectively the more sales he makes.

**Follow-up Cards.** It is a good idea for the Professional Service Pharmacist, at least in special instances, to write a card to a physician on whom he has called a week or ten days earlier. On the card he can list the products discussed and tell him that they are now in stock at a certain drugstore or physicians supply pharmacy. Particularly is that desirable with a physician who wanted to prescribe a product that was not, at the time of the P.S.P.'s visit, in stock at the pharmacy or drugstore that usually fills his prescriptions. Sufficient time should elapse to allow the pharmacist to receive the order before the card is sent. A personal, hand-written card or letter is better than a printed form letter.

**Be a Quick Starter.** When a new product is to be launched by the firm, the Professional Service Pharmacist should lay the promotional ground-work for it early. Quick distribution is necessary if the time is short before the advertising "breaks." Some firms, as stated earlier, have lists of wholesale druggists, pharmacies, and hospitals, located in various parts of the territory, to whom unrequested shipments of new products may be made on regular terms. The importance of that privilege for promotion is obvious. It is of great advantage to the cooperating wholesaler, because it creates for him the impression of being a reliable source of ethical-products supply. It helps the cooperating pharmacy, because it can thus build and maintain for itself a reputation among physicians for having everything that is new. As a result physicians gain the habit of sending their patients to that pharmacy. That simplifies the manufacturer's distribution problem.

The representative who does not plan a quick start for a product when it is newly launched by the firm contributes just that much time to his competitor who may come out with a similar product. The time lost may give the competitor just enough of an advantage to overcome the laggard representative's efforts and take away from him the major part of the market, which could otherwise have been his own.

**"Detailing" Seasonal Products.** In the pharmaceutical field there are many seasonal products, such as pollen allergens. The Professional Service Pharmacist should plan his promotional

campaign early, get orders for dealers' stocks well in advance of the season, prepare the pharmacists and their salesmen with adequate information and promotional literature and gain their active sales cooperation. He should see the more important interested physicians six to eight weeks before the season's onset to get their commitments. It is desirable, in fact, to get commitments or firm orders from pharmacies and physicians at the end of one season for the beginning of the next. Then, they need only be reminded six to eight weeks in advance of the shipments of their actual orders. The biggest part of the job has yet to be done: renewing the active, enthusiastic sales cooperation of the physicians supply pharmacies and obtaining more specifications from physicians.

**Epidemics.** If an epidemic breaks out in a Professional Service Pharmacist's area, he should get on that job at once. He should contact the public-health officials and purchasing agents and offer his services. He should do what is necessary by telegraph or telephone to get adequate supplies quickly. Of course, he should have been meeting these officials at regular intervals so as to have become well known to them.

**Preparation of the Sales Presentation.** The Professional Service Pharmacist's responsibility is not only to sell merchandise but to gain the cooperation of as many of the drugstore and physicians supply pharmacy personnel as possible. He must induce them to feature the products and move them into the hands of consumers who will use them and come back for more. That requires persuasion of a high order, a logical, convincing, illustrated presentation to make the dealer feel that he must have those products and that the featuring and selling of them will provide him with good profit, pleasure, and prestige.

The dealer will want to know about the manufacturer's sales policy, which includes both profit and return-goods policy and terms of sale. He will want to know the comparative quality, the appearance, and the uses of the products; the kind and extent of laboratory controls exercised in their manufacture; the qualifications of the scientific personnel charged with those controls; the amount of promotional effort being devoted to the products, such as medical-journal advertising, direct-mail adver-

tising, general sampling, "detailing" effort, and medical-convention exhibits; the extent of the selling aids provided; the amount of selling support the representative may be expected to contribute; the amount of profit afforded in the light of turnover and prestige of the line; and what the featuring of those products will do to maintain or enhance the retail pharmacist's reputation and standing with the medical profession.

The Professional Service Pharmacist should make a thorough study of his products with these requirements in mind and then write the story in detail. He should read it and reread it aloud to get it fixed well in mind, then go over it some more to "iron out" the rough spots and to rearrange as may seem desirable. He must always remember that the finished sales presentation must be so constituted as to be directed toward and to appeal to the prospect's chief interests or ambitions. Care must be taken to make the presentation flexible, because (1) the chief interests and ambitions of prospects may vary and (2) releasing all the information about a pharmaceutical product in one interview may be too much for the prospect to absorb or assimilate effectively.

Without the aid of the manuscript he should then practice the presentation aloud, with the support of selling samples and the photographic portfolio and advertising portfolio provided by the firm.

In the practical application of the presentation dealers will undoubtedly introduce objections, reasons why they should not buy or why they are not interested. It is the P.S.P.'s job to overcome these objections by good sound reasons why, supported by illustrations to prove them. He should make note of all objections raised by dealers and study them and their solutions carefully. Some of them may be anticipated by incorporating the answers into the presentation before the dealer has an opportunity to raise them. Let the dealers bring up the easy ones so as to keep them interested and to maintain the interview on a discussion basis.

One successful method that a representative may employ to help him out-sell his competitors is setting up a systematic plan of checking their sales appeals against a list of those available



to him on his own products. That should likewise be done with objections to or disadvantages of the competitors' products when compared with those of his own. It will help him to present his product more intelligently and more enthusiastically. He should analyze his sales story frequently for accuracy and completeness in light of new developments (see Preparation of the "Detail" Presentation in Chapter XII).

## CHAPTER VIII

### HOW TO IMPROVE AND FACILITATE CLERICAL WORK

**Correspondence.** An important part of a salesman's organization is his prompt and efficient attention to correspondence and his keeping of good current records. Some representatives are inclined to be careless about the attention they give to this essential phase of their work. Others, while they aim to be prompt and current, are sloppy in the manner in which they handle their correspondence and prepare their records. Punctuality, dependability, and tact are as essential in this part of a representative's job as in any other. Frequently it is the determining factor whether or not a man is promoted within the organization.

Occasionally, men assume wrong attitudes toward the clerical work that they are required to do. They fight it and neglect it, which only leads to their own undoing, because reports, order writing and other correspondence, and record keeping are absolutely fundamental necessities of the most humble but efficient business. As a result, they do not read their mail carefully if at all, they send reports in late, they have to be prodded to get their answers to questionnaires, they do not reply promptly to communications requiring answers, and, when they do, they may be tactless in their responses. To make things more difficult, they incorporate several subjects in the same memorandum to the firm. They often delay sending in orders, do not get route lists in on time, and do not call assiduously for their mail, telegrams, or messages at the hotel.

While these men may aspire to sales-manager positions they do not seem to realize the necessity for doing all of these things promptly and well, if for no other reason than to give them the *real feel* of the salesman's job. In this way they may gain

a genuine, practical understanding of the fundamentals of sales management, to know from real and sufficiently extensive experience how long and diligently a salesman must work and assiduously manage himself and his territory in order to do a creditable selling job in all its phases. Unless an individual with this wrong attitude can be made to see the error of his ways, there is absolutely no hope for him whatever his ability otherwise. He either gets "fired," which is most likely, or he does not rise above his present status.

The salesman usually has a moderate amount of daily correspondence to process. By all means he should give prompt attention to it, as well as to his house mail and bulletins. He should read it carefully, including copies of the firm's correspondence with customers, so that he may know what transpires. It was written because of its importance. He should follow through promptly on instructions and not delay replying longer than necessary to get the information requested. He should support his contentions with factual evidence whenever possible.

**Only One Subject per Memorandum.** When correspondence is answered or initiated, a separate memorandum or letter should be written on each subject. The reason is that the follow-up on different subjects may have to be done by different people or departments. Besides, each subject must obviously be filed separately under its own heading in the home or branch office. Letters from the home office or division office should be filed for future reference, especially when they contain information on products or on matters that the representative should remember indefinitely.

**Do Not Be a "Yes" Man.** When asked for an opinion, a representative should *give it*. He should not be a "yes" man merely for the sake of agreeing superficially. If he genuinely agrees, all well and good; if he does not agree, he should be man enough to say so and to have the courage of his convictions. But if he is proved wrong, he should admit it. Of course, he must make a careful study and analysis of the facts on which to base his opinion. He must, in his opinion, have good reason for his answer. He is being unfair to the firm if, when asked his opinion

in a matter, he tries first to determine the present opinion or belief of the "boss" and then present that as his own opinion whether or not it actually is. Sometimes it may be politic temporarily, but the truth will prevail.

**Write Temperately.** When a letter is written on a business matter (and this includes house correspondence), it should be written in a manner that will at no time cause the representative embarrassment, no matter whose hands the letter might reach. Letters are filed and can "come up" again at a future date either purposely or accidentally.

To write facetiously at best entails some risk, unless the letter is very exceptional, agreeable, and refreshing. In that event the correspondent should be sufficiently well acquainted with the person to whom the letter is addressed to be able to anticipate quite accurately his reaction whatever the momentary circumstances at the time of its receipt. *A New England Holiday* (see page 138) illustrates such a letter, a facetious but extremely clever and entertaining response, which "rang the bell" to the delight of its recipient.

Well-meaning, intentionally humorous letters may be misconstrued or considered "fresh" or immature. To be on the safe side it is always best to adhere to the conventional style of business correspondence. By all means write judiciously, temperately, and with utmost respect for the person to whom the letter is addressed.

When things appear to go wrong and a man feels "down in the mouth," he should not take it out on his family, his associates, or his clientele. Let him instead sit down and write a letter to his sales manager and be just as direct and emphatic as he cares to be. Let him "pour it out" and get it "off his chest" completely. He should enclose the letter in a strong manila envelope, address it to his sales manager, place it in his desk drawer, and allow it to remain there for three days. Then the letter should be removed from the envelope, read, torn up, and relegated to the wastebasket. He should then proceed to plan the next day's work and plan it well.

The chances are that tomorrow will be a good day for him and be followed by plenty more, because the day before he will have

*A New England Holiday*

Dear Mr. Peterson

April 25, 1941

Subject: In reference to your note—"Will you please explain what kind of holiday is April 19th?"

Once't a pon a time (1620-1775) Massachusetts and a few other small new world outposts were considered the personal property of the British Empire and, according to the natives, were being exploited by the higher ups on the other side.

Formerly it was thought that all of the miseries of the colonists were attributable to British Imperialism (see Encyclopaedia Britannica, India, Ireland, South Africa, Boer War, Canada, Australia, prison colony, American Colonies, New Zealand, British Crown Colony at Singapore, Hong Kong, etc.) However, it appears now that the whole thing was a Nazi plot, since George III was the grandson of George I, of the house of Hanover, and who during his whole reign could speak no English. His son, George II, married Wilhelmina Caroline of Anspach. Their oldest son, Frederick, and his wife, Augusta, a princess of Saxe-Gotha, were the parents of George the Third. You can see from this how the misfortunes of the American colonists can be traced to a German origin, and how under a set-up of this kind not even a hunger-fasting Gandhi could straighten matters out.

Well! to get on with the details—the royal governors put the pressure to the colonists. They made the merchants put stamps on all their merchandise. These stamps were of course bought from the governor, and didn't add anything to the intrinsic value of the merchandise but did ease the governor's worries regarding financial matters (stamps, except on letters, have never been popular in Massachusetts). Things were not made any brighter when the governor attempted to stamp some tea which had arrived in Boston Harbor.

The natives, disguised as Indians, stamped on the tea themselves and threw it into the harbor. This made for bad blood on both sides. Next, General Gage, an old meany of the first water, threw ashes on the snow piles on Boston Common, where the kids were wont to slide. (Not even an eagle scout could stand for this.) So the kids made faces at the soldiers. This in turn gave the parents courage and they started kicking the soldiers in the shins at every opportunity—more bad blood. Finally the soldiers turned around quick and shot a bunch of natives. This is called the Boston Massacre. About this time someone got up and hollered, "Give me Liberty or give me death," and conditions became even more critical—as some of the natives were given the latter choice. Well, things went on and got more and more involved until someone else got up and shouted "My Country right or wrong *My Country!*" indicating he didn't know who was right by this time.

A little later Longfellow wrote a poem starting, "Hardly a man is now alive," etc., and consequently Paul Revere had to hang a lantern in the old North Church to indicate to Mr. Dawes on the other side of the town whether or not the British were planning to knife the natives from the land or the sea.

Expecting foul deeds the natives hid behind stone walls and filling stations and when the British marched by on their way to Concord Towne they blasted hell out of them, and somebody got up and cried, "That's a shot that will be heard around the World!"

On the strength of the above statement and the fact that the natives won the first round, the day was made a holiday (April 19).

I trust that the above answers your question, "What for is April 19th a holiday."

Very truly yours,



[Richard W. St. Clair, 92 Henry Street, Cambridge, Massachusetts]

won a moral victory over himself. However, if perchance he still feels that things are not right and that he must do something about it, let him telephone his sales manager and talk the matter over with him. The "boss" will understand because most likely, if he is sufficiently experienced, he will have felt the same way himself at some time or other. He will consider the problem and try to help with its solution.

**Submitting New Ideas.** Every salesman gets ideas that he considers desirable for the house to adopt. For the most part they are good ideas, particularly those that concern this salesman's situation or territory. Salesmen should be constantly trying to think up ideas to pass on to the home office. Because of the many and varied business contacts made by a salesman, no one has a better opportunity than he to gain, "dream up," or visualize new ideas.

Operative information and ideas that a representative secures will be gladly received by the sales manager. He, in turn, will be pleased to pass them on to other representatives for the value they may obtain from them. However, if the representative's ideas are not accepted for incorporation into house policy, he should take a broad view of it and realize that there must be a good reason why they are not adopted. One reason may be lack of vision on the part of management in this particular instance. Another may be that certain circumstances make the utilization of the idea premature. Still another may be that the idea is impractical or contrary to a sound over-all policy. An idea may be a genuine "brainstorm" too, but then there are probably few men of ideas who haven't had some of that variety. So the representative should just forget it and try again. Even though a man's ideas are not adopted, to keep thinking them up is good practice and good mental training.

**Writing Up Orders.** Most pharmaceutical salesmen seem to prefer to use an end-opening notebook for writing orders as the buyers give them. Some carry printed forms on which it is only necessary to fill in the amounts. However, the end-opening notebook is handier and more flexible in its application. It has psychological advantages in the presence of some buyers. Its use

requires the rewriting of orders onto office forms at the end of the day.

In writing orders the representative should be sure that the name of the customer is written exactly as it appears on the company records. A pharmacy may be owned by J. B. Smith, but it may be carried on the firm's books under the trade style, "Central Prescription Pharmacy." Thus, if the order is sent in under the name of J. B. Smith, needless correspondence may result, which may prove embarrassing since there is no account with J. B. Smith.

The home office should have a cross reference to the names, but it must depend upon the representative to bring it to its attention. The full, exact address of the account should always be given. The names of streets, cities, or of the products ordered should not be abbreviated. Furthermore, the representative must place on the order the date, the territory number, his own name in full, the date on which the order is to be shipped, shipping instructions, the customer's order number, and the representative's order number.

Some firms have systems whereby products may be ordered by number. However, to avoid errors, it is best that both the number and the full name of the product be shown on the order.

Some customers require that all orders placed by them be typed on their own formal order forms marked with their own order numbers. In such cases, the representative must be sure that the terms of payment and delivery correspond to his firm's sales policy and that the items are correctly written. If, as usually happens, the representative transcribes these orders onto his own firm's order forms and sends both the original and his own written copy to the shipping office, he must be certain to mark on the customer's original order, "Confirmation of Order #———. Do not Duplicate," so as to avoid the possibility of duplication of the order by the shipping office. The order number referred to in the statement "Confirmation of Order #———. Do not Duplicate" is the representative's own order number.

Most houses require that each salesman number his orders consecutively, commencing with No. 1 on the first day of each calendar year or fiscal year. That same series is continued through

the year from whatever class of trade the order is received, direct or turnover, even when the "order" is a request for credit. Representatives' order numbers are important, because they enable the sales office of the company to determine whether all the salesmen's orders have been received. The order numbers should also appear after the customers' names on the representatives' daily sales and activities reports. When representatives' orders are received at the firm's office they are checked against the order numbers on the daily reports. The representative should be sure to keep copies of all orders.

A *direct order* is an order written by the representative or sent in directly by the customer, to be billed and shipped directly to the customer. A *turnover order* (T-O) is an order written by the representative to be filled by one of the firm's wholesalers, distributors, or other dealers.

A *drop shipment order* is an order sent to the firm by one of its wholesale-druggist or distributor accounts to be shipped by the firm to a third party but to be billed to the wholesale druggist or distributor who sent the order to the firm. Sometimes the retailer will write to the manufacturer requesting that merchandise be shipped directly to him but invoiced through his wholesaler. When that is done, it is also considered to be a drop shipment.

A *transfer order* is an order written by the representative but is merely to be credited to one distributor and billed to another distributor. It is not a shipping order, since the representative has merely had some merchandise transferred from one distributor to another, the matter being a courtesy of one to the other.

A *request for credit* is a request issued to the firm by its representative on a special form, asking that a customer's account be credited for a specified amount for good and adequate reason.

A *request for the return of merchandise for credit or exchange* is a request issued to the firm by its representative on a special form, asking that a customer be permitted to return some merchandise for credit or exchange. Probably most firms insist that customers do not return any merchandise unless authorized by the seller to do so, even if the firm operates under a policy of guaranteed sale whereby unsold goods in original unopened or unbroken packages are returnable for credit or exchange. The



reason for insistence upon authorization before returned goods can be accepted is partly one of accounting.

**Daily Report.** The representative is required to make out a daily report of his activities. It must be prepared and mailed in the evening following each day's work. That is definitely a "must." Except on Sunday a report must be sent in even though a representative is not working. The report for the day on which he is not working even during holidays should be marked "not working" and the reason for this given. Otherwise, the home office accounting records will be incomplete.

Daily reports should be made as brief as possible while still conveying all the essential information required. Time in preparing the report may be saved by making notes in an end-opening pocket notebook during the day so as to facilitate the preparation of the report.

**Mail Daily Reports Promptly.** The representative who habitually shirks his daily report-making, so that he does not get reports mailed promptly may just as well make up his mind early that he is building for himself an insurmountable obstacle to advancement. If his negligence becomes chronic, he had better begin looking for other employment, because his firm will not long retain him. It cannot, because one man's tardy reports may hold up the work of a whole accounting operation. This, in turn, causes other delays and confusion, which keeps others idle and disorganized at considerable expense to the company (see page 27).

Sometimes a representative who is behind in the preparation of his daily reports makes out reports for several days in one evening. He then places them in separate envelopes to try to conceal the fact that he is at fault. He forgets that all first-class mail is time-stamped at the post office, whether the city post office or railway mail car, and again at the firm's incoming-mail desk.

If reports are unavoidably delayed, the representative should send a note of explanation. Delayed reports create suspicion on the part of the management because according to past experience it usually indicates that something is not right, and usually to the

representative's discredit. It could be that he has been holding over business and calls from one or several days to cover an un-

**DAILY REPORT OF ACTIVITIES** Form No. 57249

Daily reports should be mailed every evening. Complete each daily report with date and information requested. DATE _____

TERR. No. _____		REPRESENTATIVE _____		CITY _____		STATE _____																																															
Number of miles driven on Company business _____		Did you spend this night in a hotel? If so, what town? _____		Sales Calls To Order	City _____ Co. _____ State _____ Fed. _____		No. of Calls																																														
					Phys. _____ Clinic _____ Rad. H. _____																																																
				Hosp. _____ White _____ Drug _____																																																	
				Ch. St. _____ Dep't. St. _____ Misc. _____																																																	
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**NOTE:** Each Physician interviewed must be written up on separate blank "Report on Physicians", send separate full report of call upon each hospital, institution, or City, County, State and Federal Department on form "Hospital Report" for Professional Service Division. Enter calls on business establishments and institutions, and summary of detailing activities on this form for Sales Statistic Department. SEND TWO Copies of each report to home office and one of each to branch office.

FIGURE 16. Illustration of a form of representative's daily report of activities.

authorized day off or that he is holding a second job, doing relief work during evenings and week ends so as to interfere with his regular work or engaging in other extracurricular activities,

which cannot long be tolerated. In any case the delay is extremely unfair to his company.

Instances of delayed reports have been because representatives have been putting in so many working hours of real selling time, a full day and far into the night on company business while away from home, which combined with train- or automobile-traveling time has really given them a fairly reasonable excuse for the delay. At least their productive efforts were commendable, as sales primarily are what make a business progress.

Representatives should keep an extra copy of all reports. There may arise occasion to refer to them again. Sometimes mail goes astray, which necessitates the duplication of reports.

**What Constitutes a "Call."** A daily report lists the "calls" made during the working day, together with information of value on the respective "calls." Often the question arises whether the recording of a specific "call" is justified. Guy Jeter has defined the term as follows:

"A call is an *interview* during which the interests of the company are promoted with an individual capable of influencing the place of business. Telephone conversations are *not* calls."¹

From a strictly pharmaceutical point of view, I should define a "call" as follows: A "call," for the purposes of the daily activities report, is a visit of a representative to an authoritative individual who is in a position to purchase, specify, or influence the specification of the product, wherein the visit is mutually deliberative and objective and the product is discussed in the interest of the firm with the prime purpose of creating an immediate sale or a chain of events leading to a sale.

There can probably be no clear-cut definition of a "call" that would remove every element of doubt whether a visit was or was not a "call" for the purpose of the daily report. This applies to trade "calls" as well as to physician "calls." It is understood, of course, that when we now speak of "calls" we mean those visits that are to be recorded and classified on the representative's daily report of activities.

¹ Jeter, Guy, *Selective Selling: Gangplank to Lower Distributing Costs, Sales Management*, April 15, 1945.

A visit is not a "call" if it is a "stall" on the part of a representative who is trying to find some excuses to write in "calls" on his daily report. Making a "call-back" on a pharmacy for the purpose of leaving some literature is not a "call." A lecture on products before a class of thirty student nurses is certainly not entitled to be listed as thirty "calls," but I do think it justified to list it as one "call" upon the training nurse in charge, accompanied by an appropriate explanation in the "Remarks" column.

If a Professional Service Pharmacist "details" simultaneously and satisfactorily a group of four physicians in one office or in a doctors' staff room in a hospital, I think he is entitled to four "calls" on his daily activities report. If on the other hand he visits the internes' quarters and discusses his products with a group of internes present, I do not believe that he is entitled to credit himself with more "calls" than there were internes who were interested and attentive and who entered actively into the discussion. Others should be noted on the report in the "Remarks" column.

If a visit is made to a physician who for some special circumstance cannot be seen and the P.S.P. discusses the products as fully with the physician's nurse as he would have done with the doctor, the P.S.P. should, I believe, be entitled to a "call," assuming that the nurse was influential in what the doctor purchased or prescribed. If the P.S.P. calls on a pharmacy buyer and then spends considerable time explaining his products and their uses to three pharmacists who are responsible for the sale of many products to physicians, I think the crediting of only one "call" is justified. Other comparable situations arise about which it can be argued whether or not they are "calls."

But this problem is not particularly vital if the representative wants to be fair in his appraisal of his activities. Actually, a representative is not engaged to see how many "calls" he can make. *He is engaged to produce business* and to put in a good day's work every day doing it. Some days he may have six "calls," on other days eight, twelve, or fifteen. The question is, "Is he producing, is he efficient, and is he giving his company his best?" If he is, neither he nor his sales manager need be concerned about how many "calls." They will be there.

**Keeping Track of Physician "Calls."** It is well, however, for the Professional Service Pharmacist to set himself a minimum number of physician "calls" per month so as to assure himself of an effective balance between physician "detailing" and trade-selling effort. Let us assume that the minimum number desired is 140 physician "calls" per month. That will require on the full-day average about 7 per day and is, of course, over and above the "calls" on other classifications of trade. Using that figure as a daily cumulative denominator and the actual daily cumulative physician "calls" as the numerator, the ratio may be placed in a convenient corner of the daily report and carried forward from day to day.

To illustrate, suppose in the first five days of the month daily physician "calls" were 6, 8, 7, 9, and 6, respectively. On each succeeding day's daily report the ratio noted would be 6/7, 14/14, 21/21, 30/28, 36/35. The P.S.P. should strive to exceed his minimum objective both in physician and trade "calls," but, in any event, he should see that they are effective, productive "calls."

**Daily Report of Physician "Calls."** It is important that physicians' names be correctly spelled, including the given name or initials. The street address, the name of the city and the State must also be correct. Otherwise, expensive search may be necessary in the records department of the home office to locate a card for the name as spelled on the daily report. When a name is not in the files, directories or addressing services are used for reference. Finally it may be discovered that there is no such physician. Such neglect on the representative's part may give him a reputation for carelessness and lack of dependability, or he may even come to be suspected of "padding" reports. If follow-up mail is sent on chance to the physician's name as incorrectly spelled on the report and the right physician receives it, he may be resentful toward the company for the misspelling of his name.

By all means should the P.S.P. see that names of recognized medical authorities are correctly spelled. If a representative misspells such names the management will properly consider

that he is neglecting his necessary study of reference material and, therefore, is not well suited to the position he holds.

If the representative learns that a physician’s address should be changed for any reason or his name removed from the mailing list, the company should be informed in a separate memorandum. Similarly, a report should be made of any changes in the status of dealers and hospitals, such as changes of address or in the trade

<i>Name</i> _____											<i>Town</i> _____		
<i>Street</i> _____											<i>Specialty</i> _____		
<i>Hospital Conn.</i> _____											<i>Date</i> _____		
<i>Detailed and Specimens left</i> . . . . .	<i>Prod A</i>	<i>Prod B</i>	<i>Prod C</i>	<i>Prod D</i>	<i>Prod E</i>	<i>Prod F</i>	<i>Prod G</i>	<i>Prod H</i>	<i>Prod I</i>	<i>Prod J</i>	<b>HOURS</b>		
<i>Literature left</i> . . . . .											<b>PRACTICE</b>		
<i>Prescribes</i> . . . . .											<i>Large</i>	<i>Par</i>	<i>Small</i>
<i>Detailed and Specimens left</i> . . . . .	<i>Prod K</i>	<i>Prod L</i>	<i>Prod M</i>	<i>Prod N</i>	<i>Prod O</i>	<i>Prod P</i>	<i>Prod Q</i>				<b>INTEREST SHOWN</b>		
<i>Literature left</i> . . . . .											<i>Prod</i>	<i>Par</i>	<i>Indif.</i>
<i>Prescribes</i> . . . . .													
<i>Remarks</i> _____													
_____													
_____													
_____													
_____													
<i>Representative</i> _____													

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FIGURE 17. Illustration of a form for reporting a call on a physician.

style of customers or changes of purchasing agents, managerships, staff members, or pharmacists.

Daily forms for reporting physician “calls” may vary with the firm and its promotion policy. Some firms require representatives to record physician “calls” and trade “calls” on the same form. Other houses desire that they be reported separately. Some require a separate card or sheet for each physician “call.” The major products as well as their indications may be printed on the report form so the P.S.P. has only to place check marks to show what was discussed in the interview. Space may be provided for special remarks or requests. In one instance a space of 1¼ inches across the 8½- by 11-inch report form is provided for each physician call. This, in turn, is divided into spaces to

record (1) the physician's name and address, (2) his specialty, (3) the products "detailed," and (4) comments. The report form is headed simply with the firm's name, the title of the report form, the territory number, the representative's name, the city, the State, and the date.

The devising of an entirely satisfactory report form is a problem. The primary consideration is to prepare a form that will serve the full purpose for which it is intended and yet to simplify it so that it requires very little of the P.S.P.'s time. Another consideration is one of handling and filing.

The report of the "call" on a physician should be as brief as possible yet should state the essential facts. The products discussed should be noted, as well as any information obtained that would be of real interest to the medical or sales departments. The P.S.P.'s desire for a particular type of follow-up by the home office, such as the supplying of samples or a letter from the medical department, should be requested on the report form.

Some firms request P.S.P.s to record physician "calls" on individual master cards prepared for the purpose, to be retained in the P.S.P.'s files for daily reference. The card may have a special heading to be filled in with pertinent information (see Figure 18a).

Below the heading may be listed horizontally the names of the firm's major specialties with check marks to indicate which of them the physician is now using in his practice. The recording of each succeeding interview should be condensed to about two lines of space. The date of the interview and the specimens left should be shown. Second cards may be provided without the detailed heading, since it is unnecessary for that to be duplicated in the same file (see Figure 18b).

**Designate Professional Degree.** When writing the physician's name, do not write it as Dr. ————. That may indicate a member of any number of professions. It does not, for example, differentiate between M.D., D.O., D.D.S., D.V.M., Ph.D., or D.Sc. It can cause waste of time and expense in the records department and delay other people who have to read and follow up the reports. The representative should always place the proper titles *after* the name as in the following examples:

John K. Smith, M.D., Alfred J. Temer, D.O., Frank K. Jones, D.D.S., Wm. H. Johnson, Ph.D., Magnus Tore Hutchinson, D.V.M., Wm. Tursman, D.Sc.

**PHYSICIAN'S RECORD:**

City _____ State _____ Rep. _____ Terr. No. _____

Name: _____ Office Hours _____ Time to call _____ Specialty _____

Address: _____ Born _____ Office Nurse _____ Receptionist _____

Hospital Affiliations: _____

Official Positions: _____

Association Activities: _____ Author _____

Size of practice: _____ Prescriber _____ Dispenser _____ Desirable for Clinical Research _____

Class of Practice: _____ Attitude _____ Standing _____

Date	Remarks	Specimens

(a)

**PHYSICIAN'S RECORD:**

Name _____ City _____ State _____ Specialty _____ Time to call _____

Date	Remarks	Specimens

(b)

FIGURE 18. Representative's master cards for recording calls on physicians.

**Use Proper Medical Terminology.** The Professional Service Pharmacist should take care to use proper medical terminology in writing reports. If he is not sure of the spelling of a medical word, or of any other for that matter, he should look it up in his medical dictionary. (If he does not have one or does not use it, he deserves to be discharged.) If he is still weak on medical terminology, he should give thorough study to Greek and Latin prefixes and Greek and Latin suffixes of medical and pharma-



ceutical terminology.² He should also make a practice of referring as a matter of routine to a medical dictionary to determine the meanings of medical words the significance of which is not entirely clear.

**Reports of Business Conditions.** Some firms request representatives to prepare monthly or quarterly reports of business conditions in their respective territories. These reports require merely that they put on paper the facts influencing the firm's business in their territories. These facts may include competitors' promotional activities, such as their inroads, prices, special offers, new products, new literature, and dealer aids. A pocket notebook can be used to record interesting, pertinent facts as they become known. The representative should get factual evidence whenever possible.

**Monthly Sales and Activities Reports.** Many firms send daily to their representatives copies of invoices of all shipments made to customers. This practice enables representatives to keep a close check on the territorial sales from day to day. Practically all firms supply their representatives with monthly sales summaries, which show total territorial sales by products but not by customer. Some firms, however, supply representatives with semi-annual or annual summaries of the sales, by product, made to each customer in the various territories.

The monthly sales report may show (1) the sales of each product or product group for the month just closed, as compared with the sales for the same month of the year before, (2) the sales for the current year to date of each product or product group, as compared with the sales for the same period the year before, (3) the sales *expectancy* for the month and for the current year to date, (4) the dollar sales increase or decrease, as compared with the same period the year before, and (5) the percentage attainment of sales expectancy for the current month and year to date.

A monthly report of activities may also be supplied for each preceding month. It may summarize the number of "calls" made on the various classes of trade or professions during the month, the number of orders received compared to "calls," the number of times the various products were "detailed," a curve charting

² A publication is to follow shortly, entitled "Medical and Pharmaceutical Terminology," by Arthur F. Peterson.

the sales for each succeeding month of the current year or for the preceding six months whichever period is the longer, the amount

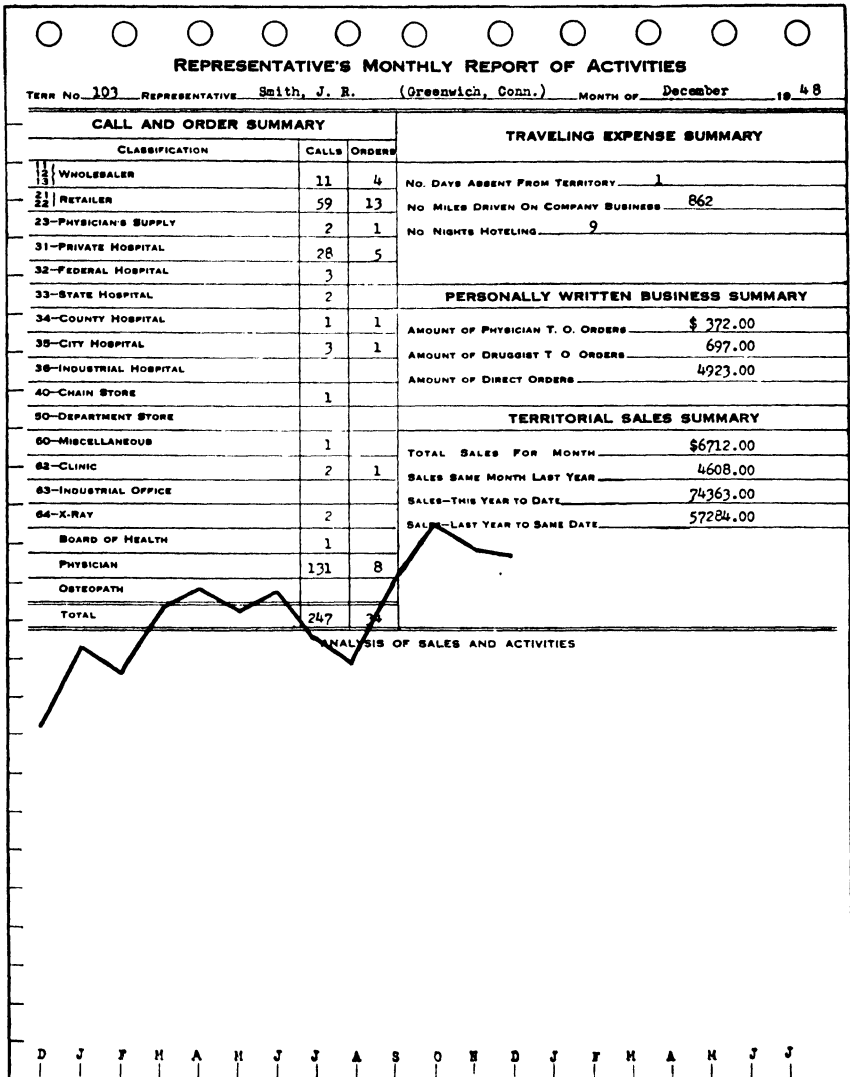


FIGURE 19. Illustration of representative's monthly report of activities and sales summary with sales curve charting the sales for each succeeding month of the current year.

of personally written business for the month, the total territorial sales for the month as compared with those for the same month the year before, and the total sales for the current year to date

compared with the total sales for the same period the year before (see Figure 19).

The representative should study such sales figures and reports very carefully so as to observe the trends, the strengths, and weaknesses within his territory. He is the sales manager of his territory and must function accordingly. He should chart a curve of his monthly sales and pin the graph on a wall where he may see it every day. These sales figures and reports picture the progress that has been made in the territory and are as important to the representative as to the management. They are, of course, confidential. The representative should learn to analyze his own activities with the help of these reports. Thus he can make his work both easier and more productive by doing the things that need to be done and by eliminating those things that serve no useful purpose.

Analysis of activities implies a study (1) of the sales and activities reports in the light of the efficiency with which a man is utilizing his time, and (2) of problems and the manner in which they have been approached and pursued. The representative's methods may need revising. If they do, no time should be lost in revamping them. There is almost invariably room for improvement. When a man turns from the pathway of progressive improvement in technique and vision, he enters the dreamy valley of "has-beens" to fade gradually to imponderable obscurity. The ounce of prevention is the never-failing will to improve and progress.

## CHAPTER IX

### SELLING

**Selling Is More Than an Art.** Selling is the process of persuading others to purchase something tangible or intangible by the application of logic based upon a thorough knowledge of the product, service, or assurance and upon a practical understanding of the basic principles, functions, and objectives of the business of both buyer and seller. Fundamentally, it is merely the application of plain common sense and ordinary everyday psychology in influencing people to buy a product about which one is well informed.

Intelligent selling is further predicated upon inspiration, aptitude, and practical businesslike showmanship. It is a mutual proposition between buyer and seller, involving consideration and judgment. Good selling requires a logical unfolding of the presentation step by step to a convincing climax and a strong and mutually enthusiastic close.

Showmanship in pharmaceutical selling pays dividends, but the showmanship must be of a quality born of inspiration and understanding, of confidence and sincerity. It is animated by skillful exhibition of samples, promotional material, and marketing data, by eloquence and poise, and by superlative knowledge of the products and of the business or profession to which it pertains. Theorizing and flourishing should be avoided. The circus variety of showmanship should be left to the arena. Neither buyers' nor salesmen's minds can be kept on business at an entertainment, or in a buffoonery-interspersed business interview.

**The Salesman.** The salesman, the Professional Service Pharmacist, is more than a representative. He is an indispensable partner of distribution, production, and finance.

He is the living symbol of his company. This is reflected in all his words, deeds, and achievements. His is a position of great trust, thus his loyalty to his firm is of first importance. Upon him depends a great industry for the disposition of its output.

He is a realist. He has strength of character, straightforwardness of purpose, clarity of logic, and magnanimity of patience. Difficulties or discouragements are merely fuel for his intellect. His work is blended with imagination, persistence, "sweat," ingenuity, and resourcefulness.

He speaks only from knowledge, faith, and enthusiasm, not from ignorance, fear, or conceit. He knows what not to say, and he does not talk too much. He never belittles himself by saying, "I am only a salesman." He maintains his self-respect and is accorded the same deference and courtesy as he manifests toward his prospect. He neither fears his prospect nor submits to discourtesy or incivility. He instills confidence by his geniality, knowledge, and sincerity. *He is a salesman.*

**Quality-mindedness.** Before accepting any sales position the prospective employee should assure himself that he will be entirely satisfied with the quality of the firm's products and that he will have every reason to be enthusiastic about them when they are compared with competitive products. A salesman must believe implicitly in his products to be able to sell them most effectively and to be happy in his work.

The excellence, superiority, and elegance of quality products are matters of great pride to the man who sells them. They not only give him a feeling of importance and pride, but they inspire him with confidence. They provide him with the pleasant assurance that there is no better reason than his own products for an entree into the best pharmacy or physician's office.

Quality is remembered long after the price is forgotten. The representative whose products permit him to sell on the basis of quality imparts that virtue to his own personality and presentation. It gives him a buoyancy that enables him to lodge conviction more easily and more effectively. It creates an atmosphere that leads him to set his sights higher and to appreciate more fully the finer things in life. It provides a spur to his imagi-

nation and an incentive to strive for the greatest possible achievement. It is a moral duty, in my opinion, for every man to encourage, cherish, and promote the highest quality at every opportunity, and to eschew products which are not but which could have been made to typify quality in its most elegant aspects.

Quality consists not only of the purity of the material components of a product but also of its intangible ingredients, such as, (1) the meticulous cleanliness and modernity of the plant; (2) the quality and efficacy of the apparatus necessary for thorough testing; (3) the amount and accuracy of the laboratory-control work to which the substance is subjected compared with the variety of exacting tests to which a similar product is routinely subjected by the most discriminating manufacturers; (4) the degree of variation permitted in the fabrication standards; (5) the qualifications of the control and fabricating personnel; (6) the contributions to the advancement of pharmacochemical sciences by expenditures for research fellowships, for grants-in-aid, for endowments to pharmacy and medical colleges and other scientific institutions, and for research laboratories' equipment, maintenance, and personnel; (7) the policies and provisions maintained by the manufacturer for the benefit and welfare of his employees; and (8) the quality, impressiveness, and real prosperity of his field staff.

**Sell Real Worth.** Products should be presented for what they are worth. If a representative is unfortunate enough by misjudgment or choice to be selling a "cheap" or second-quality line, he is likely to lower his honor and integrity in the minds of his prospects by comparing his product favorably with one of recognized high quality. If a product's price is lower, it is best sold on the basis that it is worth only what is asked for it. Most pharmacists and physicians are not often misled on that point. They appreciate that, compared to a similarly named product marketed by a recognized high-grade manufacturer, the quality, homogeneousness, laboratory control and dependability of a "cheap" product may be even lower, proportionately, than the difference in price. Of course, a lower price in itself is not neces-

sarily an indication of lower quality. It may signify more economical production or some other virtue.

**Firms with Highest Standards.** It is significant that firms with high standards throughout their respective organizations are usually highly successful in gaining prestige, solidarity, happy personnel, profits, and longevity. Quality of product is not necessarily a concomitant only of bigness, nor is bigness necessarily synonymous with highest quality. Many smaller houses are excellent from that point of view. They have high ideals and practice them and afford splendid opportunities for the pharmaceutically qualified individuals who desire positions as Professional Service Pharmacists or, for that matter, other scientific or commercial positions.

A man's success is determined in good measure upon the employer he chooses. A wise choice of employer is the first steppingstone to successful salesmanship and future progress.

**Meaning of "Persuasive Ability."** An important attribute to successful selling is the feeling on the representative's part that he is in reality the sales manager of his territory, which consists of the customers and prospects of a defined area. He cannot dictate to them, but he can influence, guide, lead, and prevail upon them to act and follow through as he desires them to do. That requires a persuasive ability that is predicated upon more than mere words. Such persuasive ability consists of a well-directed, logical selling presentation, plus all the helpful things a salesman can do and suggest to move merchandise from the dealers' shelves in a never-ending flow. It results only from efficient planning, preparation, and energetic action on the part of the Professional Service Pharmacist.

**What Is Required to Sell.** A salesman must have a goodly balance of perseverance and tenacity, which implies that he must have an adequate variety of sound and interesting sales "ammunition." That does not imply high-pressure selling. We must not confuse high-pressure selling with the good, informed, truthful, systematic, and energetic salesmanship that is most assuredly the order of the day. Vigorous, creative, reason-why, competitive selling gets results. Frequently its precursor is the sales-

man's high degree of realistic interest in his work. It is an aggressiveness, a striving for more business without losing sight of the druggist's or pharmacist's welfare or of the mechanics of selling.

Many men have failed in selling because they have not been attentive to the mechanics of selling. Mechanics of selling are steppingstones to a sale. They who have gotten into a "rut" from easy orders and have become oblivious of the fact that selling is both an art and a science must get back to *selling* or sooner or later find themselves left by the wayside. "It's not the high cost of selling that hurts—it's the high cost of not selling."¹ *We must sell!*

Mere order takers have no place in the pharmaceutical selling picture. Order-taking habits may arise from becoming too friendly with accounts, calling on customers more frequently than should be necessary, not keeping abreast of new information, or just plain "inertiatitis."

**Selling Techniques.** Effective, workable techniques of selling, based upon the practical selling experience of men skilled in professional service work, should be given close attention. A man's thinking, actions and psychological approaches must be compatible with the professional training and commercial philosophy of his prospects.

New ideas on selling techniques and new approaches should constantly be devised in the light of his experience and knowledge of the business. However, they should be introduced cautiously, given "clinical" trial. Then, if they are effective and well received, he should *use them*. He should improve upon them whenever possible. The successfulness of a selling technique is a function of the personality traits of the representative who employs it. Thus, selling techniques vary to some extent, sometimes markedly, according to salesmen's personality traits.

A selling technique that works well for one individual may not work as well for another because of these personality factors. Therefore a salesman must develop the details of his technique

¹ Newman, J. J., Recruiting Salesmen and Market Evaluation Are Most Pressing Problems, *Printers' Ink*, October 27, 1944.



to conform to his own personality pattern and still permit it to vary to suit the character traits of his many prospects.

The successful selling techniques of other representatives should be examined, analyzed, and studied very carefully from that point of view. If a particular selling technique is sound in principle, and it works and wears, it should be applied wherever it advantageously can. But it should be employed by the representative in a manner that fits *his* personality.

There is no "best technique" or "best personality" in selling. It is the end-product of a combination of selling technique and personality that counts. There are differently constituted combinations of selling technique and personality or character traits which in the workout add up, within reasonable tolerances of course, to an equivalent in selling effectiveness. Therefore a representative should not try to imitate. He should create a technique-character-trait combination compatible with *his* personality and develop it to his greatest advantage and pleasure. He should emulate but not imitate.

**The Approach.** An effective *approach*² for a representative consists in part of good personal appearance and businesslike confidence. Another is attractive, well-made selling equipment of the best quality, including sample cases, advertising portfolio, and price list, each well-kept, clean, and orderly. A third is the representative's conduct before reaching the prospect. He should be patient and not rush the customer. While waiting he should not (1) lean on display cases, (2) occupy a seat so that a customer is deprived of one, (3) smoke, (4) engage an employee in conversation when he should be serving a patron, (5) create distraction by loud talking and laughter, or (6) place his selling equipment where it will be in the way or cause someone to stumble over it. Many an otherwise promising interview has been wrecked by a blundering approach. For that reason, great care should be exercised in planning the approach, which is largely a matter of good, businesslike conduct, poise, and well-organized common sense.

The name and position of the person on whom the representative is to call should always be found out in advance. He should

² See also The Receptionist in Chapter XII.

learn to pronounce the name correctly, since not to know or to mispronounce the name of the person being interviewed creates an unfavorable impression. The representative should try to learn, in the pre-approach or preparatory stage, if possible, the type of appeal to which the prospect will be most responsive and also that to which he is likely to be most resistant.

The representative should approach the prospect with a wholesome expectant smile. It helps to put the buyer in a receptive mood and to condition the salesman himself for an enthusiastic and convincing presentation. Good cheer, enthusiasm, and optimism are contagious. Confidence begets confidence, while a troubled and confused mind leads to mistakes as well as to an impression of weakness and incompetence. The representative should proceed with a feeling of assurance that he will gain his objective, but he should realize also that he must be prepared to match wits, to think, to demonstrate, and to overcome real or imaginary objections. His approach is in large measure the interval in which he sells himself. By all means should he *be* himself and develop the methods best suited to his *own* personality.

But now the representative must speak. He will identify himself, *e.g.*, "Mr. Baines, I am John Sporden, Professional Service Pharmacist of the Bernt and Arne Pharmaceutical Company."

**Getting Attention.** His opening statement, which may be in the form of a declaration or interrogation, must impress the buyer favorably and stimulate his thinking. It must be sufficiently pertinent and inspiring to focus the prospect's intellectual processes upon it. It must strike a responsive chord, one that will command the prospect's favorable attention. It must be one that appeals to the buyer's instinct, sentiment, emotion, prejudice, need, or humanitarianism; one that will give the representative control of the interview. The buyer is not interested merely in spending money but rather in making money or doing a service. What the salesman says in his opening statement is likely to determine whether the sale will be made, how large the order will be, and how much time will be required to make the sale.

Of course if the visit is not the first, the representative may advantageously open with an inquiry of personal interest to the buyer, say, on a matter or event that will appeal to his pride and create an atmosphere of more than ordinary warmth and radiance. However, he should make it brief and get to the real purpose of the visit as quickly as possible.

**You have to hit the keynote...**



**...if you are going to get attention**

*(Drawing reproduced by courtesy of Paul Klemtner & Company, Inc., Newark, New Jersey.)*

FIGURE 20. The salesman's opening statement must strike a responsive chord.

**Sustaining Attention and Creating Interest.** It is apparent then that creating favorable attention is the process of getting the buyer to think about the product or product line and its possibilities for his business by depicting skillfully the advantages of tying in with the seller's program. Most important is what the product line will do for the buyer's business. The representative must establish in the buyer's mind that here is something his business needs, something that will be profitable and will lend prestige to his store.

Supporting evidences are (1) the prestige of the manufacturer, (2) the turnover and profit possibilities of the product line, (3) illustrations of successes other firms have enjoyed with the featuring and sale of the products, (4) the extent of the seller's promotional support of the products, (5) the firm's sales policy, (6) the beauty and eye appeal of the packages, (7) the quality of the products, (8) their efficacy and uniqueness, and (9) their application to the customer's needs and desires.

Attention is gained and sustained by the presentation of thought-provoking facts and by getting the prospect to talk and to ask questions. Products should be demonstrated whenever it is possible and feasible to do so. A closed sample case or portfolio pays no dividends. The showing of the advertising, promotional plans, pertinent statistics, and product samples helps to keep the buyer concentrating on the presentation, to intensify his attention, and to sustain it until interest appears.

The buyer should be prevailed upon to view the advertising material and samples in a place as advantageous as possible from the seller's point of view, where they may be shown or demonstrated most effectively, and where the prospect is least likely to be disturbed by other influences. The representative should try to maneuver him into a position where he will have his back to the activity within the store if the interview must take place there.

The representative will do well to provide himself with a rich-looking piece of velvet or velveteen, about a yard square, on which to lay his samples. The cloth should be crinkled a bit. It contributes to the quality appeal of proud pharmaceutical products and helps to create interest and favor in the buyer. It tends to diminish the prospect's resistance and makes it easier for him to decide to buy. Emotion is sometimes a factor as decisive in buying as price, quality, and profit. However, in general, it is preferable to keep the selling presentation on a factual rather than on a purely sentimental basis.

It is important to try to establish a point of mutual agreement on the real merit of the proposition as early in the interview as possible. This is a starting point toward the actual order and toward future active cooperation. Before proceeding far into the discussion the prospect should be asked one or more questions that will make him give some real thought to the proposition. The questions should require affirmative answers and assure the representative's continued control of the situation. The representative should keep the interview on a discussion basis. He should watch for the opportunity for a trial close.

Nolen,³ under the title "How to Demonstrate Specific Prod-

³ Nolen, Herman C., "Sales Management Guide," Vol. I, National Wholesale Druggists Association, New York.

ucts," suggests the following rules for salesmen to follow to lodge the kind of conviction that produces orders:

1. Sell from the customer's viewpoint
2. Your first words must stimulate interest
3. Condense your story
4. Appeal to as many of the customer's senses as possible
5. Don't use fancy language
6. Use actual facts and figures—avoid generalities
7. Prove that what you say is correct
8. Be sincere
9. Present one idea at a time
10. Talk with your prospect
11. Do not hurry your prospect
12. Sell the customer what he needs

*Interest* may be evidenced either by an increasing degree of attention itself or by physical manifestations. It is motivated usually by one or more specific suggestions emanating from broad and general statements. However, the representative must not necessarily assume that because he has the buyer's attention he also has his interest—it may be merely curiosity. Suggestions should be offered that will stimulate the buyer's interest and make him receptive to the salesman's proposal. He should unfold the selling points of his proposition. He must make the buyer want his products by showing him how it will be to his advantage to cooperate with the representative's firm by stocking and featuring its products.

The *interest* step in a sale is that phase of the presentation wherein the salesman begins to narrow down to the specific points of his proposition which are more precisely applicable to the buyer's requirements. *Interest* is aroused by telling the prospect what the product, product line, or service will do *for him* and how *he* will *benefit* from it. Obviously this is a question that the representative should have asked *himself* before the interview and to which he should have prepared a logical, convincing answer. He should know the facts thoroughly. *How will the prospect benefit? Not how will he, the salesman, benefit. Wherein does the product excel? If it does not have advantages over other products or services, then the problem*

resolves itself primarily into one of human relations. In this the representative's entire personality, as well as his desire and ability to render his customer special service, enlightenment, and pleasure, is the dominating factor in making the sale and gaining active cooperation. He should know the customer, his idiosyncrasies, desires, needs, ambitions, and motivations—in fact what makes him “tick.” He should bear in mind, however, that these characteristics may change from time to time according to his customer's progress or prosperity or to some change in responsibilities, and he must therefore change his attack. *Caution: He should always try to do a thorough selling job*, even when it appears that the human relations aspect is the dominant motivating power. Otherwise, the representative can easily slide into “order-taking” habits and gradually and painlessly fade into a state of inefficiency, ineptness, and finally oblivion.

**Desire and Action.** The *desire*-creating step of a sale is the next phase. The representative should emphasize all the attractive features of the proposition but remember that facts alone, without concreteness or a word picture of real benefits to the customer, will not lodge conviction and motivate the prospect to buy.

The representative should appeal to the buyer's senses, reason, emotions, and self-interest in such a way as to make the proposition more and more desirable. He should use effective illustrations and word pictures to prove each selling point, word pictures that the prospect can visualize easily and dramatically in his own mind.

The representative may say to his prospect, “This is the most effective hemopoietic on the market,” but that is too general. It is neither specific nor concrete.

He lends concreteness to his fact if he says:

This hemopoietic produces the most dramatic response of any known antianemic substance, even liver. For example, as described by Dr. A in the October, 1948, issue of *B Medical Journal*, three cases of anemia, one each of pernicious anemia, macrocytic anemia, and tropical sprue, returned to the C Hospital in relapse on three different occasions. Clinical and laboratory examinations and tests were done in each instance. On first admission in relapse they were given drug

*D* in adequate dosage. Clinical improvement was noted within three days of the start of treatment. The patients were discharged at the end of three weeks.

On the second admission about a year later, clinical, and laboratory findings were practically the same as before. Drug *E* was immediately administered but in only one-tenth the dosage of drug *D* used on the first occasion. Clinical responses were comparable to those at the time of the first admission.

On the third admission, still another year later, with clinical and laboratory findings comparable, our product *F* was administered in doses of only one two-hundredth of that given previously of drug *E*. The same improvement was had as before with much larger doses of the other drugs. Furthermore, neurological symptoms in primary anemia patients are avoided with the use of our drug *F*.

At this point the representative should avoid any general discussion that may lead the prospect back to the point where it would be necessary to start all over again.

The *action* step of a sale is the *decision* phase. As soon as it appears that the buyer is ready to shift from the *desire* phase to that of *action*, the representative should summarize the proposition briefly while simultaneously getting his order book into writing position if he has not already done this earlier in the interview. The strongest selling point should be reserved for the close. The close is simply a bid for action, the order, but preferably it is the buyer's signal or indication that he is ready to buy because, with the assistance of the representative's well-planned, conviction-lodging, desire-creating presentation, he has already "sold" himself.

The representative should watch for the opportunity to close. It is a function of timing, which in turn is a result of the salesman's intuition or "feel." It may manifest itself by the buyer's gestures or facial expression, by a question the buyer may ask, or by a suggestion the representative may offer. The representative should not be overanxious to close and thus make it appear that he is "crowding" the customer. By no means should he start wandering into a general discussion when the prospect is disposed to concentrate on some phase of the proposition or is actually ready to close. That is the way to talk oneself out of a sale. It may occur at any stage of the selling process.

The representative must recognize the necessity for driving continuously to the point of sale. He must "funnel" his whole presentation to the point of sale, or close, and train himself to do this effectively. Having driven to the point of sale, or close, he should, as quickly as possible, get the customer to agree on even a minor point so that the buyer's assent to the proposition can be assumed.

**Funnel Pattern.** The progression through the four primary steps ⁴ in a sale, *i.e.*, attention, interest, desire, and action,⁵ may

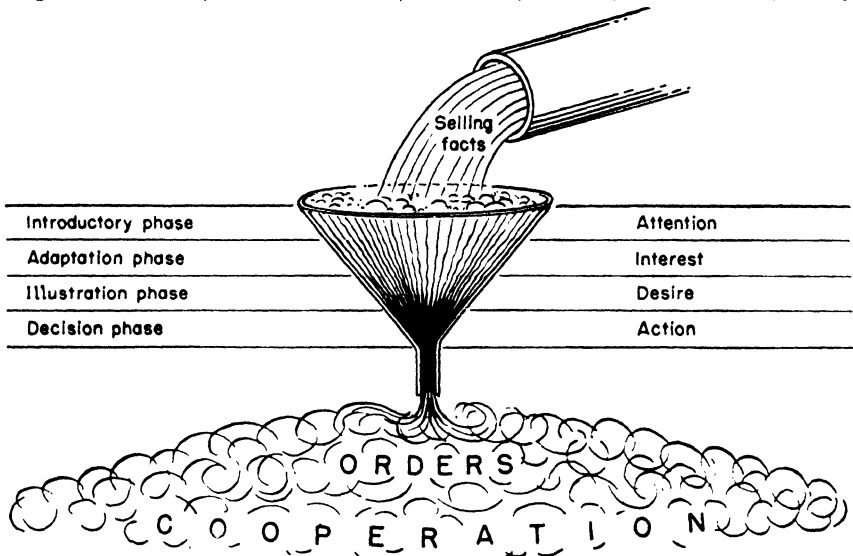


FIGURE 21. "Aida" funnel.

be compared to that of a substance moving through a funnel or V-shaped percolator.

It progresses from the general to the specific. General facts about the proposition that clearly indicate that it fits advan-

⁴ They are easily remembered by association with the opera "Aïda," each letter of which, progressively, is the first letter of the respective steps in a sale.

⁵ "The four steps in brief: Attention is gained by general but attention-arresting discussion. We can call it the 'advertisement' step. Interest is aroused in some phase of the discussion affecting the customer directly. We can call that the 'adaptation' step. Desire centers interest on a specific security and we call it the 'illustration' step. Action involves the decision to do it now, and, because of the method used, we call it the 'matter-of-fact' step."—Townsend, Wm. W., "Bond Salesmanship," published under the direction of The Investment Bankers' Association of America by Henry Holt & Company, New York.



tageously into the prospect's business may be discussed while the attention-getting phase is being developed. But they must be narrowed and concentrated, with intelligence and efficiency, toward the ultimate objective—*the order and cooperation*.

**Mental Stages.** These mental stages (attention, interest, desire, and action or conviction) do not necessarily follow a precise well-defined sequence leading to the prospect's decision to buy. "Even if we knew just what they were, it would be hard to separate them in actual practice, harder to follow the prospect's course through them, and hardest of all to provide the proper stimulus for each of them at just the proper time."⁶ However it is valuable to bear them in mind in the psychological analysis of selling, as they help a salesman to present facts in a more orderly manner, clearly and succinctly. They guide him more effectively toward his objective: a state of mind reached by the prospect through a rational mental process whereby he is convinced that he should buy.

When the salesman has proved his contention through the presentation of conviction-lodging evidence or convincing arguments, and the customer has, as a result, reached the decision that he should buy, the salesman must be aware of this decision and exercise positive effort to consummate the sale. He must, however, be conscious of the relationship between immediate and ultimate objectives: to make the one sale lead to many more sales and to active, effective cooperation.

**Getting Action.** The representative should *ask for the order* in a way that stimulates positive action so that it is easy for the customer to say "Yes." He should let the prospect know by his manner and actions that he expects him to buy but should not let his self-interest be too apparent. When he feels that the customer is ready to buy, he should start resolutely to close the interview. A number of trials may be necessary actually to close. An effective way to close with a new customer on the initial order is to show the prospect an outline of the size of order and assortment that the representative thinks the buyer should have.

⁶ Bursk, Edmond C., *Low Pressure Selling: Is It a Forgotten Art? Sales Management*, 58, No. 9, May 1, 1947.

Trial closes are made by asking questions, leading or innocent, but pertinent. If the prospect answers them affirmatively it indicates that he is willing to buy. The order book and pencil should be brought immediately into play. The representative should not ask the buyer whether he wishes to buy but assume confidently that he is ready to. He should ask, "How many *cases* of this size?" "How many *gross* for each store is reasonable for this promotion, about *ten* or *five*?" "This type and amount of promotion should stimulate initial sales of this product to, say, 3,000 to 4,000 capsules per month in your pharmacy. Would that be a fair estimate?" "The savings on the purchase of 5,000 J-capsules is \$12.50, or would you prefer saving \$28.10 on 10,000?" "Do you prefer your account carried as 'J. D. Everton' or as 'Medical Arts Prescription Pharmacy'?"

Confidence is contagious.

A buyer should not be given a choice between a large and a small quantity but rather between two large quantities within a reasonable limit of what he can, in the representative's judgment, sell in two or three months by well-supported sales effort. The representative must help the customer to make up his mind to buy and simultaneously remove any doubt whether his doing so is desirable. It is the salesman's responsibility to help his customer buy so as to increase the customer's business in the most profitable way.

The first trial close of an interview may not work, or the second, or sometimes the third before the sale is made or determined to be not forthcoming on the current visit. Each ineffectual attempt calls for more intensive and more penetrative selling. But if possible the representative should persist to the fourth trial close if necessary before he yields. Persistence in all earnestness and seriousness directed toward the best interests of the customer is not only inoffensive but commendable as well.

Even when he decides that ordinary techniques will not work, the salesman may launch a new attempt something like this: "Mr. Buyer, what is it about the proposition that is not clear to you?" "Mr. Prospect, what are your objections to taking advantage of the proposition now?"

This may provide an opportunity to summarize for a final attempt to make the sale during this interview. Alternatively, it may serve as a basis on which to plan the approach and presentation on a subsequent visit to the prospect.

**Do a Complete Selling Job.** No business can progress with a buyer or representative who thinks in terms of a "twelfth of a dozen assorted." Because the representative knows better what and how much will sell, when the products are actively supported both by his efforts and those of the store's sales personnel, he should guide the buyer in his purchasing. Furthermore, the representative must be sure to do a complete selling job by seeing that all the store's salespeople are properly informed, that they promise earnest sales cooperation, and that they will use to advantage the sales helps, both tangible and intangible, with which they are provided.

The buyer may *buy* and *buy* and *buy*, but, if the salespeople do not *sell* and *sell* and *sell*, the salesman's orders are much less than half sold. If the salespeople do *sell*, the buyer has to *buy*. Displays help to make more sales with less effort. They should be placed at strategic points where prospective purchasers will be sure to see them.

**Dealers Who Desire to Buy Direct.** Sometimes a representative who sells to selected retail accounts direct at wholesalers' discount in return for good active sales support and cooperation is confronted with a dealer who has a substantial demand for the firm's products without making any promotional effort. He wishes to buy direct to get the extra discount not offered by the wholesaler but does not consider extending the kind of cooperation necessary to earn the added incentive.

If the account is desirable the representative has two ways to approach the problem. One is the direct approach, to sell the dealer the idea of cooperation by means of all the persuasive power at his command. The other approach is to explain the proposition thoroughly but to hold the dealer off until *he* begins to try to sell the representative on the virtue of opening the account on the basis of the active cooperation that he, the dealer, is able and willing to give.

Sometimes the "tough" prospect can be made easy if the representative appears to consider that the dealer is not a prospect nor eligible for a direct account. When the dealer reaches the point where he wants the direct-buying privilege eagerly enough, he will agree to extend the kind of cooperation the representative desires. The salesman can then tell the dealer what cooperation he expects rather than being on the defensive and hoping for continued active promotional support.

**Exclusive Agency.** Some buyers seek exclusive agencies. These are not ordinarily desirable either from the manufacturer's or from the buyer's point of view. They allow insufficient distribution to justify extensive advertising and other widespread promotional work by the pharmaceutical manufacturer. Thus, the exclusive dealer would be at a disadvantage because, for the most part, his efforts would convert only his own customers to the products' use. On the other hand if other pharmacies and drugstores were also distributing the products more users would be created, and the dealer would then have the opportunity to draw many more customers by attracting patrons from other stores.

**The Opening Order.** The opening order should be large enough to give the new distributorship account a good representation of the line of products in their various package sizes. It is reasonable to take into consideration the inventory of the products that the account has in stock. Even so the representative is not concerned with the size of the opening order so much as he is about the future selling cooperation that he will receive from the dealer.

If the buyer insists that he already has enough stock to qualify, the matter may just as well be dropped then and there, because he is not likely to do any more active sales promotion as a distributor than he did previously. If the prospective distributor means to qualify as a cooperating distributor by good active sales support, his present stocks must be materially increased. The real objective of acquiring a direct-purchasing distributor is to get increased cooperation. It must be had under that arrangement. Otherwise, it is only diverting business from the wholesaler while nothing is gained.

The representative may well be wary of the prospective distributor who is afraid of volume. If he is a "close" or small buyer in relation to his potential, he is likely to be a relatively small seller. If he refuses to stock large-package sizes because "they do not turn over fast enough" he may as well be dropped from consideration as a direct-purchasing account. He certainly cannot, for instance, convert a request for a box of six ampules into a sale of a box of one hundred ampules if he does not have the larger package in stock. Yet that is the purpose of a distributorship.

**300 Years to Become Tired.** Too frequently representatives become careless about giving all the facts necessary to clinch the sale or about showing samples, advertising portfolio, and selling aids, because they think the dealers have heard them or have seen them so frequently as to be tired of them. Let us analyze that attitude, *i.e.*, determine whether it is sound.

Most Professional Service Pharmacists or other salesmen of pharmaceutical manufacturers probably do not see their accounts more than once in thirty days on the average. They probably see an average of four dealers per day, in addition to other "calls," to whom they are supposed to unfold a convincing story leading to a sale. Assuming twenty-five working days in the month, there would be about 100 dealer calls a month and 100 presentations of the facts, the samples, the advertising portfolio, and other selling adjuncts.

It is usually about a year before even a lethargic, vegetating representative begins to "feel" that dealers are becoming tired of seeing the stuff. In that time a representative should have made 1,200 presentations with the full regalia and appointments of his office. It is *he* who has become tired of presenting it, although he blames the dealers for becoming tired of it.

If it has taken 1,200 presentations and a year to tire of his story, it would take 100 years, 12 visits per year, to make a dealer equally as tired of it. Moreover, the dealer would not hear the story so frequently as the representative tells it, so that his fatigue rate would not be so great. Besides that, the dealer would tend to forget the details, because other salesmen would have made presentations within the call interval. Thus it is

safe to say that it would take three times 100 years, or 300 years, before a dealer would become as tired of a representative's well-prepared presentation as would the representative himself in one year's time. *Moral: Don't try to convince yourself or your sales manager that you should not repeat the facts often or not carry samples and plenty of other selling "ammunition," and thus forego the use of them fully and enthusiastically on every call day after day and year in and year out.* Come to life and use them! Get down to business and don't act as if you were all "washed out" and couldn't keep a dealer, even your closest friend, interested in your latest information-impacting, order-, and co-operation-producing presentation. Keep your chin up and your mind alert and "dig" for business!

The representative must be expected to dig for new ideas, new information, new data, and new facts so that his sales presentation will not be absolutely identical and "cannish" from visit to visit. He must make it interesting. He must always show visual material to animate and enliven the interview: samples, advertising portfolio, selling adjuvants. Make them a part of the well-planned presentation on every call.

**Ready for Action.** A representative should never call upon a physician, pharmacist, or other prospect without full selling equipment regardless of the purpose of the call. He should be ready for full action at all times. *It will help create selling opportunities as well as enable him successfully to take complete advantage of the opportunity to sell.*

He must always expect that there is the possibility of making a sale, and anticipate the probability by being fully prepared for and attuned to the occasion. Then he can do a real selling job.

**The Buyer.** Buyers of products for resale are not interested in merely buying more stock as such, but they are interested in making more money. Therefore, they do not really *buy* the representative's *products*. They buy the quality, the prestige value, the amount of promotional effort the firm applies to them, the merchandisability, and the total net profit to which the products are merely a means to an end.

Of course, buyers are imbued with the usual human virtues and frailties. They may be emotionally stable or unpredictable,

pleasant or grouchy, firm or wavering, decisive or vacillating, cautious or reckless, honorable or contemptible, well-bred or snobbish, brilliant or dull, in varying degrees. Their emotions may vary with the time of day or the course of events. Thus, a buyer's state of mind at the moment must be evaluated to determine its effect on his judgment and the approach and presentation adapted accordingly. The presentation must conform to the buyer's objectives, requirements, and other circumstances as well as to his individuality, idiosyncrasies, and other character traits.

**Buyers Want to Be Sold.** Buyers like to be convinced because it is their business to seek profit-making opportunities. However, the representative must not labor under the impression that buyers are simply agog with admiration and an insatiable desire to buy. To persuade them to buy requires that the representative unfold his story logically and convincingly from every angle. The presentation should have a good degree of spontaneity and adaptability, which comes from a thorough study of the scientific aspects of the products and of the sales techniques and promotional methods that can most successfully be applied to them.

If a representative cannot unfold his story clearly, logically, interestingly, and understandingly he is bound to meet with mediocre or little success. He should never overestimate a buyer's knowledge or underestimate his intelligence. He should not take for granted that buyers know certain facts about the product; it may cost a sale. He must keep telling them. They need to be reminded frequently. They want *reasons* to buy.

**Important Words:** "Yes, but . . ." How successfully a representative meets buyers' objections depends upon his skill in turning objections or disadvantages into advantages, and upon good reasons why the buyers should buy and cooperate in promoting his products. The representative must, of course, have studied the products, their marketing, the selling successes experienced by other dealers, and the reasons for those successes, in order to be able both to influence buyers and to cope successfully with their objections *secundum artem*.

A representative should anticipate the objections of buyers both from his own study of the products and from objections pre-

viously offered by other buyers. These, together with the successful answers or refutations, should be written in a notebook, which may be reviewed from time to time.

There are various means of meeting objections successfully. When possible, the representative may admit that the buyer's objection is well taken or that he appears to agree. Then reasons or advantages may be offered that make the objection appear relatively unimportant. There are two words that are extremely important tools for use by the representative to help to overcome objections. They are "Yes, but." For example: "Yes, that is right, *but* . . ."; "Yes, *but* let us consider the matter in the following connection . . ."; "Yes, *but* let us look at it from this angle . . ."; "Yes, we grant that, *but* . . . ."

If the objection is not sound or true in fact, the representative cannot tell the dealer or physician he is wrong. But he can say, "Yes, that may be true, *but* . . ."; "Well, that is true, *but* . . ."; "I have not heard of that before, *but* I believe you will find that . . ."; "Yes, I can see your point, *but* . . ."; "Yes, our medical department (or marketing research department) felt the same as you do about the matter, *but* following the latest clinical reports (or marketing experiences) by the XYZ group, it is inclined to this viewpoint. For example . . . ."

Another type of objection is one that can be turned immediately into an advantage: "Yes, that is really one of the features of this product. It may seem a little strange to you now, *but* you will like it." "Yes, that is true, *but* the product is intended for use only in X type of case and therein it is a very superior product"; "Yes, that would seem to be so, *but* actually . . ."; "Yes, *but* you have, I believe, overlooked the fact that . . . ."

The representative must take care how he meets objections, otherwise the buyer may raise his guard against him. He must be sure that his own "arguments" or selling points are sound and substantial.

The words "Yes, but" must be used and inflected so as to create no semblance of impression of arrogant superiority or of disrespect for the buyer's opinion. The buyer expects the representative to try to overcome objections. When done in a friendly and obviously considerate manner there is little danger of the



use of the "Yes, but" technique initiating or culminating in a squabble or wrangling argument. The representative should temper the selling arguments or refutations to the buyer's temperament and not permit temper to manifest itself in any sales interview. By all means should he avoid any verbal altercation.

He should also avoid weak or meaningless "reasons why." The buyer wants honest, concrete information. When that is not forthcoming he loses interest. Objections are frequently raised because the prospect does not have enough information about the product—what it is, what it will do, wherein it is superior, how much profit it will return, and other pertinent reasons why he should buy it.

A disinterested prospective buyer must always be assumed to be not fully informed about the firm and its products. A representative should always feel that a prospect needs these products.

Don't talk too much. Weigh carefully every statement. Give the buyer a chance to sell himself by giving him an opportunity to talk about the product. Watch the buyer's expression and reactions carefully. They are direction finders that tell the representative how to proceed.

**When Buyers Say "No."** The representative must not take "No" too readily for an answer. Buyers must be encouraged to state their objections, so that there may be an opportunity to overcome them. Objections are frequently a result of buyers' unfamiliarity with a company, its executives, its sales policy, its products, and their merchandisability or sales possibilities. Buyers want more facts.

Buyers may say "No" merely to test the representative to see whether he can bring forth more ideas, to try the salesman's alertness and resourcefulness, to determine whether the representative has a firm, confident belief in the merit of his products. They may say "No" because they are not convinced that the products offer enough sales possibilities to be worth stocking and giving promotional support. They may wish merely to "stall for time" to give them additional time to think the matter over. In this case the representative should repeat the salient points of his sales story, asking the buyer's agreement point by point.

If the buyer still insists upon more time for deliberation, the representative must not let too much time elapse before he makes a repeat call to try to close the sale.

Sometimes buyers say "No" for the fun they derive from putting a representative through his paces or to test his patience and sportsmanship before they place the order.

The representative must observe carefully the buyer's reactions and be sure that his story is registering. If the buyer's interest is passive, he should ask questions to determine his most vulnerable interest and then switch smoothly to another attack. The quality, prestige value, consumer acceptance, advertising and other sales support, turnover, profit margin, repeat business, and price of the products are all avenues of attack to overcome the buyer's resistance.

The representative must learn to recognize when buyers mean "No" emphatically and finally, but most frequently he should explore its meaning to determine whether it really means what it spells. A friend of mine, a very able salesman, had a reputation in the trade for being a little hard of hearing, but it was amazing how his ear was attuned to positive responses from buyers. His hearing was most troublesome when buyers said "No." In any event he was a good closer. He had good selling balance. He never misrepresented his products or their possibilities and never sold under false pretenses. He never tried to sweep buyers off their feet by excited and exaggerated statements. Beautiful, engaging, oratorical flights of words are not as effective as plain, direct language spoken in all sincerity.

**Buyers' Objections.** When the buyer says he is not interested, the representative may say, "I can understand why you are not interested, but if you will only give me the time necessary to demonstrate the advantages of the proposition to *your* business, *you* will have reason to be interested and, in fact, enthusiastic about its profit-making (or time- or money-saving) possibilities. For example . . . (appeal to the prospect's chief interest)."

Or he may say "That is too bad, because if you were interested I could justify that interest by the money-making and prestige possibilities that *you* would enjoy from *your* taking advantage

of the proposition. For example . . . (appeal to prospect's chief interest)."

When a buyer objects that the products cost more than others, the representative may tell him that he is glad he mentioned that, since that is one of the good reasons why he should purchase and feature the products. Here is where a photographic portfolio is invaluable to illustrate the plus values in the products. It can, for example, show (1) the different kinds of tests to which the products are subjected; (2) the special facilities and equipment for their manufacture, testing, and assaying, and the maintenance of the optimum conditions under which the products are made; (3) the description of the educational level of the firm's production personnel; (4) the names, pictures, scientific attainment, and prominence of the production division's supervisory personnel and of the research and control staffs; (5) pictures of research laboratories; (6) an aerial view of plant or plants; (7) pictures of home and branch offices and executives; (8) the benefits maintained for employees; (9) the firm's sales-promotion plan; (10) the extent of advertising support given to the marketing of the products, with illustrations; (11) scholarships and research grants provided for research work at various colleges of pharmacy, medical schools, or other institutions; and (12) the general sales policy. Buyers are usually willing to pay for plus values in products. Prestige and consumer preference are plus values.

Especially important plus values are the company's product development, product control, and research programs. However, a considerable sum may be expended upon a project before anything acceptable for marketing comes from it. Even then nothing may materialize. A product that appears promising in the laboratory may not prove to be sufficiently advantageous clinically. The representative may point effectively to the worthwhile medicinal products or their unique pharmaceutical forms that are the result of his firm's relatively liberal expenditures for product development, control, or original research.

When buyers are conscious of these constructive programs carried on by a pharmaceutical house, they are frequently inclined to favor the firm by preferring and promoting its products, par-

ticularly those products the firm has *introduced* to the medical and pharmaceutical professions. The more discerning and more scrupulous buyers at least tend to shun the imitator or opportunist with little or nothing to offer except a cheaper price (made possible perhaps by his not having an adequate, modern, and well-equipped laboratory, with the best controls and highly skilled personnel).

Such pricing is a grossly unjust market demoralization of a product that has been reasonably priced by a manufacturer in whose laboratories it was perfected, and in which proper controls were devised and are rigidly pursued. By this practice an imitator or opportunist often cheapens his name and the renown of his products. This contributes toward a deterioration of the industry, a reduction in profits and wages, and lower living standards. If a manufacturer must imitate or duplicate another's product, which has been reasonably priced on an over-all-promotion basis, let him at least do the morally just and honorable thing of imitating also the price and relatively comparable promotional effort.

A buyer may well ask whether and in what way a firm is contributing toward the general market acceptance of the product or has contributed toward product development, control procedures, or research for the advancement of medical and pharmaceutical knowledge and utility.

The representative may be confronted with a buyer who will say that the high quality of the products is not appreciated by his class of trade. It is more likely that the buyer is not quality-minded, that he is afraid of volume, or that he and his salespeople have not been properly informed about the products, how to display and sell them.

The representative may ask the buyer's permission to prove to him that if he cooperates the products will not only sell but will contribute to his store's sales volume, to the stimulation of his salespeople, and to the elevation of the tone and prestige of the store. The salesman must then do a sales-training job on the store's personnel, so they will know how to sell the products and be enthusiastic about them.

The selling of quality products naturally stimulates one's selling instinct and enthusiasm. Therefore, an excellent way to get greater and more intelligent selling effort from a store's salespeople is to give them high-quality products to sell and to inform them thoroughly about them. People in lower income brackets can appreciate a difference in quality. They will buy quality, especially in health products, if they are properly informed. They are fully as anxious as anyone else to get the best pharmaceutical product for the money.

Some buyers will not stock products for which they have had no calls but, most assuredly, a pharmacy or drugstore cannot sell a product if it does not stock it. A buyer cannot necessarily know that a product will not sell in his pharmacy until he has displayed it and devoted reasonable selling effort to it. The representative would not have the buyer stock it if he did not think it would sell.

An extensive variety of pharmaceutical and related products must be stocked before a pharmacy acquires a reputation for being a reliable source of supply and thereby gains traffic. People are inclined to patronize the store where they know their wants can be had without delay. Display and sales tie-in with advertised products draw customers away from non-cooperating outlets. This is observed especially where one drugstore among a number within a competitive radius features actively a well-advertised line of pharmaceutical products.

The cooperating drugstore may, and usually does, build a greater volume of business on the advertised-products line than the combined business in the same line in the other stores. Advertised products are "friendly" products. People go where their friends are. Advertised products attract physicians, as well as other patrons, to the pharmacy that associates its name with them.

Advertised products give the dealer who features them a continuous tie-in with advertising that makes them carry a message for that dealer. The physician learns to associate the dealer with the specific manufacturer's advertising so that, with constant repetition of these impressions, every time he sees an advertisement for these products the doctor will automatically think of

that particular dealer. Thus, the effect becomes almost one of direct advertising by the dealer himself. Traffic flows toward the store where well-advertised products are displayed and featured.

A buyer may object that there is insufficient profit in a product or a line of products. The reason may be that he is accustomed to selling slow-turnover, rent-consuming merchandise on which "long" margins are obviously essential. Such merchandise is likely to be of the one-time-sale or low-demand variety, whereas well-promoted pharmaceutical products are usually turned over relatively quickly and may not require a great deal of selling time by comparison. Thus, for the space-rent, selling time, and effort expended, a well-advertised product sold at a lower percentage but adequate profit may return actually more net dollar profit to the dealer over the year, provided that the mark-up is reasonably in excess of the dealer's cost of doing business.

A buyer may point out that a competitor of the representative offers bonus goods, special-display material, or other inducements. The salesman may comment that that value has already been added to his firm's products in the form of the intangible ingredients, advertising, and other promotional efforts and prestige. His products will sell in competition with other good lines, and it is not necessary to offer the buyer a "dividend" to agree to make less money. The competitor's bonus goods may be but a temporary expedient, "teaser" or "bait" for "spadework" to be done by the dealer, whereas this "spadework" has already been done on this line. Furthermore, it is in *selling* rather than in *buying* pharmaceutical products in which the greater part of the money is made and by which customers are gained and retained.

**Firm's Advertising Part of Profit Picture.** The amount of the medical-journal and direct-mail advertising with which a line of products is supported is, after quality and "detailing" effort, a most important consideration. It creates name and product acceptance and preference in the mind of the physician. It makes products sell more easily.

The representative should know the number of mailings and the number of medical-journal impressions that come into each town and city, or at least each county, of his territory each month, *i.e.*, the number of mailings and journal advertisements

multiplied by the number of physicians to whom they are directed. He should build his story around the advertising and other promotional forces.

He should make a point always to show the pharmacists all the recent mailing pieces that the firm has sent to physicians and also copies of the advertisements appearing in medical journals. His objective should be, obviously, to kindle pharmacists' enthusiasm about the assistance the firm is providing to help move the products off the dealers' shelves and into the hands of physicians and patients.

Undoubtedly, his firm makes available to the dealer such dealer helps as stamped-post card advertisements and announcements, leaflets or inserts, for enclosure with monthly statements or for special mailings to physicians. The manufacturer most likely engages also in other forms of promotion from which the cooperating dealer benefits. These may include attendance and exhibits at medical conventions, distribution of unique and serviceable souvenirs that help to keep the firm's name before the recipients, special contacts in the field, and publicity from medical- and other scientific-research activities that create good will and prestige.

Consider, then, the value of this advertising to the pharmacy or physicians supply house that features these products. What is it worth in actual dollars and cents or in percentage bonus on the merchandise under consideration?

If the dealer were to consider spending in one year the money necessary for the number of advertisements that the firm sends into his trading area, he would probably decide that the budget required would be much too large for his establishment. If, then, the net cost of the firm's advertising which comes into the dealer's area were added to the dealer's apparent profit on the products, the "per cent profit" would be materially greater than it at first appears. That is the approximate advertising value to him of featuring this firm's products if he ties in with it wholeheartedly. I said "approximate" value for the dealer is likely to cash in on it to some extent even though he does not extend good, active promotional cooperation.

Another form of promotion the value of which the alert dealer may not ignore is the Professional Service Pharmacist's personal visits to physicians at which time he mentions the pharmacies where the product is or will definitely be stocked. It is one of the most effective forms of professional publicity for the prescription pharmacist. If the product is new and in limited distribution this mention of sources of supply is essential. Frequent and regular mention of such pharmacies gradually influences physicians to patronize them and to direct their prescriptions there if they do not already do so.

**You Sell the Buyer's Boss.** Occasionally the buyer must obtain approval from his superior to place an order, especially if the line is new to that establishment. That means that the *buyer* himself has to "sell" the idea if he alone approaches his "boss." The representative should not let this happen if it can be avoided, because the buyer's presentation of something new to him is very likely to be weak and ineffective compared to the salesman's presentation. He should ask to be introduced to the buyer's chief and be permitted himself to present the facts on which the decision rests.

**Advantages of Taking Stock.** If the objection is raised that the buyer's stocks of the firm's products are adequate, the representative should find out how much of the various products are actually on hand. It is frequently desirable, from the representative's point of view, that he be permitted to take inventory of his firm's products on the dealer's shelves, unless the customer has already done so by actual count and then places the written inventory in the hands of both the buyer and the representative. Only in this way can the representative get an idea of the customer's real requirements.

Another advantage of the representative's taking stock is that he can be more certain that the dealer will maintain a "spread of the line." It will also help to eliminate small and too frequent ordering. It is an effective means of building volume orders that are consistent with the dealer's real and reasonable requirements. A printed order blank showing all the firm's products and package sizes serves admirably as both an inventory form and a



products-reminder list. In any event, the representative should make a periodic inspection of the stock so as to note the condition of the packages as to appearance and age, to see that they do not become shelf-worn or outdated by inadvertently being pushed aside or forgotten.

The pharmacists and other salespeople should be prevailed upon to sell the oldest stock first. The representative who checks carefully the turnover of dated biological, colloidal, or other products can save a manufacturer many dollars yearly if he will transfer slow-moving stocks to other dealers where the products are certain to be sold before their expiration dates. He should have a cooperative agreement with his accounts which permit him to make such transfers to prevent returns, spoilage, and waste.

A soiled or shopworn package depreciates the value of its contents and reflects to some extent upon the product's maker. Pharmaceutical manufacturers are generally inclined to see that unpresentable, original, unbroken packages are redressed by their representatives or returned for full or partial credit according to the circumstances. This refers of course to specialties for resale in original packages under the manufacturer's label. Some manufacturers limit the time in which merchandise may be returned for credit, exchange, or redressing.

With the physical inventory before him, the representative can build a more intelligent, effective, and convincing presentation, resulting in a larger order. The representative should *not be afraid of volume*. He should build an order preferably for a 60- to 90-day supply, based upon (1) turnover to date, (2) the number of stores for which the purchase is being made, (3) the special selling effort, display, and advertising that the customer has been persuaded to exert upon the products, (4) the general promotional effort being exerted by the manufacturer, (5) the special selling helps to be supplied by the manufacturer, (6) the increased repeat business or refills expected from broadening the number of satisfied customers or prescribers, and (7) the supportive selling effort such as local "detailing" to be pursued by the representative. .

If the products appear to have slowed in sales turnover, the representative must arrange for special selling effort upon it by the store's sales personnel. He must have suggestions for various plans or methods of attack that may be used to put forth special selling effort. In that respect, he must be the sales manager of his territory. He must be the "spark plug."

He should, if necessary, supervise or assist in the making of special displays of the products on the counters or in show cases. Then he must give the sales personnel detailed information about the products so they will understand and be able to give effective sales presentations. He should provide an ample amount of literature or brochures for the salespeople to study and reprints of medical-journal articles for them to supply to the physicians who visit the pharmacy or physicians supply house. He should then engage in a special personal campaign of "detailing" the physicians on the pharmacy's mailing list so as to create increased specifications for the products in the store's area.

Finally, an order may be built around fill-in items, those that are new, those that are soon to be seasonal, and those on which a special promotional campaign is about to be launched. If the representative has deals or special offers on certain products, they may provide a wedge. He should use his products-reminder list.

His prospects and customers cannot build professional-products business and gain a reputation for being reliable sources of supply for prescription products and physicians' supplies unless they carry broad stocks. He must see that his dealers are well stocked.

**General Products-reminder List.** Chapter VI described a products-reminder list to be incorporated in the route book for reference in "detailing" physicians. The general products-reminder list is one prepared for use in selling the "trade." There is something about a handwritten list of a firm's products, especially if easily legible, that will make an observer look it over more closely than if it were printed. Used as a wedge when usual procedures of selling "special offers" or feature products are finished or exhausted, such a list will often start the prospect on the way to an order by making him reconsider what he may already have declined.

The representative should prepare a list of the firm's products on seven or eight sheets, if necessary, of unruled bond paper cut to a 7- by 10-inch dimension (see Figure 22). He can prepare a guide sheet of ruled paper by turning over an inch-wide flap on the left-hand side of the sheet. It may then be used for a margin line for the unruled paper if the latter's left edge is tucked under the fold. The line rulings of the guide sheet underneath will be sufficiently visible through the bond paper to serve as guide lines.

Everyday staple pharmaceuticals, chemicals, and biologicals, as well as specialties, should be listed. The representative should write only the product names, and not include the prices or package sizes. He can back up the pages with a thin but reasonably tough cardboard sheet of the same dimensions so as to prevent the sheets from becoming "dog-eared." The sheets can be clipped together by means of an ordinary paper clip. He can fold the sheets in thirds by means of two folds, as if to place them in an envelope. The folded list can be carried in the inside pocket of the suitcoat or loose in the trade list.

**The "Chiseling" Buyer.** There are a few buyers whose philosophy is to get as much as possible for nothing instead of paying the regular, established prices at which products are offered to all, so that they can sell cheaper than their competitors. Some will ask the representative to split his commissions with them, to bring them samples that may be resold on prescription, or resort to other cheap proposals. Such tactics only disrupt the general economy, damage the manufacturer's name, and create unpleasant business relations. The representative is given his price and should stick to it, with no "chiseling" (see The "Chiseler" in Chapter XI). Extra value should be expressed in service, promotion, quality of product, and sound sales policy. This means correct, honest, though aggressive, selling.

If a salesman really sells properly, even the buyers who are inclined to be "chisellers" will recognize the fairness of the sales policy and will respect the honor and integrity of the man who refuses to participate in underhand trickery and cheap bribery. "Chiseling" defeats the American principle of common decency and of equal opportunity for all.

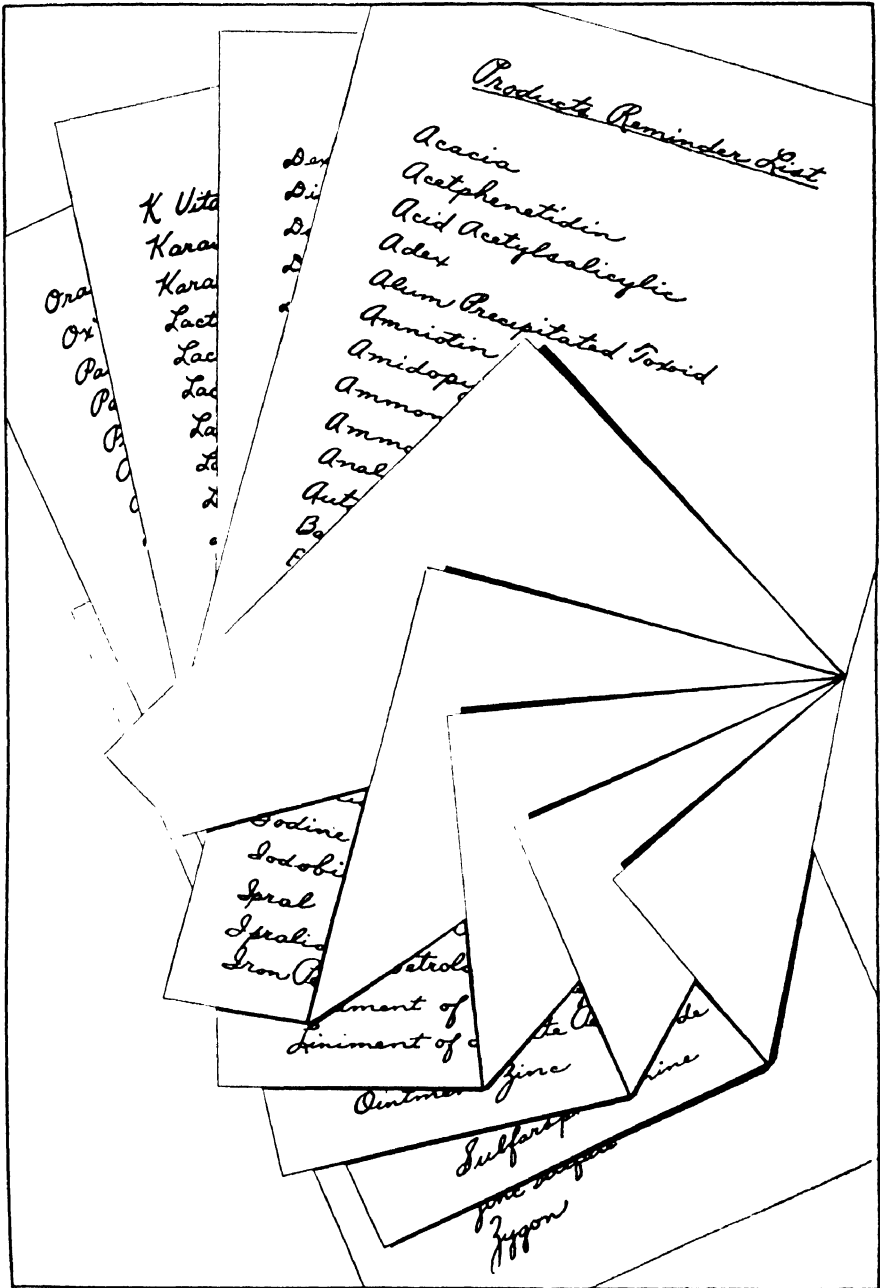


FIGURE 22. General products-reminder list for use in selling to the trade.

**Best Interests of Company Must Prevail.** The Professional Service Pharmacist or other salesman must remember that he is the *representative* of his company. The company's best interests must prevail. The policy that serves the best interests of both the company and its customers to the greatest possible degree is obviously that under which the customer is treated fairly and equitably. The P.S.P. must not permit unfair advantage of the company to be taken even though this may mean sacrificing an account.

It is reasonable to give the customer the benefit of the doubt where the facts indicate that otherwise the company would possibly be unfair in its action. But to permit the customer deliberately to cheat by such means as taking unearned or past due discounts or to defraud by "padding" inventory to obtain greater refund for price adjustment following a price decline, should be warily avoided. The representative has every right and reason to check evidence as a matter of good business, whoever the customer may be, just as an accountant checks to prevent errors and to justify his figures. Fortunately, most customers will be found strictly honest and trustworthy.

Credit on unsalable merchandise should never be allowed unless it is removed from the establishment requesting the credit. Either the merchandise should be returned to the company or with the sales manager's permission destroyed by the representative personally. Otherwise it may unwittingly be presented for credit again at a later time.

The representative must never make any commitments for his company unless he has specific authorization, in writing, from a responsible executive of the firm. He must never admit, except possibly to members of the company, that he disagrees with his company's action. He should always defend the position taken by the company but be very careful to avoid an argument. However, if the representative really feels that the company's decision or action is inequitable and unfair, he should attempt to have the matter reconsidered.

## CHAPTER X

### SELLING (Continued)

**Dealer Looks at Turnover.** Many dealers appraise the turnover of each individual item and package size of an ethical-product line rather than the turnover of the line as a whole. A manufacturer cannot very successfully create volume on previously slow or new items and larger package sizes unless the distributor is able to give prompt delivery service on them. Furthermore, on some ethical products the sales are normally low because the medical cases in which they are used are relatively few, but, when they are required, they are urgently needed.

Considered as one unit, the real profit on a slow-moving item may not be great because of the rent it pays, but having it available constitutes one of the "services" that a dealer may well render to help his prestige and reputation for being a reliable source of supply for ethical-pharmaceutical products. On the other hand, there are, no doubt, other items among the manufacturer's ethical products which have a very gratifying turnover and which are therefore so very profitable to the dealer that the investment and rent accumulations on the slow-moving items are insignificant by comparison.

No dealer or distributor can well afford to eliminate all manner of services except those for which he is well paid. Furthermore, a manufacturer who markets his ethical products through a limited number of selected distributors must of necessity expect these distributors to supply all his ethical products on demand, even if some items are slower in turnover than others. A distribution plan, half free and half suppressed, cannot be efficient.

**Keep Merchandise Moving.** The appearance of the manufacturer's packages is extremely important even though they are now in the dealers' possession. The Professional Service Phar-

macist should endeavor to make certain that his firm's merchandise keeps moving off the dealers' shelves before any of it has an opportunity to become outdated, soiled, or shopworn.

One way of doing that is to ask pharmacists to remind physicians about those products that they have not prescribed recently. Other ways are for the representative (1) to visit the physicians who formerly prescribed the products and persuade them to prescribe them again routinely, and (2) to get specifications from physicians who have not prescribed the products before. Frequently, physicians forget about products they really like. They need often only to be reminded of them again. If a slow-moving product is one that may be ethically and legally sold "over the counter," the salespeople of the pharmacy should be induced to promote its sale by suitable and attractive display and selling effort. It is frequently surprising what even one salesperson can do to revive the sale of a supposedly "dead" but worthy product. An effective way to get the cooperation of salespeople is to appeal to them to help to conduct a sales test. This may be to determine how effective a given presentation may be in selling the product or to find out what percentage of patrons approached will buy. Many are glad to try their skill at influencing physicians and, in so doing, awaken in themselves a real zest for the sales promotion of ethical products. It is good sport, and effective, to have salespeople in the same establishment contending against each other to see who can do the best job on such a promotion. It is good training for them and helps to keep them on their toes.

Often such special activity provides the means for pharmacists to build better-than-average reputations for themselves, so that they may attract the attention of those who are seeking professional service or other selling talent. Of course, it is continuously outstanding performance that really counts. A "spurt and a quit" do not add up to anything significant.

**Price Lists.** Most manufacturers of ethical-pharmaceutical products provide two price lists, frequently referred to as trade lists, one for the medical professions and another for pharmacists and hospitals. In this case wholesalers' prices are calculated by means of a certain discount from the retailer-hospital trade list.

Other manufacturers have one trade list, with list prices so computed that different discounts may be taken to arrive at the net prices for the respective classes of trade. For example, they may give a 25 per cent discount to the medical professions, 40 per cent to retail pharmacists and hospitals, 40 and 10 per cent to special distributors, and 40 and 20 per cent to wholesalers.

It is, obviously, unfair for a representative to disclose the discounts or net prices for a class of trade below that of the buyer to whom he is speaking.

**Quoting Prices.** The representative should quote net prices to the buyer so as to make it easier for him to visualize the profit that is to be made. He must not be vague or misleading. If there are taxes to be added, f.o.b. charges or other considerations or conditions, he should be sure that the buyer is fully informed so as to avoid misunderstanding and the possible loss of an account or prospective customer.

When bonus goods are offered, the representative must not calculate their worth or extra profit at the dealer's resale price. Any buyer will rightly resent such method of figuring and may think he is being taken for a chump. The bonus goods should be evaluated at the cost normally lowest to the buyer, because they are worth only that much to him. In computing the percentage profit or dollar profit on the deal he should base it on the resale price at which the product is generally sold by the dealer, not on the dealer's cost price.

He must make it a point to know every price in the trade list. An apparent unfamiliarity with the price of a product or its various package sizes may cause the buyer to assume that the representative makes very few sales of the product. Furthermore, it may give the impression that the representative is careless, lazy, or incompetent. To be able to quote prices without any hesitation or reference to the trade list, to have them right at one's finger tips, always creates a favorable impression and makes it appear that the products enjoy a good and ready market.

**Directing Business to Preferred Account.** A Professional Service Pharmacist may, and frequently does, try to direct physician-turnover business to one pharmacy or physicians supply house rather than another, depending upon whether the dealer



is cooperative, uncooperative, or antagonistic, or whether he is unable to handle the business for financial or other reasons. The P.S.P. may not, in certain instances, ethically or wisely suggest that the physician divert his support to the dealer of the representative's preference, but in some cases he may do so actually and effectively by diplomatic suggestion. This may be done without the appearance of prejudice or of too deliberate an attempt to influence the physician.

Physicians sometimes state that they do not recommend any particular drugstore or pharmacy, because, they feel, patients may suspect that they and the retail pharmacist have a profit-splitting or fee-splitting arrangement. In the first place, such an arrangement is certainly highly unethical and despicable if not illegal. To specify that a patient should take the prescription to a particular pharmacy is no different in principle from specifying a certain manufacturer's name or trade-named product on the prescription. Should the retail pharmacist not recommend that a prospective patient consult a physician for fear that the customer may consider that the retail pharmacist and the physician have a profit-splitting or fee-splitting arrangement? Would the physician not call in a consulting specialist when desirable lest the patient would suspect a fee-splitting arrangement? Does not the physician select the hospital for his patients? Physicians should select their patients' pharmacists with the same care as they select the medication or the hospital.

The P.S.P.'s success usually depends in marked degree upon his getting the product that he "details" stocked in the better outlets. If he does professional service work in a certain area and then fails to get the products he "details" stocked in a drugstore or pharmacy that is patronized by the physician, the P.S.P.'s work is likely to come to naught.

When the physician calls for the medicament for office use or writes a prescription for it for his patient, and his druggist or pharmacist cannot supply it at once, then the physician may substitute another product voluntarily or be influenced by the druggist to accept something else. When this happens, the physician is apt to be provoked with the P.S.P. for not making the product available and with his prescription pharmacist also,

for not having in stock *what* the physician wants *when* he wants it. As a result the prescription pharmacist in question suffers most from loss of the physician's confidence.

In these circumstances the physician naturally following the line of least resistance, especially when it appears to be good business to do so, is more susceptible to an invitation, or a self-initiated desire, to transfer his business to a pharmacy where he may be more certain of obtaining, on short notice, any product that he requires for his office use or on prescription for his patient.

When the alert P.S.P. finds that a dealer is uncooperative and causes business to be lost from keeping inadequate stocks of the firm's products, he is likely to take steps, and justly so, to see that the physician's business is transferred to a cooperative pharmacy. That is one reason why professional-pharmaceutical business is rapidly finding its way into a relatively few selected physicians supply pharmacies. Their owners realize that, to gain a major share of the business in prescription, physicians' supply, and related products they must carry broad stocks of ethical products. They, furthermore, recognize that the ethical-products business lends itself to a high level of active sales promotion.

Occasionally, the P.S.P. may discover that a dealer is conniving and working against him by buying samples of his products from sample peddlers for resale in bulk or for use on prescriptions for the products. He should first call the dealer's attention to the matter, and try to get his cooperation at least to the extent (1) of giving "free flow" to his regularly labeled products and (2) of discontinuing the unorthodox, grossly unfair, and dishonorable practice of buying samples. If the dealer persists in his uncooperative practices, the P.S.P. may tell him very plainly that it becomes necessary to retaliate and that, in the best interest of the firm, he is bound to switch the business of as many physicians as possible away from the dealer, even though he may have to speak quite frankly to do so.

The necessity for such action is rare, however, as most pharmacists, like most physicians, are honorable, have a good sense of what is fair and just, and practice what they believe. Moreover, very few pharmacists and none who are strictly ethical and

honest will deliberately substitute another product for a specification without the prescribing doctor's consent. But, of course, if a pharmacist favors one manufacturer's products rather than another's, he may during his regular promotional activities openly prevail upon physicians to specify the products preferred by the dealer. This is legitimate.

**The Operative Pharmacist.** The operative professional pharmacist is a specialist in the knowledge of drugs, yet he must depend upon the Professional Service Pharmacist for much new information. It is his place as a prescription pharmacist to be well informed on all medicinal products both new and old. To be well informed in the chemistry, pharmacology, and application of the newest therapeutic products is the mainspring of his professional endeavor. True, not all licensed pharmacists are well informed in chemistry, pharmacology, and modern therapeutics, because they have specialized in other directions or in none at all.

Perhaps not more than one in three pharmacists, in general, can qualify as being well enough informed in modern pharmaceutical sciences for physicians to be able to depend upon them for up-to-date information on new drugs and their applications. Hence many physicians have learned, and more are learning, to select their pharmacists as carefully as a patient selects his surgeon. Of course, there are lower rungs of proficiency in the practice of every profession.

Strictly professional pharmacies have materially increased in number in the past twenty-five years, especially since 1930. They, together with the general-type drugstores that are devoting more and more attention to professional business in their trend toward discontinuing merchandise unrelated to pharmaceutical practice in terms of public-health requirements, are wielding a greater influence upon and rendering increasingly greater service to the medical professions. The number of hospital pharmacies has been increasing virtually by leaps and bounds. All of that is a result primarily of increased educational requirements for pharmacists, which causes more scientifically inclined and professionally able men and women to be graduated from modern pharmacy colleges.

By "professional pharmacies" is meant those in which the business or practice is limited to the filling of prescriptions and the sale of drug products and clinical or public-health supplies for use by the medical professions or their patients. Physicians like them because they are entirely compatible with ethical medical practice.

Increased educational requirements have had a great deal to do with the expansion in the number of professional stores. It is not unusual to find in such stores pharmacists or proprietors who have earned their Master of Science or Doctor of Philosophy degrees. That is as it should be. It is a challenge to the Professional Service Pharmacist, who should know more about his own products than does the person upon whom he calls.

While compounding has been the pharmacist's chief professional function and the justification for his existence as a pharmacist, he is rapidly becoming a pharmacological consultant, a specialist in information about drugs in their various technical phases. This is increasingly becoming as important to him as compounding knowledge. Obviously he does not charge the physician for such information as he may request, since it is a logical service which helps to mold a close professional relationship and which in turn brings the pharmacist prescription and supply business.

More and more, physicians are relying upon the strictly professional pharmacist for information and recommendations on new and old drugs and medical specialties. That is and should be the pharmacist's function, by virtue of the curriculum that he pursued to earn his Bachelor of Science or higher college degree. It is his business to have that knowledge.

**Getting Cooperation of Pharmacists and Other Sales Personnel.** The pharmacist is in a position to render the physician a real up-to-the-minute service on drugs because of his educational and experience background and because of his reading and studying of scientific literature. This includes that supplied by the pharmaceutical manufacturer whose abstracting embraces all the medical and other scientific journals with which the manufacturer is concerned. To receive the full recognition he deserves by virtue of the importance of the scientific-information service

he is in position to render to the physician, the pharmacist must increase the quantity as well as the quality of that service.

Before calling upon the physicians, the Professional Service Pharmacist must visit the prescription pharmacists and do his utmost to give them complete information. This will enable them to answer intelligently physicians' questions about the firm's products. He should supply them adequately with literature, both for their own use and for passing on to inquiring physicians.

When the P.S.P. obtains an order from the dealer or distributor, or even if he does not get an order at all, his work is not completed until he has thoroughly explained to the dealer's pharmacists or other sales personnel the nature, action, and use of the products that he is "detailing." He must meet these people individually or in groups for the purpose. Otherwise, he cannot expect from them intelligent cooperation, or, for that matter, any cooperation in the stocking and promotion of his products. Unless people get together they have no basis on which to work together. Working together implies a personal relationship that fosters cooperation.

In spite of all that, many salesmen go into pharmacies and drugstores with the idea or hope of doing a selling job but absolutely ignore the people who are "behind the counter." They do not introduce themselves to them, and they seem to think that no one except the buyer is important. That is very wrong. They forget that the "boy" in the store may before long be in a position to be of inestimable help to them. He may some day be a pharmacist and manager of a store, or he may become a physician who can prescribe the firm's products. Professional Service Pharmacists need the cooperation of as many dealers' salespeople, inside and outside, as can possibly influence the sale of his products.

Salespeople, whether they are inside or outside salesmen, are not likely to try to sell something about which they know little or nothing. Conversely, they will sell the products about which they know most and about which, therefore, they have the greatest reason to be enthusiastic. The more they know about a P.S.P.'s products the more friendly they will be and the more

they will try to do for him. Dealers naturally favor the representatives who are most helpful to them. However, customers should not be made to feel that they have been placed under obligation by such assistance.

The P.S.P. should introduce himself to the various salespeople or stock-room personnel and ask for their cooperation. He should give them as much practical selling information as possible about his products, so that they may give him effective selling support. But he should be careful not to impose himself unduly upon them or to interfere with their work.

A pharmacy or physicians supply house will usually have at least one "key" man who makes it a special point to have new information on all products. The P.S.P. must make certain that he is thoroughly informed but still must not neglect the other pharmacists or sales personnel of the store.

As a formal sales-training program is no better than its follow-up, so will the representative's efforts in getting pharmacists' support be only as effective as his follow-up on each succeeding visit. Selling, in reality, is largely an educational process. Therefore, the P.S.P. must be a perpetual teacher or conveyer of information. He must be able to train and obtain the selling cooperation of others. He must demonstrate to pharmacists and other salespeople how to use effectively the proper selling tools necessary to move more merchandise. Otherwise sales will not increase to the extent they could, may decline, or may actually not materialize at all. It is not enough for them to know what to say or what to do. They must be taught how to say it and how to do it. All this implies, in turn, that the P.S.P. must keep abreast of current medical literature to provide himself with the knowledge necessary to be influential and to gain good, widespread, and effective selling cooperation.

It is as important to the dealer that the P.S.P. provides this information and training to the pharmacists or other retail and wholesale salesmen as it is to the manufacturer. Apropos of that, the P.S.P. should bear in mind constantly the Rotarians' motto, "He profits most who serves best."

Distributors, too, benefit by that motto, as illustrated by the practice of one wholesaler. He requests the P.S.P.s of ethical-

products manufacturers to supply copies of their itineraries several weeks in advance, together with a list of the products to be "detailed" to physicians. The wholesaler's representatives are then informed, and they, in turn, inform the trade on whom they call. They solicit orders for the products in time to have the necessary distribution before the manufacturers' P.S.P.s arrive to pursue their "detailing" activities in the locality.

A prescription pharmacist in a Southern town of 15,000 population stocked a certain suppository that was so well prescribed by physicians at the outset that he placed an order for one hundred boxes of them. About that time the prescriptions for the suppositories began to drop off, until the pharmacist thought he was "stuck" with a considerable investment. He decided to visit personally all the physicians in the town to "detail" the suppositories and at the same time to "sell" the services of his pharmacy. Not only did the suppositories on hand move out, but he had to order more. Furthermore, as a corollary, his total prescription business increased. From that time on he made it a practice to call on the physicians regularly. Before long he was required to enlarge his prescription department and increase his physicians supply service, *all because of a suppository that "went dead."*

**Meetings for Pharmaceutical Sales Personnel.** A very effective way "to get products over" with pharmacists and other salespeople is to hold meetings with the store's personnel after closing hours. A meeting may last three-quarters to one hour. The representative should not try to cover several products if to do so the subject matter must be skimmed over hurriedly. He should do a thorough job of the presentation of one product before moving on to the next. Lines in which there are many products may require a number of such sessions to cover them well. In that case he should arrange for a series of meetings at convenient intervals. He could hold them at the store or at a hotel. When possible, illustrated material should be used to reinforce the talks. Lantern slides are excellent for the purpose. He should provide the group with literature and prevail upon them to read and study it. Such meetings gain the active support of

sales personnel and make them want to sell the products so presented.

An excellent time to hold a special meeting, when pharmacists and sales personnel of various accounts may be advantageously brought together, is at the time of a medical convention attended by a physician of the firm's medical division. The physician may discuss certain phases of the application of one or more products in a manner that will be highly appreciated by the group.

The Professional Service Pharmacist should open the meeting with a suitable introduction of the physician to the guests and an announcement of his subject. When the physician has finished his talk the P.S.P. should follow with a well-planned discourse lasting probably twenty to twenty-five minutes. It may be (1) an institutional talk on the subject of the house, its facilities, and its personnel, (2) a discourse on the sales program, during which the advertising and other promotional efforts are discussed, or (3) a presentation on how to sell and "detail" the products. Alternatively, according to the subject matter, the sequence of the speakers may be reversed.

This program should be planned to last about an hour and twenty minutes. The P.S.P. should allow about ten minutes for a question period before adjourning the meeting. He should announce the adjournment but, if the interest seems still to be high, invite all who wish to ask further questions to stay. Many pharmacists are eager for the kind of information they can obtain at a meeting of this kind. They may prolong the meeting materially if they are permitted to do so.

A "side show" is not required to hold the interest of the guests at a meeting of this kind, if the talks convey good, concrete, informative material. It is not a good idea, ordinarily, to put on a "feed" as bait to get people out to such meetings, because the purpose is to draw people who are primarily interested in acquiring information. If food is *announced* as an inducement to attend, too many are likely to appear who are "belly visitors" and not at all interested in the real purpose of the meeting. However, it is well to take the group out for refreshments after the meeting or, if the attendance is sizeable, to have an after-meeting



buffet luncheon served by the hotel. But it is not necessary to do so.

There are many retail-pharmaceutical organizations who maintain staffs of "outside" representatives to call regularly on physicians, dentists, and veterinarians. These staffs may, and frequently do, attempt to introduce new products and to do creative selling, although they may not be as effective as a well-trained P.S.P. is in the promotion of a manufacturer's products. They are especially influential with physicians in their purchase of products the nature of which is generally known. They will call attention to products and ask the physicians to buy. Obviously the better informed and hence more enthusiastic about certain products such sales staffs are, the more of them they will sell. This also applies to wholesalers' salesmen in their contacts with the drug trade.

One particular advantage of gaining the cooperation of these sales staffs is that, collectively, they visit many more physicians and drug outlets than a manufacturer's P.S.P. can see in a considerable time, many of them in smaller towns or neighborhoods which the P.S.P. may not visit at all. He should arrange with the sales managers of the respective organizations to appear before such sales groups as frequently as possible at their weekly or monthly meetings.

Many of these salesmen work on a commission basis. The P.S.P. who seeks their cooperation may well have to demonstrate that his products can be sold to physicians and pharmacists. He should therefore write as many physician- and pharmacist-turnover orders as possible and send them to the dealer's salesmen whose cooperation he seeks. Frequently, some of these salesmen think in terms of larger one-time sales of products on which the commission rates are greater than on pharmaceutical specialties. These men have to be sold on the attractiveness of frequent repeat business on pharmaceutical specialties. These cumulate good commissions over the yearly period with comparatively little effort, and they can develop into nice "bread and butter" earnings for these representatives who merely have to ask for the orders. Moreover many of these orders will, when the contact is established, come in as unsolicited repeat business.

**Keep Customers' Sales Managers, Buyers, and Other Inside Personnel Informed.** In addition to the salesmen of wholesale druggists and physicians supply pharmacies, there are other people in these organizations whose good will and support should be sought. Most obviously the sales managers and buyers should be called upon with regularity and be promptly informed of new products, new information, and promotional plans and activities. Others who should be informed are order-desk personnel, pricers, stock-room foremen, and pickers or order fillers.

The Professional Service Pharmacist should inform these people about the chemical names, synonyms, and official names of trade-named products, so that if a trade-named product is ordered by its chemical or common name, and the manufacturer's name is not specified on the order, his firm's product may be selected. Furthermore, doing this helps to prevent the oversight of products and the marking of orders "Temporarily out of stock, please reorder," "Not a stock item," or "We do not stock the item."

Many orders from retailers go unfilled because wholesalers' stock clerks do not always remember or do not always look carefully to determine whether certain items ordered by their customers actually are in stock. They may look for the items ordered but not see them because of their unfamiliarity with them. The P.S.P. should impress the names and package design of his products upon these people at every opportunity. It is good for his business and the wholesalers' as well.

He should try to obtain permission to examine, check, and inventory the wholesalers' or dealers' stocks of his firm's products. Never, though, should he go into any stock room unless accompanied by an authorized employee of the wholesaler or dealer.

**Distribution and Pricing Policies.** It is desirable for his own future development and progress for the pharmaceutical manufacturer to follow as closely as possible the distribution pattern: (1) manufacturer to (2) wholesaler to (3) retailer and hospital pharmacy (whether Federal, State, county, municipal, or private) to (4) physician and hospital not equipped with a bona fide pharmacy department.

If, in a firm's infancy, it appears necessary to by-pass partially one or more of the distributing elements, it is wise for the firm to adhere to a pricing schedule that provides equitable profit margins for each class of trade in the progression mentioned, even though at present it is selling only to physicians. Otherwise, as the business grows, it will come to a point where further progress and growth are very difficult, because the drug trade will not cooperate as a result of the firm's past distribution and pricing policy.

While retailers, *i.e.*, pharmacies and physicians supply houses, feel that they are logical sources of supplies for physicians they may not resent too much a manufacturer's selling directly to physicians if his selling prices make it optional with the physicians whether he receives the products directly from the manufacturer or through the physicians supply pharmacy.

Sometimes, selling directly to physicians may be expedient at the outset because of the paucity of the firm's distribution outlets. But if the pricing schedule is properly scaled in the beginning, it is easier to swing into the preferred distribution pattern than if the initial sales policy provided no possibility for the wholesaler and the retailer to participate.

Without the wholesalers' support broad and timely distribution would probably not be possible among the 40 to 50 per cent of the existing pharmacies and drugstores, which is desirable for effective and well-balanced ethical-products promotion on a national basis—or even on a sectional basis. However, about half that amount of ethical-products distribution in well-selected and well-distributed pharmacies is adequate to support a promotional program. Still less, initially, is enough to launch a new product.

**Getting Distribution among Distributors and Other Dealers.** A salesman must realize that he is paid to create markets, to increase the business from year to year, and by enhancing the quality of his work, to raise the levels of operating averages. He must be a student of market conditions.

A Professional Service Pharmacist must further recognize that "detailing" is an over-all promotional type of selling and not merely the imparting of information to physicians and pharmacists. His expending of effort alone is not sufficient; it must be

genuine *selling* effort. He must pursue intelligent, efficient, and well-planned sales-promotion methods. With the aid of the wholesalers' representatives he must get distribution and active dealer cooperation in the ethical pharmacies and in leading drug-stores in which sales of ethical products are a substantial portion of their respective businesses. Otherwise, superb professional service work in the physicians' offices may, by comparison, show up as mere mediocrity on the monthly or year-end sales report.

The P.S.P. must himself judge carefully the value of prospective accounts or outlets and not place too much credence in a former representative's evaluation or impression of a dealer or buyer.

The P.S.P. should consider the comparative worth of a direct-buying retail distributor by dividing the latter's yearly purchases by the number of stores operated by it or, if the distributor has only one store, he should divide the annual purchases by the number of pharmacists having to do with the sale of the products. That will give a fairly good idea whether the dealer is justified in having a direct account, in return for his obligation to give good active selling cooperation. If, by that measuring stick, it is apparent that the distributor on a per-store basis is not giving the kind of cooperation that materially increases the manufacturer's sales over and above what would result from his own efforts alone, there is little or no justification for a direct account. The distributorship should be canceled and the dealer should be serviced through the wholesaler.

Obviously, time is frequently required to cultivate trade following the introduction of a line of ethical products into an area. The representatives of houses older and better known in the territory clearly have the "inside track" because of their acquaintanceship and past performance. However, that should not cause discouragement. The element of time required to "break in" is merely one of the prices of progress and of building solidly for the future.

The work of a well-qualified P.S.P. who "breaks" territory for a progressive ethical firm with a sound policy with which the retail-drug trade is in accord, will redound to the firm's benefit

for years in the future. Similarly, an unqualified representative in the same situation may cause almost irreparable harm to the firm's prestige, reputation, and acceptance.

Adequate distribution and cooperation do not come by the mere wave of the hand. Dealers and physicians have to be cultivated. Orville E. Reed has written a particularly poignant brochure appropriate to this subject. It is reprinted with his permission:

### *How Long Did You Know Your Wife?*

Did you just happen to see her on the street, walk up to her, ask her to marry you, hold out your arms for her to swoon in, call the minister, and consummate the entire deal there on the spot?

Perhaps not.

It probably took a lot of calls, many evenings on the family davenport, candy, theater-tickets, flowers, doing the nice things over a period of time, before you closed *that* deal.

Still, away from the romantically lit living room, you expect to meet a prospect, through the mail or in the columns of a publication, ask for an order and change an uninterested prospect into an interested customer, right on the spot. And, if it doesn't happen like that, you blame the advertising or the salesman.

You're the one to blame, for not knowing better.

You've got to woo prospects just as you wooed your wife. You've got to call on them often (either through the printed word or flesh-and-blood salesmen) and do the nice thing over a period of time.

It's odd that so many married men in business don't act as though they knew the first principles of courting customers.¹

More concentrated selective selling is quite likely to be a pattern for many pharmaceutical manufacturers because of the present overabundance of drugstores and so-called "drugstores." In view of that redundancy of "drugstores" the point of diminishing returns is quite likely to have been reached when approximately 40 per cent of them are visited or cultivated with some degree of regularity by an "ethical"-products organization's representatives. Some allowance, naturally, must be made for scouting new possibilities for replacements. However, while a Pro-

¹ Reed, Orville E., Howell, Michigan.

Professional Service Pharmacist cultivates new friends and new customers, he must endeavor to retain his old ones and keep them enthusiastic and cooperative. Inevitably some will be lost from time to time for one reason or another. Therefore, missionary work, *i.e.*, scouting for new prospects, determines to a good degree the extent of the progress the P.S.P. will make in his territory.

Scouting of drugstores and pharmacies that are not being visited regularly should be done continuously. A particularly good time for instituting a campaign to call upon these stores for the purpose of making friends and creating good will and product acceptance is when a new price list is released for general distribution. Naturally, a good, enthusiastic selling job should be done in each instance.

New developments that may offer sales possibilities should always be investigated early. Equitable and economic dispersal of the pharmacies, drugstores, and physicians supply houses to which a representative's attention is given should be had between small, medium, and large towns and cities. In this way the medical profession and patients in all areas may be adequately served. But in any town or locality the representative should pick the better and more professionally inclined drugstores and pharmacies to stock and sell his products.

Products can be known by the company they keep too, so they should be placed in company good for both the products and for the sales policy.

Customers come and go progressively, comparable to the span of life, from prospective to new, regular, old, and former. The duration of the cycle for the better physicians supply pharmacies and drugstores appears to be about 20 years on the average. Thus, without actually increasing the number of his accounts, the P.S.P. must each year, on an average, replace approximately 5 per cent of his direct accounts, including those resulting from changes of ownership. If he desires to increase his accounts by 10 per cent in the year, he will have actually to acquire approximately 15 per cent more new accounts.

Obviously, the representative should try to induce all the especially desirable wholesale druggists to stock the "spread of the

line" in quantities sufficient to enable them to service the general retail-drug trade promptly.

Strictly prescription pharmacies, frequently referred to as ethical pharmacies, the activities of which are confined to the filling of prescriptions and the selling of physicians' supplies, are increasing in number throughout the country. In 1946 there were about a thousand of them, or approximately 2 per cent of the total number of drugstores. They as a group are logically the P.S.P.'s first choice for outlets for the prescription-products manufacturer.

There is another group of about 4,000 to 5,000 pharmacies and drugstores, roughly 8 per cent of the total of drugstores, that are also very important since they enjoy large professional businesses. They, together with the thousand or so strictly prescription pharmacies, constitute the outlets that do about 75 per cent of the prescription business² of the country. Then, there are over 2,000 hospitals that have bona fide pharmacy departments.

It is imperative that the P.S.P. should get distribution of his products in at least that proportion of the drugstores and physicians supply pharmacies in his territory and that he should service them personally. He can do this either through wholesale druggists or directly, or by a combination of these methods, according to the firm's policy. Naturally they should be the best professional-products outlets available. The term "pharmacies" as used here also includes physicians supply houses which do not have prescription departments. There are a number of such physicians supply houses that the ethical-pharmaceutical-products manufacturer may include in his primary market. In reality, every pharmacy is a physicians supply house.

These outlets, especially, are in a position to give active, continuous, and effective sales support to prescription products. They are visited frequently by physicians who rely upon them for a great deal of information about products. Their personnel have entree to most of the physicians' offices in their respective trading areas. Many of them utilize one or more of their phar-

² Olsen, Dr. Paul, Sales and Advertising Conference, American Pharmaceutical Manufacturers' Association. Published in *Proc. Am. Pharm. Mfrs.' Assoc.*, pp. 8-13, February 6, 1946.

macists, part time or full time, to visit physicians in their offices to call attention to new products, to solicit physicians' orders for office medication and other supplies, and to direct attention to the pharmacies' services in general. Many of these outlets issue their own bulletins to the medical profession and make regular mailings of manufacturers' literature. Whether or not a manufacturer of ethical products has the active cooperation of any of them may constitute the difference between a sizeable and comparatively small volume of sales in a given area.

Then there is what may be considered the secondary market for manufacturers of ethical products. This is estimated at approximately 15,000 pharmacies and drugstores, roughly 30 per cent of the total, who may do somewhere in the neighborhood of 20 per cent of the total prescription business of the country. Many of that group are very cooperative and anxious to build a professional business. They should be given a reasonable amount of attention by the manufacturer's P.S.P.s if the size of the firm's P.S.P. staff and its plan of territorial coverage permit it. The sales representatives of wholesale druggists, supported by the manufacturer's advertising and professional service work, must be depended upon to obtain distribution of his products and to keep adequate stocks in outlets that his P.S.P.s cannot contact with regularity and sufficient frequency.

Manufacturers of ethical-pharmaceutical products are getting increasingly more extensive, more understanding, and more efficient cooperation from pharmacists in the promotion of products to the medical profession. This is because pharmacists who have been entering the retail branch of the industry, during the past few years especially, are more and more inclined to devote their full time to the promotion of prescription business, drug products, and sickroom, physicians', and related public-health supplies. The extent and quality of such cooperation will continue to improve in that direction to the mutual advantage of pharmaceutical manufacturers and professionally minded pharmacists.

This trend is of very great importance to pharmaceutical manufacturers and should, from an over-all *pharmaceutical* point of view, have their encouragement and support. Manufacturers of ethical-pharmaceutical products can thus obtain increasing



promotional support of their products to the medical profession in a greater number of especially well-qualified pharmacies, which supplements the work of their staffs of P.S.P.s.

If physicians could be prevailed upon, as I think they can with concerted effort, to write prescriptions for all medication (except emergency supplies), patients would be required to purchase from their pharmacists not only oral and topical preparations but also injectable medication which physicians would keep for them and administer to them. This would not only permit simplification of the problems of ethical pharmaceutical-products distribution but would have at least four advantages for the physicians.

Firstly, physicians would not have to tie up money in ampule or other drug stocks for which, after their administration to patients, the physicians might not be fully reimbursed. Secondly, they might exercise a wider choice of medication. Thirdly, when a patient purchases ampules sufficient for a series of treatments he is more likely to come back to the physician for the full series. Fourthly, the physicians' monthly statements to patients would not look so large in amount.

Reference is made again (see page 81) to "The Principles of Medical Ethics of the American Medical Association," which states, "By legitimate patronage physicians should recognize and promote the profession of pharmacy. . . ."

**Unrequested Shipments.** The representative should develop customers' confidence so that they agree to receive "unrequested" shipments of products immediately upon their release for general distribution. This is a most effective way of getting a product off to a good start. If products are not quickly available in the trade, particularly in the better outlets, sales are seriously hampered. When a new product is prescribed the pharmacist or physician is not satisfied to wait for a direct or drop shipment to arrive.

The "unrequested" shipment plan is entirely reasonable if dealers' distributorships are at all justified. Many pharmacies and drugstores the major part of whose business is ethical-products sales invite unrequested shipments of new products for the prestige and service value of being able to supply on first demand. Many wholesalers now permit unrequested shipments from vari-

ous manufacturers on regular terms. Others do not permit such shipments.

**Classes of Trade.** Distributors, institutions, and professional groups in which a pharmaceutical manufacturer may be interested may be classified as follows:

- I. Wholesalers
  1. Mutual
  2. "Service"
    - a. Independent
    - b. Chain
  3. Ethical-pharmaceutical products only
- II. Retailers
  1. Strictly prescription pharmacies
  2. Prescriptions and physicians' and hospital supplies  
(Physicians supply pharmacies)
  3. Physicians' and hospital supplies only
  4. Drugstores (all forms of drug and related products for the medical professions and the public health)
  5. General-variety type of "drugstore"
    - a. Independent
    - b. Chain
    - c. Department store
  6. X-ray supplies
  7. Veterinary supplies
- III. Hospitals with bona fide pharmacy department
- IV. Clinics with bona fide pharmacy department
- V. Dispensaries with bona fide pharmacy department
  1. Free
  2. Industrial
- VI. Hospitals without bona fide pharmacy departments; physician group practices without bona fide pharmacy departments; physicians, dentists, veterinarians, chiropodists; industrial plants

Accounts may be classified as illustrated in Table 3 (see page 94).

**Dealer Information for Sales Manager.** Whenever the salesman, the Professional Service Pharmacist, requests of his management selling approval of a pharmacy he should accompany his request with at least the following information. This may

serve as an excellent basis on which the representative and his sales manager may judge the justification for opening a direct account with a prospective distributor:

1. Name of the store, street address, city, zone number, State
2. Type of ownership
  - a. Private. Name of owner
  - b. Partnership. Name of partners
  - c. Corporation. Name of officers and manager
3. How long established
4. Location of the store
  - a. Corner
  - b. Middle of the block
  - c. In medical building
  - d. Uptown business section
  - e. Outlying business section
  - f. On what floor
5. Type of store
  - a. Strictly prescription pharmacy
  - b. Prescription business and physicians' and hospital supplies
  - c. Physicians and hospital supply house (no prescription department)
  - d. General drug and related products but special attention to professional business
  - e. General variety-type drugstore
6. Number of stores under the same ownership. List the address(es) of the store(s)
7. Reputation of the owner and of the store
8. Submit a sketch or a diagram of the store layout
9. Number of pharmacists employed
10. Number of salespeople other than pharmacists
11. Number of outside salesmen
12. a. Does the store maintain  $\left(\begin{smallmatrix} \text{men} \\ \text{a man} \end{smallmatrix}\right)$  to call regularly on physicians?
  - b. How many?
  - c. What proportion of their time is spent in calling on physicians?
13. Number of physicians in the store's trading area
14. Number of physicians who patronize the pharmacy
15. Number of physicians with accounts at the pharmacy

16.
  - a. Does the pharmacy have a physicians' mailing list?
  - b. How many physicians are on the list?
  - c. How often are mailings sent to physicians by the store?
17.
  - a. Are circulars or inserts sent out with monthly statements to physicians?
  - b. How many such statements are mailed each month on the average?
18. Will  $\begin{pmatrix} \text{he} \\ \text{they} \end{pmatrix}$  make regular and frequent mailings of John Jones & Co. advertising matter if and when John Jones & Co. can supply it?
19. How far is this pharmacy from our nearest distributor?
20. Is the pharmacy management willing to give John Jones & Co. products first cooperation? Will  $\begin{pmatrix} \text{he} \\ \text{they} \end{pmatrix}$  do so?
21. Will  $\begin{pmatrix} \text{he} \\ \text{they} \end{pmatrix}$ 
  - a. Stock the full "spread of the line" on initial order, taking into account *adequate* stocks of products already on hand?
  - b. Accept, on regular terms, unrequested shipments of new products already on hand?
  - c. Maintain stocks of all items at all times?
  - d. Feature John Jones & Co. products?
  - e. Supply John Jones & Co. products on unspecified orders?
  - f. Refrain from contributing to a demoralization of our market?
  - g. Cooperate with us by anticipating requirements for a sufficient period in advance so as to obviate the necessity for frequent small shipments?
  - h. Arrange mutually convenient time, periodically, for John Jones & Co.'s Professional Service Pharmacist or other representative to hold meetings with the store personnel to inform them about new products or discuss matters of interest regarding any of our products?
  - i. Cooperate with our Professional Service Pharmacist by supplying leads?
22. Does he—Do they
  - a. Know that we sell hospitals with bona fide pharmacy departments and that we prefer to handle such business on a direct basis or through the wholesaler?
  - b. Know that we sell clinics comprised of twelve physicians or more when provided with bona fide pharmacy departments

- and that we prefer to handle such business ourselves direct, or through the wholesaler?
- c. Understand that we expect cooperation to the extent that our volume of business will be substantially greater as a result of it than we would create by our own efforts alone?
  - d. Understand that a John Jones & Co. account is in no sense an exclusive distributorship, even though in general we prefer to limit our direct accounts?
  - e. Understand that we reserve our legal right to cancel the direct-buying privileges of any account at any time?
  - f. Understand our selling terms?
23. What is the dollar-and-cents value of the John Jones & Co. merchandise on hand?
  24. What is the approximate yearly amount of sales of
    - a. X type of products of all makes?
    - b. Y type of products of all makes?
    - c. Z type of products of all makes?
  25. How much volume per year is it believed this pharmacy (physicians supply house or drugstore) can do on John Jones & Co. products the first year? Second year? Third year?
  26. What merchandise lines does the store
    - a. Carry?
    - b. Display prominently?
    - c. Feature?
  27. What wholesalers are patronized?
  28. Trade credit references
  29. Bank references
  30. Recommendations and comments

(Signed by Professional Service Pharmacist)

It pays to select accounts with great care. Each direct-buying distributor account opened should make it more difficult for an additional store to gain one because the law of diminishing returns sets in beyond a relatively small number of special cooperating distributors. The objective should be the greatest possible over-all sales volume with the least number of direct accounts necessary to attain that goal. The number will most likely vary according to the line of products and other variables, if direct-buying retail distributors are considered necessary at all.

**Credit Ratings.** Before an apparent prospect is visited, the Professional Service Pharmacist should have a fairly good idea

of the pharmacy's credit rating. It is desirable for him to be provided with a pocket-size "Hayes Druggist Directory,"³ particularly if he is new in the territory. He may also make inquiries of the local bank with whom the prospect does business. If the P.S.P. carries a Dun & Bradstreet card, the bank may permit him to refer to the D. & B. rating book or, if D. & B. has a local office, he may go there for information.

That an account pays a wholesaler promptly does not necessarily mean that it may pay promptly an account with a manufacturer. The reason is that the dealer may get along without buying from the manufacturer, whereas he must buy from and remain in good credit standing with the wholesaler.

**Be a Good Collector.** It is good business for the Professional Service Pharmacist to be alert to the desirability of keeping all the accounts in his territory in a current condition, *i.e.*, not past due. He should be a good collector and not let potentially careless or slow accounts lag in the payment of invoices. It is in the customer's interest to discount his invoices. If a dealer allows his account with the firm to become delinquent, he is likely to switch as much business as possible to firms with whom his accounts are not due for payment. He becomes less enthusiastic about featuring the products of the firm the payment of whose invoices are past due and may well get out of the habit of doing so at all.

While a representative should be loyal to his customer's best interests, it is his first duty to protect his firm against credit losses and unjustified allowances. Thus, the P.S.P. whose customer is delinquent in the payment of his account should be right "on the job" in collecting as well as in selling, otherwise his potential volume suffers. He should be a good collector. That is part of the representative's responsibility. It helps *him*.

**Complaints on Products.** Whenever a complaint is lodged against any product of his firm, the representative should endeavor to get all the facts. Even though the sequela was not actually the result of the action of the product itself, the incident, together with all of the available facts and the possibility or probability of any legal action, should be reported to the home

³ Edward N. Hayes, Publisher, Detroit.

office at once. All of the remaining stock of the lot number of the product in question should be obtained and sent along with the complaint report to the home office. The P.S.P. should state the names of all individuals involved. Almost invariably the manufacturer's product is blamed for a mishap, whereas equipment, an adjuvant, a diluent, a supplementary medicament used with the drug, or some other cause may be to blame. He must attempt to forestall any hasty, unwarranted publicity.

In one instance a violent complaint was launched against a manufacturer who for years had been supplying a hospital with a high-quality powdered dextrose in bulk quantities for the preparation of parenteral solutions by the hospital pharmacist. It so happened that reactions began to occur in patients about the time of opening a new ten-pound drum of the dextrose for manufacturing use. The manufacturer's product was blamed and immediately "thrown out," discontinued! The hospital was through with it! There would be no more of it! Then another reputable manufacturer's dextrose powder was purchased. Similar reactions were experienced. Consulting chemists were then called in to try to determine the real cause of the difficulty. The hospital pharmacy's water still was found to have become defective. With that corrected there was no further trouble.

## CHAPTER XI

### FAIR PROFIT, FAIR DEALING, AND FAIR TRADE

**The "Chiseler."** Commercial honesty and moral responsibility shy away from conniving tactics, the cheap, petty, underhanded trickery sometimes engaged in by "smart" operators in the hope of gaining advantage over competitors or over their own colleagues. Such irresponsibility is commonly referred to as "chiseling." Anyone who resorts to it is called a "chiseler."

"Chiseling" on the part of a representative breeds distrust and contempt and ultimately reacts unfavorably on his house and on the man who represents it. If price adjustments are necessary to get business, let the firm make them officially on an overall and "up-and-up" basis. Prices tend to seek their lowest level, and "chiseling" only brings general adjustments prematurely. The "chiseler" merely contributes to an unhealthful-profit picture in the whole industry, with resultant lower wages for employees than otherwise might prevail, or financial difficulty for the manufacturer.

The tendency to "chisel" stems from weakness or lack of ability to meet competition on an even basis. It is an admission that the competing contemporaries are better informed, are better salesmen, are more influential, and are doing a better job. It indicates some degree of desperation or incompetence on the part of the representative who resorts to it or of the sales manager who tolerates it or advocates it in the hope of deceiving the top management. It *may* lead to insecure and unsound increases in sales volume *for a time*, but before long it actually retards progress.

Such tactics may be the manifestation of a frank inferiority complex. The "chiseling" may be an ill-conceived defense mechanism whereby, as a "chiseler," the individual gains some inward



sense of superiority but casts aside any regard for his self-respect or reputation.

Some so-called salesmen are not *salesmen* at all. Without their opportunity to connive, for example, by selling merchandise "out of the bag" to physicians at less than designated, prevailing physicians', or even druggists' prices, by "peddling" split deals to retail customers, by buying business with samples, split commissions, unauthorized free goods, underhanded discounts or other degrading means, they could not hold a job even as long as they do.

Any numskull can sell more merchandise at a cheaper price than at the established catalog prices to which his colleagues and worthy competitors adhere.

Such connivance not only deprives dealers of legitimate business and profits but earns for the "chiseling" representative or the sales manager an unsavory reputation in the trade and among competitive manufacturers. He might want a job some day and then find that his past reprehensible performance keeps the doors closed to him. Furthermore, such market demoralization is a potential cause of "price wars"; injured competitors reduce their prices officially and permanently though there is no real justification for it except aggravation, spite, and malice. Thus, the aggressor and his firm will be in precisely the same competitive position as before the demoralization began, only now everyone will make less or no profit.

It takes profit to pay wages, to replace worn-out or obsolete equipment and buildings, and to provide for expansion of research and other facilities and increased promotional efforts.

When a firm permits "chiseling" it contributes two significant things to the general economy: (1) market demoralization and (2) a diminution in profits, which in that proportion prevents the employment of more people or the increase of remuneration to employees and stockholders. "Be not deceived . . . whatsoever a man soweth, that shall he also reap."¹

Market demoralization is economic war. Rather than that a representative or firm "buy" business by means of hidden dis-

¹ Gal. 6:7.

counts or free goods to gain temporary competitive advantage, how much better that they use the possible profits so spent to enlarge the sales staff and increase the advertising budget. The results would be more dignified and would contribute to a more stable economy. If profits permit and to do so seems reasonable because of lowered manufacturing costs, it is better to reduce the price and let the world know about it.

No firm can long maintain a price advantage for products of equal quality, utility, and prestige. Most frequently such advantage is only for the matter of a few hours. Competitors, if profits permit, will quickly meet a lowered price, placing the initiator of the reduction in the same competitive position as before.

No single firm can gain, at a profit, *all* the available business on any competitive product. How much better for the national economy, for widespread employment, and for reasonable living standards to "live and let live" by selling all products at a reasonable profit at all levels of distribution. Let informed, straightforward, and respectable selling set the pattern for greater volume. Superior selling ability and practice is the modern Aladdin's lamp.

### *Prayer of a Good Sport*

Dear Lord, in the battle that goes on through life

I ask but a field that is fair,

A chance that is equal with all in the strife,

A courage to strive and to dare.

And if I should win, let it be by the code

With my faith and my honor held high;

And if I should lose, let me stand by the road

And cheer as the winners go by!

And, Lord, may my shouts be ungrudging and clear,

A tribute that comes from the heart,

And let me not cherish a snarl or a spear

Or play any sniveling part;

Let me say, "There they ride on whom laurel's bestowed

Since they played the game better than I."

Let me stand with a smile by the side of the road

And cheer as the winners go by!

So grant me to conquer, if conquer I can  
By proving my worth in the fray;  
But teach me to lose like a Regular Man  
And not like a craven, I pray.  
Let me take off my hat to the warriors who strode  
To victory splendid and high,  
Yes, teach me to stand by the side of the road  
And cheer as the winners go by!²

**Fair Profits and Fair Dealing.** The physicians supply pharmacy and physicians supply house must be afforded a reasonable profit on the merchandise they sell. Yet occasionally there appears upon the scene a "chiseling" representative who will try to prevail upon one or another distributor to split his legitimate profit on a certain physician's business because "the physician is way out of your trading area anyway, and I shall peddle it to him for cash. You make half as much as you are entitled to, but it is extra business." (Just what is "extra" business anyway?) That may well start a vicious cycle. What is to prevent another representative or even the same one from resorting to the same demoralizing tactics in the first dealer's area? One physician learns that another bought at a cheaper price and wants a discount too, and on and on it goes. The manufacturer who employed the "cutthroat" representative may have no justification for reducing his price, so the dealers "take the rap."

That sort of skulduggery invites and sometimes forces even good cooperating dealers to seek less well-known, weakly supported substitute products on which decent profits, commensurate with the turnover and efforts expended, can be realized on the sales that are made. The turnover of a well-advertised line of products ceases to be attractive to dealers when it must substitute for a normal and adequate rate of profit. Rapid turnover is merely a "good second" to a satisfactory profit margin. The dealers' percentage profit, obviously, is calculated on their selling prices to physicians. When a reasonable profit margin can be maintained, then the well-advertised line will bring in the greatest returns in profits and good will for the dealers on the basis of the promotional efforts expended.

² Braley, Berton, *The Rocky Mountain Druggist*, 55, No. 8, August, 1944.

For the manufacturer to get the greatest possible volume most economically, active selling cooperation from dealers is necessary. The fact that a dealership is not exclusive is an advantage. It enables the dealer who features the line to attract buyers even though competitors' prices are identical.

To stay in business the physicians supply pharmacy and physicians supply house are dependent upon proper profits on sales to physicians, and the manufacturer needs their cooperation. Yet some dealers cannot restrain their ruinous and merciless urge to demoralize a market and to sell below manufacturers' suggested resale prices, which are set only high enough at best to be fair and equitable to the dealer and his customer. Their reasoning power does not appear to be sufficient to enable them to realize that prices seek their lowest competitive level, thus eliminating any momentary price advantage. Such invidious practices (1) destroy manufacturers' markets, with resulting unemployment and lower wages at the manufacturers' level and (2) prevent the making of proper profits by dealers generally, with resulting unemployment and lower wages at the retail level. They also tend (3) to destroy the free-enterprise system and (4) to crush individual initiative and leadership, the decline of which in great measure brings national decadence, "mobocracy," and dictatorship.

The "applecart" again begins to be upset when a careless dealer sells a physician supplies, say, of ampules at the druggist's cost, *i.e.*, at the price the druggist is charged by the wholesaler. Perhaps he does not carry the ampules in stock, making it necessary for him to order them from his supplier in order to have them for the physician in the next two or three days. His gesture is one of "good will," in the hope probably of getting a few extra prescriptions referred to him to supplement his daily aggregate of maybe two or three others. Perhaps he may be a man who resorts habitually to the unfair loss-leader type of transaction. Or he may even be an occasional wholesale druggist whose ethics do not preclude his "drawing a herring across the trail" of his own customers by selling to physicians at the wholesaler's price to the pharmacist. Such thoughtless, unbusinesslike, fickle, or improvident conduct is to be deplored.

One such instance would not be of too great moment, but when the physicians supply pharmacy or physicians supply house, who are dependent upon a profit on ethical products to stay in business, are confronted with a significant number of such occurrences and begin repeatedly to be reminded that they are "pirates" because certain dealers have a lower price, they must take steps. They may have to (1) consider meeting the price caused by the unfair and vicious practice, (2) get a wholesaler's discount so that they can sell to physicians at the "chiseling" dealers' thoughtless pricing schedule, or (3) discontinue the products completely. The result is that (1) the wholesaler is to that extent denied the opportunity of sharing in that business, (2) the physicians supply pharmacy and physicians supply house who, as special cooperating distributors, get a wholesaler's discount as compensation for their special promotional efforts have to depend upon this discount for both the usual shelf or carrying profit and that for special selling effort, (3) the erring dealer forces himself out of the physicians supply business, (4) the professional-products business is driven by the same dealers into a relatively few selected distribution outlets, and (5) the manufacturer suffers from (a) more limited distribution, (b) less effort by dealers to expand the manufacturer's market, and as a result (c) higher distribution costs.

Physicians are willing to pay for services rendered at each transaction. They do not expect dealers to sacrifice a fair profit, which obviously is necessary to defray overhead and provide a reasonable net profit. They also have overhead to meet and know what that means.

**A Respectable Sales Policy.** It is well enough demonstrated that the ethical-products manufacturer who maintains a rigid sales policy, even in the face of the market-demoralizing tactics of competitive representatives, gains by his unswerving and self-respecting fair-trade practices. This is because of the cooperation forthcoming from his distributors. They desire to maintain a profitable line, while discouraging sales of products whose market is being demoralized by a misguided representative or bungling dealer.

If this manufacturer must or desires for good reason to reduce his prices he does so openly and "aboveboard" by announcing the price reduction broadcast. He avoids recourse to underhanded practices and chicanery. The trade through whom he sells admires his forthrightness, and, in the main, by its sense of fair play gives him still better cooperation if only by negating, to the best of its ability, the demand for the products whose resale market is demoralized. It is easy for a pharmaceutical manufacturer to see some of the business he loses to a market-demoralizing competitor, whereas it is not so easy to observe the increased business he actually gains by maintaining in the circumstances a good, sound, and respectable sales policy.

It is not the "chiseling" on profits that saves the people real money. It is the making of good and reasonable profits at the various levels of trade that enables entrepreneurs to pay better wages. Thus the people in general can buy and enjoy more things and have more money to spend with the entrepreneurs. They, in turn, can make more money with which still better to compensate their employees and with which to hire more of them.

**Fair-trade Laws and Opportunity.** A most important function of society, it seems to me, is to see that every man is permitted not only to live but to live decently and have his share of happiness and contentment. He should not have to fight like a fiend to keep from getting his throat cut, economically speaking. Must our philosophy be based on the survival of the fittest conniver? Or is it to be based on the premise of giving to all people an opportunity to make a decent living according to their proper inclinations, initiative, and industry and to be able to have a reasonable amount of happiness, security, and other good things of life?

**Fair-trade Laws and Social Progress.** In my opinion, fair-trade laws are entirely in accord with the objective of social improvement voiced by the people and the leaders of our major political parties. Natural economic laws, fully as much as purely social or moral behavior, must be "harnessed," controlled, or developed, so that they will function for the benefit of the people as a whole.

The law of the survival of the fittest is the first law of nature for the barbarian, and probably it must, from necessity, be obeyed by him occasionally. Predatory price cutters seem to be deeply imbued with the barbaric idea that they must destroy all the competitive institutions about them in order to survive. Or possibly they have the antisocial desire to be the only survivors and destroy for the sake of destroying.

These unfair trade practices lead to a certain degree of sacrifice of personal freedom and to regimentation for the vast majority, instead of the widespread individual partnership in distribution, production, and finance that is indispensable if our free-enterprise system is to be preserved. Opposition to fair-trade laws may, in my opinion, be expected to take the form of a selfish denunciation of them in the hope of personal gain and of a subtle plea to the individual to sacrifice his self-respect and freedom of enterprise for the benefit of relatively few. Fair-trade laws are against predatory commercial-monopoly seekers.

Fair-trade laws assure our commercially inclined citizenry of the most abundant opportunities to become influential and constructive community leaders. Fair-trade laws foster improved human relations between business and its customers and help to maintain a strong and independent system of retail and wholesale distribution. They are declarations of ethical standards of business conduct and just commercial practices. They are the sentinels and protectors of our free-enterprise system.

**Fair-trade Laws and Antimonopoly Laws.** The philosophy of unrestricted price-cutting practices is being more and more generally recognized as incompatible with the common good. Purely selfish economic considerations must not be permitted to overshadow social and moral values and to ruin our capitalistic, free-enterprise system. An economy free from predatory, destructive competition is the only form of economy in which our system can long endure.

A free-enterprise system is one in which any individual who chooses may enter into a business under the protection of civil laws that prevent another from driving him out of business by malice aforethought and by the sacrifice of the reasonable profits

a manufacturer and his wholesalers and their retailers in general agree are fair and just.

Fair-trade laws are antimonopoly laws, because they permit all merchants, large or small, to compete with each other on a profitable, uniform minimum-price basis.

**Fair-trade Laws and Selling Efficiency.** It does not follow that a man should not aim to be efficient or endeavor to make a real contribution to the world and to his fellow men in return for having been born and given an opportunity to live. As has been widely demonstrated since the advent of our fair-trade laws, even though they are still limited, selling efficiency can manifest itself more abundantly and effectively since fair-trade laws inhibit selfish, perverted, destructive forces.

By virtue of our fair-trade laws more constructive, liberal, and wholesome thinking and action can prevail. When individuals and firms no longer have to devote their time and energy to overcoming maliciously hostile and destructive forces, they can turn their attention to improving what is already good and desirable.

**“Good-neighbor” Policy at Home.** The good-neighbor policy should be applied domestically between all businesses as well as internationally between governments. Governments make commercial agreements with other governments to restrict or eliminate commercial abuses that might lead successively to commercial warfare and military conflict. If it is desirable to “harness” economic “laws” to permit the pursuit of happiness and security by international agreements among nations or by government subsidies within the nation, it should follow that the elimination of sharp practices, deceit and demoralizing tactics would likewise create greater security for the employee, the employer, and the general public, and less competitive squandering and waste within the domestic commercial economy.

**Economic Strife: Its Relation to Peace and War.** In the international picture economic strife is the major cause of military warfare. No country in which economic interests clash predatorily can enjoy orderly business development and security for its people. In the domestic picture economic strife is likewise against the public interest.



Economic wars within our own constituency must be barred. This presumably can only be done by legislative action to prevent the unscrupulous few from injuring the vast majority. We have this in the fair-trade laws, except that they should be extended to all trade-marked goods in all levels and varieties of trade and professions.

**Price Protection of Trade-marked and Trade-named Products.** There is a natural preference for trade-marked goods. The natural law of supply and demand does not necessarily function over trade-marked products, because their prices are not always judged competitively but rather on buyers' preference. The amount of sales-promotional effort expended determines by far the greatest portion of the demand. Since demand for it is not a function primarily of the law of supply and demand, it is artificial. Therefore, the prices of trade-marked products in the various phases of their distribution are both susceptible to and adaptable to control under fair-trade laws.

Such protection of trade-marks and trade names is in the public interest. They should be permitted protection by the enforcement of minimum prices at all levels of trade, wholesale, retail, physician, or the general public, by means of fair-trade laws. The protection now permitted to a limited extent should be extended, not only for the sake of the public welfare but also for the preservation of the good will and other values that the owners and their employees have invested in their trade-marked and trade-named products.

**Intelligent Selling Effort and Demand.** The drug or pharmaceutical business is concerned more with highly specialized or fabricated products with prices relatively unaffected by supply and demand than it is with commodities closer to their natural state, such as minerals, forest products, oil, and grains. The demand for most drug products is quite artificial and frequently inelastic. It fluctuates relatively little, except in proportion to the promotional efforts expended. Since the over-all turnover of these products is not readily influenced by changes in price, the demand in very great degree is created by sales promotion methods. When sales promotion is decreased, the demand de-

creases. Conversely, when sales promotion is increased, the demand increases.

The over-all sales volume of a particular product is most likely to be relatively constant, fluctuating little with immediate price changes or loss-leader prices. With the latter the reverse is more likely to be true, *i.e., the over-all volume of the product will decrease*, because dealers injured by the demoralizing tactics of the offender discontinue their support of the product. In some instances, dealers not only discontinue their support of the one product but actually of the whole line of which that product is a part. Thus, it is a very serious matter for the manufacturer who is unfortunate enough to have his popular product used as a loss-leader or "football."

**Increased Demand vs. Diversion of Patronage.** By pursuing unfair cut-rate practices, a reseller may increase the sale of a pharmaceutical or other public-health product over his own counters. But many such sales are of the hoarding, or shelf-stocking, variety or simply diversion of sales from another store on the basis of price alone. They do not cause an actual increase in the consumption of the product or its type. The demoralizer and other dealers as well therefore lose legitimate profits, which they might have passed on to employees in wages or which would enable another worthy dealer to remain in business.

The probable fact that customer traffic may have increased in that particular store and may thereby have caused other "extra" sales to be made means nothing more than diversion of patronage, because the non-cut-rate store would have tried for the extra sales also. Hence, in the over-all result, the profits in the country as a whole are diminished by such tactics. The goods thus sold have not contributed to profit for the general welfare to the degree that their manufacturers expected and intended. The hoarding or diverting purchaser gained, it is true, but every purchaser has the moral obligation or responsibility to his fellow man to pay a reasonable profit on the purchase of a product of his fellows' labors. In this way all who add any utility to a product may derive a fair return for their efforts.

The farther products are removed from the natural state of their ingredients, the greater their contribution to employment

both in production or fabricating establishments and in distribution. Prices are unfair that are not based on the integrated profit requirements of the pharmaceutical trade or industry as a whole. To sell any portion of their products at prices lower than those that allow fair and reasonable profit at any level of distribution destroys by just that amount the possibility for full employment.

**Profits and Employment.** The cry is for more and more jobs and full employment, so that no one who wishes to work may want for a job paying a decent living wage. Employment comes from profits. Fair-trade profits mean reasonable and adequate earnings for all concerned. Thus, if every fabricated product were sold under fair-trade prices, the profits at present lost on "loss leaders" or other price-cut products sold to the 90 per cent employed would go far toward creating employment for those unemployed and would keep some businesses from becoming submarginal operations and public liabilities.

**Profits and Living Standards.** Profits spread among wage earners do more economic good than an equal amount in "price saving" spread among a great multitude. The philosophy that the purpose of distribution is to sell merchandise at lower prices may better be changed to that aiming to sell all merchandise at fair and reasonable profits. In this way employees in general, especially those in the lowest earnings brackets, can be paid better wages so that they can buy semi-luxuries and luxuries and thus increase over-all business volume.

**The Responsibility of Society.** The real purpose of trade should be to keep all people employed at respectable livable wages, not to see how cheaply merchandise can be sold by paying low or starvation wages and thus contribute to despair, prostitution, and crime, nor to drive other people out of a reasonable livelihood.

It is a part of the purpose and moral responsibility of society, as constituted by a nation, State, county, city, and family, to see that everyone has an opportunity honestly to provide ample food and a good and adequate place in which he and his family may live; further, that he has the means for improving himself, educating his children, and providing financial security for his old

age. This cannot be attained unless every product contributes its fair profit at every step of its distribution.

**Fair-trade Laws and Stable Economy.** Fair-trade laws help to curtail or correct marketing evils and to assure the possibility of full and continued employment, a more stable economy, and a greater general prosperity.

## CHAPTER XII

### FUNDAMENTALS OF "DETAILING"

#### (PROFESSIONAL SERVICE PHARMACY)

**Specialized Phase of Pharmacy.** "Detailing," or more properly, "Professional Service Pharmacy," has become a real specialized phase of the profession of pharmacy. Practically equal aptitudes in the art of selling and in the pursuit of the chemical and biological sciences are required for anyone to make the most of his opportunity in professional service work.

The Professional Service Pharmacist is maintained on the payroll of his company for the express purpose (1) of creating specifications by both physicians and pharmacists for products for which he is responsible and (2) of obtaining good active promotional cooperation from retail and hospital pharmacists. His ability to perform these functions satisfactorily is the acid test of a successful P.S.P.

The Professional Service Pharmacist is charged also with the responsibility of maintaining and enhancing the prestige of his firm. Furthermore, he must work not only to take care of the present but also to build for the future. He must employ all the technical skill and selling acumen at his command.

"Detailing," or Professional Service Pharmacy, is a form of endeavor in which the results of an individual call may not materialize to full-grown proportions for many months, even when supportive activities, such as direct-mail and journal advertising, medical-journal articles and other forms of ethical-products promotion, are in good balance with it.

A good portion of the efforts of a well-qualified P.S.P. is almost immediately productive in proportion to (1) the potential market for the product and its real comparative value and useful-

ness, (2) the amount and quality of supportive advertising and medical-research activity, and (3) the popularity and the prestige enjoyed by the firm. Furthermore if he is to market a product most successfully, the P.S.P. must genuinely feel that a real necessity exists for it. He must be able to pursue its promotion with true and enlightened earnestness, understanding, and enthusiasm, and with a reasonable confidence in its therapeutic value, sustained by ample published clinical evidence.

**Preparation of the "Detail" Presentation.** The "detail" presentation, that which the representative plans to bring to the physician, must be a good deal more flexible than the sales presentation to a dealer (see Chapter VII). "Detail" presentations are *sales presentations* with one ultimate *objective: to sell merchandise.*

The representative who has an idea that he is not supposed to sell but only to impart scientific information in his contacts as a service offered by his firm is very much "off the beam." The ultimate objective of every phase of any business is *to produce more sales at a better profit.* Thus, every sales employee, and particularly an "outside"-contact man, must continually direct his efforts to the point of sale. He must make prospects want what his firm has to sell.

Professional Service Pharmacists are *salesmen* purely and simply. If one is not a *salesman*, he is definitely in the wrong profession.

Therefore, his presentation to the physician must be directed to the consummation of a sale. If the presentation does not bring forth an order on the spot, it must do the equivalent, *i.e.*, induce the physician to specify the product on prescription or for administration in his office.

In general, a presentation to a physician must enlighten him on (1) what the product is, (2) what it is used for, (3) what it will do, (4) why it is better, (5) how it is administered, (6) how much it costs, and (7) where it can be purchased.

1. *What the Product Is.* It is necessary for most effective professional service work that the representative know the structural chemical formulas for the more popular professional products of various groups that are competitive in his own line. If a

product is a mixture of well-known drugs, only its prescription formula need be demonstrated. To describe adequately what a product is requires that the structural chemical formula for its active ingredient be shown together for comparison with that of another closely related familiar product. It is the simplest and most impressive way of answering the questions "What is it?" or "How does it differ from *X*?"

Antiseptic or bacteriostatic organic dyes, barbituric-acid derivatives, pyridine derivatives, sulfa derivatives, estrogenic hormones both natural and conjugated, synthetic chemicals manifesting estrogenic properties, antihistaminics, radiopaque media, and vasoconstrictors are merely a few examples of product groups that lend themselves especially well to effective description in this manner. "A picture is worth ten thousand words," aptly describes the value of showing comparisons of structural chemical formulas.

Probably few illustrations relating to medical or pharmaceutical practice catch a physician's or pharmacist's eye more quickly than a structural chemical formula. They enable a physician or pharmacist to retain a visual concept of the differences in the related products and so help them to form a more permanent and more clear-cut impression of the relationships between products in general.

A technical discussion of the chemistry of the product need go no further than merely pointing out the differences in the elements or the organic radicals attached to the basic structures of the products being compared. There may be differences in the nuclei themselves or other differences in the over-all structures. One merely need show how the structures compare, not how they are synthesized. This is effective presentation.

How a product is made is usually not important to the physician. If the question is asked it should be answered as briefly as possible and in a very general way. The method of standardization of a drug is somewhat more important, and the P.S.P. *should be able* to describe it in some detail.

2. *What It Is Used For.* An explanation of the use of a product may vary from a simple statement of its general use, for example, as a sedative, a hypnotic, an estrogen, an androgen, an

analgesic, an antihistaminic substance, or a radiographic agent, to its more specific uses, such as, for meno-metrorrhagia, dysmenorrhea, peripheral vasomotor disturbances, kraurosis vulvae, inhibition of lactation, or cholecystography, according to the more specific indications for the drug.

3. *What It Will Do.* The effective handling of this phase of the presentation, or preferably discussion, is the most difficult and determines in great degree whether or not a "sale" is made. Not only that, it may determine whether the representative will be invited into the physician's office again, or even whether the physician will retain any regard for the firm the P.S.P. represents.

The representative's essential educational background has already been discussed, as has his need for a good knowledge of medical terminology, of the pharmacology and therapeutics of his products, and of the physiology and gross anatomy concerned in the diseases or dysfunctions for which his products are indicated. These subjects are thoroughly reviewed in the firm's training class for new representatives, provided that the firm (1) is particular about how well informed its representatives are, (2) values its favor and prestige among physicians and pharmacists generally, and (3) wants its representatives to have pride in their work and in their house.

The P.S.P. will have studied carefully the house literature and medical-journal articles on the clinical use of the product, including the case histories in which the product has been used both successfully and unsuccessfully. He must know when the product is indicated and when it is contraindicated. He must have these facts so organized that in light of them he can discuss with the physician the latter's own cases. This is the "case type" of "detail" or discussion. It is the most effective means of getting the physician's specifications for a product, as well as the best modus operandi for the P.S.P. to gain the respect and high regard of the physician.

To acquire skill in the use of the "case type" of "detail" requires practice (see page 277). Unless that phase of the "detail" is carried on as a discussion and an exchange of notes on clinical cases, an occasional physician may object that the P.S.P. is at-



tempting to tell him how to practice medicine. Some physicians are sensitive about that. But most physicians invite the "case type" of "detail," because they feel that the representative should be better acquainted than they with the literature on his particular product. They understand that he is merely passing on to them in condensed form what would take hours for them to dig out of the literature, even if they knew precisely where to look. They realize that the informed P.S.P. is merely passing on to them the benefit of the experiences of other physicians with the product. In many cases the treatment is likely to be empirical anyhow, so that suggestions are appreciated that describe therapy used successfully by other physicians in cases that possibly are comparable. The P.S.P. should *never* quote to a physician a layman's opinion on benefits from the use of a drug.

The old idea of (1) what is it? (2) what will it do? (3) how is it used? and (4) how much does it cost? is no longer the most effective "detailing." It is not sufficiently informative. After telling the physician how the product compares with what he has been using, the P.S.P. should give adequate emphasis to its physiological action, clinical uses, therapeutic value, and the discussion of clinical cases to illustrate what it will do in certain specific cases. He should sell *results*, supported by authoritative references.

4. *Why It Is Better.* Many logical answers and the reasons for them may be given to this question according to the point of view and to the pharmaceutical form of the product. While the following by no means exhaust the *reasons why*, they illustrate some advantages which may be advanced as evidence of superiority:

- |                                                         |                                          |
|---------------------------------------------------------|------------------------------------------|
| 1. More convenient package                              | 7. Unit doses easily pre-                |
| 2. More convenient to keep,<br>to carry, or to dispense | scribed                                  |
| 3. Greater stability                                    | 8. Freedom from pain                     |
| 4. Handling does not harm<br>the product                | 9. Less sting                            |
| 5. Higher purity                                        | 10. No induration following<br>injection |
| 6. Ease of administration                               | 11. Greater tolerance                    |
|                                                         | 12. Greater efficacy                     |

- |                                        |                                                |
|----------------------------------------|------------------------------------------------|
| 13. Smaller dosage                     | 27. No refrigeration required                  |
| 14. Isotonicity                        | 28. More homogeneous suspension                |
| 15. Less toxic                         | 29. Longer dating                              |
| 16. Milder action                      | 30. Water soluble                              |
| 17. More protracted action             | 31. Non-staining                               |
| 18. More rapid action                  | 32. Greater neutralizing power                 |
| 19. Greater dependability              | 33. Prevents quick rebound of hyperacidity     |
| 20. More economical                    | 34. Higher antiseptic value                    |
| 21. Less inconvenience for the patient | 35. Freedom from reaction-producing substances |
| 22. No adjunctive medication required  | 36. Greater impalpability                      |
| 23. Rapid elimination                  | 37. Non-irritating                             |
| 24. Greater specificity                | 38. Non-constipating                           |
| 25. Wider range of applicability       | 39. Non-habit-forming                          |
| 26. No untoward side effects           |                                                |

The fact that the product is "Council accepted," that it is in the Army-Navy supply table, or that one's own firm did all of, or supported, the original research on it are legitimate reasons why a physician should specify the product.

A meritorious difference of one product compared with another becomes a distinguishing characteristic that makes its specification more likely.

5. *How It Is Administered.* The representative will discuss the method of administration only in a general way, whether the product is given by any of the routes or methods mentioned below. Any special technique or method for preparing the drug for administration or for handling and storing it should be discussed at this point or mentioned by reference to the literature, *but the representative must never attempt actually to demonstrate administration technique upon a patient or in any manner become a party to treating a patient.* If an accident occurs as a result of the treatment in which the representative assisted, both he and his firm can become legally involved, particularly if the representative, by chance, is not a registered pharmacist.

A product may be administered by one or more of the follow-

ing routes or methods of administration according to the nature of the drug or its preparation:

- |                                                          |                                     |
|----------------------------------------------------------|-------------------------------------|
| 1. Parenteral                                            | 13. Iontophoresis                   |
| 2. Intravenous (injection; drip method, continuous drip) | 14. Sublingual                      |
| 3. Intramuscular                                         | 15. Oral (by mouth, <i>per os</i> ) |
| 4. Subcutaneous (injection; implantation)                | 16. Rectal                          |
| 5. Intraspinal (intrathecal)                             | 17. Vaginal                         |
| 6. Intracisternal                                        | 18. Local                           |
| 7. Intraarterial                                         | 19. Retrograde                      |
| 8. Intraarticular                                        | 20. Transurethral                   |
| 9. Intradermal (intracutaneous)                          | 21. Aerosol                         |
| 10. Intranasal                                           | 22. Oxygenosol                      |
| 11. Intraperitoneal                                      | 23. Inhalation                      |
| 12. Intrathoracic (intrapleural)                         | 24. Insufflation                    |
|                                                          | 25. Inunction (percutaneous)        |
|                                                          | 26. Instillation                    |
|                                                          | 27. Injection                       |

6. *How Much It Costs.* The representative should always let the physician know what the approximate cost of the *treatment* will be to the patient. He must talk in terms of the cost of the treatment in preference to the unit cost. *He must sell the treatment, not just the medicine.*

While it is desirable to inform the physician how much he or his patient may expect to pay for the drug, a survey should first have been made of the pharmacies to determine what the prevailing prices are. He should also find out if possible which physicians have accounts with, or otherwise patronize, the various drugstores and physicians supply pharmacies. The prescription pharmacist is entitled to a reasonable dividend-paying profit, one that covers his overhead and permits adequate compensation for the professional knowledge and services that he extends both to the physician and to the patient.

Patients frequently inquire of the physician the pharmacist's price for the medication that is being prescribed. If the postulated price expressed by the physician is less than the actual price, embarrassing complications may and usually do arise. The

patient may consider that the pharmacist has attempted to extract an exorbitant profit and may thus discontinue his patronage of the pharmacy. He may take the prescription elsewhere, obviously with the same result, and as a consequence become imbued with suspicion and ill will toward pharmacy in general as well as the medical profession.

The patient may also blame the physician unjustly for prescribing something other than was intended or for not knowing what he was doing, with the result that the doctor may lose a patient. The patient's complaint to the physician may initiate a misunderstanding between the doctor and the pharmacist with the creation of unpleasant professional relations. In further consequence, the physician may not only cease to prescribe the product in question but may become wrongfully vindictive toward its manufacturer and quit prescribing any of the latter's products.

If the physician must respond to a patient's question about the probable price of the prescription, it is better psychologically that, after having consulted the pharmacist, he presumes a higher than normal price, so that the patient may pay for his medication with the assurance that he is being equitably assessed by the pharmacist. It can be of advantage to the pharmacist for the prescribing physician to prepare the patient for the amount that he must pay for the quantity to be purchased if the required medication is expensive. On the other hand, the pharmacist ordinarily is fully competent to handle this matter to the patient's complete satisfaction without the physician's assistance.

Occasionally, though rarely, a physician may try to compromise a pharmacist's just charge for a prescription by deliberately misinforming the patient for the purpose of embarrassing his professional collaborator. In one instance the situation became aggravated when the pharmacist took advantage of several of the relatively frequent requests which pharmacists get to recommend physicians and sent patients to the inconsiderate practitioner, in the expectation that the fee would be only one-fourth of the usual emolument. The physician stormed furiously, until he was made to realize that the incident was merely "an eye for an eye." With that the physician discontinued his disconcerting

habit. Certainly such discord is anything but desirable and should be mutually avoided for the sake of good and harmonious interprofessional relations.

It is the Professional Service Pharmacist's duty, morally or otherwise, to foster cordial and sympathetic understanding and cooperation between the pharmaceutical and medical professions.

7. *Where It Can Be Purchased.* It is important to the representative as well as to the physician and his patient that the physician knows where the product can be purchased. If the product has limited distribution, the physician should be informed accordingly, so that he may take special care to direct the patient to the pharmacy where it can be had. This saves the patient from wasting time and effort in trying to obtain it or from delaying treatment unnecessarily.

Recognizing that there is an overabundance of drugstores and so-called "drugstores," compared to the number necessary to serve adequately the public-health requirements and those of the medical profession, the Professional Service Pharmacist probably need not concern himself with more than 50 per cent of the drugstores in smaller towns and about 25 per cent in larger cities in order to attain adequate "ethical"-products distribution. For approximately 75 per cent of the prescription business is done by 10 per cent of the pharmacies and drugstores¹ and about 95 per cent of it by 40 per cent. Of course, the drugstores that a P.S.P. calls upon should be well distributed. The pharmacies in the medical-office centers will, obviously, be the "hub" of the representative's operations. All hospitals that are provided with a pharmacy should especially be visited regularly.

**Condensing the Planned "Detail" Presentation.** Every good "detail" presentation includes a brief summary at the outset (an outline) and at the end (a close). Its make-up should consist of the following:

1. Outline: tell the physician what is going to be said
2. Elaborate: the exposition and discussion

¹ Olsen, Dr. Paul, Sales and Advertising Conference, American Pharmaceutical Manufacturers' Association. Published in *Proc. Am. Pharm. Mfrs.' Assoc.*, pp. 8-13, February 6, 1946.

3. Summarize: tell the physician what has been said
4. Request for the order or his specification on prescription

Occasionally the representative has only time enough to present a summary and to ask for the order or specifications. He should make it effective.

Many hours of studious work may be required to prepare a "detail" presentation as outlined in the foregoing paragraphs. The ideas and information should be formulated into clear, concise, logical word pictures. This can only be done by practice, by repetition of the "detail." The representative should outline it on paper first, then practice discussing the outline aloud. Then he should write a monograph. He should read it aloud repeatedly, until all of the facts are well in mind. Now he should repeat as much of it as possible, though not necessarily word for word, without the aid of the paper or outline. He should alternate several times between reading the manuscript and repeating it from memory.

Next he should begin to condense it, so that the essentials may be imparted to a physician in three, five, and ten minutes, allowing time in each instance for at least a few words on the subject from the physician.

Every good "detail" presentation includes a strong summary. The representative should not fail to summarize. By that means he drives his message home—he lodges conviction. He must be careful of his English. He should employ the king's English, as most physicians are accustomed to do.

**Add New Facts.** With this monograph as a starting point the representative should add new facts and new case histories as medical-journal articles appear on the subject. He should keep a master file for all reprints of such articles or, if reprints are not available, remove the pages from *his* medical journal and substitute them for a reprint. In a folder in the "detail" bag he should carry for visual reference the more important special reprints or journal pages on the product. He should have a good knowledge of medical-journal articles on the firm's products. It is effective to be able to pick up a journal from the doctor's desk and point out an article bearing on the subject of the interview.

The Professional Service Pharmacist must be able to draw upon any part of the material from memory according to the physician's interest or to the cases discussed. The presentation must be very flexible, so that it may be varied as circumstances require.

**Recommend Sufficient Dosage.** The Professional Service Pharmacist must be sure that he recommends adequate dosage for his product. Sometimes price-conscious "detailmen" have tried to "puff" a new product by comparing its dosage with that of another to make it appear that the new product is, per cost of treatment, less expensive. The physician may follow the suggested dosage, which may prove inadequate and, therefore, not give the results he reasonably expected. This situation may lead to the physician's ceasing to use or prescribe the product in question, as well as to his loss of confidence in the firm and its representative.

The range of dosage should be clearly stated by the representative, according to the current literature. If optimum dosage appears to be not too well established this fact should be emphasized.

**Compare with Familiar Standard.** When explaining a certain feature, such as dosage or potency of a product, the Professional Service Pharmacist should consider carefully whether his explanation or comparison is stated in concrete terms, *i.e.*, in a manner readily comprehensible to the physician. To illustrate, if the representative is "detailing" a tablet containing vitamin D, his statement merely that each tablet contains 660 units may not immediately give the physician an accurate comparison with the value of the vitamin D liquid preparation that he has been prescribing. It is better if the representative explains further that each tablet is equivalent in vitamin D content to a standard liquid measure or amount that the physician is accustomed to prescribing, in other words, if he states the comparison in terms with which the physician is most familiar.

If he presents a liquid product for oral administration, and its potency is labeled in terms of units per cc. while the recommended dosage is specified in "drops," then the drop becomes the basic unit of measure for this product. The P.S.P. should then state

the number of units per drop rather than per cc. or per 10 cc. In this instance, it is presumed that the product is prescribed in its original vial, with which is packed a dropper specially intended for that particular preparation. Otherwise the "drop" should be defined. A P.S.P. must know the *size of the drop* about which he speaks. *Minims* are standard measure, "drops" are not.

A "drop" may be defined as any amount of a liquid which, when allowed to be discharged by gravitational force from a surface, orifice, or aperture, falls in perfect globular shapes or spheres and of which all the molecules are contained underneath or on the spherical surface of the falling body.

A "drop" may be of any size within the range of molecular force, *i.e.*, its radius may be as great as the distance to which the force of attraction is sensible. This force is the *force of cohesion*, which attracts and holds together the contiguous parts of a body. On account of this cohesive property liquids behave as if their free surfaces were under tension. These molecular forces confine the surface of the liquid to the smallest area possible, hence the spherical "drop," which is the figure of least surface area for a given volume.

"Drops" vary in size according to the character of the liquid being discharged and to the surface or aperture from which the liquid is being emitted, whether sharp or flat or whether the opening is large or small or flanged. Water dropped from the bottom of a large concave surface may measure 18 "drops" to the fluidrachm, whereas the same quality of water at the same temperature and pressure when dropped from a glass rod of slightly more than a half millimeter in diameter may measure 600 "drops" to the fluidrachm. The temperature of the liquid being measured and the external pressure being exerted upon it also have their effect upon the size of the falling "drop."

Ordinary medicine droppers of the market are not standardized to deliver any definite amount of any given liquid. Droppers selected at random from a supply of ordinary uncalibrated droppers may deliver anywhere from 2 to 7 "drops" of tincture of digitalis (22° C.) to the minim. There are droppers manu-



factured that are made to deliver a definite volume per "drop" of a selected liquid. However, they are usually made to order.

Physicians should prescribe potent liquids in cc.'s or minims and should then expect that the pharmacist will determine how many "drops" will be required from the dropper supplied in order to deliver the required dosage. The P.S.P. should bring this fact to the attention of physicians, otherwise conceivably the patient may take much less or much more than the dosage prescribed in "drops."

The representative should, then, state the potency or dosage of a product in terms of the measure most easily recognized and comprehended by the physician. Whenever possible, potencies, dosages, and comparisons should be expressed in terms of the metric system of weights and measures.

**Apportioning Time.** Planning of the work in general has been discussed in a previous chapter. The Professional Service Pharmacist in addition to his trade contacts must interview as many physicians as possible to make the most of his opportunity. His route book will indicate the earliest and latest hours at which physicians may be available.

Physicians who specialize in eye, ear, nose, and throat usually begin their office hours earlier than others. In the larger cities, especially, they may be seen at eight o'clock in the morning. Dermatologists, also, are inclined to maintain early office hours. Obstetricians, gynecologists, endocrinologists, pediatricians, urologists, neurologists, proctologists, and orthopedists may be expected to begin office hours between ten and eleven o'clock. Surgeons and general practitioners may come in around noon, and internists, geriatrists, and industrial surgeons in the afternoon. There is no fixed pattern.

Since many physicians maintain office hours during the noon hour, from twelve to one, it is advisable for the P.S.P. to work during that hour also. He can take his lunch hour between one and two o'clock, which is frequently the most difficult hour in which to see physicians. Between 4:30 and 6:30 P.M. is one of the most fruitful periods of the day for the P.S.P. for interviews with physicians.

P.S.P.s who say that they cannot work before 9 or 10 A.M. or after 4 or 5 P.M. are merely implying that they do not wish to do so. Calls on hospital and retail pharmacies must be made during the day also. Such calls are usually worked in most advantageously between 8:30 A.M. and 11 A.M. and between 1:30 P.M. and 3 P.M. However, that depends, in any given day, upon the hours schedule of the physicians whom the representative has listed for that day. Conceivably, on some days the P.S.P. may call only upon physicians, provided he can do so without wasting time in "sitting" that, with better planning, could be utilized for trade calls. On the other hand, an occasional day may be devoted to trade calls only. But, it is likely to be the rare exception when not even one physician has been interviewed in a full and well-planned day.

In the long run the P.S.P. who permits his work with physicians to lag, even temporarily, will penalize his future sales volume, since the effect of professional service work is cumulative to a marked degree. The number of physicians and of trade and hospital accounts he can see in a day depends on a number of variable factors, one of which is the support provided by journal and direct-mail advertising and sampling.

The P.S.P. must constantly be mindful that the physician's time, like his own, is what determines his earnings. He should not waste the physician's time. The representative should make the presentation and discussion as brief as possible yet of sufficient amplitude to bring out and illustrate the facts and to satisfy the physician's immediate desire for information on the subject. His objective should be to make the visit as profitable for the physician as for himself. That keeps the door open for future visits.

**Keep All Products Active.** It is better, usually, to get sales volume from the combined specifications of many physicians rather than an equal volume from only a few. Such a volume is likely to be more secure. One representative whose sales of a particular specialty led all other territories stated that his success was due to his "mentioning the product in almost every 'detail' and sales call" that he made. The sales were not because a single small group of doctors prescribed large quantities of it, but rather

because a large number of physicians prescribed it as the need arose. The representative should get the "big ones" of course but be sure that many other physicians are using the product too, even though a few big "writers" may take care of the quota.

A representative who could increase his sales still further but who so maneuvers as to keep his sales just at the required quota or expectancy penalizes his own future volume as well as the volume and earnings of his house.

The Professional Service Pharmacist should spread his "detailing" efforts among the various products or product groups so as to keep them all active and increasing in sales. This does not mean, of course, that he should not follow the promotional program that his sales manager has laid out. The P.S.P. should have a secondary plan, which coordinates with and dovetails into the master plan of special promotion, so that he can keep the whole line moving up in sales volume.

The P.S.P. should observe carefully on what competitors' representatives are working. He must endeavor to offset the effect of their stressing a product that is especially competitive to one of his own by featuring it simultaneously. In addition he should try to "strike" with a product of his own that competes with one that the opposition is not featuring or promoting at the moment, provided, of course, that it is timely or seasonable.

There are three things, among others, that the P.S.P. must attempt to do: (1) introduce his new products, (2) keep competition from "cutting into" the sales volume of his established products, and (3) increase sales on the products that are competitive with those of other firms.

**Discuss One to Four Products.** Ordinarily not more than three or four products can be "detailed" effectively if their applications are not complex and if they can be presented within a reasonable time. Care must be taken to confine the discussion of each product within narrow limits, because to say too many things about several products only confuses the physician.

The Professional Service Pharmacist should not try to "unload" all his information about a product at one time, particularly if the subject is a broad one. He must have something in reserve to add during his next visit after the physician has had

an opportunity to become acquainted with the product for the uses previously discussed. Therapeutically related products may ordinarily be presented effectively as a group. The P.S.P. should, if possible, bring to the physician's attention a new or different product or new facts about old products on each subsequent visit, in addition to reviewing or at least mentioning products that have been dealt with before.

When a physician is revisited he should be asked about the success he has had with the product on which he was sold previously or which he agreed to prescribe or to use for office administration. If results were good, a tie-in should be made of a companion product. Finally, the P.S.P. should ask the physician for his specification or the order.

**Selling Physicians.** The Professional Service Pharmacist must remember that he is a *salesman* and that no presentation or discussion is complete without clearly and definitely asking for the specification and at least subtly asking for the order. The latter phrase is qualified advisedly, recognizing that some physicians resent attempts by manufacturers' representatives to take orders from them for products for office medication.

Physicians who do buy, even occasionally, should be carefully noted and followed up for the purpose as regularly as possible at appropriate intervals. One of the best means of keeping competition out is to keep the physician stocked in the products he purchases for his office use. Relatively few physicians are "dispensers," but many more of them do purchase parenteral medication for office administration to patients.

Dispensing physicians react for the most part like any other commercial buyers. The technique of selling them is essentially no different from selling the hospital- or prescription-pharmacy buyer, except that they may be given the option of having the order come either directly from the firm or via the physicians supply pharmacy, according to the firm's pricing or sales policy. The P.S.P. must always be sure that the physician has the *physicians'* price list.

The P.S.P. must be cognizant of the possibility that occasionally a physician, or dealer for that matter, will pit one representative against another in the matter of price, samples, free

goods, and so forth and will not adhere rigidly to the truth, possibly in error, in doing so. The purpose is to "beat down" the price. A representative should not be a party to or fall victim to that sort of market demoralization or any market demoralization for that matter. That kind of business is usually stable only so long as the "chiseling" representative can pay the price, or another firm's representative does not "out-chisel" him, or until a better *salesman* comes along.

It is not well, ordinarily, to put a great deal of selling pressure on prescribing physicians for turnover orders of supplies for office administration. A P.S.P. should not press a prescribing physician too much about orders, because he may tire of it and give his business to someone who calls less frequently and gives more real information. The P.S.P. should desire his physicians to look upon him as a fellow professional man primarily. However, this does not imply that he should not be a salesman. He should by all means, else he may be less of a salesman than are the physicians upon whom he calls. He must be a salesman, logical, convincing, and well fortified with scientific knowledge.

If a representative is well informed scientifically and does not follow through to do a selling job, he may find that *he tells them, but the other fellow sells them*. Hence, every interview must be directed constantly with the objective of a sale uppermost in mind. Information is merely a means to an end, a sale—an order or specification.

The P.S.P. must always keep driving to the point of sale and always ask for the order or specification. Seldom will a physician be offended when asked if he desires to replenish his supply. If the doctor requires a product, the P.S.P. must get the order now, or a competitor may get it tomorrow. When a physician is in a buying mood, the P.S.P. should satisfy him completely; he must not be afraid of volume. If the physician says he will buy the product as soon as his present supply runs out, the P.S.P. should ask for the order to be sent as of that time, say, a week or ten days hence, or whatever the future time may be. Alternatively, if possible, he should arrange to call back at that time if it seems desirable, or he may have the distributor's representative do so. It is well to refer to the representatives of the co-

operating physicians supply pharmacy the names of physicians who are or will be buying, so that they may keep up the contacts for the P.S.P. between his visits.

If the physician decides to use the product henceforth but still has a supply of competitive material in stock, the P.S.P. may suggest that the doctor buy his product now so as to intersperse its use with the other product until his supply of the latter is exhausted. By this means the physician will get the "feel" of the product while he is still using up the other. Once the product is in stock, the P.S.P. is quite likely to keep it there until a better product or a better *salesman* comes along. If the P.S.P. does not get the order *now* but has the physician's promise to buy his product when the present stock of the competitive material is about exhausted, it is well to leave the physician either a self-addressed stamped post card on which has been written the desired message or a regular order card, if one is available. This serves as a reminder, particularly when it is placed alongside the stock that is to be replaced.

When a physician has a case on which he agrees to use a product, the P.S.P. should try to sell to him before he decides to give him a sample. In taking a turnover (T-O) order from a physician, the P.S.P. must be sure that the physician does not think that he is getting a sample supply without charge. This has happened in some instances with resultant bad feeling. It should be made plain to the physician that the transaction is a *purchase* to be sent by his pharmacist and will be invoiced accordingly. To impress the physician that it is a purchase order the P.S.P. should ask him to initial or sign the order so as to acknowledge to the pharmacist that it is bona fide. Whenever a physician places an order or is inclined to do so the P.S.P. should show him the products-reminder list to refresh his memory with regard both to products and to his requirements.

One successful T-O-order getter frequently closed his discussion as follows: "I shall be very glad to have the physicians supply pharmacy send you a box of one hundred ampules of each of X and Y for your immediate requirements, Doctor Brown. The price is \$A and \$B per box." If the physician felt that the quantity was more than he was accustomed to purchase the

P.S.P. responded, "Of course, I shall be glad to have sent whatever quantity you prefer, although by purchasing the larger size there is \$C and \$D saving." If an order for the larger size comes easily the P.S.P. should point out the *saving* to be made by the purchase of, say, 500 or 1,000 ampules.

The P.S.P. should not say, "It is cheaper." Cheapness involves both quality and price. Physicians do not ordinarily want to sacrifice quality for the sake of price. He should say, "It is more *economical*." A product that is strictly a price proposition builds neither confidence nor prestige. The P.S.P. must strive primarily to sell the doctor on the therapeutic efficacy of the product. He should sell products to physicians at physicians' prices.

Care must be exercised by the P.S.P. that he does not spend so much time trying for personally written, physician-turnover orders from steady users that he neglects the work of building new and proportionately greater business among other physicians by intensive and well-planned professional service work. Of course, he should not overlook an opportunity to write orders, but he must take care that he does not become a T-O-order "sitter" and sacrifice volume development for order numbers.

**Literature for "Detailing."** The Professional Service Pharmacist should select carefully the literature that he presents to the physician. Not all brochures and reprints are necessarily good "detailing" pieces. The most recent direct-mail piece need not necessarily be used if another serves the representative's purpose better, provided it is up to date in the information it conveys.

**Disposition of Literature.** The firm may have a policy of mailing literature to physicians, pharmacists, dentists, veterinarians, and nurses only. Yet there are technicians who should also receive certain printed information from the standpoint of their influence in the use or specification of a product. Internes are not usually on firms' mailing lists, but they should be supplied with literature regularly, so that they may be made familiar with the firm and its products. They are the physicians and prescribers of tomorrow. Impressions that they gain in their forma-

tive years are likely to influence their prescribing habits for years to come.

Pharmacists should be "detailed" thoroughly and supplied with ample literature as determined by their promotional requirements. All medical and pharmaceutical societies and hospital and general scientific libraries should receive copies of literature and reprints. Therefore, it is the duty of the Professional Service Pharmacist to carry an adequate supply of literature to provide for full needs at any time. Reserve stocks for immediate use should be carried in the automobile, as previously explained.

**Provide Yourself an "Out."** Occasionally a representative will make a statement or an assertion to a physician with which the listener disagrees and not necessarily mildly. The reason for the disagreement may be that the physician belongs to a different school of thought from the authority quoted, his own clinical results may not have borne out the other's conclusion, or being a new idea it does not seem reasonable to him. The P.S.P. should state the facts with which he is provided so as to refer clearly to the opinions or claims of others. "I understand that . . ."; "It is said that . . ."; "Doctor John K. Gudim of Crosby states that . . ."; "I believe it is accepted by many men that . . ."; "Some investigators have found that . . ."; "Has your experience been that . . . ?"

In the early days of synthetic vitamin D a representative was highly complimented by an outstanding physician upon his reference to the product as the so-called vitamin D. Another was pleased with the reference to a product as the so-called anterior pituitarylike hormone. These occurrences are given merely to illustrate that more frequently than not physicians prefer a conservative approach to a cocksure assertion by a representative. It provides the representative with an "out."

**Tell the Truth.** Within the physician's or pharmacist's office is no place for a representative to give free rein to his imagination. He must not try to bluff, because it could lead to disaster, and in any event it would spoil the entree of both him and his house to the physician's or dealer's office. He must not get into a technical explanation or discussion unless he really understands



the subject and has authoritative references to verify his statements. If he is not sure of his ground, he should admit it instead of attempting to guess or bluff his way through. He should get off the defensive by asking the physician what his ideas are about it.

If the physician asks questions which the Professional Service Pharmacist cannot answer, the P.S.P. should tell the doctor that he does not know the answers, but that he will be glad to pass them on to the firm's medical division for the correct information. The home office may then write directly to the physician, sending a copy to the representative, or may write the answer to the representative for his verbal transmittal of it to the physician. The latter is preferable if the representative can visit the physician to give him the information immediately. In either case, the P.S.P. should follow it up within a reasonable time if possible.

The P.S.P. must not stretch the truth even if it costs a sale. In most instances of presenting a medicinal product, it is better to be on the side of conservatism. This does not mean, of course, that its points of superiority over other products should not be stressed. Indeed, they should. But the representative should not depreciate his competitor's product and overestimate his own. If the indication for one of his products is not good in a particular condition, the P.S.P. should tell the physician so. There are times when a physician may be especially grateful for truthful negative information about a firm's product. It begets confidence and respect.

When a P.S.P. is presenting a product that is limited in its application but extremely effective in the conditions in which it is indicated, for example, in *E. coli* infections of the urinary tract, he must be sure that its action is well understood by the physician. Otherwise, the physician might prescribe the product in cases where other organisms, like the gonococcus, are the causative factor and then have reason to condemn the product as being generally inferior and be critical of the representative and the firm alike.

If the P.S.P. is promoting, say, a sedative, with a slower, more prolonged action, he should be sure that the physician is fully

apprised of it. He may then be sure that when the drug is prescribed for the first time for a patient who has been receiving a quicker acting product of less prolonged action the doctor will not be unfavorably influenced and consider the product inferior if the patient returns to complain that the new drug was not as effective as that previously prescribed.

Comparison with a competitive product is ethical, provided the physician has brought it into the discussion or provided the product is referred to by its generic, chemical, or official name, not by its trade name. The P.S.P. must be sure, however, that his comparisons with competitive products are correct. In a particular instance, a well-rated physician was given a misleading comparison that he accepted as fact. Then the competitor's representative came along and was confronted with it. He pointed out truthfully that the first representative's comparison "was similar to trying to compare the relative powers of one pound of T.N.T. with one pound of black gunpowder." Since the physician who had switched to the first representative's product had already discovered that his results did not appear to be comparable, he became very aggravated at the misrepresentation and vowed he would neither see the first representative again nor use any of his firm's products if he could avoid it.

**Meeting Physicians' Objections.** The representative should not argue with a physician or try to "show him up." His good will and cooperation are important and must be preserved within reason. He must not contradict him directly, even though he may be wrong. He should admit that there may be a reason for his assertion, if there is (see Important Words "Yes, but . . ." in Chapter IX).

An attempt to overcome an objection should be made, as explained earlier, provided the P.S.P. is sure of his ground and has reference to the literature. The P.S.P. must not be dogmatic. The product being discussed probably has advantages that outweigh the proffered disadvantage. "Yes, but I believe you will agree . . ."; "Yes, but according to this authority . . ."; "Yes, but does not the greater weight of the clinical evidence indicate . . ."; "Yes, that is right. Not all cases respond but

. . ."; "Yes, but it appears that the more recent writers, such as _____, _____, and _____, are of the opinion that . . ."; "Yes, what you say is true, but let us consider it from this authority's viewpoint . . ."; or other "buffers" may be used to overcome or mitigate the objections. He should refer to the pertinent brochure or reprint and underscore the relevant passage.

**Getting Leads.** The success that a Professional Service Pharmacist enjoys depends in good measure upon his knack or ability to determine who are most likely to prescribe his products in greatest volume, what products have been prescribed by the physicians previously interviewed, and approximately to what extent.

Prescription pharmacists, physicians, and the P.S.P.s of other houses may be very helpful in providing information. Prescription files, of course, may disclose a great deal of information toward that end, but they are confidential between the pharmacist and physician. The P.S.P. should never ask to explore a pharmacist's prescription files.

Physicians whom the new representative contacts may, if requested, supply the names of outstanding physicians locally as well as in neighboring or even distant towns in the territory. In the event that the representative does not visit those towns, he should report the names to the medical division, with the request that special periodic mailings be sent to them.

Medical journals provide excellent leads and should be searched carefully for that particular purpose. Practically any article written indicates the author's interest in certain types of products. Some articles, especially those presented at medical conventions, when published, are followed by the printed comments of other outstanding physicians who were selected to discuss the papers or who did so without prearrangement. These men, obviously, may be as important to the P.S.P. as the author of the article.

While a specific article may not be of particular interest because it refers to the use of a type of product not in the representative's line, it will indicate the physician's specialty and whether he should be visited by the representative. Such leads may be invaluable since they disclose some of the physicians

who are outstanding in the field of medicine and who should be especially interested in using any one or more of the firm's products. These physicians usually have a host of "followers" or "satellites" who are influenced to use certain products because these leaders in the medical profession use them.

References to the published articles should be made on the specific physician's record card to remind the P.S.P. to be sure to bring the articles to the respective physicians' attention at his next opportunity to call upon them (see Figure 18). A representative with the desire to discuss the physician's article with him, although obviously in light of one or more of the representative's products, has a very good entree to the physician's office.

The section in the *Journal of the American Medical Association* entitled "Current Medical Literature" may also provide excellent leads. Bibliographies accompanying medical-journal articles are usually good sources for leads, as are also scientific references that appear in advertisements of competitors. Programs of medical conventions, whether national, sectional, State, or local, also provide good leads. (See page 63.)

**Waiting in Reception Room.** The representative should not create a situation in which several representatives are waiting in the reception room to see one doctor. It appears too much as if representatives are "ganging up" on the physician or as if they are tired and want a place to loaf. If another representative is already waiting, he should leave and try another office. Then he can come back later. He must show competitors' representatives the ordinary common courtesy to which gentlemen are entitled. Of course, where a reception room serves a group of physicians, it is a different matter, especially if the Professional Service Pharmacists are waiting briefly to see different physicians.

A representative should without exception be considerate of the physicians' patients. He should always give up a seat to a patient, whether to permit a patient's entourage to sit together or to save a patient from having to stand.

**Pictures, Certificates, and Diplomas.** Many physicians hang fraternity group and medical college class pictures in their reception rooms. Most physicians, like most school or college graduates, are proud of these pictures and retain a keen interest in the

various personalities represented, otherwise the pictures would not have been placed there.

Professional Service Pharmacists in their travels meet and get acquainted with many physicians who are on these fraternity and medical class pictures in physicians' offices. Almost invariably physicians like to have some word about former classmates, especially those who live in distant places, whom the representative may know. Such reference to a classmate especially helps a new representative in the territory to bring about an atmosphere of greater friendliness and cordiality on his first visit, rather than one of plain business formality on the visit of a stranger.

References to the special diplomas or certificates displayed by physicians are often appreciated, especially if the awards are relatively recent. The P.S.P. should take note also of the medical school from which physicians were graduated and of the medical schools, hospitals, and other institutions with which they are currently associated as staff members.

**Fear.** Failure among representatives is often traceable to their harboring a fear of some sort in their approach to every interview. They may be afraid that the prospects may not like them, that they may be rebuffed or belittled, that they will not make the forceful impressions they hope for, that they will be overpowered by the prospects' knowledge, or that they will not get the orders. A salesman must conquer these fears. It can be done by practice if the representative is properly qualified by education and training to pursue the work in which he is engaged.

**"Plate-glass" Shyness.** "Plate-glass" shyness is a fear with which some men, especially neophytes, are imbued, causing them to avoid or to draw away from well-appointed offices, from men with executive or academic titles, from men who are leaders in their fields, or from men who are reputed to be difficult to see. It is merely a mental hazard for which there is no real justification, except for a man not well qualified for his work by basic training.

Ordinarily, the most successful physicians and pharmacists are the easiest and most considerate men to interview. Since they

are very busy, because of their large practices and other demands upon their time, it may be difficult to "catch" them or to arrange for an appointment with them. Some of the top-flight physicians have associates or assistants who, if time permits, interview the Professional Service Pharmacists who, they feel, can contribute to a physician's knowledge and intelligently discuss cases on the basis of reports in the literature or of discussions with other physicians. Frequently the "chief" sits in or interviews the representative privately, but occasionally he depends upon his assistants to "screen" the products for him.

One of the best ways for a representative to banish "plate-glass" shyness is, first, to see a number of his pharmacy accounts and find out which physicians have the most outstanding practices in the area and what their prescribing habits, dispositions, and idiosyncrasies are. He should then begin at once to visit the whole list. It is important to know as much about these physicians as possible. The P.S.P. must by all means *know what a physician's specialty is*. A "big man" may feel highly insulted to learn that a P.S.P., supposedly an intelligent and well-informed individual, has not learned about him from reading the papers and journals, from conversation with others, or from inquiry.

Other information of value may be obtained from the Physicians Directory of the American Medical Association, a copy of which may be available at the local academy of medicine, local medical association library, public scientific library, hospital library, or in some physicians' offices. Information is provided on each physician's age, office hours, specialty, and medical-association and hospital-staff memberships. A physician's age is a guide to the P.S.P. in determining the doctor's probable interest in new products; his specialty will indicate the products in which he may be interested; and his association and hospital staff memberships frequently indicate his standing in the profession.

If among those on whom the new representative is to call there are authorities on the use of a particular product marketed by the firm, it is well for the representative to see them first. He should, of course, have studied thoroughly the journal articles that they have written. Then he may talk with some under-

standing of the subject matter or at least be able to ask intelligent questions on the published articles. The P.S.P. may ask the authority being interviewed whether he has any additional information on the use of the product as a result of his continued clinical research.

Having finished the discussion of the product or product group on which the physician is well known for his clinical work, the P.S.P. should bring forth another product that is or may probably be of interest. He should determine whether the physician is familiar with it and, if he is not, describe it briefly. The P.S.P. may inquire whether the physician has any patients for whom he might consider prescribing it and request that he bear it in mind.

At the close of the interview the P.S.P. may ask whether there is any way in which he may be helpful to the clinical investigator. He should thank the physician for the interview and ask whether he may return again on his next visit to the city. He should leave his business card and request the physician to communicate with him if he may be of service. However, the representative should not write to a physician in answer to an inquiry on how best to treat a patient or what the diagnosis or the prognosis may be. He should refer such inquiries to the firm's medical division.

Notes should be made during or immediately following the interview, so that they may subsequently be studied and digested in preparation for the next day's work.

After the visit to the first specialist the P.S.P. should "tackle" one "big name" after the other for a number of days. By that time, most likely, the previously "plate-glass" shy individual will have gained complete confidence in himself and banished fear of fixtures, names, and titles. He will then have realized that these "big names" are very human and sincere individuals, very considerate of others, easy to meet, and enjoyable company.

**"Country" Representative Transferred to the City.** Frequently representatives who are transferred from "country" territories to the large city are awed or seized with a fleeting fear complex. Anyone who becomes affected in this way should pursue the same method of overcoming his apprehension as that pursued by the "green" representative to conquer his fear com-

plex. Actually, in many respects, the "country gentleman" will find that working a large-city territory is easier than working a "country" territory. The same effort and intelligent planning will ordinarily produce more volume in a city territory, other things being equal, because there is relatively less selling resistance.

The representative must not be misled about how "tough" certain sections of the country, especially certain city territories, are to work compared with others. The fellow who says so is usually trying to inflate his ego and to beguile his listener into looking upon him as a sort of superman. Such prattle must be taken with a grain of salt. All territories are tough and have to be *worked* if the most is to be gotten out of them.

"Volume" is important, but it should not be permitted to serve as a cloak to blind the analyst from observation of a relatively poor selling performance. Some men who "write big volumes" should be "fired," because actually they are doing only mediocre jobs of selling. If, on the other hand, they would really *go to work* and make the most of their opportunities, the volume could be materially increased. "Headwork" is excellent, but it must be adequately balanced with "legwork." The representative should have no more fear of one territory than of another.

However, there are territories that a man may prefer for reasons peculiar to himself, after he has worked in or carefully surveyed them. A man is not likely to demonstrate his best possible performance in a territory in which he is not happy.

**Physicians Who Do Not See "Detailmen."** The representative should not become discouraged because a few physicians decline an interview or other prospects "turn him down." Such a reason for discouragement is a sign of weakness or lack of fortitude. "Mankind is very superficial and dastardly. They begin upon a thing, but meeting with a difficulty, they fly from it discouraged."²

There is an old Norwegian proverb that is worth remembering: "A hero is one who knows how to hang on one minute longer."³ The "hero" will keep trying, but he will be so well

² Benjamin Franklin.

³ *Good Housekeeping*, p. 32, November, 1946.



prepared with new and worth-while information that when ultimately the "gate is crashed" the prospect will be so well pleased with the interview that he will invite him back. Having finally gotten an interview with a physician whom he has had difficulty in meeting, the P.S.P. should not stay away so long that he is forgotten before he tries to see the doctor again.

**There Are No Physicians Who Do Not See "Detailmen."** Probably no physician sees all "detailmen." Some physicians do not see *many*, some see most Professional Service Pharmacists. Others see periodically a selected "handful." The latter are usually described as those who "do not see detailmen." Any physician or pharmacist can be seen, and sold, if the right approach is used, but the approach may, of course, be peculiar to each. The extent to which a physician does not see a "detailman" is in good measure dependent upon the resourcefulness of the representative and his value as a source of information. Many men fail because they lack persistence. They do not hang on that minute longer.

A representative called on the proprietor of a very large pharmacy toward the close of a busy day. When he arrived at the pharmacist's office he was greeted with, "Young man, you should feel highly honored. So far today I have refused to see six salesmen." "Yep, I know it," the salesman replied, "I'm them."

Some physicians, especially in larger cities, maintain two offices and interview P.S.P.s at one office only. Others interview them only at one of the hospitals of which they are staff members or at the colleges of medicine to which they are attached. They may see certain P.S.P.s before or after their regular office hours. They may have certain days on which they see "detailmen."

Sometimes difficult-to-see physicians with whom a P.S.P. is not acquainted may be met in the prescription pharmacy near their offices upon introduction by the pharmacist. The P.S.P. may state briefly what he should like to discuss and ask for an appointment.

He should not attempt to interview physicians in a pharmacy without specific permission from the pharmacist, because, if physicians get an idea that "detailmen" are "laying for them"

in the pharmacy, they may become annoyed and decide to switch their patronage elsewhere. Obviously that is unfair to both pharmacist and physician. This does not imply that physicians shun P.S.P.s, but there is a time and place for an interview and, the pharmacy's own personnel excepted, the pharmacy is neither, unless with the mutual consent of the pharmacist and the physician.

Physicians are frequently willing to be helpful in arranging for interviews with others of their colleagues whom a P.S.P. has had difficulty in seeing.

When the P.S.P. is confronted with the problem of the physician who "does not see detailmen" he should be patient and not go into tantrums. Sooner or later he will find a way. One way is as follows. The P.S.P. should take note of the time when the physician's office hours are over. He should wait for him in the reception room if he leaves the office through it, or, if he leaves by a side door into the corridor, he should wait for him there. In either case, the P.S.P. should approach the physician pleasantly and confidently and introduce himself. He may say that he has had difficulty catching the physician when the latter has not been too busy. He may then ask whether he will make an appointment for tomorrow to discuss the subject which the P.S.P. has in mind, one carefully selected as being of greatest interest to the physician. The doctor may suggest that the P.S.P. come to the office before his regular office hours or at the close of his day's work. Alternatively the physician may ask the P.S.P. to step into the office *now* to discuss the subject.

The following extracts are taken from representatives' reports of activities:

He rarely sees detailmen, but I waited for him in the corridor. I interrupted him there on his approach to his office. After I explained the purpose of my desire to see him, he invited me in the side door although a reception room full of patients were waiting. He was keenly interested in product X. He asked me to return in about a month and knock on the private side-door entrance for admittance.

I'm only reporting this doctor because I spent about forty-five minutes waiting to see him. When I did get to approach him he said

he was too busy to see me and was not interested in type *W* products. After leaving his office I stopped in a pharmacy and learned that the doctor has an (type of disease) patient on our product *Y* and is really enthusiastic about the results he is obtaining. When I arrived at my hotel room, I telephoned the doctor at his home and asked him for an appointment to discuss the case with him. He promised that he would see me at 1:30 P.M. tomorrow.

If a P.S.P. has been repeatedly unsuccessful in seeing a physician when he has gone directly to the doctor's office without an appointment, he sometimes finds it effective to wait several weeks and then telephone him directly for an appointment. Alternatively, another well-rated physician with whom the P.S.P. has a good entree and who is friendly with the physician the P.S.P. is trying to see, possibly can be prevailed upon to telephone to make an appointment for the P.S.P.

Another way that may work is the following. When the P.S.P. is out of town, *i.e.*, in a city some distance from the one where the physician he wishes to see is located, he may write the physician a letter typed under the company's letterhead. He can state that he plans to be in the city a few days between such and such dates and that he would like to see the doctor on the subject of product *X*. The P.S.P. may then suggest that the doctor let his secretary or receptionist know the time and place at which the interview may be had, and then upon his arrival he will telephone her. If the time to be spent at the current address permits, the physician may be requested to reply by letter. A self-addressed, stamped return envelope should then be enclosed.

If the physician is a writer and the P.S.P. can tie in a recent article with one of the firm's products, it may even be well to telephone. He can ask the doctor whether he would be good enough to grant an interview to discuss the product in the light of the article and to evaluate the product for the P.S.P.'s own information.

If the physician into whose office it is difficult to gain entree limits his practice to that of consultant, the P.S.P. should keep his ears open for cases mentioned by other physicians as having been referred by them to the consultant. If the P.S.P. has a product that appears especially to fit such a case, he may tele-

phone the doctor to tell him what product he desires to discuss and to ask him for an appointment to discuss its application in a certain type of case. He should not, of course, refer to the patient nor to the other physicians. The P.S.P.'s brief telephone description may very likely lead the consulting physician to associate the product with the case referred to him and thus create more than ordinary interest. As a result, an appointment may materialize.

Another approach to the problem is to get the physician who referred the case to telephone the consultant to ask for an appointment for the P.S.P.

A consulting physician might not have much direct use for the product. But his standing in the profession may be so great or his calls to act as consultant to other physicians may be so frequent as to make him important as a means of bringing certain products to the attention of other physicians. In response to the usual approach he may say, "Sorry, I am not interested, I have no use for it." The following approach has usually created interest and has been quite successful: "Dr. Thorgersen, we have an interesting product that I believe you will like to know about for its scientific interest, even though you may not have much use for it directly in actual practice. However, it will very likely come up for discussion among your colleagues, so I should like to have a few words with you about it."

During the forthcoming interview the P.S.P. should try to get the physician to ask questions about the product, so that it may be discussed in terms of cases familiar to him. The P.S.P. should leave literature and reprints pertinent to the product.

**When a Physician Declines an Interview.** If a physician returns the Professional Service Pharmacist's card with regret that he is not interested, there may be a variety of reasons: (1) he has no use in his practice for the product or products; (2) he may conclude incorrectly that he has no use for it; (3) he may not like the firm's policy; (4) he may have an antipathy for a member of the firm or for the representative; (5) the firm name may be new to him; (6) he may have had an unpleasant experience with a product of the firm; (7) he may have taken a loss on some of the firm's stock or bonds; (8) he may have been

denied a sample of a requested product; (9) an indiscreet letter may have been written to him in response to a complaint or suggestion; (10) he might feel he was neglected by the house in his younger days and can get on without the firm's products now; (11) one of his physician friends may have received a worth-while souvenir which he did not or was denied it; (12) he might feel that he was slighted by a representative or home-office visitor at the firm's recent medical-convention booth; (13) in the preparation of its literature the firm may have failed to quote from or refer to a published article which the physician had written; (14) a product which the physician liked and which was not available elsewhere may have been discontinued by the firm; (15) he may have done some of the early research work on a similar product marketed by another firm; (16) if the product is not the original of identical products, the physician may consider the firm merely an imitator and not entitled to the business; (17) he may have been denied the privilege of purchasing direct from the firm regardless of its sales policy; (18) his practice may be limited to consulting on call by other physicians, and he does little or no prescribing; (19) he may have an erroneous idea about the firm or its products; or (20) possibly one of many other reasons.

It should then be the P.S.P.'s objective to discover why the physician is not interested, or why he will not see him. He may ask the receptionist or the office nurse or an associated physician whether any one of them knows why the first physician will not see him. Possibly the physician's pharmacist or another P.S.P. may have the answer. Whatever the reason, the P.S.P. should begin to lay the groundwork to "get next to" the physician and to earn an entree to his office. But the P.S.P. should be sure that he is well informed and has a good deal more knowledge about the product and its uses than merely that given in the firm's own literature.

Sometimes a physician gets an erroneous idea about a firm, as related in the following report:

This physician was extremely antagonistic but he will be cooperative in the future. He admitted that he had never prescribed any of

our products or read our literature. The reason was that he was of the impression that we "made *X* tablets and other valueless products," as he expressed it. When I informed him that it was not our firm who manufactures his pet peeve, he apologized and promised that he would undo his past injustice by prescribing and administering our products. Late this afternoon I called at the ——— Pharmacy where I was informed that the doctor had written two prescriptions for our product *W* and one for *Y*.

**The Receptionist.** Under Acquiring Needed Information in Chapter VI was described an approach to a receptionist on a representative's first visit when his information about the physician or physicians of a suite is incomplete.

The receptionist is a very important personage in a representative's success with the physician to whose office she is attached. She may be the difference between his success and failure in her office. She is the "guardian of the gate." To paraphrase a familiar expression, "Never underestimate the power of a receptionist." She can usually prevent one's seeing the physician if she so chooses.

The receptionist is almost invariably intelligent, understanding, and sympathetic. She has her job to do, and her activities are not lightened by representatives' visits, although such calls may and should add to the pleasure of her day's work. She may have her moments of aggravation, irritation, disgust, depression, or a tinge of plain meanness, but they are rare indeed. In any case, these manifestations will depend in good measure upon the Professional Service Pharmacist's manner of approach. If he is pleasant, courteous, considerate, and respectful at all times, he should have very little difficulty with "admittance resistance" from the receptionist.

Representatives who are most likely to have difficulty "getting by" the receptionist are those who look upon her with disdain and as a necessary evil. Either "high hatting" the receptionist or, at the other extreme, trying to get "cute" or too familiar breeds contempt. The P.S.P. should stay within the bounds of conservatism.

Allowance must be made for instructions that a receptionist may have for "screening out detailmen." In other words, she

may have her "quota" too. She may be trying to conserve her busy physician's time, without realizing that a particular P.S.P. may in a few minutes' interview save the physician several hours of reading time or provide him with information that may materially lighten his burdens and worries about some of his patients.

When approaching the receptionist, the P.S.P. should wear a pleasant facial expression which reflects congeniality and sincerity and which connotes respect and desire to be helpful. The following is a good introduction: "How do you do (Miss Smith), I am Mr. Austlid (as you may recall) of Finarnt Laboratories (who was in to see you about three months ago). I should like to see Drs. Kraugerud and Tutturen if you will arrange it for me. I have some new information that will be of interest to them." The business card should then be presented to her.

She may ask the P.S.P. to be seated until she can take his card to the physician. When she returns to the reception room she may tell him that the physician will see him in a few minutes. She may say that the doctor cannot see him for twenty minutes or half an hour, in which case the P.S.P. must consider whether he can make a call on another physician and be back at the appointed time. She may tell him that the doctor will see him late in the afternoon today or at a convenient specified time tomorrow. She may have been requested to suggest that he see the doctor at the hospital in the morning.

The physician may return a message that he is too busy to see the P.S.P. or that he is not interested. If the physician is too busy, the P.S.P. may ask the receptionist if she can make an appointment with the physician for him at a later time, either at the office or at the hospital. It may seem, in this instance, that the question "Or, if he cannot see me now, will he make an appointment for me later today or, say, within the next day or two?" might have been added to the P.S.P.'s introductory remarks to the receptionist. By not doing so a stronger and more confident approach is made. It seems to take for granted that he expects to see the physician *now* and that the doctor *will* see him. A less confident approach might give the receptionist the feeling that probably the physician should not see him or that

the P.S.P. expects to be "turned down." Thus her approach to the physician in the P.S.P.'s behalf would or might be less enthusiastic and less persuasive. The P.S.P. must act confidently, not bullishly, dictatorially, or arrogantly.

If the receptionist declines to be of assistance, and simultaneously informs the P.S.P. that "the doctor does not see 'detailmen,'" he may ask her whether she will please take his card to the physician at the most propitious moment, since he would like to say a few words about product *X* for *A* and *B* use in which he is sure the doctor will be interested. If she persists in being adamant, the P.S.P. must take it gracefully and ask her whether he may explain to her what he would have liked to discuss with the physician. If she acquiesces, then he should discuss the product plainly in a scientific fashion, so that she will have no reason for possible embarrassment in the discussion of the product's use. He should speak softly so that the explanation will not be audible to patients or others in the room. He should ask her whether she knows of any such cases among the doctor's patients with which he is having difficulty in getting satisfactory results. By his explanation of the product to her the P.S.P. will very likely have demonstrated to her satisfaction the importance of it to the physician's practice and of his seeing the physician now to discuss it with him. The P.S.P. may ask her finally whether there is any way in which he might reach the doctor to have a short visit with him.

Literature dealing with the products that the P.S.P. discussed with the receptionist should be left with her if he finds that he is not going to be permitted to see the physician. She should then be asked to bring the literature to the doctor's attention. This gives the P.S.P. a reason to come back before long to ask the receptionist how the doctor responded to the literature left for him and whether the doctor would see him about it now. Alternatively, if the P.S.P. is reasonably certain that the receptionist presented the literature to the doctor after his previous visit, he may telephone the physician within two or three days. He can ask him whether he was interested in the product as the literature explained it, and whether he would grant an interview at his uptown or suburban office, hospital, or some other con-



venient place in order to discuss more fully the product's advantages to the doctor and his patients.

Whether or not the P.S.P.'s visit to a physician's office is successful, he should *always* thank the receptionist for her efforts or assistance in his behalf, even though he may have to wait a few minutes for her to return to her desk.

In any case, where the P.S.P. has difficulty in seeing a physician and has not been able to do so, he should request the firm's medical division to write to the doctor, to send literature and possibly samples, and to state that "it would be appreciated if you would arrange to see our P.S.P., Mr. ———, when he again has occasion to visit you."

**The Office Nurse.** In any event, the Professional Service Pharmacist should ask to see the physician's office nurse before he leaves the suite, so that she may be told the story of his product. The nurse may be very influential in determining what products the physician will prescribe or administer.

The office nurse is often the kingpin. She frequently does all the buying of medical products and supplies for the physician's office and administers a good many of the routine injections on the physician's orders. Sometimes she buys what *she* wants to order, and the physician will use it. The nurse may be the difference between the doctor's prescribing or not prescribing a product. In some offices it is wise for the P.S.P. to ask the physician's consent to consult with his nurse on his requirements in addition to those taken up with him directly.

A representative may use his own judgment whether it is worth while to "detail" the office nurse, but he will find many instances in which the additional time spent in explaining his products to her pay large dividends. An instance was related of a case in which the physician informed a P.S.P. that he had discontinued the firm's products months ago and was getting marvelous results with a similar type of product made by another manufacturer. Upon questioning the office nurse she said, "Don't worry, the doctor has been using X all the time but doesn't realize it, because I give all the injections. Our stock is getting low, so send us a thousand ampules divided between

*X* and *Y* potencies, through Taylor's Physicians Supply Pharmacy."

An office nurse who assists the doctor who expresses a lack of enthusiasm for a product that he has been using may have an opportunity to say to him, "I talked with the *R* Company's P.S.P. a few days ago. He told me about product *X*. I wonder how it would work in this case. Why not try it?" If an office nurse is impressed with a product, she may, in a particular instance, have greater influence on the physician than the P.S.P. could.

**Samples or Other Gifts for Receptionists.** As a general practice it is not wise to carry samples of toiletries, dentifrices, or novelties as a hopeful aid in building influence to get in to see the doctor or with the purpose of buying one's way past the receptionist. It sets a precedent and is a practice difficult to stop without some former recipients becoming offended.

Once the practice of giving such articles is begun, a representative is "hounded" for them in many instances, and sometimes denied interviews until he can bring them. Had he not started the practice he would be just as well off from the standpoint of gaining interviews, besides saving himself a good deal of work carrying and distributing such gifts. He had much better develop the knack or technique or kind of approach that offsets the necessity for such samples. It also avoids creating ill will or hurt feelings of those in an office who were not recipients of the sample while another was favored.

The practice has more nuisance than practical value. A few receptionists will almost demand samples of one kind or another for themselves or their relatives. Others hesitate to make requests of that kind, and some would not think of accepting gratuities in return for granting special favor. The best asset in developing an entree is a pleasant attitude, a friendly smile and tone of voice, and an appreciation of the courtesies extended, without apparent resentment for occasional discourtesies.

The "detail" bag is better filled with samples of the medicinal products being promoted or with special literature and demonstration units for use in lodging conviction with the physician on the real merits of the products "detailed."

There are times when it may be politic for the representative to order a trade-size package of a product for a receptionist or office nurse to be sent *to her home address*. But such instances or occasions should be very infrequent. It should not become a habit. Since the product to be given will most likely be a medicinal product, it is best that the physician's sanction be had to its being sent to the receptionist or office nurse. Otherwise he might become offended, and rightly so, on general principles.

**Receptionists and the Physician's Mail.** Frequently the receptionist "screens" the direct-mail advertising that comes to the physician's office and relegates to the wastebasket a portion of it. The Professional Service Pharmacist should give very close attention to the disposition of that material, as it is extremely important for him and his firm that it gets to the physician and that it is read and properly assimilated as intended. The receptionist can be prevailed upon to cooperate in seeing that a firm's mailings are brought to the physician's attention and subsequently filed for future reference.

**Sampling.** Every Professional Service Pharmacist should help his firm and the rest of the pharmaceutical industry to eliminate sample grafters from the mailing list, *i.e.*, physicians who beg samples of various products, not for legitimate clinical trial or to get acquainted with the product but for use in treating patients to save the usual purchase price. Some physicians accumulate any kind of samples and, if they have no use for them or get more than enough for their own needs, they trade them to sample peddlers in payment for other merchandise that also may be samples.

Some sample grafters, or sample grabbers as they are sometimes called, have actually taken representatives' "detail" bags, turned them upside down on their desks or tables, and hijacked the samples. They apparently looked upon it as their privilege to do so in spite of the embarrassment of the representatives or of the self-respect or common decency that they themselves may possess. Some of these fellows will go so far as to attempt to foist such samples upon their prescription pharmacists for a price in payment of their accounts. Of course, few pharmacists sell their souls or their self-respect to become even a reluctant party to such a cheap, conniving, and despicable practice.

Prescription pharmacists or competing P.S.P.s usually know who the sample grafters are in an area and are glad to cooperate in helping a new representative to avoid being victimized in that manner. A major cause for the existence of the practice is too much, injudicious, or indiscriminate sampling by pharmaceutical houses and their representatives. While sampling has a place in ethical products marketing, excessive sampling only cuts down the over-all volume of sales.

In at least one area the selling of samples is illegal. It is unfortunate that such is not the case as yet in the country as a whole. In one large city particularly a sample-collecting racket was detected wherein the perpetrators requested samples from manufacturers by mailing stamped penny post cards on which were typed or hand-written the names and addresses of unsuspecting physicians. Requests were made particularly for samples of high-priced tablets or ampules. Undoubtedly, the idea was to call upon the physicians whose names were used in the fraud soon after the time calculated for the samples to arrive and ask them whether they had any samples of such and such product for which they had no use. The samples might be acquired as a gift or in a trade for other merchandise. The fraud was quickly discovered by one firm at least. Obviously, no samples were sent in response to the requests.

In the case of a new product, it is desirable to make a general mailing of samples to all physicians in the particular specialties in which the product will find use. The object is to make all the interested physicians possible acquainted with the product. Of course a direct-mail piece is sent at the same time. The sampling is further supplemented by journal advertising and the P.S.P.s' activities. The general sampling campaign may be duplicated in three to six months. Thereafter, periodically return-reply cards may be enclosed with a direct-mail piece offering a sample sufficient to *initiate* treatment. Sample grafters may be removed from this mailing list, or should any be received from those who are known their returned request cards may be thrown out.

It is frequently desirable to supply to selected key physicians enough of a new product to permit them to subject it to clinical trial and, thus, to enable them to make fair estimates of the

value of the product in their own hands. Such instances should be carefully followed. Other indefinite amounts of the product may be supplied to a few outstanding physicians as samples for clinical investigation, the results of which will be published with a credit line to the pharmaceutical firm supplying the material. It is best for any contributing firm if it is the only firm mentioned in the credit line. A reprint of such an article is from the firm's own promotional point of view more satisfactory than if the names of several contributing firms are given mention, except in a comparative study, so far as the firm with the superior product is concerned.

A sample brought and discussed personally by a P.S.P. is obviously worth vastly more in promotion than a sample sent by mail. Sending samples directly from the firm's home office following a P.S.P.'s call is frequently wasted. Too much time elapses between the interview and the receipt of the sample to make it of value in the case of the patient discussed at the time of the P.S.P.'s visit. In any event, sampling of a product should be preferably for initiating treatment only. However, samples have some importance for their reminder value, but such samples should be small.

In presenting samples of a new product to a physician for initiation of treatment, a P.S.P. may say, "Here, doctor, are three ampules of the *new* product to initiate treatment. Will you send the patients to the pharmacy to have prescriptions filled for the balance of the courses of treatment?" Alternatively he may say, "May I send you through your physicians supply pharmacy an amount adequate for the balance of the courses of treatment for these patients? The cost to you is \$X.xx per _____."

After a physician has become familiar with a product, there is no really good reason why he should be supplied with additional samples, except to retain one as a reminder. If it is a semi-ethical product which may be sold over the counter without the physician's objection and the doctor is inclined to distribute samples of it to his patients for whom it is indicated, it may be a different matter. The P.S.P. should be adept at displaying

his demonstration samples and returning them to the sample case or "detail" bag when they have served their purpose.

The medical division of the company must depend upon the P.S.P.'s good judgment for the judicious use of products given gratuitously. The P.S.P. must use discretion in making requests for sample material.

There probably is no absolute rule that one may offer with respect to sampling. The policy, of necessity, must be flexible according to the product. But the fact remains that there has been too much waste in the distribution of samples. The more frequently physicians are sampled, the more sample-minded some are likely to become, and the less trade packages proportionately will be sold. However, there are some physicians especially conscious of the "sample racket" who refuse, as a matter of principle, to accept samples after the products have once become known to them.

Sample grafting occurs occasionally among druggists too. In one instance, a druggist wrote to a firm and stated that his little son had destroyed the carton that supposedly contained a sizeable quantity of an expensive tablet and that only 140 tablets remained. He requested permission to return the tablets for credit or exchange. It so happened that the particular product was not marketed in a larger size than 100 tablets. Naturally, both suspicion and curiosity were aroused. When the druggist was confronted by the P.S.P. to explain, he admitted that he had purchased the cellophane-stripped tablets, uncartoned, from a sample peddler at a price at which he could realize a good profit by returning them to the manufacturer for credit if he could get away with it. He didn't!

**Sampling Narcotic-containing Preparations.** The distribution of narcotic-containing samples is a serious responsibility. The Commissioner of Narcotics holds that distributing salesmen or "detailmen" are jointly responsible with the employing manufacturer or distributor for any abuses in the distribution of narcotic-containing samples.⁴

⁴ United States Treasury Department, Bureau of Narcotics, "To Manufacturers and Distributors of Exempted Preparations," Registrants Mimeograph 92, January 27, 1949.

Preparations which contain narcotics and which are subject to the Federal Harrison Narcotic Act may not be sampled except under the following conditions:

1. In presenting one or more samples of an "exempt" narcotic a record must be kept of the amount given, the physician's or pharmacist's name and address, and his narcotic registry number. The narcotic registry number of the sample recipient must be verified by the representative by his *seeing and reading* the special tax stamp itself. Visual proof of the validity of the stamp tax (narcotic) number is mandatory under the law. A narcotic-containing drug may not be sampled to anyone who does not have a narcotic license.

Having once verified the narcotic registry number accordingly and having made accurate permanent record of it, the initial inspection of it to establish its existence is sufficient for its use in subsequent transactions *during the fiscal year* provided the narcotic license is not canceled during the period. The recording and use of an incorrect number, even though accepted in good faith to be the correct narcotic registry number, is a violation of the law and makes the firm *and the representative jointly* liable to prosecution under the act.

The representative must send to the firm's home or branch office a detailed record of the disposition of his narcotic-containing samples so that a full and accurate accounting of them may be on file there. He should keep a copy in his own files for at least two years in anticipation of the possibility that an inspector of the United States Bureau of Narcotics may visit him to check his receipts and disbursements of narcotic-containing samples.

2. Samples of narcotics that are *not* "exempt" can be sent only when the physician or pharmacist who is to receive them supplies a written signed order made out on his official Federal narcotic order blank. The order must be written with ink or indelible pencil and made to the vendor who is licensed to receive it. The official narcotic order must be in the possession of the vendor and properly recorded and filed before shipment is made.

**Cooperate with Medical Division.** The representative should be on the lookout at all times for physicians who are willing to cooperate with clinical research on any of the firm's products and who will publish their findings. Articles published in medical journals have great influence and are probably the best kind of publicity a product may have, especially when in a footnote the

firm is given credit for supplying the product. Very probably the firm is greatly desirous of getting as much of such cooperation as possible from physicians who do clinical-research work. The representative should inform the medical division about such men who are contacted but should be sure that those physicians who are recommended for clinical-research cooperation will keep their promises to write for publication. However, he must be prepared to face the published results of clinical research that may be unfavorable. In all cases the firm should desire to learn the truth whether favorable or not. If a product is deficient, the sooner it is determined the better. Usually a physician who writes following adequate clinical trial of a product will "know what he is talking about."

When a physician pledges his cooperation in clinical-research work, a periodic follow-up should be made to determine that proper records of the research are being kept. With a product that has yet to have U.S. Food and Drug Administration approval before marketing, individual case histories must be supplied by the clinical investigators. These are required by the firm for submission along with its new drug application to the U.S. Food and Drug Administration. Anywhere from one hundred to five hundred or even more case reports may be required. The same applies to a new drug for which the firm desires acceptance by the Council on Pharmacy and Chemistry of the American Medical Association.

Authors of medical-journal articles are frequently good prospects for clinical-research work, except possibly one who is pursuing such studies on an identical or comparable competitive product. Comments made in the P.S.P.'s daily-activities reports on visits to such investigators are important for follow-up by the medical division.



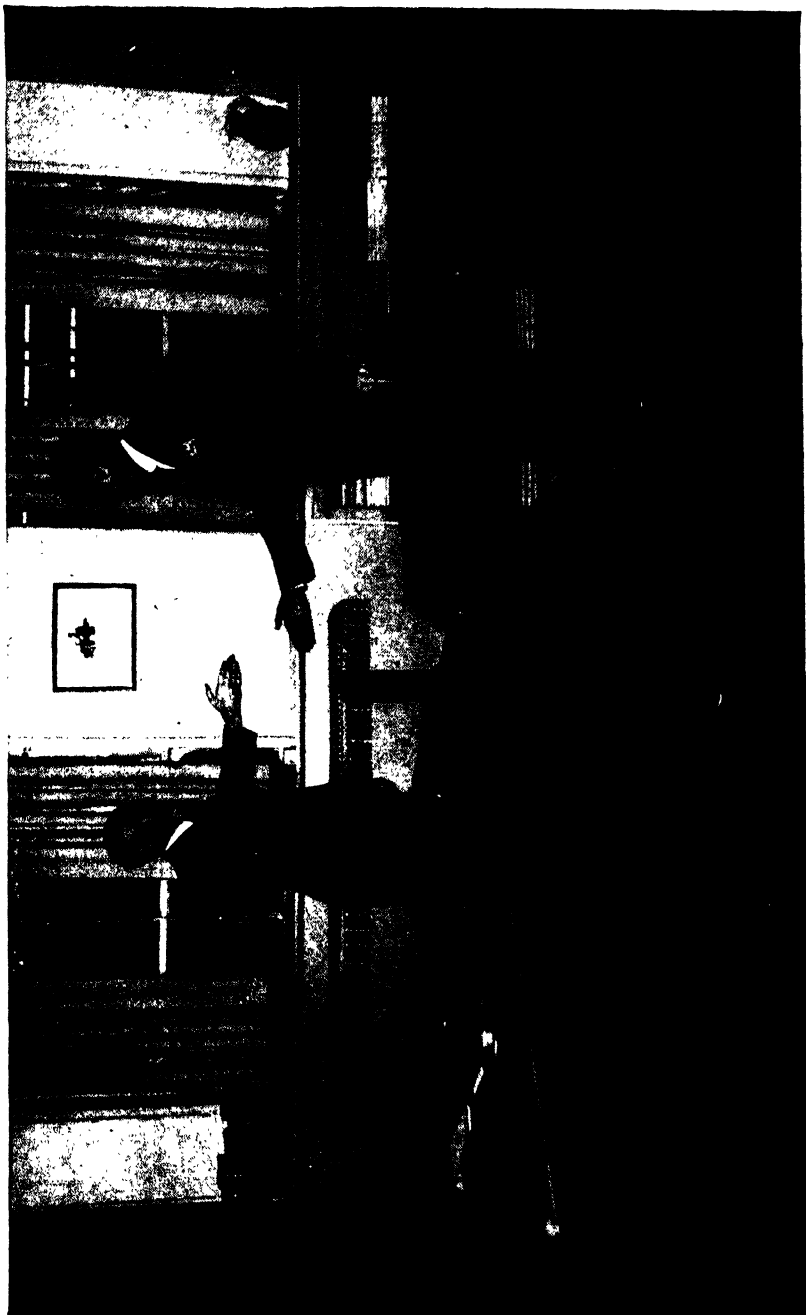
## CHAPTER XIII

### THE "DETAIL" INTERVIEW

**The Approach.** It is assumed that the Professional Service Pharmacist is conservative in his manner and dress. As a general practice he should wear a hat to complete his attire. If the weather makes him require an overcoat, he may leave it at the pharmacy in the medical building, but the carrying of the hat into physicians' offices generally, I believe, creates a more businesslike impression. It gives more the impression that the P.S.P. came into the building especially to see the physician being interviewed and that he did not come to spend the day. It is better that he does not leave his hat or coat behind in the reception room, as it helps only to make the room look cluttered.

As the P.S.P. approaches the physician's inner office preparatory to the interview, he should carry his hat and "detail" bag in his left hand, leaving his right hand free. He should speak clearly and pronounce his name distinctly and understandably. "How do you do, *Doctor Evelyn*, I am Jeffrey Taylor of Coovert Pharmaceutical Products, Inc., Ostfold, New Jersey," is a clear and conservative introduction for a new representative. If he has called upon the doctor before but is not sure that the physician identifies him, he may add, "You recall that I had the pleasure of visiting you three months ago" or ". . . meeting you at the A.M.A. convention in Chicago last June."

The P.S.P. should let the physician make the first move to shake hands. Some physicians will not, for one reason or another, extend their hands in greeting, in which case it would be embarrassing for the P.S.P. to have initiated the gesture. Naturally, the physician will not shake hands if he has not removed his rubber gloves. When the P.S.P. prepares to shake hands with the physician, he should "measure off" the proper distance between them. He should stop in such manner that the body is



*(Courtesy of Ciba Pharmaceutical Products, Inc., Summit, New Jersey.)*

FIGURE 23. Let the physician make the first move to shake hands.

naturally erect and relaxed, the right foot about a short step in advance of the left. He can then bow very slightly from the waist as a full grasp is taken of the physician's hand. The most proper handshake is only one up-and-down movement of the clasped hands with more emphasis on the downward stroke. When friends meet in exhilarating moods or on especially joyous occasions, two up-and-down cycles of the handshake may better express their feelings of the moment. The P.S.P. should not forcibly hang on to the other's hand but at least relax the grip sufficiently for the other easily to withdraw from the clasp.

A man with an especially strong hand-grip should develop a consciousness of it and be very careful that uncomfortable or painful pressure is not exerted upon the other's hand. Even relatively light pressure can cause pain, especially if a ring is worn on a finger of that hand.

The P.S.P. must avoid extending a limp, dead-weight hand as if he has no interest. Nor must he permit the other person to catch hold only of half the length of his fingers, instead of a full-palm grasp. The latter two types of "handshakes" are aggravating and repulsive to most people, and they do anything but create a favorable atmosphere for a man who has something to sell to a prospect embarrassed in this manner.

**State the Purpose of the Call.** The Professional Service Pharmacist should then state the purpose of his call in a manner that will create favorable attention. "I would like to bring to your attention a new product in which, I am sure, you will be interested"; ". . . a product that we displayed (or introduced) at our exhibit at the recent convention of the American Medical Association"; ". . . a product that, while not new, is enjoying increased specifications by physicians (or obstetricians, or gynecologists, etc.), generally."

**Remain Standing Unless Requested to Be Seated.** During this interval of introduction the action may have progressed rapidly, and the physician may not have requested the P.S.P. to be seated before he has an opportunity to state the purpose of his call. However, the P.S.P. should remain standing until specifically requested or until the physician's action implies that a seat be taken. The P.S.P. should not be seated until the physician

himself is seated. An interview is best conducted when both parties are at essentially the same eye level and seated. If either stands, then it should be the representative.

**Select "Across-the-corner" Position at Desk.** A quick survey should have been made of the arrangement of the desk and chairs in the office as the Professional Service Pharmacist walked in.



*(Courtesy of Eli Lilly & Company, Indianapolis.)*

FIGURE 24. Select an "across-the-corner" position at the desk.

The best position, in my opinion, from which a P.S.P. may carry on a discussion with a physician is an "across-the-corner" position at the desk. It is much easier to carry on a discussion or discourse and demonstration from that position than from directly across the desk.

**Do Not Place Hat on Desk.** The Professional Service Pharmacist should never place a hat or other wearing apparel on the prospect's desk. To do so is both in bad taste and inconsiderate. The P.S.P. does not have the freedom of a physician's office that he would have as a visitor in a home or ordinarily the courtesy of being relieved of his wraps by the host or his servant. Since the interview is inclined to be relatively short he more frequently than not places his hat on the floor at the side of or behind his

chair, particularly in a carpeted office. If he carries an overcoat he will of course find an appropriate place for it or wear it.

**Hold "Detail" Bag on Lap.** For convenience and efficiency the best position for the "detail" bag is on the representative's lap. In this way he is able to reach into it easily to pick the desired samples or literature without interrupting the continuity of the discussion or taking his eyes off the physician. If the "detail" bag is on the floor and the P.S.P. has to reach down to get a necessary "working tool," there may be enough of a break in the interview to permit the physician to bring to mind a thought divergent from the subject of the interview. This may continue, to conflict with the ensuing discussion, and so depreciate the effectiveness of the interview.

The P.S.P. should never place the "detail" bag upon the physician's desk or for that matter upon any piece of furniture. Instances of this kind have occurred, as a result of which furniture has been scratched or otherwise marred to the embarrassment of the representative and chagrin of the prospect.

**Do Not Smoke in the Physician's Office.** While frequently physicians' reception rooms are provided with ash trays, the trays are not an invitation for representatives to smoke in the room. They are for use of paying patients who cannot restrain themselves from smoking.

During the "detail" interview in his private office the physician may offer the P.S.P. a cigarette. It should, except in the singular case, be declined with thanks for at least three very good reasons: (1) the P.S.P. should have his hands as free as possible to handle his literature, samples and charts, or other selling tools; (2) a lighted cigarette does not improve one's speech or contribute to a good, smooth-running interview—it gets in the way and wastes both the representative's and physician's time; and (3) smoke is not always eliminated from a room quickly, so that it might offend a patient to whom tobacco smoke is nauseating.

**Control the Interview.** The Professional Service Pharmacist should be in control of the interview from the first moment. He should not waste time nor take more time for the interview than the physician can conveniently give. Neither he nor the physi-

cian has time for unnecessary "visiting." However, he should not be abrupt. He should launch into the discussion of the subject with as little delay as possible.

**Assume Physician Knows.** It is politic to assume that the physician knows at least something about the product the Professional Service Pharmacist desires to discuss. If he does not know anything about it but is made to believe that the P.S.P. thinks he does, he most likely will make a special effort to learn something about it. Some will state frankly they do not know, others will accept the assumption without comment. Of course, the establishment of the assumption should not be permitted to serve as any reason for "bowing out" too readily or for not being as thorough as time permits.

1. Phrases such as these imply that it is presumed that the physician has some knowledge of what is to follow:
  - a. I presume you are familiar with . . . .
  - b. I presume that you have heard . . . .
  - c. You (will) recall that . . . .
  - d. You know, of course, that . . . .
  - e. Just to remind you, may I point out . . . ?
  - f. You are aware, I know, that . . . but I should like to take a moment to emphasize . . . .
  - g. Undoubtedly, you are aware of . . . .
  - h. I should like to suggest its use for . . . .
  - i. I presume you have read . . . .
  - j. As you know . . . .
  - k. As you will recall . . . .
  - l. Just as a reminder . . . .
2. Examples of phrases that are somewhat less conservative are the following:
  - a. Are you familiar with . . . ?
  - b. Are you aware that . . . ?
  - c. Are you acquainted with . . . ?
  - d. Have you tried . . . ?
  - e. Do you have a case of . . . that you are treating? . . . having difficulty with?

- f. May I show you . . . ?
  - g. You will, I am sure, be interested in . . . .
3. News items can be most enthusiastically and effectively conveyed by the following attention arresters:
- a. Have you heard that . . . ?
  - b. Have you seen the . . . ?
  - c. Do you know that . . . ?
  - d. Here is a product . . . .
  - e. You will be interested in . . . .
4. The use of the following expressions should be avoided:
- a. Do you understand . . . ?
  - b. Do you realize that . . . ?
  - c. I should like to enlighten you . . . .
  - d. Do as I say and you can't go wrong.
  - e. You are not treating the patient correctly.
  - f. Don't do it that way.
  - g. I want to tell you about . . . .
  - h. Believe you me . . . .
  - i. We guarantee results!
  - j. I disagree with you.
  - k. Let me tell you, doc, . . .
  - l. Hiya, doc.
  - m. S'long, doc! (The word is "doctor.")

**Opening the Discussion.** Questions are usually excellent "attention arresters" and bring the minds quickly to a point of common interest. One of their special virtues is that they make the physician think. Direct statements of fact may be equally or even more effective according to the circumstances of which the Professional Service Pharmacist must be the judge.

In addition to the "openers" or "continuers" enumerated in 1, 2, and 3 above, or comparable phrases, the following are worthy of note:

1. (If the product is a simple one but unique) Doctor, have you used our tablets containing Y?
2. Doctor, what results are you getting with our product X?
3. Doctor, have you had occasion to use X since my last visit?
4. Doctor, what type of estrogenic preparation do you employ?

5. We have a new product, which I would like to bring to your attention.
6. Doctor, I believe you will be interested in a new product that we have for the treatment of ———.
7. Doctor, how frequently do you have use for a barbiturate (or cardiac stimulant, antispasmodic, estrogenic substance, etc.)?

Each of the above is for a specific purpose, as the following explanations show:

1. A "feeler" about his own product
2. To elicit enthusiastic positive response expected or to check on method of administration and dosage
3. To check on the effectiveness of a prior interview and to bring the product again to the physician's attention
4. To know with what competition he is confronted, which makes it easier to sell his own product
5. Stating an interesting fact and asking for attention
6. Stating a fact and tying it in with a specific condition in which the physician is presumed to be interested
7. To determine the importance of a product in a physician's practice and about how much he may be expected to prescribe or purchase

In the introduction of a new product the general plan of the "detail" presentation described in Chapter XI should be followed. When explaining the nature of the product the P.S.P. should show specimens of it, so that the physician may become familiar with its appearance. When discussing briefly what the product will do, the P.S.P. should try to tie the product in with specific cases which the physician is treating.

**The "Case" Type of "Detail."** Obviously an immediate objective of the Professional Service Pharmacist should be to establish a point of intense common interest between himself and the physician.

Nothing is more effective than the establishment of a common interest between yourself and your prospective customer. Sometimes this takes brains and again it is pure luck, more often it is a mixture



of both, because most good salesmen are quick thinkers and know how to take advantage of an opportunity.¹

The P.S.P.'s "detail" work is not fully effective until the establishment of this point is accomplished. Too frequently a representative launches into a story of his product without tying it to cases, trusting to all that is good and holy that before the "detail talk" is finished he will have prevailed upon the physician to prescribe it.

The most effective professional service work is done when the physician has at that moment a case which he has had some difficulty in treating successfully and in which the product being "detailed" may be used. It is not to be inferred that the patient must be in the physician's office then and there. The essential thing is to get the physician to associate the product with a specific patient as in the following examples.

"Do you have any cases of —— in which you are not entirely satisfied with the product you are now using?" "Do you have any cases of —— that are not responding well to the product you are now using?" "Do you have a patient whom you are trying to build up preparatory to an operation?" "Have you a convalescing patient who is not gaining fast enough and needs extra stimulation?" "Do you have a case of malnutrition wherein the individual is not gaining weight as expected or is losing weight?" "Do you have a patient with colitis with which you are having difficulty?" "Do you have any infant patients who are not doing well on the feeding mixture that is being used?" "Do you have any cases on which you would like to try (or might try) our product?" "Are you satisfied with the results you are now getting with the product you are using?" "Do you have a particularly difficult case that is not responding to the product you are now using?"

These or similar questions will lead the physician to discuss cases in light of the product presented. Without the P.S.P.'s question the physician may not associate the product with a specific patient, because he has not been made to think and concentrate. The P.S.P. must look for the "hook." He must seek the tie-in that will most assuredly clinch the sale or the specification.

¹ Hayward, Paul H., Topics from the Business Press, *Nation's Business*, March, 1930.

After one or more visits, when a P.S.P. is acquainted with a physician, he will have become familiar with a number of the doctor's interesting cases. These provide easy and splendid openings for a continued discussion of the product to keep the doctor reminded of and enthusiastic about it. As such information is exchanged between them the physician will begin to rely upon the P.S.P. for additional interesting and useful information to apply in his practice and will look forward to his visits.

**Illustration of the Value of a Question.** The Professional Service Pharmacist asked the physician whether he had a case with which he was having difficulty. The doctor said that he did. It was a little girl about eight years of age who had developed a tetany. He stated that he had been treating her with cod-liver oil and a high-potency vitamin D preparation for several weeks but with no apparent benefit to the patient. The P.S.P. immediately associated parathyroid hormone with the case and proceeded to discuss it with the physician. He got the order. On the P.S.P.'s next visit he was informed that the patient was completely relieved by parathyroid hormone, parenteral, within a week.

In this instance there was established not only a point of common interest in the product but also a personal interest of the doctor in the P.S.P., which on future visits was to his material advantage in getting to see this prominent physician. The physician learned to recognize this P.S.P. as one who may have some very valuable suggestions, which might aid a physician greatly in his practice. In this respect, it is often well for a P.S.P. to know products other than his own.

If the P.S.P. does not have a suitable specialty among his products to recommend in a case comparable to the foregoing about which a physician may inquire, the recommendation of another's product that "works" for the physician may cause even more credit to be given and greater interest, confidence, and respect to be shown to the P.S.P. He would not discuss the product to any length but give just enough information to encourage the physician to explore it further if he wishes.

**Quoting Physicians.** When discussing cases with a physician, the Professional Service Pharmacist should be reasonably sure to quote other physicians with whom the first is friendly and who

will not object to the reference or disclosure. It is usually best not to refer to anyone practicing in the same town, unless the P.S.P. is sure that no professional jealousy or animosity exists. It is usually safe to refer to physicians in distant places. If the P.S.P. has had the opportunity to visit these physicians and to discuss with them the papers they have written and from which cases are quoted, the "weight" of his subsequent references may be greatly increased by his familiarity with the authorities and by his resulting enhanced enthusiasm, confidence, and persuasiveness.

**Note on Patient's History Sheet.** When a physician during the interview is made to think of specific cases in terms of the product presented, or vice versa, it makes a much more profound impression upon him. He will not be so likely to forget the product or put it aside.

He may say that he will prescribe the product for one or more specific cases "when they come in for treatment." By the time the patients do come in, the physician may be hazy as to the drug he intended to prescribe, may not recall its name, or may have overlooked it altogether unless some special means is used to call it to his attention. Thus it is wise for the P.S.P. to suggest that the doctor make a note *now* on each patient's history (catamnesis) sheet to the effect that the product is to be prescribed, and in what dosage, on these patients' next visits.

**Converse, Do Not Lecture.** The Professional Service Pharmacist should carry on a conversational type of "detail." He should let it be a two-way discussion. He should not lecture. Nor should he become too authoritative or dogmatic. He must ask purposeful questions but not too many. In an interview in which the physician just listens the "detail" is a lecture. The object should be to *discuss* the product, and it takes at least two persons to carry on a discussion. It is usually not a good idea to be facetious during an interview with a physician, because it is likely to detract from the seriousness of the subject and effectiveness of the interview. The P.S.P. must stick to business.

**Time to Supply Literature.** The Professional Service Pharmacist should not give the physician literature, charts, or reprints of medical-journal articles until the interview is finished. The

P.S.P. should hold the literature himself as he points out and underscores facts in it. Otherwise, the physician may start reading it and thus make the "detail" relatively ineffectual. The P.S.P. may use red or green ink to underline pertinent statements in the literature or reprints, because when the physician subsequently refers to it, colored ink will attract his attention more quickly than black. The underlining of such facts may be done prior to or during the interview.

Before placing the literature in the physician's hands the P.S.P. should write across the cover page in script large enough to be read easily the indication discussed, say, "For Dysmenorrhea—average dose 3 to 4 tablets per day, administered 2 to 3 days premenstrually." Otherwise the physician may forget what of special interest the literature described and may not look it over again to find out. It will also encourage him to save it for reference. Make it easy for the physician to prescribe *your* product.

**Examples of Brief Presentations.** The following is a brief presentation that proved very effective for one representative for a particular product:

Doctor J——, are you fully acquainted with *X*? This is the newest of the *T* drugs. Chemically it differs from *E* and *F* as shown in the structural formulæ illustrated on this chart. Like various of the *T* compounds it has one field of usefulness in which it excels all others, that is, in the treatment of urinary-tract infections, especially those wherein the prevailing invading organism is *E. coli*. Whether the patient is young or old is immaterial.

Numerous agents have, from time to time, been recommended for the treatment of such infections, but none apparently have attained the high degree of specificity manifested by *X*. Doctor J—— K——, head of the Department of Urology of —— Medical College and —— Clinic, praised *X* highly in his article published in the —— issue of the —— *Journal of* ——, both for its effectiveness and its low toxicity.

How many cases of that nature do you have under treatment now, Doctor J——? [Discussion of cases, contraindications of the drug, and its superiority limits; informs the physician of approximate cost of tablets to the patient and the approximate cost of treatment; asks

for specification, leaves literature.] X is in stock at Rolfsen's Prescription Pharmacy, as well as at Brown's, Mac White's, and Steiner's and also at the Crossroads, Memorial, and Grieg hospital pharmacies.

Following is another brief presentation that summarizes the essential facts about the product. Actually, it is the outline of or introduction to the more extensive "detail" wherein the presentation is divided into the three parts, (1) outline of what it is desired to bring forth, (2) elaboration upon the outline, and (3) the summary of what has been said. Should the physician be called away or have no further time, he will at least have been made familiar with the essential facts concerning the product. Thus, the interview would have been successful to some degree.

Good morning, Doctor Acheson. I am Robert Hermanson, of the Christensen Laboratories. Are you familiar with Galbladol, a new cholecystographic agent for oral administration? Galbladol is a new achievement of our research laboratories. It is chemically different from other gallbladder-visualizing agents of the market (show comparative chemical structures). It is not a phenolphthalein derivative. It is eliminated primarily through the kidneys and to no appreciable extent through the gastrointestinal tract. Thus, concurrent intestinal shadows do not appear. Enema is unnecessary.

Galbladol rarely causes gastrointestinal upsets, such as nausea, vomiting, or diarrhea. Protective treatment with such drugs as belladonna or paregoric is not required. It is practically non-toxic even in doses several times the usual maximum-dosage requirement. Its contraindications are ————. Galbladol is marketed in tablets of 0.xx gram each. The usual dosage is 4 to 8 tablets taken 12 to 15 hours before X-ray of the patient. Resulting shadows of the gallbladder are relatively intense.

If the interview must cease at that point, the P.S.P. should ask the physician to prescribe the product and, if the doctor carries a supply of such medication for office administration, ask for an order of the product.

Galbladol is available at Smith's Physicians Supply Pharmacy on prescription or for office administration. The patients' and physicians' prices are ———— and ———— respectively. May I say that you desire it stocked at the Gilford Physicians Supply Pharmacy and at the Memorial and Grieg hospitals?

Should the physician desire to discuss the product further, the P.S.P. can explain how well adapted it is to use in his practice, its advantages over competitive products, its ease of administration, and its time of elimination. He may illustrate the advantages and efficacy of the product by the description of clinical cases, supported by a photographic portfolio of reproductions of X-ray pictures, *i.e.*, roentgenograms. He should explain how it is packaged. Finally he must summarize what has been said:

So Galbladol is unique. It is different chemically. It is eliminated primarily by way of the urinary tract. Interfering intestinal shadows are rare. No enemas or supplementary medication are required. It is efficient and well tolerated. Will you prescribe it for office patients and specify its use at the hospital?

**Injecting Other Products into Interview.** The discussion of cases usually creates an opportunity to introduce one or more other products as a result of the physician's description of complications with which a patient may be afflicted. An alternative or supplementary treatment may also be possible with another product thus introduced into the interview. Having discussed treatment of one type of case the physician may bring up a totally different kind and ask the P.S.P. if he has any special information on or product for the treatment of it. Similarly, the P.S.P. may inquire about a different type of case with which he may associate another product he is anxious to promote. He may thus continue his technique of discussing a product in terms of a physician's own cases, *i.e.*, in terms of the physician's own specific interest.

**The Time for an Exit.** The P.S.P. should gauge carefully the amount of time that elapses during the interview. When he is informed that the physician will give him two minutes, he should plan to abide by it. In that event, his "detail" will be virtually an outline of a discourse on the subject, though he must stress the product's use in a type of case in which the physician is most likely to be very interested.

When the two minutes are up the P.S.P. may say, "Well, doctor, I see my time is up. Thank you . . ." If the brief discourse has in the physician's mind linked the product with a par-

ticular case, he will usually interrupt the representative with, "No, no, that's all right, I am interested in this." Then the P.S.P. may take the necessary time to "put his story over" in the way he desires.

If the physician persists in continuing to discuss at length the product and cases, the P.S.P. should remind him again that he has patients waiting. He will appreciate the P.S.P.'s consideration of his time and, therefore, will purposely not hurry him. Of course, when the interview, under the pressure of time, has come to a logical close, he should ask for the order or the specification. He should remind the physician that he has overstayed the originally allotted time. He should thank the physician for the interview and tell him that he hopes that he may have the pleasure of visiting him again when he has something of special interest. It is sometimes a good idea for the P.S.P. to ask whether next time he may telephone for an appointment, or what may be the best thing for him to do to be sure to get an interview with the physician.

Upon leaving the P.S.P. must be sure to thank the receptionist for her courtesy in arranging the interview and then explain that he had not forgotten that he was permitted two minutes but that the doctor insisted that he remain to give more information. Otherwise, the receptionist might resent the overstay and refuse to assist in arranging an interview with the physician on a subsequent visit.

Even though no time limit is set for the interview, the representative should be aware of time. If he consumes more than five minutes in a discussion when patients are likely to be waiting, even though the physician may still be keenly interested, it is often politic to remind him of his patients. He then is less likely to hurry the P.S.P., provided the latter is really being helpful to him. Physicians appreciate such thoughtfulness and consideration of them and their patients, to say nothing of the receptionists and nurses, who like to "call it a day" at a reasonable hour.

Sometimes interviews that ordinarily would not need to be hurried are interrupted by telephone calls or by other causes that keep the physician from concentrating on the subject of the in-

terview and, instead, he shifts his thoughts to his patients or his evening appointment. If the physician begins to fidget, puts his hands upon the arms of his chair as if to rise, gets a little flushed, or manifests other signs of desiring to terminate the interview, the P.S.P. should bring the "detail" to a quick but smooth close, because he will have lost the physician's concentration anyway. The P.S.P. should then arrange, if possible, to return to see him sooner than he would ordinarily, assuming of course that the man is worth while. A satisfactory interview may then be had.

**A Postclosing "Quicky."** Most houses, it seems, have at least one specialty or product that is useful but simple and does not get the attention it would ordinarily deserve because of the relatively greater importance of some other products discussed. It might be an antacid tablet or cough syrup that has been on the market for some time. Such a product can be effectively brought to the physician's attention as if it were an afterthought as the P.S.P. is rising to leave. This will not depreciate the value of the interview just terminated.

Let us say that the P.S.P. while still seated has terminated the interview and thanked the physician. Then, as he is rising from his chair, he may say, as if the idea just then occurred to him, "Oh, by the way, doctor, may I leave this sample of —— with you as a reminder. It is an effective soothing antacid composed of ——, easy to take, and is not followed by a quick rebound of hyperacidity. I wish you would give it a trial in some of your patients. It is in stock in Thomas's Physicians Supply Pharmacy."

If the product has been brought to the physician's attention on a previous visit, the P.S.P. need merely ask whether the sample may be left as a reminder without further comment.



## CHAPTER XIV

### HOSPITALS AND OTHER GROUPS

**Definition of "Hospital."** A *hospital* (L. *hospitalium*; *hospes*, host, guest) is defined as follows:

"An institution suitably located, constructed, organized, managed, and personned, to supply scientifically, economically, efficiently, and unhindered, all or any recognized part of the complex requirements for the prevention, diagnosis, and treatment of the physical, mental, and medical aspect of social ills; with functioning facilities for training new workers in the many special professional, technical, and economic fields essential to the discharge of its proper functions; and with adequate contacts with physicians, other hospitals, medical schools, and all accredited health agencies engaged in the better health program."—Council on Medical Education.¹

A *sanatorium*, from the Latin *sanatorius* meaning *conferring health*, or from *sanare*, to cure, is a term now used especially to indicate an institution for the open-air treatment of patients afflicted with tuberculosis. However, it is frequently used to indicate a health resort, or a private hospital for the treatment of persons who are not very ill or who are convalescing. It is sometimes incorrectly spelled *sanitarium*.

**Importance of Hospitals.** Hospitals, like professional or ethical-retail pharmacies, are becoming increasingly more important to pharmaceutical manufacturers. They are in increasing degree becoming the health centers of the community and the hub of medical practice. They are not only institutions for the care of the sick but are important centers for medical learning and teaching and for clinical research as well.

They comprise a major market for the manufacturers of pharmaceutical products and physicians' and hospital supplies. The

¹ Dorland, "The American Illustrated Medical Dictionary," W. B. Saunders Company, Philadelphia.

volume of their purchases marks them definitely as "big business," with a purchase volume in the neighborhood of \$160 million annually for clinical and professional goods. Of these approximately 80 to 90 per cent is bought by about 4,000 of the fewer than 7,000 units. Hospitals feed 1½ million patients and a million employees every day at a standard comparable with good hotels. The raw food bill alone totals nearly one-half *billion* dollars a year.

Hospitals require 200 million gallons of hot water a day and every year consume 2½ billion kilowatt-hours of electrical energy. There are 7½ million windows in hospitals, using 183 million square feet of glass. Hospitals have 3.2 million installed boiler horsepower, which distribute water and steam through 208,000 miles of pipe of which a major part is necessarily non-corrosive. They operate laundries comparable in size with the commercial laundries in their communities and buy 70 million pounds of laundry soap annually.

Hospitals are distributed geographically almost as industry and population are distributed, with similar concentration in the great industrial areas.²

The maintenance by a hospital of a pharmacy department is a good gauge of its importance from the manufacturer's point of view. There are pharmacy departments in more than 2,000 hospitals in the United States and in more than 160 in Canada. More than 4,000 full-time pharmacists are employed in them. A manufacturer or wholesaler may well service a hospital pharmacy as it does other pharmacies, but hospitals without pharmacies are best serviced ethically and economically, in my opinion, through physicians supply pharmacies or physicians supply houses.

It behooves the Professional Service Pharmacist to recognize the importance of hospitals generally and hospitals with pharmacy departments particularly. They are the "melting pots," so to speak, for product specifications by the medical profession. They are the training ground of the physician of tomorrow.

²See "Guide Book to a Major Market," a brochure available to marketing men upon request, published by The Modern Hospital Publishing Co., Inc., Chicago.

Hospitals with bona fide pharmacy departments should be visited regularly by the manufacturer's P.S.P. He must be certain that his products are stocked by them, because physicians are most likely to prescribe some of the same products for hospitalized patients and for patients in the out-patient clinics as they do for those who are office or home patients. The P.S.P. should also have a good acquaintance with, and the cooperation of, the key personages especially. None of the hospital's personnel should be neglected, for they may, at some time or other, be helpful.

**Know the Hospital Management.** On his first visit to a hospital the P.S.P. should make it a point to meet and have chats with the superintendent and the purchasing agent as well as the pharmacist. Their good will may be very helpful, even though the pharmacist does the buying of pharmaceuticals and other products customarily to be found in any ethical or professional pharmacy.

Sometimes the hospital pharmacist's purchase orders must be countersigned by the hospital superintendent or by the purchasing agent, if other than the pharmacist. Thereafter these personages should be visited periodically, both for the purpose of further acquainting them with the firm, its policies, and products, and also for the value of developing a good personal acquaintanceship and friendship.

**The Hospital Pharmacist.** The hospital pharmacist should be cultivated by the Professional Service Pharmacist as earnestly as any retail-pharmacy distributor because of his unique position in the hospital-pharmacist-physician relationship. He, or she, is usually the best source of information about the physicians associated with the institution and of leads on almost any phase of the hospital operation in which the P.S.P. may be interested. The hospital pharmacist may be very influential in molding the prescribing habits of the physicians on the hospital staff because of the physicians' frequent inquiries about drug products during their visits to the pharmacy and because of the pharmacist's usual membership on the hospital committee on therapeutics or the formulary committee. Therefore, he should be "detailed" thoroughly and effectively on every product, because he

will feature the products that he is able to discuss most fully and intelligently.

The hospital pharmacist should be amply supplied with literature on products and with reprints of medical-journal articles pertaining to them. The P.S.P. should help him organize and maintain a good reference file of literature and reprints. He will appreciate the effort to help him keep well informed. Meetings for the discussion of products should be held with hospital pharmacists just as is done with retail pharmacists.

The hospital pharmacist is ordinarily a very quality-minded individual and does not buy on price alone. Price, therefore, may not be expected to be a determining factor in the purchase of pharmaceuticals, unless the pharmacist has reason to believe that the quality of a lower-priced product offered is equal to the best. He will take into consideration the reputed or observed cleanliness of the manufacturer's laboratories, the testing facilities and the quality of the laboratory controls during and following the process of manufacture, as well as that of the raw materials that enter into them, even to the quality of the glass, the stoppers, and the seals that are used for them.

The quality of a manufacturer's facilities, controls, and personnel are intangible ingredients of a product and are justly considered a part of the quality picture. The hospital pharmacist realizes that pharmaceuticals can be prepared as badly as any product and as elegantly as the finest gem. He knows also that not all pharmaceutical-compounding operations in a manufacturing establishment are carried on by or under the supervision of a pharmacist or pharmaceutical engineer. Hence, he uses discretion in his purchasing and does not permit price to overshadow the intangible ingredients of a product. He knows what to look for in his determination of the elegance of a product.

**The Hospital Pharmacy.** The hospital pharmacy is becoming increasingly important in the distribution picture. While it is not the function of a hospital pharmacy to enter into competition with retail pharmacies and physicians supply pharmacies or physicians supply houses in the servicing of physicians with ampule or other office requirements, there is a wide variety of all

forms of products dispensed by its pharmacists for use by patients within the hospital or for patients treated in the hospital's out-patient clinics.

The volume of products turnover in a hospital pharmacy is such that the representative who neglects to work a hospital intensively is remiss in the purpose for which his firm has engaged him. It may be true, in a particular case, that it takes time to get specifications and build volume through a hospital pharmacy, but it must be recognized that the outside volume of sales is most likely to be proportionately greater as physicians' specifications for the products in the hospital increase.

Persistence is required to get results in working a hospital. An occasional call is comparatively ineffective. The hospital must be cultivated intensively and at reasonable intervals to get the best results.

**Information about Hospitals.** One of the best sources of information about hospitals is the annual Hospital Number of the *Journal of the American Medical Association*. In addition to the editorial matter and other usual features, the following information is given:

1. Brief summary of hospital data for the preceding calendar year, showing the number of hospitals in the United States, the bed capacity, number of bassinets, number of patients admitted, number of births, average daily census, number of patient-days, and hospitals not registered
2. Number of hospitals in the United States, according to size
3. Number of governmental and non-governmental hospitals, according to the type of service
4. Number of hospitals in the United States, according to the type of service and of ownership (control), whether Federal, State, territory, county, city, county-city, church, non-profit, individual, partnership, or corporation
5. Hospital facilities by States, according to control
  - a. Government
  - b. Non-profit organization
  - c. Proprietary
6. Hospital facilities by States, according to the type of service

7. Percentage of beds occupied
  - a. According to ownership
  - b. According to the type of service
8. Average length of stay per person, according to ownership
9. Births in hospitals, according to ownership
10. Nursing personnel and schools of nursing education by States
11. Part-time and full-time technical personnel in all hospitals by States and professions, such as pharmacist, laboratory technician, X-ray technician, dietician, physical therapist, medical-record librarian, medical stenographer, occupational therapist, and nurse anesthetist
12. Hospital facilities for children by States
13. Hospital facilities for children by ownership and the type of service
14. Number of general hospitals having facilities for children
15. List of hospitals registered by the American Medical Association, by State or territory, city or town, and its population, and name of hospital, showing the type of service, ownership or control, number of beds, average census, number of bassinets, number of births, number of admissions, whether approved by the American College of Surgeons, and other information
16. Approved schools for X-ray technicians
17. Approved schools for medical-record librarians
18. Approved schools for occupational-therapy technicians
19. Approved schools for physical-therapy technicians
20. Approved schools for clinical-laboratory technicians by State, territory, city or town and hospital, college or university

**Classification of Hospitals.** Hospitals may be classified in the following categories (see also Table 3):

- I. Hospitals with bona fide pharmacy departments
  - A. Private hospitals
    1. Proprietary
      - a. Individual
      - b. Partnership
      - c. Corporation

2. Church
  3. Non-profit associations
  - B.* Industrial hospitals
  - C.* Railroad hospitals
  - D.* Federal hospitals
    1. Veterans
    2. Army
    3. Navy
    4. U.S. Public Health Service
      - a.* U.S. Marine
      - b.* U.S. Public Health Service
        - (1) Hospitals
        - (2) Out-patient offices
        - (3) Medical relief stations
    5. Indian Agency hospitals
    6. Prison hospitals
  - E.* State hospitals
  - F.* County hospitals
  - G.* City hospitals
- II. Hospitals without bona fide pharmacy departments
- III. Hospitals may also be classified as to utility, such as,
- A.* General (all service)
  - B.* Surgical
  - C.* Emergency
  - D.* Obstetrical (maternity)
  - E.* Children
  - F.* Orthopedic
  - G.* Eye, ear, nose, and throat
  - H.* Nervous and mental
    - I.* Mentally deficient
    - J.* Contagious disease (isolation)
  - K.* Convalescent and rest
  - L.* Cardiac
  - M.* Skin and cancer
  - N.* Chronic diseases
  - O.* Drug and alcoholic
  - P.* Epileptic

- Q.* Industrial
- R.* Institutional (old age)
- S.* Tuberculosis
- T.* Venereal
- U.* Incurable

IV. Hospitals may further be classified as follows:

- A.* American Medical Association approved
- B.* American Medical Association non-approved
- C.* American College of Surgeons approved

**Hospital Information for Sales Manager.** When approval is requested of the sales manager for selling direct to a hospital with a bona fide pharmacy department, the following minimum information should be supplied:

1. Name of the hospital, street address, city, zone, State
2. Type, as to ownership (see preceding subsection)
3. Type, as to utility (see preceding subsection)
4. Number of beds
5. Number of bassinets
6. Average census
7. Admissions last year
8. Number of births
9. Number of physicians on staff
10. Closed staff or open staff
11. Names of chiefs of the various services and the associate chiefs
12. Number of resident physicians
13. Number of internes
14. Whether it has out-patient service
15. Number of out-patient clinics
16. Types of clinics
17. Whether it has a nurses' training school
18. Name of superintendent
19. Name of purchasing agent
20. Name of pharmacist in charge
21. Names of pharmacists employed
22. Names of firms from whom hospital buys



It is assumed that hospitals that do not have bone fide pharmacy departments will not be sold direct but through physicians supply pharmacies or physicians supply houses, as in the case of physicians, dentists, and veterinarians.

**Hospital Records.** Under Special Lists of Hospital Staffs in Chapter VI is pointed out the necessity for having a complete list of the hospital staff of each hospital (see Figure 12). It is also important to have a list of the administrative officers, including the chief pharmacist and purchasing agent, the associate pharmacists, and the supervising nurses. Such a list may be placed under the name of the hospital in the route portion of the route book or at the head of the staff lists of the respective hospitals. The first method will be found to be more convenient.

It is quite necessary that a sheet in the route book be prepared showing the out-patient clinics that are held, the hours and days of the week that each meets, and the names of the chiefs of the clinic, their associates, and the chief nurses (see Figure 25).

Another list that it is desirable to prepare for each hospital is that showing the competitive products that are used or are given preference. It serves as a guide to the Professional Service Pharmacist, to remind him in which direction to place his greatest effort, and as a challenge to his initiative, resourcefulness, courage, and winning spirit. It also points out what competitors' representatives are "shooting at," what they are trying to dislodge, and what the P.S.P. must successfully defend if his product is to remain "No. 1." The "ins" want to stay in; the "outs" want the "ins" out so the "outs" may be the "ins."

**In-patient Departments or Services.** The in-patient departments or services refer merely to those divisions of hospital personnel who give their attention either to hospitalized patients requiring certain types or kinds of care, examinations, or treatments or to areas within the hospital in which such departments are located. These departments may be surgery, oral surgery, thoracic surgery, orthopedic surgery, neurosurgery, medicine, E.E.N.T., obstetrics, gynecology, urology, pediatrics, geriatrics, physiotherapy, anesthesia, roentgenology, pathology, etc.

East Orange Municipal Hospital Clinics - Outpatient Department		Hours	Chief	Associate	Nurse
Allergy	Day	10-12	M. A. Marescaux	U. W. Woodruff	C. Bentley
Cardiology	M. W. F.	1-4	T. J. Jones	F. S. Parsons	H. T. Fritz
Dermatology	M. W. F.	1-4	C. E. Barnes	A. R. Hayes	M. Evers
Endocrinology	F. F.	10-11:30	F. Q. Candoro	J. U. Dent	J. M. Beers
E. G. N. S.	M. F. F.	9-12	B. M. Smith	K. F. Mercer	J. Zepher
Gastroenterology	F. W. F.	1-4	B. A. Junman	S. E. Monte	A. Carman
Gyneciatric	F. F.	1-4	W. X. Phore	P. Z. Darnett	U. R. Reil
Obst. - Gyn.	M. F. F.	1-4	H. F. Alders	A. M. Aaron	Andy Tom
Int. Med.	M. W. F.	1-4	S. R. Evans	B. J. Birch	F. B. Mann
Neurology	F. F.	1-4	E. P. Emory	E. T. Connor	P. B. Becker
Orthopedic	F. F.	1-4	O. D. Prince	J. F. Arum	Orben Day
Pediatric	M. W. F. F.	10-12	D. W. Jeffrey	Arvel Arbor	J. Umstead
Proctology	W. F.	10-12	S. F. Gilbert	P. P. Pratt	B. Swan
Urology	M. W. F.	10-12	J. B. Johnson	F. A. Candman	E. R. McIntire
Venerical Disease	M. F. W. F.	10-12	M. C. Booker	W. B. Reed	C. Maple
X-ray	M. W. F.	10-12	R. S. Ellison	Ruby Kent	Sue Boone

FIGURE 25. Schedule of out-patient clinics.

In addition to the physician who is head of each service, his associate chief, and the attending physicians there is usually a chief nurse or service supervisor, her assistant, and nurses, except in the departments of roentgenology and pathology where the physician in charge may be assisted by technicians and in the department of anesthesia where the person in charge may also be a nurse, dentist, pharmacist, or pharmacologist. Ordinarily in a large hospital a physician is in charge of anesthesia. Other departments are pharmacy, bacteriology, biochemistry, and dietetics.

On each periodic visit to a hospital the P.S.P. should see the supervising nurses of each service in addition to the chief of the service, his associate chief, and the other physicians on the service. He should then (1) inform them of new products, (2) bring them interesting new information on older products, and (3) if the particular product is not being used or specified, to try to prevail upon the physicians or other scientific personnel to do so or to lend their assistance toward that end. They may be seen on the service floors or sections where the department or service is located. Guest chairs are frequently placed in a convenient alcove or guest waiting room on the service floor where an interview may be held.

P.S.P.s may get much helpful information and assistance from the supervising nurses. One representative's report reads, "Arrangements were made with Miss J——, R.N., supervisor of the operating room, for the distribution of our booklet and card on product X. She arranged an interview for me with Dr. F——, chief of the surgical service." The supervising nurses frequently are able to arrange interviews with the chiefs of the services and their associates and also can help to get a product introduced to the service for trial or routine use. The exercise of ordinary courtesy and consideration, making them feel that their friendship and assistance are valued and respected, are usually sufficient to gain their cooperation.

**Place to Interview In-patient Departments' Personnel.** Probably most hospitals permit a Professional Service Pharmacist to go directly to the "Staff Room" where he may interview physicians who manifest an interest in his products. A small

table may be available on which he may place one or more products for the purpose of attracting the physicians' attention. The P.S.P. may succeed in getting from one to several physicians to take part in each interview. Frequently such "group detailing" enables him to interview fairly satisfactorily many more physicians than can be seen by the more satisfactory and more productive office-to-office procedure alone. In the staff rooms of large hospitals as many as thirty physicians have been "detailed" in one day. This would be quite impossible in the usual office-to-office visits.

The staff room is often the best place for getting the undivided attention of the particularly busy physician. The physician who "does not see 'detailmen'" will usually talk with a P.S.P. there, because he is ordinarily in a frame of mind somewhat different from that when in his busy office. He may be more receptive, because he is not so hurried and rushed. He may be more at ease, because his mind is not burdened with the thought of the many paying patients who are in the reception room waiting to be examined.

In staff-room interviews the "style" of the "detail" should be changed somewhat from that usually pursued in the physician's office. The staff-room "detail" is best built around reprints of medical-journal articles of which the product is the subject and which deal with clinical-research projects, the purely "case" type of "detail." Other facts about the product will be sought by the physician.

Turnover business for the physicians supply pharmacy and physicians supply house often results from such sessions.

While staff-room "detailing" is an effective means of promoting pharmaceutical products, office interviews should not be assumed to be of secondary importance. Products can ordinarily be discussed much more advantageously in the physician's own office-consultation room.

If, for any reason, it is not permissible for the P.S.P. to go to the physicians' staff room or to the floors on which the various services are located, he will usually find that the hospital receptionist is very helpful. She will usually cooperate by telephoning to the staff physician, resident physician, interne, or

nurse whom the P.S.P. desires to interview and ask him to come to the main reception room when he can conveniently do so. It is desirable, if possible, to space the interviews so that two prospects with different interests do not arrive for an interview simultaneously.

The hospital pharmacist is usually so well acquainted with the staff physicians, resident physicians, and internes and is so influential with them that he too may telephone any one or more of them to request that they come to the pharmacy for an interview with the P.S.P.

In many hospitals, especially Federal, State, and university hospitals, the physician in charge of the service, and one or more of his associates, has an office, or have offices on the floor on which the department or service is located and they may be interviewed there.

Some hospitals have one or more interview rooms or spaces that they will assign to a P.S.P. for a day. He may set up an attractive interesting display to draw physicians. When such space has been assigned, the P.S.P. should prepare cards to send to all the staff physicians, announcing the event and inviting their visits. The cards should reach the physicians only one to three days before the date of the exhibit, so they may have it freshly in mind.

**Out-patient Departments or Clinics.** The out-patient departments, or out-patient clinics, refer to those medical services that are provided by or for many hospitals for the treatment of ambulatory persons who are not hospitalized. Many of the patients of these out-patient clinics are indigent, but some are patients whose private physicians have, by prearrangement, referred them there for special observation, study, and treatment by the clinic staffs. These clinics serve, in a way, as postgraduate teaching institutions for physicians, internes, and nurses and contribute greatly to the knowledge of pharmacology and therapeutics.

The number of clinics that a hospital may schedule will vary with the space available and the number of top-rank specialists who will volunteer a certain amount of time to devote to the observation, study, and treatment of those patients who avail

themselves of the clinic's generous services, frequently at little or no cost.

Any one clinic or department may not be held every day and frequently is open for only a half day at a time on one to three days per week (see Figure 25). The out-patient clinic usually has an entrance apart from that of the main hospital.

**Working the Out-patient Clinic.** A list of the physicians on the various clinics, the days on which the clinics meet, and the hours during which they are held should first be acquired. The receptionist will usually be glad to be of assistance in providing the desired information. The procedure leading to and during the interview is, in general, the same as in seeing a physician in his private office.

The Professional Service Pharmacist should take advantage of his clinic contacts in these hospitals to discuss and observe the cases that the clinic physicians are willing to exhibit. The P.S.P. should make that a part of his continuous professional training and supplement it with reference reading and study.

A great deal of medication, both clinical-research and other material, is administered and prescribed in these clinics. It behooves a P.S.P. to work them regularly and conscientiously both because of their potential volume and because of the medical contacts that can be made for their value generally in prescribing and specifying the firm's products. These contacts frequently lead to clinical-research projects and their subsequent publication, which are so very valuable to a firm in the effective promotion of its products.

The scientists in the hospitals' departments of pathology, bacteriology, biochemistry, and dietetics as well as those in roentgenology and pharmacy should be visited regularly, because they are often asked advice as to the treatment considered most suitable in a specific case. The P.S.P. should visit the hospitals with the idea of working thoroughly the various departments or services.

**Getting Products Stocked.** Many hospitals, like many pharmacies, are slow to cooperate with a new house in the field or with a manufacturer relatively unknown to them. Until he has done an outstanding job of creating specifications by physicians and has "sold" the high character of his house, its policy, and the

superior quality of his products, the Professional Service Pharmacist may have a trying time getting satisfactory recognition and cooperation from the hospital pharmacist. This is true even though the P.S.P. is well informed and has the advantage of being thoroughly grounded in the sciences and economics of the pharmaceutical profession. Every possible bit of energy and intelligence should be put into the task in hand, to lodge conviction, whether it is "detailing" the physician or selling the pharmacist.

Getting the firm's products stocked in the hospital pharmacy and prescribed and specified by the staff physicians is the P.S.P.'s objective. This can best be worked out with the cooperation of the hospital pharmacist. It is very important that the hospital pharmacist and his assistants have complete information about the products. They are very close to the staff physicians. The staff physicians very frequently ask the hospital pharmacist for information about a product, just as they rely, likewise, upon the professional or ethical-retail pharmacist. If the hospital pharmacist is cooperative and has the desired information, he may convert an inquiring physician to the use of the product.

On the other hand, an influential physician may help to improve the personal and business relations between the P.S.P. and the hospital pharmacist as the following reports show.

Dr. J—— has been using a competitive product both at the hospital and in his private practice. I had a good discussion with him of the comparison of our product and the competitive one. He was very much impressed with our product and inquired if it was stocked in town.

I explained to Dr. J—— my failure to obtain a stock order for the product at Memorial Hospital. Thereupon Dr. J—— telephoned Mr. K——, the hospital pharmacist, and requested that our product in R potency be placed in stock, because he desired to use the product both in his private practice and at the hospital.

Dr. L—— telephoned the hospital pharmacist and requested him to order our product C for use preoperatively on a patient on whom he was to operate in the morning.

Mr. S—— does all the purchasing for the institution but only on demand from the staff. I talked with Dr. B—— who said that the

resident physicians have considerable say as to what products are purchased.

One way of getting a product stocked in a city institution when an invitation to bid is sent out which does not list the firm's product was reported by a representative as follows:

I went to see the influential Dr. M——, who prescribes the product in his private practice, to ask him for a letter from him to the city requesting that there be an adequate stock of our product for the X Service at the hospital. He wrote a nice letter which I presented for him to the city buyer, Mr. F——. From there I took the letter to Mr. A——, Chief Pharmacist at the hospital. He stated that it was all I needed and that we would receive a request to bid on it.

Another way to have a product get consideration by an institution that sends out requests for bids on products is to bid a product in as an equal of that which is specified. Literature on the product may be attached to the quotation. Obviously the P.S.P. should accept that as his cue to begin, to renew, or to intensify his efforts upon the staff physicians, pharmacists, and purchasing agent to obtain their specification of the product.

When a new product is being launched or an old one is being given special attention, which it is hoped to establish in all hospitals in the area, it is best that one hospital be determined upon into which to get the product accepted first. Otherwise, splendid effort may be so scattered that comparatively little influence is brought to bear in any one place.

A list of the staff members, both permanent and visiting, of the various hospitals is for the very purpose of making a concentrated "drive" on the staff members of one hospital at a time (see Chapter VI). Not every section of a staff may be interested in a particular drug, but every one of them who is likely to have any interest should be interviewed and sold the idea. They should be requested to specify the product for use in the hospital. The hospital pharmacist should be contacted frequently, especially during this "drive" period, to determine the amount of the response from physicians' specifications and also to be sure that the stock is adequate for a reasonable time at each succeeding new rate of turnover.



Similarly, when a hospital contemplates switching to another product, it is important that the P.S.P. contact all physicians on the staff using the product. He should persist in his objective until he has convinced them that the product should be retained.

If the staff of the hospital, which is the immediate objective, is scattered among two or more territories, the staff list should be divided among the representatives accordingly. An equitable rotation of working the hospitals in the territories in which the hospital staffs overlap can be determined upon with the cooperation of the sales manager, so that the succession of objectives will be fairly divided between the territories.

If there is a special "hospital man" who works in hospitals only and divides his time between two or more territories, he can be moved from one hospital to the next according to the sequence which has been determined.

Problems will arise. Obstacles of one kind or another will present themselves. Sales resistance will be offered, including both sentimental and inertial reluctance to change on the part of one or more of the staff physicians whose whole-hearted support may be necessary to gain the set objective.

The representatives of the competitor whose product is "in" will ordinarily get word quickly of the opposition's special effort to dislodge it. They will be striving just as diligently to maintain their product's position, using the same list of staff members naturally.

But more than the support of the staff may be necessary. The superintendent and the pharmacist may have a voice in the matter. Before a change to the new product can be made, it may be necessary for the hospital's committee on therapeutics or the formulary committee to act upon the proposal. Price as well as efficacy based upon broad, clinical experience may have a bearing on the final decision.

Rather than to try at the outset for the committee's approval for unrestricted use of a product in the hospital, it is better, occasionally, to have the formulary committee's approval of the product initially for restricted use such as for clinical research or experimental purposes.

I submitted today to Dr. D—— of the Formulary Committee of the M—— Hospital an application for the incorporation of our product X under Rule IV, *i.e.*, for experimental purposes. This application, which I succeeded in having signed by Dr. W——, Director of Medical Service, will be acted upon at the meeting of the Formulary Committee, Tuesday, January 28, 1948, at 2:30 o'clock in the afternoon. Should the application be approved, purchases of the product will be permitted, as per rule, for the above-mentioned use, *i.e.*, for experimental purposes.

An application such as that above may take the form of an outline of the proposed investigation, together with all available data or other information on the therapeutic safety, indications, contraindications, and efficacy of the drug. It is usually submitted to the director of the service concerned who, if favorably inclined, will present it to the formulary committee for study. The formulary committee may then send it to the medical board of the hospital for its acceptance or rejection. The Professional Service Pharmacist may arrange to appear personally before the formulary committee to present his case.

The words "for experimental purposes" may mean the purpose of determining in due time the hospital's requirements of the product should it be adopted for routine use.

It is a good idea to mail cards to physicians on the staffs of hospitals in which an item has been placed in the hospital pharmacy stock for the first time. The cards can tell them that the product is now available there and that their specifications of the product at the hospital will be appreciated. Such cards, referring to many or all of the firm's products in the hospital pharmacy stock, may profitably be mailed to the hospital staff physicians periodically.

**Do Not Rest on Laurels.** Specification of a product for use in a hospital by its brand name or by the name of its manufacturer frequently depends upon the chief of the particular hospital service. Substitute products find their way in at times, after a brand-named product has been adopted by a hospital, by reason of the physicians' forgetting to specify the name of the manufacturer or because of a competitor's effective promotional efforts.

Thus, a man cannot rest upon his laurels and think that, just

because a product has been adopted for use in a hospital, it will stay there indefinitely without constant vigilance and attention. Competition will try fully as hard to dislodge a product in favor of its own as the successful P.S.P. did to get his product in at the expense of the other.

**Visiting the Internes, the Residents, and the Nurses' Training Classes.** While internes do not have much latitude in the drugs that they are at liberty to order, except in so far as they may "sell" to the resident or other staff member the idea of the use of another drug, these trainees are of paramount future importance to the pharmaceutical manufacturer. Their eventual prescribing habits and sentimental affiliations for manufacturers are in great measure ingrained during their internship. Therefore, although the immediate productivity of time devoted to them may be decidedly limited, it is exceedingly important to a firm's future that these members of the medical staff be thoroughly imbued with a high regard and attachment for the firm, its products, and the type and quality of its personnel.

The Professional Service Pharmacist who may decide to bypass the internes because of their lack of authority should recognize that a good share of his present sales volume may be attributed to the good work done by his predecessors in cultivating internes even years ago. Thus, he is morally obligated to his firm, to his own future, and to his eventual successors to return, in increased measure, conscientious and thorough cultivation of the present internes.

The impressions that internes and residents receive of firms and their products and types of therapy are carried with them to their private medical practices. These junior staff members are very receptive to intelligent "detailing" because of their eagerness to learn about new drugs and new therapy and about interesting clinical cases in which a drug has been used. The "case type" of "detail," well illustrated, is very effective with these groups. They may be seen at their living quarters or staff house where a group of them may be interviewed at one time.

Resident physicians usually are in sufficient authority to introduce a drug to the hospital. Thus, they should be visited with regularity.

If a hospital maintains a nurses' training school, the supervisor of nurses should be visited regularly to inform her of new products and to provide her with whatever products literature she may require for her student nurses. P.S.P.s are frequently given the opportunity of appearing before the classes of nurses in training to discuss the firm's products and their uses. If educational films relating to the firm's products are available, arrangements should be made to show them to these classes as well as to internes, residents, and other members of the medical, pharmaceutical, and library staffs. Their attachment to a firm and its products are likewise important for the future.

**Federal Hospitals.** There are more than seven hundred Federal hospitals operated by various United States Government agencies. For the most part they are general hospitals. They may be divided essentially into four classifications:

1. Veteran hospitals
2. U.S. Public Health Service hospitals
  - a. U.S. Marine
  - b. U.S. Public Health Service
  - c. Medical relief stations
  - d. Out-patient offices
3. Army hospitals
  - a. Post hospitals
  - b. General hospitals
4. Naval hospitals

Our Federal hospitals are becoming increasingly important to the pharmaceutical manufacturer. Practically all these hospitals have well-staffed, fully equipped pharmacies. The total bed capacity is enormous, and the volume of pharmaceutical products purchased by these hospitals is almost staggering. Much of the purchasing is done by the Medical Procurement Office or Offices of Purchase and Supply, but many of the hospitals may purchase direct from the manufacturer any pharmaceutical specialty listed in the Supply Table or Treasury Procurement Schedule Contracts.

The Professional Service Pharmacist should write to the vari-

ous government agencies listed above for lists of the hospitals, medical relief stations, and out-patient offices operated by them.

In proceeding to "detail" these hospitals, it is well first to obtain an interview with the medical officer in charge to discuss the products to be "detailed" and from him obtain permission to interview other members of the staff. In some instances, P.S.P.s may arrange to appear before the regular staff meetings for the purpose of presenting their products. In addition to the regular medical staffs, most of these hospitals have consultants, a list of whom may be obtained from the chief medical officers. They should be seen in the respective Federal hospitals, if possible, on the products being detailed for use in the institution.

**State, County, and City Hospitals.** These hospitals are operated by the respective governmental subdivisions. Some are jointly controlled as county-city institutions. Many of them buy on bids and, hence, too frequently their business is unstable from the point of view of the continuity of their use of a product.

Most State hospitals are for mental and nervous patients. Some are tuberculosis sanatoriums. Hospital departments may be found in schools for the blind and in prisons and reform schools.

Counties and cities, particularly those with large populations, may have general hospitals of considerable size, which may have large out-patient departments. They may also have "specialty" hospitals. As a part of the hospital organization there may be one or more venereal-disease-treatment centers at different points in the city or health centers that are essentially branches of the hospital out-patient department.

These institutions should be given their share of attention by Professional Service Pharmacists, particularly so far as medical specialties are concerned. The State, county, and city purchasing agents should be visited regularly, so that they may be kept well informed about the firm's products.

In instances in which purchases are made on bids, the P.S.P. should attend the bid openings whenever possible and report to his sales manager the results and details of the bidding. In the event that he cannot be present, he should as early as possible visit the "bid room," which may be other than the purchasing

agent's office, to look at the postings or books in which the bids are recorded, which are available for public inspection.

**Clinics and Dispensaries.** In my opinion, the word "clinic" has been a very much misused, if not abused, term. A clinic is "an establishment where patients are admitted for special study by a group of physicians practicing medicine together."³ The layman's impression very generally of the term is that of an institution wherein many physicians are grouped together for the practice of medicine, wherein a variety of specialists examine a patient to determine the actual or probable cause of the patient's complaint, and wherein a particular specialist treats the patient according to the nature or cause of the illness.

The layman's common descriptions for specialists are such as: brain specialist, eye specialist, ear, nose, and throat specialist, bone specialist, lung specialist, heart specialist, stomach specialist, children's specialist, baby specialist, female trouble specialist, skin specialist, kidney specialist, nerve specialist, gland doctor, surgeon, and X-ray specialist.

There are at least 31 specialties recognized in medical practice:

- |                     |                         |
|---------------------|-------------------------|
| 1. Ophthalmology    | 17. Internal medicine   |
| 2. Rhinology        | 18. Proctology          |
| 3. Laryngology      | 19. Neurology           |
| 4. Otology          | 20. Psychiatry          |
| 5. Phthisiology     | 21. Roentgenology       |
| 6. Cardiology       | 22. Pathology           |
| 7. Gastroenterology | 23. Geriatrics          |
| 8. Endocrinology    | 24. Surgery             |
| 9. Urology          | 25. Neurosurgery        |
| 10. Orthopedics     | 26. Anesthesiology      |
| 11. Obstetrics      | 27. Thoracic surgery    |
| 12. Gynecology      | 28. Plastic surgery     |
| 13. Pediatrics      | 29. Oral surgery        |
| 14. Dermatology     | 30. Industrial medicine |
| 15. Syphilology     | 31. Physiotherapy       |
| 16. Allergy         |                         |

³ Dorland, "The American Illustrated Medical Dictionary," W. B. Saunders Company, Philadelphia.

It seems reasonable that the word "clinic" should be limited to describe a group of at least 12 physicians of different specialties who are practicing medicine together, some of whom may actually be practicing several of the above specialties:

- |                         |                      |
|-------------------------|----------------------|
| 1. a. Ophthalmology     | 6. a. Obstetrics     |
| b. Rhinology            | b. Gynecology        |
| c. Laryngology          | 7. Pediatrics        |
| d. Otology              | 8. a. Dermatology    |
| e. Allergy              | b. Syphilology       |
| 2. a. Internal medicine | 9. a. Neurology      |
| b. Phthisiology         | b. Psychiatry        |
| c. Cardiology           | c. Neurosurgery      |
| d. Gastroenterology     | 10. a. Physiotherapy |
| e. Proctology           | b. Roentgenology     |
| f. Geriatrics           | 11. a. Surgery       |
| 3. Endocrinology        | b. Thoracic surgery  |
| 4. Urology              | 12. a. Oral surgery  |
| 5. Orthopedics          | b. Plastic surgery   |

Otherwise, the use of the word would, in my opinion, be misleading to the average layman and would not be in accordance with authoritative definition.

If it is the policy of a firm to sell "clinics" as it would a dealer, then, in fairness to the pharmaceutical industry as a whole, the definition of clinic should be not less stringent than that offered above. Preferably if a bona fide clinic is sold at pharmacists' prices, it should have a bona fide pharmacy as one division of the clinic. Otherwise, especially if a medical group is composed of less than twelve physicians, it should be sold at physicians' prices whether the order is shipped and invoiced by the manufacturer or handled by a physicians supply pharmacy.

A "dispensary" is essentially a clinic, except that patients are treated free of charge and are provided medicines without cost by the pharmacy that is a part of the institution. At least three features are necessary to justify the use of the description "dispensary": (1) medical service, (2) pharmaceutical service, and (3) no charge to the patient.

**Subterfuge and Deception.** Any representative, in my opinion, who sells direct at dealers' prices to a medical group of less than twelve associated physicians and labels the group a clinic is resorting to subterfuge and deception for the purpose of selling a physician direct in violation of company policy when that policy does not include selling direct to physicians, particularly at druggists' prices.

A clinic should not be sold direct at dealers' prices except when a bona fide licensed pharmacy is a part of the clinic. Otherwise, in my opinion, it is tantamount to selling physicians direct.

In the logical distribution pattern, physicians are "once removed" from the retail pharmacy or physicians supply house, which should serve as the physicians' source of supply. Suppose a representative were to sell to a physician or to a "clinic" not having a pharmacy associated with it an order for ethical products at dealers' prices because, at first thought, it appeared attractive. In that instance, the Professional Service Pharmacist may see what he has gained, but it is not always possible to visualize immediately what he loses as a result of the temporary gain. When the dealer learns of the sale that circumvents him he is most likely to retaliate, justly so, as a result of which the manufacturer may lose all possible active cooperation of the dealer.

To illustrate, a physician in a southwestern city asked the representative of a highly rated manufacturer to permit him to buy an order direct at the physicians supply pharmacy's net cost, after the trade discount, whereupon an order for \$250 would be placed. The representative weakened and accepted the order to be invoiced to the doctor as the doctor's "clinic." The pharmacists of the physicians supply pharmacy, who were giving the manufacturer reasonable cooperation to the extent of several thousand dollars per year, learned of the transaction, resented the double-crossing, packed up and returned to the manufacturer over \$600 in ethical products, and transferred their cooperative efforts to another firm. The vacillating representative could not see the forest because of the trees.

Such occurrences really cost money (sales) and affect both the present and the future. Experienced P.S.P.s have observed how



important it is to adhere staunchly to a policy that promotes good manufacturer-dealer relationship. The P.S.P. must strive to gain and maintain the good will of the pharmacists. He should not try to "put over a fast one" on the pharmacist, or he may "tear down his fences" and rightly and ethically so.

**Opportunity to Concentrate Effort.** Clinics and dispensaries, like lesser medical groups, hospitals, and physicians, should be thoroughly worked by the Professional Service Pharmacist. Usually physicians in clinics and dispensaries are interviewed in their private offices within the institution. Clinics, like "medical buildings," have two advantages for the P.S.P. in that they enable him to concentrate his efforts and contribute to the centralizing of a good deal of prescription business in one pharmacy or in one area.

**Other Outlets for "Ethical" Products.** Boards of health of cities, counties, or States should be visited regularly by Professional Service Pharmacists who sell biological or other products for the prevention or eradication of communicable diseases. Official written orders, properly signed, should be obtained from the board of health, otherwise the firm may have difficulty in collecting for the order. It has been known for a physician in private practice who is also a member of his community board of health to place an order with the P.S.P. and ask that it be billed to the board of health. Not having an official order from the board of health the firm could not collect. The physician might finally have been asked to pay and probably would have—but at the board of health price.

On passenger and cargo ships in the merchant marine of our own and of other countries a considerable amount of drugs and related supplies are used. Some of the passenger liners have fully equipped pharmacies under the management of registered pharmacists. The pharmacy on the "Queen Elizabeth," for example, may provide pharmaceutical service for as many as four thousand passengers. It has a hospital-bed capacity sufficient for thirty patients. The medical and pharmaceutical personnel of the steamship companies should be sought out and "detailed." Obviously it is important to see the buyers at reasonable intervals.

An infirmary is "a hospital or institution where sick or infirm

persons are maintained or treated.”⁴ Infirmaries are usually maintained where large numbers of people come together daily as employees or students.

Universities, colleges and schools, department stores, banks and financial institutions, industrial plants, labor unions, and public utility companies (electric, gas, telephone, railroad, air line, bus, and subway) frequently have large infirmaries with as many as twenty physicians and pharmacies requiring the services of several registered pharmacists. Many of them are relatively large purchasers of “ethical” products. They should not be overlooked.

Many of the railroads maintain relatively large hospitals equipped with excellent pharmacies.

Exporters are frequently good prospects for the purchase of “ethical” products for resale in foreign countries. They may profitably be supplied with literature on products for mailing to their foreign customers.

Foreign-relief agencies purchase considerable amounts of pharmaceutical products.

⁴ Dorland, “The American Illustrated Medical Dictionary,” W. B. Saunders Company, Philadelphia.

## CHAPTER XV

### MEDICAL CONVENTION EXHIBITS

**Value of Exhibits.** Many medical associations hold annual conventions at which manufacturers are invited to exhibit their "ethical" products. This is particularly true of national, sectional, and State associations. Not only do such exhibits afford the manufacturer an opportunity to bring a variety of products to the attention of the many physicians who attend the conventions, but the revenue from the charge for display space in many instances makes possible the holding of the conventions.

Whether or not, in general, such exhibits are as productive of results on a cost basis as are other forms of the manufacturer's promotional efforts is a moot question. Some are definitely a waste of money from the point of view of value received and merely resolve themselves into a contribution to the medical association for the good of the cause. The latter is sometimes a result primarily, I believe, of apathy or indifference on the part of some physicians toward commercial though "ethical" exhibits at conventions, as if the association were doing the selected manufacturer a big favor or honor by permitting him to contribute to the welfare of the convention and to the entertainment of its members.

Actually the exhibit should be considered as a franchise for a number of minutes of each physician's time sufficient to bring each respective exhibitor's products to heedful, considerate minds. Probably as frequently as not a "poor" convention from the exhibitors' point of view is a reflection of poor, thoughtless, or unhelpful convention management. While no convention exhibit may be absolutely without value to an exhibitor who at all odds should benefit, the over-all results may be so meager as to be extremely expensive.

Some conventions, on the other hand, are so well managed that exhibitors are kept about as busy with physician interviews as the day will permit. Not only do physicians attend the commercial exhibits during the scheduled intermission periods, but a certain percentage of them also appear when papers are being read in which they are not especially interested.

At such conventions are made many valuable and pleasant contacts with physicians who prescribe extensively, who have considerable influence in the profession, or who are important for their current or prospective collaboration in clinical research and their subsequent publication of the results. Conventions have afforded numerous opportunities to meet and to have thoroughly satisfactory discussions with important physicians who would, otherwise, not ordinarily find it so convenient to take time for the purpose.

Ordinarily, medical conventions afford the exhibitors' representatives a good deal of pleasure. While there is little time for play and entertainment, the enjoyment from meeting physician friends "off the campus" and making new acquaintances is very stimulating. A man may find that some of his friends have, unbeknown to him, discussed one or more of his products with one or more other physicians and "sold" the idea.

Dr. O—— has a large practice. Most of his practice is obstetrics and gynecology. He stated that he is following Drs. K—— and Y—— of Chicago in the use of our product X. He had a discussion with them at the recent medical convention when both of them recommended our product X.

**Location of Exhibits.** Medical conventions are held either in hotels or in municipal auditoriums. Usually the commercial exhibits are located in the hotel or auditorium in which the convention is held. If not, the value of an exhibit, because of low attendance, will be virtually nil and worse than a waste of time because of the special expenses involved. It is desirable that the exhibit hall be adjacent to and conveniently accessible from the medical meeting halls.

Commercial "ethical" exhibits have competition from "scientific" exhibits, which are usually located in another room or hall.

Scientific exhibits are those prepared by or for physicians, clinics, or medical schools and may vary from wax models of pathological tissues to illustrated case histories or other medical studies. It seems to me that if the scientific exhibits were interspersed among the commercial "ethical" exhibits all would be better attended.

The products offered for display and discussion by exhibiting manufacturers today are from their respective laboratories and are fully as scientific as the so-called, rightly so, "scientific" exhibits of the convention. Such commercial exhibits will in no sense depreciate or lower the effectiveness or dignity of an adjacent "scientific" exhibit or that of its author or demonstrator.

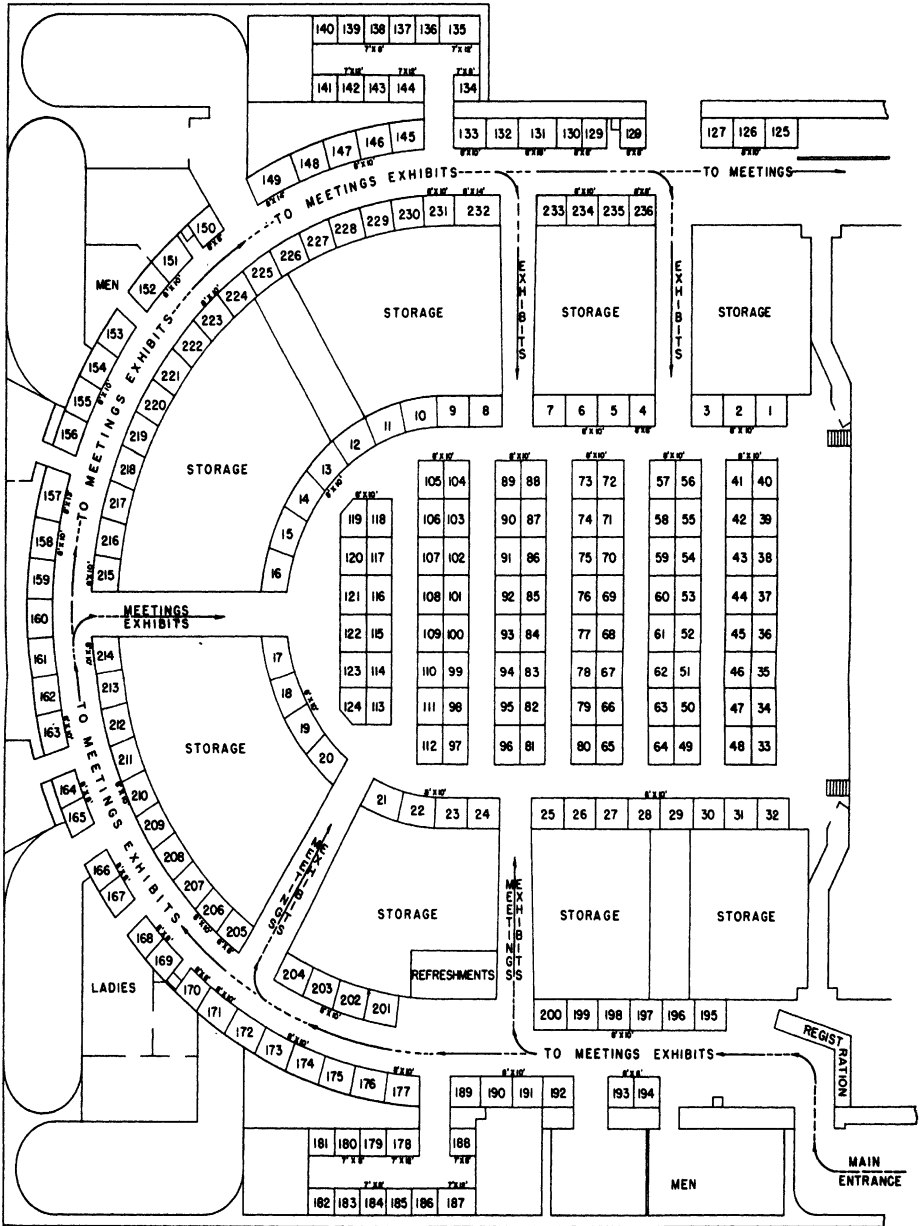
**The "Booth."** The floor space of the exhibit hall is laid out in aisles, about 8 feet wide, between which are two rows of booth spaces back to back. The dimensions of each unit space may be about 8 by 8 feet, depending upon the size of the over-all floor space and how much advantage the convention management desires to take of crowding. The spaces that are back to back are separated by means of a wooden screen or other movable sectional partition approximately 8 feet high. The side-to-side booths are separated usually by a movable partition about 36 inches high. A unit space may cost the exhibitor anywhere from \$25 to \$300 or thereabout, depending upon the size and importance of the convention.

Ordinarily, each participating manufacturer has an especially designed, dignified, and substantial background for his exhibit, made of wood and glass or plastic. It is not uncommon for the construction of such a "booth" to cost several thousand dollars. It is usually made in sections, each with its separate shipping case. In addition, the exhibitor may provide a special registration stand or counter, several comfortable chairs for the convenience of his visiting guests, and a rug of appropriate quality, pattern, and size. The accommodations may be even more elaborate.

Appropriate products are displayed by the exhibitor, and pertinent brochures, reprints of medical-journal articles, charts, and samples are supplied for distribution to interested physicians, pharmacists, nurses, internes, and medical students. Advertising



TYPICAL FLOOR PLAN OF TECHNICAL EXHIBITS  
AT MEDICAL CONVENTION



(Courtesy of Interstate Postgraduate Medical Association of North America, Madison, Wisconsin.)

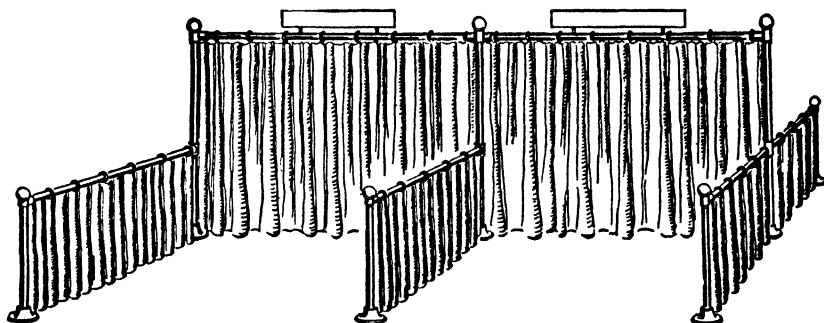
Figure 26. Floor plan of exhibits, International Medical Assembly of Interstate Postgraduate Medical Association of North America, Municipal Auditorium, St. Louis, Missouri, October 14-17, 1947. (See Figures 28a and 28b).





novelties that have practical use are frequently made available to guests who visit exhibits.

With respect to literature, including registration blanks, the Professional Service Pharmacist in whose territory the convention is to be held should, beforehand, cooperate with the person who makes up the list of supplies for the convention. He should designate the products on which he especially desires promotional help or which he thinks would particularly benefit from being



*(Courtesy of Brede, Inc., Minneapolis.)*

FIGURE 27. A sketch of an empty booth in black velour back- and side-drops. The height of the back partition is 8 feet, and of the side-drops is 3 feet. A name plate, 42 inches long and 7 inches high, on which is painted the exhibiting firm's name and home-office address, is furnished for each booth.

featured at the exhibit. Of course, the product or products to be given primary, sometimes exclusive, attention will be those that the home office selects for that purpose. The P.S.P. can be very helpful in determining how many of the various brochures, reprints, and samples should be sent.

A supply of suitable envelopes should be provided to enable physicians to carry several brochures or reprints in which they may be interested or to mail the literature in advance of the physicians' return to their home cities.

**Setting up the Booth.** A great deal of preparation is required to make floor space ready to receive the exhibits of participating firms. Layout plans must be prepared, the unit booth spaces must be partitioned off, and provisions must be made for receiving the packed shipping cases of exhibitors' booths and for delivering them to the proper floor locations at an appropriate time. Similarly, when booths are finally dismantled and repacked for



*(Courtesy of Interstate Postgraduate Medical Association of North America, Madison, Wisconsin. Photo by Eugene Taylor, St. Louis.)*  
**FIGURE 28a.** View of less than one-fourth of commercial exhibits at International Medical Assembly, Municipal Auditorium, St. Louis, Missouri, October 14-17, 1947. (See floor plan, Figure 26.)



*(Courtesy of Interstate Postgraduate Medical Association of North America, Madison, Wisconsin. Photo by Eugene Taylor, St. Louis.)*

FIGURE 28b. Same as Figure 28a; photograph taken from opposite end of arena to show exhibits facing in that direction. (See floor plan, Figure 26.)

shipment elsewhere, means must be furnished for their removal and reshipment.

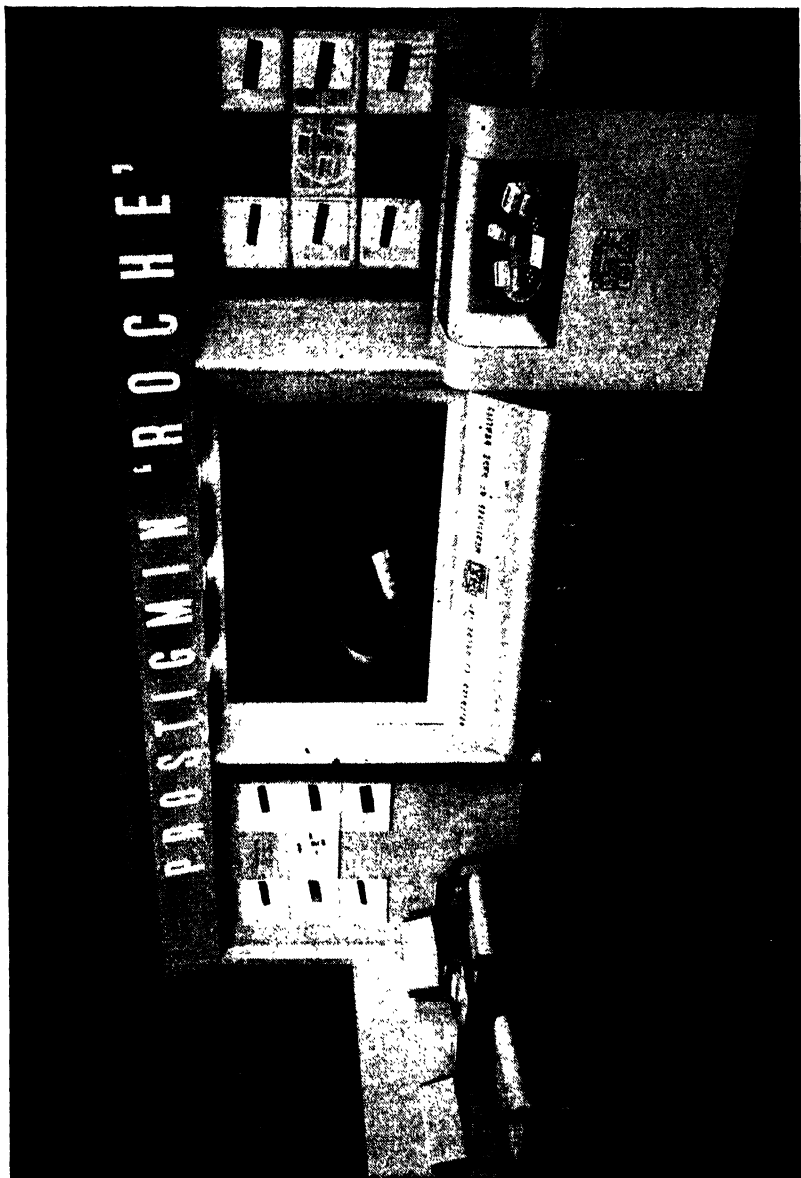
There are several firms in the United States who make a business of that kind of service to medical or other conventions. They supply the space partitions, set them up according to plan, and do the necessary hauling from the receiving room to and from the exhibit spaces without additional charge to the exhibitor. They are equipped to provide exhibitors with tables, rugs, settees, chairs, ashstands, lumber for special counters or displays, and technical services, such as those of a carpenter, electrician, and packers, all on a fee basis, of course.

All exhibits must be fully set up by the evening before the convention is to open. The exhibitors' representatives must plan accordingly, as they are the ones invariably who are delegated to unpack the display booths and assemble them. Blueprints are usually provided for booths which are new, or of which the assembling may prove to be somewhat puzzling. Such blueprints are ordinarily tacked on the inside of the lid of one of the shipping cases.

A tool and utility supply kit, containing a claw hammer, tack hammer, nails, tacks, extra screws or bolts and nuts, heavy cord, glue, adhesive tape, Scotch tape, dust cloths, polishing cloths, furniture polish, liquid for polishing glass, etc., should accompany each display. The number of cases should be checked against the bill of lading or list of materials shipped as reported by the firm.

The shipping cases are always numbered so that, by reference to the blueprint, one may determine in what order the shipping cases should be unpacked. Usually, they are intended to be unpacked in numerical order. The sections should be handled with great care, so that they will not be scratched or otherwise defaced or damaged. If any damage has been done in transit, it should be reported immediately to the exhibits-floor manager and to the carrier. The representative should make a full report of it to the home office.

It should be made certain that the sections are properly fitted and bolted together and that provision is made for convenient accessibility to the electrical connections. Space, usually be-



*(Courtesy of Hoffmann-La Roche Inc., Nutley, New Jersey.)*

FIGURE 29. A type of multiple-unit space exhibit for use at large conventions.



*(Courtesy of Bihuber-Knoll Corporation, Orange, New Jersey.)*  
FIGURE 30. A type of multiple-unit space exhibit for use at large conventions.

hind the background, should be provided for the storage of small items and wraps if required. As many of the corrugated paper cartons of literature, etc., as convenient should be emptied and the empty cartons placed inside the unpacked wooden crates for subsequent use.

When the unpacking is completed, the manager of the exhibits floor should be informed, so that the empty shipping cases or crates may be moved to the storage room as early as possible. The utility kit, however, should be retained. The exhibit should be dusted and polished and the booth kept clean, neat, and orderly.

If chairs, a rug, or other desirable fixtures are not provided by the exhibiting firm, they may be ordered on a rental basis from the exhibits-floor manager. Such electrical or other technical service as may be required may also be ordered from him.

**Consider the Adjacent Exhibitor.** When setting up the side effects of the booth, such as a spotlight, raised or pyramided displays, or any possible obstruction or impediment, the representative should consider carefully whether they are out of reasonable harmony with the adjacent exhibit or whether they may be disconcerting to and inconsiderate of the neighbor. This may also apply to his conduct and actions.

**When the Display Booth Does Not Arrive.** If the display cases are not on the exhibit floor in front of the assigned space when the representatives arrive to set up the exhibit, an immediate search should be instituted to locate the shipment, so that as little delay as possible may be experienced. The representative should:

1. Look throughout the aisles of the exhibit hall to see whether the shipping cases may have been placed in another space by mistake
2. Make inquiry at the receiving room
3. Make inquiry at the mail desk for any messages relative to the display
4. Report the matter to the director of exhibits or exhibits-floor manager
5. Report it to the person at the transportation desk

6. Telephone the transportation companies, whether railway express, railway freight, or trucking companies; inform them of the problem and have a tracer placed at once; explain the urgency and request an answer in sufficient time to obtain the material for an improvised display
7. Telegraph, or better, telephone the firm's office from which the display was shipped or from which directions to ship were issued
8. Begin to plan for an improvised display; if it appears that the shipment will not arrive in time for the opening, proceed to purchase cloth suitable for decorative purposes, such as velveteen, which is usually excellent; buy as many yards of the material as necessary to cover the counters and other parts of the display and also to enclose the counters or tables to the floor; order from the exhibits-floor manager the services of a carpenter and the lumber required for counters and shelves or step-up displays; engage a good sign maker to prepare the required signs, if any, in the circumstances
9. Borrow trade packages of products from a local distributor if necessary, although the local representative may have "dummy" cartons that may be used for open display; he should also have sufficient literature, reprints, and samples to tide over the emergency
10. Telegraph or telephone the firm to rush the needed literature and other supplies

**The Convention.** The exhibit hall will probably open at eight o'clock in the morning. Early risers among the guests may begin arriving any time thereafter. A clear understanding should exist among those who are to be in attendance at the booth as to the hour of opening and time in the morning at which each is to appear for duty. Similarly, the time of the lunch hour each is to take should be predetermined, although it may have to be tentative to allow for possible luncheon engagements with physicians. Each representative should do his part in keeping the booth space tidy, presentable, and in efficient working order.

There are usually five periods during the convention day when





*(Courtesy of E. R. Squibb & Sons, New York.)*

FIGURE 31. A type of multiple-unit space exhibit for use at large conventions.

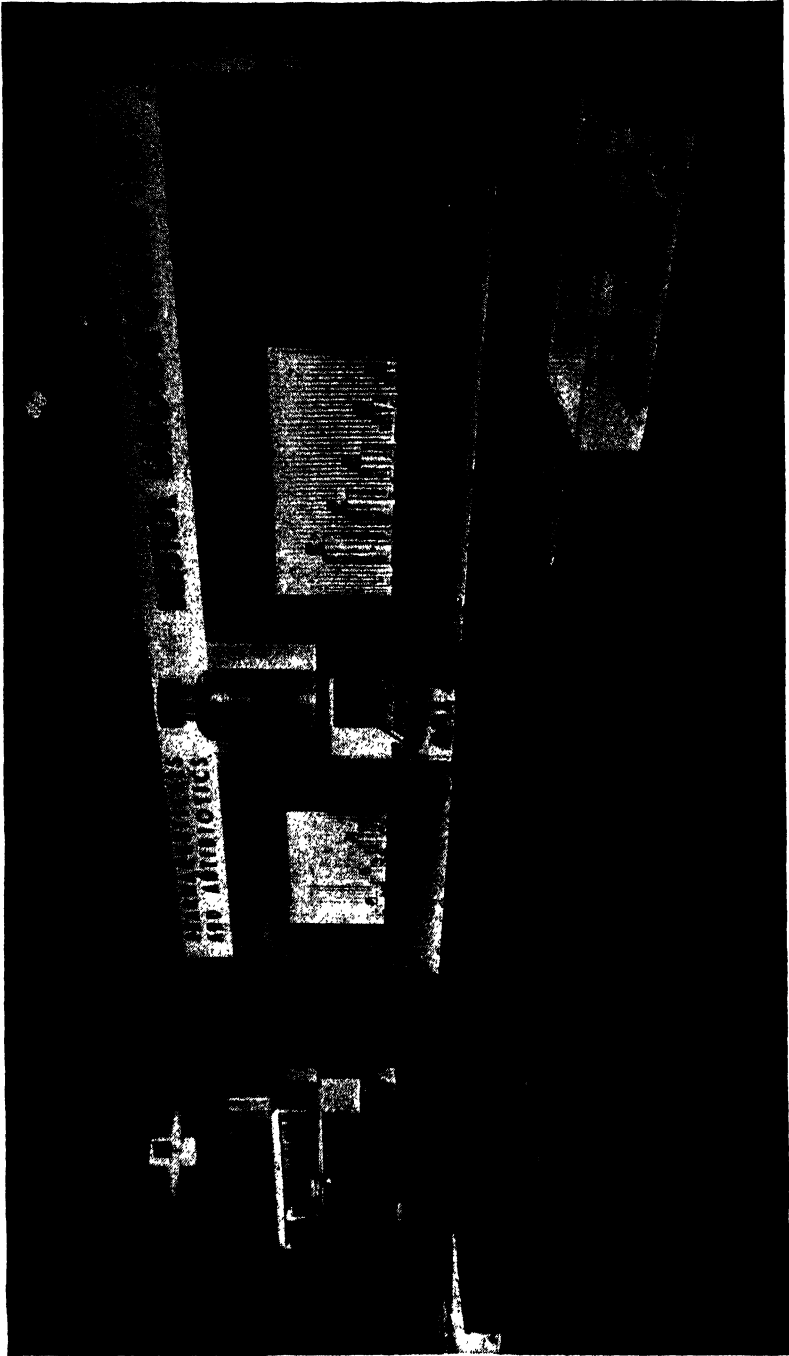


FIGURE 32. A type of multiple-unit space exhibit for use at large conventions.  
(Courtesy of Bristol Laboratories, Inc., New York.)

exhibitors may expect to be very busy or relatively so. The half hour or thereabout in the morning before the speaking begins in the assembly room may find many physicians viewing the exhibits. One-half to three-quarters of an hour intermission in the middle of both the morning and the afternoon sessions ordinarily brings the greatest concentration of physicians to the exhibits.

The noon hour between the close of the morning session and the opening of the afternoon meeting and the hour following the close of the afternoon session are likely to be good from the point of view of physician interviews. The interim periods are likely to be "slow" but yet provide some important interviews. On some occasions the exhibit hall will be kept open on one evening of the convention.

Upon arrival in the morning of the first day of the convention, the representative should proceed at once to the convention's registration desk for the purpose of registering and of getting his admittance badge. He should make certain that his own and his firm's name are clearly typed or printed on the badge for the convenience of guests who have occasion to visit him.

It is best that representatives do not smoke on duty at the exhibit space except to join a physician guest in doing so. They should never lay a lighted cigarette down but always extinguish it.

Every representative should be alert, greet physicians and others cordially, be moderate in voice and manner, and show the utmost courtesy. But he should bend every reasonable and appropriate effort to "detail" as many physicians as possible within the confines of his own bailiwick. There is little object in registering physicians with whom a discussion is not had, although there may be exceptions.

Such information which may have been of special interest to the physician interviewed and which will also be of interest to the firm should be noted on the registration blank, so that the medical division may follow up as intelligently and effectively as possible. Most of the convention interviews will take place while standing. However, if a physician is of special importance, it is desirable to

prevail upon him to have a seat within the booth space, so that a more detailed and effective interview may be had.

Advantage should be taken of opportunities to get acquainted with "authorities" among the physicians who visit the exhibit and also with physicians who have been mentioned by others as being outstanding and who are located in towns which the Professional Service Pharmacist has not as yet been able to visit.

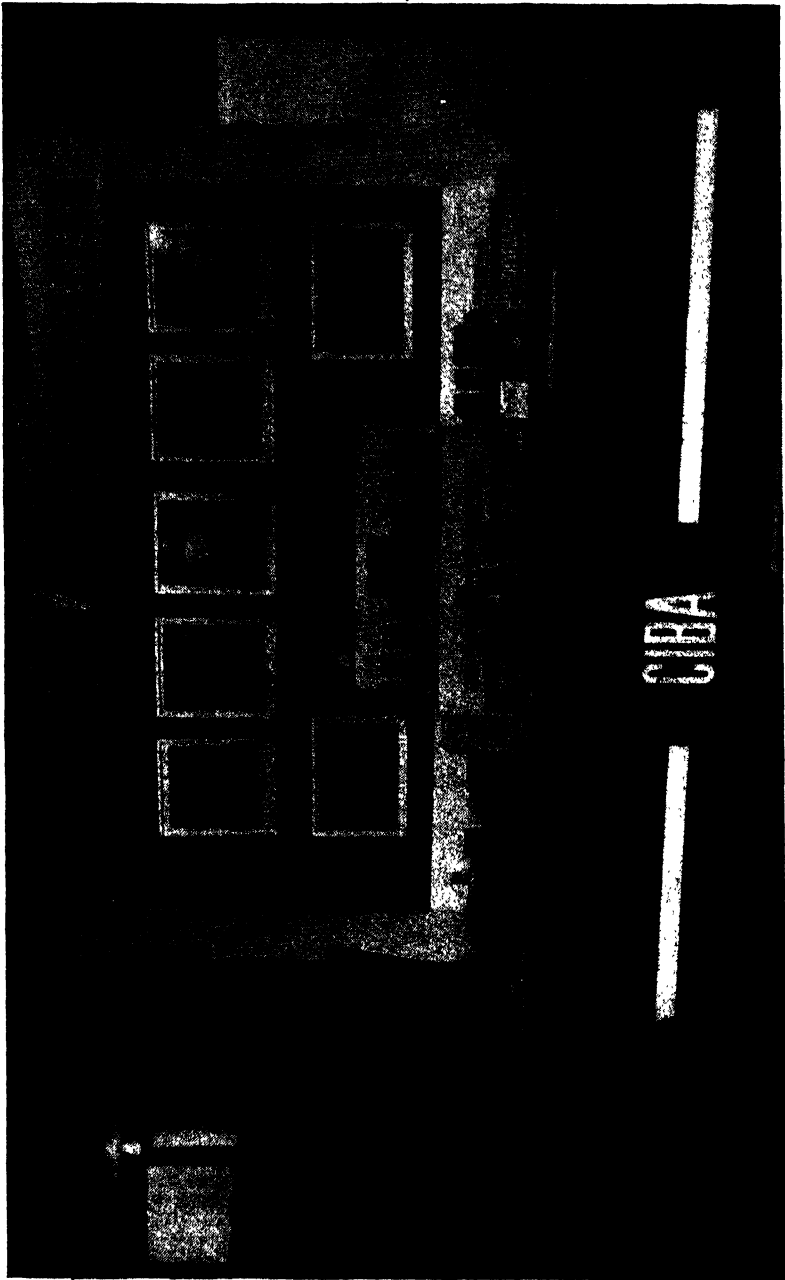
**Attending Medical Meetings.** The program to be presented at the convention should be perused carefully to determine whether papers will be read on subjects pertinent to any of the firm's products. If so, one of the firm's representatives should plan to be present at the reading of the papers and their subsequent discussion. Notes should be made, and any new facts promptly reported to the firm's medical division. A physician who is located in an attending Professional Service Pharmacist's own territory and who presented a paper will be pleased to know that the P.S.P. attended the meeting at which the physician appeared as a speaker.

In general, it is inadvisable for a P.S.P. or other commercial representative to approach a convention speaker immediately after his presentation at a meeting where the P.S.P. is present essentially by courtesy only. In a sense he is only an interloper at such meetings. If all the P.S.P.s or other commercial representatives attending a convention flocked around the speaker and monopolized him, it would become a nuisance not only to the speaker but to the other physicians who want to talk with him and who are prescribers or prospective prescribers of the firm's products. Some top-flight medical men fear criticism from too close an association with commercially connected individuals including physicians. In general such men should be interviewed at the exhibitor's booth or in their private offices before or after the convention.

A representative should acquire what information can be had in the assembly hall without projecting himself into any discussion and leave without commercializing the situation. If other firms' representatives violate these ethics, so much the better for the man who is more discreet—he will be held in higher esteem by comparison. High-powered, aggressive "thruster" methods



FIGURE 33. A type of utility single-unit space exhibit for use at small conventions.  
(Courtesy of Schering Corporation, Bloomfield, New Jersey.)



*(Courtesy of Ciba Pharmaceutical Products, Inc., Summit, New Jersey.)*

FIGURE 34. A type of utility single-unit space exhibit for use at small conventions.

are strongly resented by the best members of the medical profession.

The P.S.P. should take note of physicians in attendance at such lectures and call on them in their offices at their convenience.

**Visiting Competitors' Exhibits.** Each exhibitor's representative during the lull hours will no doubt desire to view the other exhibits and chat with the representatives of other firms. He should not intervene when another representative is either interviewing a physician or has an opportunity to have a discussion with a physician who comes to his booth. He should step aside and out of ordinary conversational range so as to give the other all the freedom of discussion that he may desire.

He must never "detail" a physician in another exhibitor's booth and on no account invite a physician to leave a competitor's booth to proceed to his own. He should exercise the kind of courtesy that good manners and common decency dictate.

The representative should never by such subterfuge as allowing himself to be mistaken for a practicing physician, try to gain information from a competitive exhibitor about any of his products. In other words, he should not by that means attempt to learn the other's "thunder." Nor should he by obviously eavesdropping listen to a discussion another may be having with a physician. If he wants to hear a competitor's story, he should be straightforward and gentlemanly enough to introduce himself for what he is and ask directly whether the other will be good enough to tell him about a product or to give him the brochures or reprints in which he is interested.

If a representative, *A*, has reason to suspect that another, *B*, is telling a fanciful tale about a product which may be competitive to *A*'s and which may mislead a physician into believing unjustly that *B*'s product is superior to *A*'s, *A* may ask one of his physician friends to check the story for him. When he has that information, it is entirely proper for him to call the offending representative aside for a *friendly* discussion of the facts in the case. If this does not suffice, the matter may be reported to *A*'s home office for attention. If the other man's story is inaccurate, it will be discovered soon enough by those misled by the dis-

seminator of false information, to his own and his firm's discredit and detriment.

A report should be sent to the representative's own firm on what other firms exhibited at the convention and what products were featured, especially the new products.

**Turnover Orders at Conventions.** Turnover orders may frequently be solicited from physicians at convention exhibits with considerable success. Many physicians seem to be more susceptible to placing orders at conventions than they are in their private offices.

If a representative's firm has special retail distributors throughout the country, it is a good idea for him to have a list of them at the convention booth. Then, when a T-O order is obtained from a physician located in another representative's territory, the Professional Service Pharmacist who is writing the order may look up the name of the firm's distributor in or near the town in which the physician has his practice. Sending the order to such an account assures the representative that the physician will have his order filled promptly and that the physicians supply pharmacy who receives the T-O order will appreciate it as a part of the cooperation that the firm extends to him as a direct account.

**Closing the Exhibit.** The hour of closing the exhibits at the end of the convention is determined by the convention management. Thus, no exhibitor is permitted to begin the dismantling of his exhibit until the hour set for that purpose. If the convention is of three days' duration, the hour will usually be set at three or four o'clock in the afternoon of the third day. If the convention is of five days' duration, the hour may be noon or one o'clock in the afternoon of the fifth day. At the designated hour the exhibits-floor manager will start the delivery of shipping cases to the respective booths. Then dismantling may begin.

The representative in charge of the booth should reread carefully his instructions for reshipping the display. He must see that labels and shipping tags for the cases and crates are properly prepared, so that the booth will be sent to its intended destination *on time*. Special note must be taken of the instructions as to the carrier by which it is to be forwarded. If little time re-



mains between this and the next convention for which the booth is scheduled, shipment by a specific rapid-transit carrier may have been designated, and, if more and sufficient time remains, another carrier who provides slower and less expensive service may have been selected.

The representative should be sure that the name of the carrier is plainly marked on the labeling and that the address of the consignee is correct. He should remove old shipping labels from the cases so as to avoid confusion.

He must make certain that everything that was received pertaining to the display is forwarded, including all the items of hardware and other used or unused items originally included in the tool or utility kit. Unused pencils, registration blanks, dummy cartons, original packages, excess samples, and literature should be forwarded with the display but packed separately. *The representative must never place in the shipping cases made especially for the booth sections anything except the sections themselves.* Otherwise, an expensive display may be badly scratched or damaged beyond immediate use or repair. *It pays to be careful.*

If certain sections of the exhibit were not used, and thus may still be in the receiving room at the close of the convention, care must be exercised to see that those shipping cases are also properly addressed for forwarding. Otherwise, if forgotten, they will not be shipped at all. They may be required for the next convention exhibit, which may occupy a larger space.

The representative must see that all shipping cases are properly sealed or locked. Agents of the various carriers will usually be on hand. The representative of the carrier who is to transport the booth to its new destination should be informed that his company is to forward the shipping cases in which the dismantled exhibit is packed. He will examine the cases to make certain that they are correctly labeled and will see that they are given proper attention.

Finally, the signed registration blanks should be forwarded to the firm's medical division, or other department or person, according to the instructions previously received with regard to their disposition.

## CHAPTER XVI

### POLICY, ETHICS, AND THRIFT

**House Policy.** Most, if not all, pharmaceutical manufacturers have a policy for defining their actions and limitations. Sales policy is a part of the broad declaration. It relates particularly to the pricing system, prices, terms, the classifications of trade to whom the firm will sell and at what schedule of prices, the company's position with regard to return goods, price adjustments, transportation costs, and almost any other phase of the business with which the representative is directly concerned.

Upon its policy, to a very great degree, is ultimately determined the kind of reputation the house will have and the progress and prestige it will enjoy in the pharmaceutical and medical professions. A vacillating policy, one that may be departed from at the whim and fancy of any single individual, is no policy at all and only leads to embarrassment, confusion, and distrust.

A good sales policy, which has brought the house much good will, prestige, and prosperity, is a most cherished possession and has every right to be guarded very jealously. Any change in sales policy or in its interpretation for general application is a matter for the serious deliberation and decision of top management. Thus, representatives must at all times be mindful of what the house policy has contributed to its success and anticipate the consequences of their prospective actions.

A salesman or other representative who is not imbued with the spirit of that policy is not fit to represent the house. Even one salesman who violates the principles of that policy can do the company material injury by causing it loss of prestige and trust. Any violation of that policy by an irresponsible representative gives the appearance of sanction of that corruption by the firm itself and kindles the impression that all the firm's representatives are likewise reprehensible.

Because the reputation of the house and the honor and integrity of its management are involved, the importance of representatives' holding the house policy inviolate regardless of circumstances cannot be stressed too strongly.

**Work with Your Sales Manager.** Most sales managers today, especially those who have, from experience, a real knowledge of what is required of a salesman, will treat their representatives as they themselves would like to be dealt with if the positions were reversed. They understand representatives' problems and reactions and will be considerate of them. They will not necessarily be "easy," because they know, from their own labors in the field, what constitutes a good day's work and what the probable production should be under the prevailing conditions of each territory. They will most likely know most of the "tricks." Thus, a representative should never try to "pull a fast one" because, as surely as he does, he will be discovered.

Nothing may be said about such an occurrence immediately, but it may be expected to be well cataloged in the sales manager's mind for future reference, for example, when he considers selecting someone from the sales staff for a promotion. Of course, errors of judgment may occur with a representative as they do with executives, which, if the representative learns by his experience, may be overlooked. Frank dishonesty on the part of a representative may be expected to be dealt with promptly and severely.

Whether the representative's immediate superior is the division sales manager, district sales manager, or supervisor, he is for practical purposes the general sales manager so far as the representative is concerned. He is the one to whom the representative should look for help and guidance and with whom he should work closely and enthusiastically. He goes into the field to be of what assistance he may, to observe the progress of the representative, to help improve the quality of the representative's work, to learn new techniques and gather new information that may be passed on to other representatives, to survey and study business conditions in the territory, and to function as a good-will ambassador of the firm.

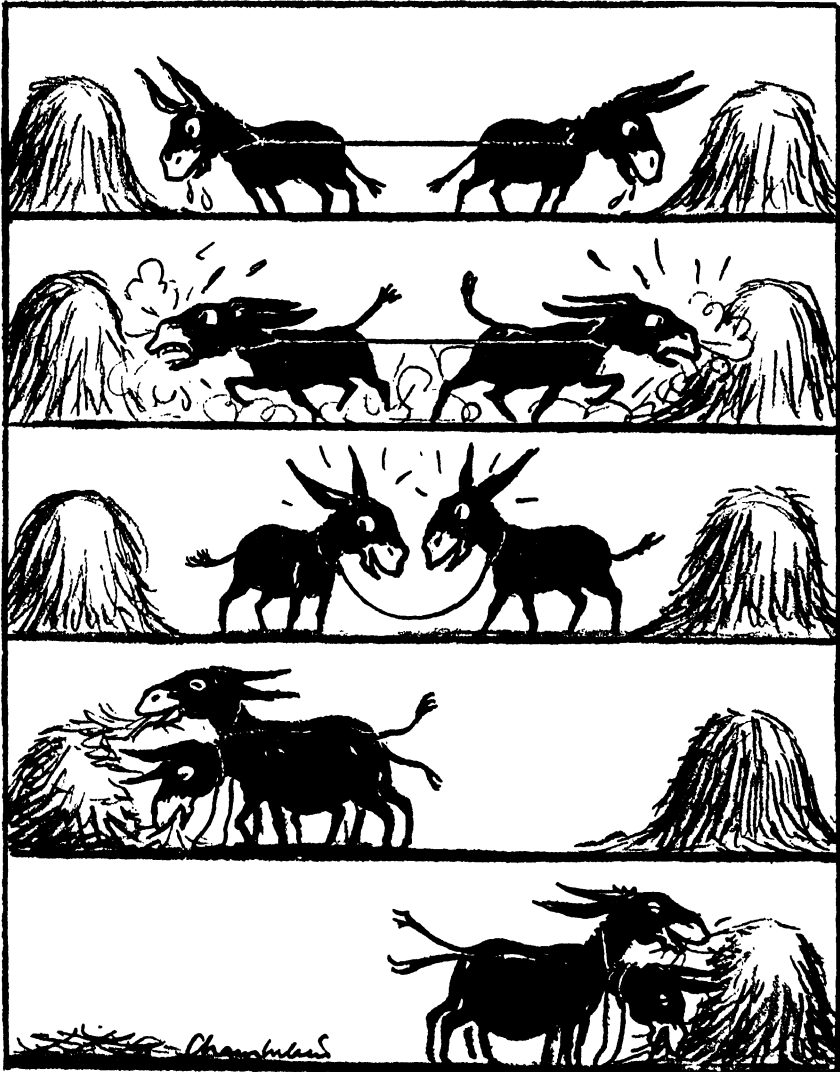
It is the representative's obligation to help the supervisor to be of greatest assistance to him, like that of the supervisor to the division sales manager and the division sales manager to the general sales manager. The representative must take seriously and in the spirit in which they are given any suggestions, advice, and criticism that the superior may offer. If the representative does not agree that the counsel is correct or warranted, he should say so, giving his reasons for dissent. Maybe the supervisor has misjudged, or maybe it's fifty-fifty. Possibly his viewpoint or perspective is a little different.

Most representatives are thinking men, or they would not have their present positions. There are frequently decisions of action and strategy to make, some of which will need to be discussed with the supervisor or sales manager, whoever is the representative's immediate superior. He must discuss the matter thoroughly and understandingly and abide by his supervisor's decision. Even though he may not be in complete agreement, a representative must recognize that the supervisor calls the signals, as is his privilege, prerogative, and responsibility. The representative should then carry out the decision in the manner resolved, to the very best of his intelligence and ability. A man who aspires to a sales manager's position must prove to himself and to his superiors that he can follow directions or instructions and carry out decisions as well as give or make them.

When the representative meets his supervisor or sales manager, he should *be himself*, just as he would with any other businessman. Naturally, he should show the usual courtesies without overdoing them and not impose too much upon him. He should remember that his supervisor requires rest too, because he travels a good deal and is up at all hours working, conferring, and visiting representatives and other business and professional men. He has his mental load to carry also. By the same token he must have time to relax privately and to think, speculate, study and take care of correspondence.

The representative should have no hesitancy in being frank and open-minded with his sales manager about almost any problem which may in some manner influence his work. Even when there is consideration of other employment, which the repre-

COOPERATION



(Courtesy of Topics Publishing Co., New York.)

FIGURE 35. Cooperation springs from enlightened self-interest and moral responsibility.

sentative feels he would like at least to investigate or in fact has investigated, the sales manager will be glad to discuss the matter with the representative's best interest in mind.

Seldom nowadays is a man likely to be unfortunate enough to have a sales manager who will place a representative in jeopardy because he has lent an ear to another business proposition or who will not give him the benefit of his very best and considered opinion in the matter. A right-thinking man likes to see another succeed and would not place any obstacle in the other's way that would deprive him of more of the good tangible and intangible things of life.

Some sales managers are glad to have their men investigate other "opportunities" occasionally, so that they may discover how well situated they really are. Then, more frequently than not, they "buckle down" to their work more enthusiastically than ever.

A sales manager obviously has a great interest in his men. He wants them all to do well, because then he will do well too. He will help men *promote themselves* by giving them every possible assistance in their planning and preparation for better positions ahead. Of course, he cannot put two men into one new job or one opening. But such openings in most organizations come faster than is frequently realized until a person looks back over the period of several years or a decade or two. And they seem to continue at no diminished rate as time and industrial growth exercise their influences.

Every representative should endeavor to gain for himself a good reputation for special interest in and preparation for other phases of the business in addition to expertness in his current assignment. These interests may be in sales management, advertising management, office management, personnel management, public relations, speaking, market research and statistics, production, economic research, purchasing, law, accounting, finance, or administration. A man should have faith in his ability to succeed and be willing to pay the price in energy, preparation, conduct, and efficient performance to gain promotion. However, he should take care not to ruin his chances for advancement by an

inflated ego and sharp or pressure tactics in an attempt to force himself up or to compel management action prematurely.

When the representative has an appointment to meet his supervisor or sales manager, he should be there on time, if not a few minutes early. It is a good idea for a salesman habitually to have his watch set five minutes fast. Before the representative leaves his home or hotel room to meet his sales manager at the hotel, it is well for him to telephone the visiting executive and let him know about what time he will arrive at the hotel. He should ask whether the executive wishes to meet him in front of the hotel as he drives up. This often saves much time and frequently parking charges by obviating the necessity of the representative's finding a parking space. The executive may suggest that the representative park the automobile and meet him in the hotel. In the latter case, he should telephone the sales manager's room upon arrival at the hotel. House phones are available for the purpose. The representative should not proceed to the executive's room except upon invitation. The sales manager may prefer to meet the representative in the hotel lobby.

If the representative should, for unavoidable reasons, be detained, he must telephone the sales manager as early as possible and let him know of the delay. Possibly he is hurrying to make the "dead line" too. The representative should not try to alibi that he stopped off to see a couple of accounts on the way down but should be frank as to the reason for the delay. The sales manager may have had the same experience himself sometime and, otherwise, might not accept an alibi as authentic anyway. He may also have liked to have made the calls about which he is told.

Periodically sales managers or supervisors call meetings of representatives to review past accomplishments or to lay plans for future action. The representative should be prompt. He should listen attentively and contribute a share of the ideas. Individual territorial problems should not be injected into the discussion unless requested by the chairman of the meeting. Representatives should be prepared to discuss general sales problems, competitive conditions, and any sales or merchandising ideas for gen-

eral application. They may also be asked to give their impressions of auxiliary sales-supporting elements such as display material and other dealer helps, pharmaceutical- and medical-journal advertising, direct-mail pieces, and other matter that may have an effect on sales.

**Relationship with Competitors.** It is the responsibility of the representative to reappraise his territory frequently to be sure that he is obtaining the utmost of the sales possibilities under the conditions prevailing at any given time. He should improve his company's position in his territory by taking advantage of every opportunity to do so. Much business in regularly established markets is lost, because representatives do not observe closely what goes on in their respective territories. This does not mean that a representative should eavesdrop on a competitor's representative. Doing so may embarrass both the competitor's representative and his customer and handicap him in his presentation. It does mean that he should inquire about business conditions, prospective industrial developments, trends in economic thinking generally, and trade reactions, competitive conditions, and activities within his own field. Dealers in other types of retail business, wholesalers, farmers, bankers, lawyers, and other business, industrial, and professional men, including competitors' representatives, should be cultivated and interviewed periodically for the purpose of gaining such information.

The representative should deal as fairly with a competitor as with customers. He should be friendly and honest with him, and he, in turn, will most likely reciprocate. However, he must keep alert to what the competition is doing. He should try to anticipate competitors' strategy so as to prevent, to the greatest possible degree, any loss of business to them, except that every representative should keep his dealings "clean."

He must be anxious for business, of course, but get it on an honorable basis. There are plenty of fair means by which a representative can outdistance his competitor, such as by virtue of location, special facilities, special promotional efforts, service, knowledge, the representative's own personality and helpfulness to his accounts, appeal to the buyer's pride in dealing with the



firm and its personnel, and many other reasons that appeal both to logic and to the emotions.

There are still some fellows who look upon competitors and their representatives as enemies with whom they must have nothing to do, much less show them any favors or courtesies. Such an attitude is perfectly asinine. Of course, one occasionally comes across a "bad actor" among competitive representatives. The representative must be sure that it isn't *he*. Such a man usually does not last long, unless his house tolerates or sanctions his conniving and demoralizing tactics. Even then he will "last" only until he gets "too hot" for his house.

A friendly competitor is an asset to any representative, even though both are "hard-hitting" salesmen in the sense that each wants the biggest share of the business possible on an honorable basis. They can still be friendly rivals, fair and square, even though the rivalry may be great. One competitor's representative can often be helpful in supplying "leads" to another. Of course, they will be "leads" of which the first cannot take advantage.

If a representative wants information about any competitive product the best way to get it, correctly, is to ask the competitor. He will supply it, provided the information is no longer confidential between him and his firm. He knows the information can be had anyway, though maybe not so conveniently, so he may as well be agreeable.

Some of the biggest factors in the success of many representatives are their willingness to compare notes and experiences and to benefit by each other's knowledge and mistakes. There is one especially distinct advantage that a representative may have in disclosing the merit and explaining the fine points of his product: he may demonstrate conclusively that his product is manifestly superior to others and thus make the competitor so demoralized about his own less superior product that he cannot promote it as sincerely or as effectively as before.

It is not a good idea, however, for a representative to brag or boast about how good he is. The other fellow may have a keen nose for "smelling out" business and may then go in and do a

still better job in the very spot about which the other was patting himself on the back without realizing he was preparing to lose the subject of his self-praise. An able representative does not have to put on any boasting campaigns to make himself known.

Representatives must not gossip about sales matters or permit their wives to do so; because too often they may be called upon to explain, to their embarrassment. They may make ill friends or may cause others to lose confidence in them. Lying to competitive representatives is bad practice. If asked about something, a man should tell the truth to the extent permitted and then state frankly that the information given is all that can be disclosed at this time. If requests are made for information, confidential or such that he prefers not to disclose, the representative should say so or brush the questions off with a smile or laugh or in another agreeable manner. He must not lie, invent a "cock-and-bull" story, or distort the facts.

Honorable men do not like liars, even petty prevaricators or hypocrites. These are sooner or later "caught up with" and become the subjects of distrust forever after.

**Mentioning Competitors or Their Products.** The Professional Service Pharmacist should be careful, naturally, that he does not "knock" another product. "He who slings mud, loses ground."¹ The representative is expected to give good, sound, substantiated reasons why his firm's product is superior, if it is. He may make a comparison with another product, provided it is done in a general way, referring to the competitive product neither by trade-name nor by manufacturer and designating its active constituent by its chemical, generic, official, or common name.

If the physician or the pharmacist brings into the discussion the trade-name of a competitive product or the name of another manufacturer, the representative should try to avoid mentioning either by name. He may refer to it as "the product you mentioned," "the product of which you spoke," "the product referred to," "the product you have been using," "the product you had

¹ Chinese proverb. *Southern Pharmaceutical Journal, Jr.*, 14, No. 8:2, July, 1946.

contemplated using," "the manufacturer whom you mentioned," "the firm to which you referred," and so forth.

When a competitive product is mentioned, the representative should have something good or complimentary to say about it or skillfully avoid any expression at all if it is considered justified. For example, he may say, "The product is excellent, and the manufacturer has a splendid reputation, *but* you will be interested in the following advantages of ——."

A product that is compared with a "poor" one must by inference be likewise a product of inferior quality or efficacy. Conversely, a product shown to be superior to one of admittedly high quality can only be judged to be ultra-ultra and something *really* worth consideration and preference.

**An Integrated Pharmaceutical Industry.** As "a house divided against itself . . . cannot stand,"² so the drug industry will be severely handicapped unless its constituents look upon its various units as inseparable divisions of the industry as a whole. Each is a necessary auxiliary to the other. Neither one can stand alone.

The retail pharmacy or drugstore is the very basis from which the whole industry sprang. Every pharmacy is, in a sense, a manufacturer and was in fact the first manufacturer of drug products. However, its modern fabricating endeavors are confined to such products as require extemporaneous preparation in relatively small quantities, too diminutive to be undertaken by the capacious pharmaceutical manufacturer. It is the main and only logical ultimate outlet for the commodities of pharmaceutical manufacturers and for other related products for the medical professions and the public health.

Pharmaceutical manufacturers, wholesale druggists, retail pharmacists, hospital pharmacists, and pharmacy colleges should be mindful always, in all their considerations, of each other's best interests. This applies to profits, cooperation, prestige, personnel, or philosophy. Managements of manufacturers and wholesalers sometimes overlook the fact that they are pharmaceutical men and should be imbued with the spirit and philosophy of an

² Mark 3:25.

old and honorable profession for the benefit of the profession and the industry as a whole.

Retailers too sometimes are remiss in their duty to the profession and the industry as an integrated whole by thinking themselves an entity apart and at diverse purposes with the others. "Behold, how good and how pleasant it is for brethren to dwell together in unity."³ Let there be a spirit of oneness throughout the pharmaceutical industry, each branch, whether manufacturer, wholesaler, retailer, hospital pharmacist, or pharmacy college, acting always in the best interests of the other divisions of a united and concordant industry.

Let it be remembered also that the amalgamating instrument of all bodies and branches of the integrated pharmaceutical industry is the American Pharmaceutical Association. In and by means of that representative organization all have an equal voice in pharmaceutical affairs and an opportunity for the exchange of information and ideas whether in the sciences or business. It fosters good will and understanding. Its endeavors further to solidify and advance the indivisible, integrated, pharmaceutical industry have been magnificent and its results very gratifying. It should be loyally and liberally supported by all members of the industry whether individuals, firms, or other associations.

**Thrift and "Direction."** The salesman who will have progressed in learning and experience over the period of years and who will have, as a matter of good business and ethical principles, pursued sound and honorable commercial practices in the attainment of his operative success may with all justice look with a good measure of satisfaction and pride upon his accomplishment.

But during his productive years will he have devoted sufficient attention and planning to his hopes for independence and happiness in his venerable age? Will his frugality and "direction" have brought him his share of tangible and convenient assets, which will assure his pleasure and financial security in the autumn of life? Whether or not they have may depend upon his early attitude toward financial matters and moral conduct and upon his judicious, rightful apportionment of time to the invest-

³ Psalms 133:1.

ment of his earnings and its management, as compared to that devoted to his vocation, his pleasures, his self-improvement, and the companionship of his family.

**Prosperity and Success.** Salesmen, like others, develop business ability and acumen in proportion to their attention to their own equitable financial aggrandizement. The disposition conscientiously to devote *every* waking hour to the pursuit of a man's vocation indicates a high degree of loyalty to his firm and is as it should be. But the neglect of his personal pecuniary responsibilities for the benefit of himself and his family not only impedes his "growth" but is likely to penalize his future.

A representative who has acquired first a reserve and then an estate will have more self-confidence, more courage, and will do relatively better work, because he will be free from the coercion of necessity. Prosperity breeds success. A man who can demonstrate that he has managed well and profitably his own monetary and ethological affairs has a greater probability of being selected for administrative responsibility than the man who has produced only sweat and orders.

A number of years ago some sales managers and other executives held the notion that salesmen should not save money. Apparently the opinion was that if salesmen were "broke" they would work harder and produce more and that if they were extroverts and spendthrifts, they were better salesmen.

That opinion, fortunately, is not a part of the thinking of modern responsible executives. They know, further, that the best salesmen today are not likely to be extroverts. "Indeed many sales managers have already found that the ambivert, or even the near-introvert, is likely to be more successful than the extrovert."⁴ They like to see their salesmen save money and prosper. They desire their representatives to have a high degree of responsibility.

Obviously, the possibility for saving is a very pertinent factor in a man's ability to save. This may, in turn, have an influence upon the development of his mental acuity and attitudes that may determine his suitability for executive responsibilities. It is

⁴ Bursk, Edmund C., *Low Pressure Selling: Is It a Forgotten Art? Sales Management*, 57, No. 9, May 1, 1947.

important, therefore, that he should make the most of his opportunity to work and to produce in order to cause his compensation plan to be profitable to himself.

**Salesman, the Businessman.** It has been said that most salesmen are not good businessmen and that as a class they save less money than any other group. That, of course, includes all men in the selling profession generally, including house-to-house salesmen and order beggars, whether or not they are in the wrong niche or vocation (see page 14). There are many misfits in the selling profession. The reason, in too many instances, is one of lack of aptitude, poor selection, and inadequate training. However, if all inept "salesmen" were eliminated statistically from the comparison except for that proportion of the poorly qualified that is found on the average in other vocations or professions, salesmen, as a whole, including executives who have advanced from the selling ranks, may probably rank higher than any other group, particularly from the point of view of their ability as businessmen.

It is logical that this should be so, because they are dealing every day with operative business problems on a management basis. The proportion of former salesmen who are heads or "key" executives of America's corporations, both pharmaceutical and other, attests to that. However, every salesman should be a good businessman, because the very nature of his work calls upon him daily to make sound suggestions and recommendations to business executives. True, the approach of a representative of a pharmaceutical manufacturer is from the point of view of sales promotion rather than of machinery and supplies for production. But upon the soundness, efficacy, and productivity of his endeavor depends the management policy and business success of his customers as well as that of his own company.

A good insight, therefore, into the general management problems of his customers' business should be had by the salesman. Both customer and salesman frequently get into difficulty when this is not true. For this reason, it is best that the salesman be technically trained in the industry of which his customer and his firm are constituents. That is prerequisite to the soundest man-

agement and a reason why a technically trained salesman is a logical candidate for top-management positions, which naturally require a good understanding of the organization, coordination, and administration of the various ramifications of the business. It is most compatible with the success of the business and that of its customers—a mutual proposition.

**Solid Evidence.** But are *you*, as a salesman, preparing for that responsibility? Are *you* doing *your* part to establish the impression generally that salesmen are good businessmen and that the probability of superior administrative ability favors the technically trained salesman?

Solid evidence of that quality in the individual is, to a great degree, irrefutable to the extent that he is successful in the management of his personal financial affairs.

Has his estate grown in proportion to his earnings and his responsibilities? Have his investments appreciated? For what reason has any shrinkage in his assets occurred, and does this constitute a reflection upon his judgment? Is his integrity unquestioned, and is his paying record good? Does he maintain a security program commensurate with his earnings and his God-given responsibilities? Does there appear to be a reasonable or logical balance between his insurance and other investments? Does he budget a definite amount for savings each week or month?

The answers to such questions will determine whether a man is contributing to the elevation of the average of salesmen's savings as compared with those of other groups. It will also show whether he is a good businessman and a potentially good administrative executive.

**Cooperate with Management.** A salesman is not successful just because he sells goods. He must get the most out of his territory within the limits of reasonably efficient planning, preparation, and selling effort. Thus, it is important, as well as a moral responsibility to himself, his family, and his firm for a salesman to cooperate with his management to the greatest possible degree.

By so doing he may make the most of his opportunity to enable him to gain "the ultimate objective of almost every person,

whether he be a salesman or engaged in any other effort, . . . to live a happy and comfortable life and satisfy his requirements and those of his family." ⁵

Let every salesman go forth to do justice to himself, his family, his firm, and his profession!

Build thee more stately mansions, O my soul,  
As the swift seasons roll!  
Leave thy low-vaulted past!  
Let each new temple, nobler than the last,  
Shut thee from heaven with a dome more vast,  
Till thou at length art free,  
Leaving thine outgrown shell by life's unresting sea!

—Oliver Wendell Holmes

⁵ Molitor, W. D., On the Road to Successful Selling, *Sales Management*, 58, No. 3, February 1, 1947.



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