changes in the product mix and customer service patterns of a given company. Efficiencies obtained from such action, however, would offset much of the loss of income from price reform as already described. Prices are inflated, and by some sort of Parkinsonian law, sales activities are inflated within the limits set by those inflated prices.

A better understanding of the precise source of the prescription specification—who wrote it, why he wrote it rather than something else, and where and at what price it was filled is essential to build a knowledge of what to do about getting the next specification for your label. The reason it was received yesterday, may not and probably will not, be the reason it comes in tomorrow.

The industry does have at the present time much statistical data on the number of prescriptions written, the products specified, and even the prices charged. However, this data is slim on precise motivation behind each selection of drug prescribed, and it is difficult to trace back to the basic cause for the choice. Besides this failing, the shifting trends insofar as numbers of prescriptions written under circumstances other than those of the traditional private patient in office practice which a few years ago was literally the sole source of drug specialty sales volumes are not properly reflected in data form. Improvement in available information on prescriptions from every aspect will be forthcoming soon as studies now being set up are completed, and fuller utilization of computers is realized. Progress in this area has been slow, for even although a pharmaceutical company is so often quick to spend several hundred thousands of dollars in research efforts to develop the best possible formula for a drug product, it is more often than not quite unwilling to spend even half that amount to determine the key patterns of the ever-shifting marketplace for the product when it is finally perfected.

Even more specifically than this, however, the pharmaceutical manager needs to determine what activities on the part of his sales staff, produce which results in his sales area today. Generally speaking, he is not succeeding in getting this information. Partly this is because it is a very difficult thing to do, but partly it is because there have not as yet been real pressures as yet to require it. Behind it all is the knowledge that if he does acquire it, it will be an overwhelming job to implement his new knowledge with a completely revised and reorganized and reassigned staff.

The shifting pattern of medical care centered around the growing importance of the hospital—its accident rooms—outpatient departments, diagnostic facilities, and its expansion to include nursing home and convalescent care in its scope of influence will change the job of the pharmaceutical detailman in the years immediately ahead. This will be true not only to the extent of where he works, but also how he works. It will reduce him in numbers, but no doubt will increase his individual cost to his employer. It will place new burdens on his training, and new strictures of regulation and control on the performance of his duties. All of this calls for immediate reexamination of every facet of this part of the sales procedures of the industry. The pharmaceutical detail man must be, like Caesar's wife, above any suspicion. Economies and readjustments which will result will contribute to the improved climate for pharmaceutical industry operations.