

4266 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

[Inter-Department Memo, July 17, 1959]

To: Mr. E. P. Anderson.
From: Frank N. Getman.
Subject: MER-29.

PERSONAL & CONFIDENTIAL

DEAR ED: Following up our conversation this week, Woodward and Werner are proceeding with plans to be sure our clinical work gets well wrapped up during the current calendar year. I told you how we had unsuccessfully tried to get Carlissi, Sterment and Holland. We now have under consideration two retired clinical research men from ethical companies—if they are able, and if their companies will permit it under their pension plan, our problem will be solved; otherwise, we will be in touch with you to see if we can borrow John Scanlan on a part-time basis. Woodward and Werner have been advised of his workload but also of your willingness to have him help us if we can confine the area to the cost.

Of course the big end of this job is getting positive proof of how well the product works and how. In addition, we want to be in a position to follow through with personal contact and on all adverse reports to get the facts. For example, we have had reports from two clinicians that of the first two patients they placed on MER-29 one died at the end of a week from a coronary. This is not written to alarm anyone as we are confident it was independent of the drug and if these patients might have been cured. However, on the surface of the record, you can see how bad this looks, and we need detailed case histories. There are also some toxicity questions found in laboratory animals which need to be carefully resolved.

Summing up briefly, we appreciate your offer of help but will not impose upon you unless we feel it is very important for the benefit of the Enterprise.

[Inter-Department Memo, July 27, 1959]

To: Mr. Philip Ritter, III.
From: Frank N. Getman.
Subject: Let's Start Selling.

Jumping to any conclusion on the basis of only a few days' sales would be completely erroneous—and particularly when it is in the middle of a vacation period.

However, this is the year when we have every reason to believe Merrell should break into the truly "big time." We will do it only if we get off to a fast start and continue building throughout the year. On this basis, I have been somewhat disappointed over July results since, with the month nearly over, we have an increase of less than 8% against a budgeted increase of 24% and MER/29 is running less than $\frac{2}{3}$ our budgeted figure.

Since I will not be here next week when you return from vacation, I took the liberty of having a short meeting with those of your sales executives who were in the city on Tuesday, the 26th, trying to get their opinion on why sales of our over-all line are lagging as well as MER/29. My only purpose was to start them thinking in order that they would be in a better position to give you recommendations when you return.

Let's take a close, critical look at the way we are stimulating the field force on MER/29. Very frankly, I have seen almost nothing going out of here in the way of good sales promotion ideas. The last revision of the detail was not very outstanding in my regard. It still seems pretty complicated for the GP, with a lot of long terms where shorter words would work. This is one that we discussed, and I find that no change was made in the closing which asked to put 10 patients on it. Why 10? To me it makes sense to ask a doctor to try a drug on two, three, or possibly five patients, but if we're going above that, why not ask for all of them? What do you think of a closing that says in effect, "I am sure that you will want to place all of your post-coronary and coronary prone patients on MER/29."

Admittedly, the above is only one single, short suggestion, but I think we ought to take a fresh look at our whole campaign on MER/29 with the idea of retaining the essential flavor of the introduction, but getting much more positive in order to motivate doctors to write scripts.