Competing channels, diverse constituents: the construction of the market for beauty products 1940s-1990s
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Abstract

The paper aims to analyze the process of market emergence, i.e.: creation development and subsequent transformation. We focus on discussion and negotiation between a system of actors and institutions serving as a springboard to sustain commercial development. More specifically we use cosmetics to demonstrate the interconnection between entrepreneurs, industrialists, intermediaries and institutions to understand the development of markets. We focus more specifically on skin care and hair care products sold through selective channels during the 20th century. In the development of that category in Europe interconnections have been engineered by competing actors whose nature and role we intend to explore.

The business of beauty is a major one and certainly a central one in the globalisation wave of the 20th century (Jones, 2010). This paper aims to understand the way diverse constituents participate in the creation of a new market. It looks at the selective distribution of skin and hair care products in Europe in the 20th century with a special focus on the emergence of dermocosmetics products as a new category in French pharmacies between 1945 and the 1990s. This novelty involved a discussion or negotiation between customers, products and competing distributors, regulators and prescribers.

Economic sociology (Granovetter, 1985) informs us that intermediaries are more than neutral platforms relating economic partners. These active entities are actors involved in the construction of markets and the dynamics of the values that drive them. As a consequence they have an impact on the cognitive categories (DiMaggio, 1987) and the values that order goods, people and organizations on markets, and institutions (Bessy &

1 This paper has benefited from a research grant of the Pierre Fabre Group under a convention with the University of Toulouse Graduate School of Management (CRM-CNRS Toulouse). The author is grateful to the company for the access provided to the Pierre Fabre Archives (PFA).
Chauvin, 2012). Industries are however considered in many economic or business studies regardless of intermediaries or more precisely tend to ignore some intermediaries and institutions. They are sometime ignored because they do not belong strictly to and do not fit in the traditional classification systems of industries. In understanding competition and marketing dynamics traditional classifications are not very useful. Industry definitions have been first and foremost constructed for statistical and regulatory purposes. Companies belong to industries delimited by standardised lists at transnational and regional levels. Production processes such as chemicals, pharmaceuticals or alcoholic perfumery mostly define these classes. This is all fine concerning specialised enterprises or for administrative or national statistical purposes but it is much less useful to understand market dynamics or even profitability (McGahan & Porter, 1997).

Frontiers defining the industry vary in time while the market and the regulatory framework challenge almost permanently their boundaries. Intermediaries (Bessy & Chauvin, 2012) and channels evolve simultaneously and participate in the definition of the markets. This is the reason why we believe that to understand market creation we need to look altogether at the macro and the micro level re-assembling the context with the strategies of actors.

Various theoretical frameworks could be considered to conduct such an historical research on market creation. One of the most interesting but also challenging in methodological terms is actor-network theory (ANT) or sociology of translations (Callon & Latour, 1981). Developed by sociologists of science, ANT posits that the success of an idea, a practice, a technology and in our case a market category relies on its ability to tie the multiple interest of actors together and that it is obtained by what they call translation. Callon and Latour (1981) define translation as: “all the negotiations, intrigues, calculations, acts of persuasion and violence, thanks to which an actor or force takes on ... authority to speak or act on behalf of another actor or force”.

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2 The International standard industrial classification of all economic activities (ISIC) in the UN statistics system; the SIC/NAICS in the USA or NACE in the European Union. All systems classify establishments by their primary type of activity.
In a famous article relating the efforts of researchers to defend a scallop preservation project Callon (1986) has distinguished four moments of translation. He starts with problematisation "how to become indispensable" followed by interessement (profit sharing) describing the processes that conduct allies to be locked in place. It is followed by enrolment: a set of strategies in which "the actors sought to define and interrelate the various roles they had allocated to others". The last step is mobilisation i.e. making sure all actors are aligned with their chosen "spokesperson". That framework has been used to illustrate the rise of market and category development, especially in beauty related products such as the rise of Botox cosmetic (Giesler, 2012).

For historians and especially business historians, ANT seems to provide a strong platform to deny a pre-given story of the past. Or to put it in a different way, following Durepos and Mills (2012) to: "re-assemble the constitution of the social past by looking at the actors relationally" (p. 119) and to understand how one actor's interests were altered as a result of interacting with another as well as which networks were built as result of this interactions".

Industry creation or market emergence has been studied using several other frameworks including evolutionary economics (Djelic & Ainamo, 1999) and management notably through the lens of sociocognition. Khaire and Wadhwani (2010) have per instance shown the importance of the processes of meaning construction and value determination in an emerging category.

While the present paper is a business history one using historical methodology, we try to integrate some of the theoretical contributions mentioned. We emphasize in the analysis upon the role of various actors - humans and non humans to use the ANT jargon – and their relations to understand the creation of a market category by competing constituents.

**The case for the beauty industry**

The beauty market offers an excellent case study in product category creation for the 20th century period. Indeed the industry is very diverse as it gathers different products from lipsticks to soaps and botox cosmetic; very different technologies from alcoholic perfumes to wrinkle fillers and very different distribution practices from direct selling to exclusive
boutiques. The industry is not new with antique artisan economies to corporate activities from the 18th century (Martin, 2009).

Geoffrey Jones (2010) has used a broad definition of the beauty business that provides a great example of challenging the classification system for industries. In this business, companies originate from various industries as defined in industrial classification systems. Beauty products are developed, manufactured and sold by companies that have for many of them roots in the chemical industry. However, several originate from the initiative entrepreneurs of many types: self-taught "cosmeticians", traders, hairdressers, pharmacists and herbalists.

The beauty market has thrived thanks to the efforts of the industry to follow and accompany the evolution of Western society. Evolving perceptions of the use of skin, hair care and make-up products are deeply connected to women’s attitude and of social conception regarding beauty and health in developed countries after 1945 (Jones, 2008). This paper however will not focus on the cultural history of body (Stearns, 2002), beauty (Eco, 2010; Vigarello, 2007), hygiene and toiletries (Goubert & Le Roy Ladurie, 2011) topics that have been widely researched.

In the creation process of the market for cosmetics since the second half of the 20th century, companies have been very active at setting up boundaries to affirm their specificities, generate legitimation and differentiate with competitors in order to enjoy premium prices. Pricing power is a key component in the choice of a segment in that industry where margins could be significant3. The choice of a selective distribution channel (direct-owned stores, department stores, perfumers, pharmacists) as opposed to mass market channels (supermarket, direct sales) determines the price structure offered to manufacturers.

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3 Famous investor Warren Buffet once supposedly said: “The single most important decision in evaluating a business is pricing power. If you’ve got the power to raise prices without losing business to a competitor, you’ve got a very good business. And if you have to have a prayer session before raising the price by 10%, then you’ve got a terrible business.” Source : A. Frye and D. Campbell, “Buffett Says Pricing Power More Important than Good Management,” February 18, 2011, http://bloomberg.com.
The selective distribution channels supposes that the customers are offered a more sophisticated shopping experience, including a personal advice provided by specialized on site sales forces. It integrates the likes of department stores, perfumeries but also beauty saloons (Willett, 2000) and in some countries since the early 19th century medical practices (Martin, 2005) and pharmacies. In this paper we focus at the latter for it has the specificity of providing expert advice to the consumer via the scientific legitimacy of the pharmacist.

What can we learn form the study of this type of distribution? It helps to answer a set of research questions important in marketing history: why do companies select a specific marketing channel? How do such choices impact their competitive position, brand management and price policies? How do companies manage channels in countries where they differ from the home country? This contributes to the general knowledge about a sector that misses a business history synthesis for the 20th century with the notable exceptions of (Peiss, 1998) and (Scranton, 2001) for the USA and for a more global perspective by Jones (2010). It also contributes to the understanding of the strategy practices of companies involved in the global health and beauty industry.

The selective distribution of beauty preparations

France played a major role in the development of the beauty industry. Several companies were born and thrived supported historically by a demanding domestic market (Lanoë, 2008) and strong levels of consumption of beauty products. The 20th century saw among French firms the consolidation of strong positions.

The French perfume industry that later would diversify into cosmetics was from its inception in the 19th century a very strong exporter (Briot, 2011). Most perfumes houses kept for a long time and even until the end of the century a selective distribution strategy investing into their own network of retail outlets for the most prestigious such as Guerlain. Outside of the perfumer's realm, entrepreneurs were also very active in the early 20th century.

L’Oréal, certainly the most exemplary successful French cosmetics firm (Marseille, 2009) was funded by a chemist and entrepreneur Eugène Schueller (1881-1957) in 1907 and based its early success on safe formulas for hair-dying. Schueller developed his early
formulas first as an assistant researcher in Paris University and later working in a pharmacy. He tested it with hairdressers whom he had worked with in University to solve their quest for safe dyes. As a result of these first encounters between science and industry, the hairdressing profession became Schueller’s first distribution channel. They remained all along the 20th century a steady platform for the commercial development of L’Oréal’s so-called professional products (Marseille, 2009).

Hairdressers were not the only selective distribution space in the early years of the 20th century. Department stores\(^4\), which had developed since the mid-19th century in Europe (Crossick & Jaumain, 1999) and the USA (Hendrickson, 1979) were distributing cosmetics either by through joint-ventures as in the case of Galeries Lafayette with Parfums Chanel (Brachet Champsaur, 2012), selling directly or by renting spaces to major perfumers and later cosmetics brands.

Beauty saloons including massage parlours and various cosmeticians multiplied during the 20th century following a growing trend toward hygiene and well-being influenced also by fashion. The democratization of make-up, the extension of hair removal (Hope, 1982) with shorter dresses and nylons and the pressure towards slimming were drivers to the thrive of the aesthetician profession.

Some of these saloons diversified early from pure service to distributing and even launching their own line of cosmetics as in the case of Helena Rubinstein (Rubinstein, 1957, 1965) from the 1910s or Clarins (Jean Watin-Augouard, 2012) in France after the Second World War.

The last of these actors in selective distribution is one of the least known: the independant pharmacist. In many regions especially in continental Europe, South America, Canada and Africa, beauty products sold exclusively in outlets run by pharmacists represent a specific market category that was born in the 20th century. This model was originally designed in France where spending per capita on cosmetics has historically been one of the highest for skincare products in the world with a dramatic increase since the 1960s when ”an explosion of embellishing” (Vigarello, 2007) took place.

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\(^4\) For a comprehensive bibliography of the phenomenon see Tamilia (2005).
The different constituent of selective distribution did co-exist but not necessarily peacefully over especially after 1941 when pharmacist were granted complete monopoly of many preparations.

Looking at the issue through the records of the French perfume industry association (Syndicat national de la parfumerie française) from 1945 onwards⁵, a major theme is regulation and the interference or perceived interference of pharmacists in the cosmetics business. The association is extremely sensitive to projected regulation by health authorities and the influence of pharmacists. The latter lobby effectively and obtain at limitations to access to some "dangerous" raw materials for cosmetic manufacturers to pharmacists.

Physicians in that respect are allies to pharmacists in that period. They indeed themselves contribute to the distribution of cosmetics preparations through prescriptions. Some of them start cosmetics manufacturing or beauty saloons companies (Jean Watin-Augouard, 2012). In a context of limited regulation, doctors also offer their services in co-branding cosmetics products through "doctor's brands", actually manufactured by pharmacists (Lefebvre & Raynal, 2013).

**The independent pharmacist as a skincare distributor**

French pharmacists are numerous and form a retail grid with exceptional domestic coverage comparable only to hairdressers for cosmetics products. Being members of a long time regulated profession⁶ they have enjoyed a state protected monopoly since 1941⁷ and a legal framework practically banning the organisation of chains of pharmacies thus protecting independent pharmacists (Bonah & Rasmussen, 2005; Dilleman, Bonnemain, & Boucherle, 2008). Indeed the 1941 law states that a pharmacy has to be the owned by a licensed pharmacist who have to be present in his shop to operate it.

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⁵ Archives of the perfume industry association Syndicat national de la parfumerie française now FBEA (Fédération des entreprises de la beauté), executive committees and general assembly minutes, 1900-1970

⁶ The pharmacist profession is regulated by the state since the French Revolution and the "Loi de Germinal". This text affirms the Monopoly of pharmacist on the distribution of drugs and the fact that no one could establish a pharmacy if they have not been trained in one of the national schools of pharmacy.

⁷ By a bill of law from the Vichy regime: Acte de l'État français September 11th, 1941, confirmed after the Liberation by the ordinance of May 23rd, 1945.
With the creation of social security in 1945, they have in addition thrived on the growth of health spending (Valat, 2001). France

This model is also to be found in most continental European countries such as Germany, Italy and Spain per instance in the 20th century. This is a major difference with the UK where companies, like "Boots the chemist" – instead of independent retailers - have dominated the pharmacy business since the 1930s (Whysall, 1997).

The leading cosmetic manufacturing companies in the pharmacy distributed product in the 20th century category in Europe are French. The national origin of the model is not entirely contingent. France has a tradition of beauty products, spas and a very strong grid of pharmacies as mentioned supra. The latter provide a very solid ground for understanding the demand of the customers and many pharmaceutical companies, which developed later beauty products originated from pharmacies. It is worth noting that most French pharmacists in the early 20th century were themselves manufacturers of drugs and cosmetics. In 1950, more than 2000 pharmaceutical companies were registered as annex of independent pharmacists. Most of them remained small operations with less than a dozen of products in their range, however a few developed into full scale corporations. A survey of the catalogues of wholesalers show a surprisingly large number of firms active since the 1920s.8

Two elements, specific to continental Europe are worth mentioning in the context of the creation of dermocosmetics. The first one is a long lasting tradition of using natural ingredients to prepare cosmetics. The phototherapeutic practice is very ancient and as the herbalist profession was banned in 1941 in France, the processing and distribution of plants for cosmetic or medical use became a monopoly of pharmacists (Dilleman et al., 2008) . The phyto-therapy specialities represent an important market for them. The second element comes with the popularity of thermal water and its association with pharmacists.

Therapeutic water has been very well considered since the 19th century in most continental European countries including by physicians. As a consequence, many

8 See the catalogues of the Office commercial pharmaceutique (OCP) from 1929 to 1965 consulted at the Bibliothèque Universitaire Santé Pharmacie, University Paris V Descartes.
pharmacists established in spa cities developed the marketing of water and spin-off products.

One of the oldest examples is the small town of Vichy in the centre of France. During the 19th century, local pharmacists funded well drilling and later marketed pills developed thermal activities and other products based on the qualities of the spa water. Antonin Mallat (1857-1928), pharmacist in Vichy drills to 18 meters, discovers water and in April 1885 registers the brand: « Eau minérale de Vichy, source Mallat, Saint- Yorre ». He then develops laxative and purgative drugs as well as sodium bicarbonate under the very same brand (Raynal, 2004). The modern Vichy cosmetics company was established in 1931 through the partnership of a perfumer and a physician. Acquired by L’Oreal in 1955 (Marseille, 2009) it has since then been distributed in pharmacies dominating the segment for a very long period (Jean Watin-Augouard, 2002).

The renewal of thermal water cities and the adjunct cosmetics line took place after 1945 with the help of the funding of the universal social security system creation. In 1946 Entrepreneur André Barthélémy (1925-2001) acquires the Moligt-Les-Bains spa in the Pyrenees mountains and from that first centre creates a year later the Compagnie française de thermalisme later Chaîne thermale du soleil a major European player managing several thermal baths establishments. The Biotherm brand of cosmetics originated from the Moligt thermal water plancton and was also acquired by L’Oréal in 1970. The second largest player on the Europena Market is laboratories Pierre Fabre through a serie of cosmetics brands.

**Creating the category**

The success of L’Oreal and Pierre Fabre is based on the positioning on a category and a market system both firms have helped to create and promote since the 1960s: dermocosmetics or active ingredient comectics. For the sake of simplicity we use here the term dermocosmetics to define cosmetic products sold in pharmacies that are not prescription drugs. The terminology has changed over the years reflecting the difficult identification of the category. In the 1950s, all products that were sold in pharmacies in France and were manufactured according to the rules of the pharmaceutical industry were called dermopharmacy products. All products that were not prescription drugs were
deemed to belong to "dermopharmacy", it was also integrating some toiletries per instance.

Interestingly enough, it is very difficult to find a definition of the latter in English, the concept being at least very continental European. Dermopharmacy was even a commercial label in French community pharmacies up until the 1970s.

Since the 1980s, competing terms such as "cosmetology", "dermocosmetics" or "active cosmetics" have been used by competitors in the category. The French health legal code defines cosmetics as all products designed to be in contact with superficial parts of the human body (skin, hair, nails, lips, teeth and external genitals) in order to "clean, perfume, change their aspect, protect, modify their aspect or control natural odors" (our translation). (Code de la Santé publique, article L.5131-1). L’Oréal and Pierre Fabre success is based

on a triangle of competence connecting the manufacturers to intermediaries and institutions. We have been able to access the archives of the Pierre Fabre company and we are going to take a closer look at that case based on that documentation.

**Pierre Fabre: Acquiring and developing brands**

Mr. Pierre Fabre was born in 1926, graduated from Toulouse University school of pharmacy in 1949 and bought almost immediately a community pharmacy in the centre of his hometown of Castres. Half a decade later, he starts to develop drugs in a laboratory within his pharmacy as widely practised in France in the 1950s. Based on the financial success of his pharmacy, Pierre Fabre acquires an existing veinotonic drug Cyclo 3 in 1956 from Parisian colleagues.

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9 Castres, 75 km, East of Toulouse is a 40 000 inhabitants town. Its economy was focused on textile until the 1960s and the general decline of this industry. Anon. « L’industrie pharmaceutique et ses réalités », SNIP, 1982.

10 Among the 2000 drug manufacturing companies registered in France in 1950, 990 were local pharmacies which were simultaneously retail outlets managed by individual pharmacists. They were called "laboratoires annexes de pharmacies d’officine". These will disappear quickly in the 1970s, with only 25 remaining in 1981.

11 Cyclo 3 Files. IP department. Pierre Fabre Archives (henceforth PFA).
He improves the formula, based on natural substances, and market the product using phials instead of drops. The new form is very successful and Cyclo 3 becomes a "cash-cow" for the company for the next three decades. Due to the rapid expansion of his business Pierre Fabre sets up a limited stock company to manage separately the drug manufacturing and the pharmacy, he remains the sole owner of the new company using family members, friends and employees as external directors.

The company is registered in May 1962 as Laboratoires Pierre Fabre SA.12 Up to the early 1980s, Pierre Fabre expands its company business in the domestic market reinvesting most of his profits in establishing a research and development and manufacturing platform in Castres and around. The French pharmaceutical industry growth is impressive in the period 1950-1980 due to several factors. The main one is certainly a general gross in national health spending in France fuelled by a subsequent reimbursement system by the social security system13 for prescription drugs (Valat, 2001). It is also to be connected with protectionist mechanism that favours for a long period local operator over foreign competition (Sophie Chauveau, 1998; Sophie Chauveau, 1999).

Pierre Fabre while developing prescription drugs in the veinotonic, central nervous system and urology, acquires and launches a series of OTC specialities and more crucially acquires a set of small laboratories. The first acquisition in 1964 is Klorane, a company founded in 1940 for the manufacturing and distribution of medical soaps. The second is "les savons et shampoings du Dr. Ducray à Vichy" or simply Ducray. Founded by a hairdresser Albert Ducray in 1931, the company uses freely of the medical title Dr. and of the name of Vichy where it has set-up a small factory to benefit from the reputation of the spa. In 1968 when Pierre Fabre acquires Ducray, the subsidiary is a specialist of medical soaps, slimming and hair care products14.

12 Board meetings minutes, PFSA. PFA.
13 Caisse nationale d'assurance maladie (CNAM) and their regional branches.
14 La Feuille n° 7, December 1998, n° 8, January 1999, n° 9, February 1999, Voici Pourquoi, 62 December 1990. Voici Pourquoi ("here is why") is the monthly house-organ of the Pierre Fabre Group published since 1978. Prior to Voici Pourquoi, the internal magazine was called Flash Informations, its publication was irregular though mostly monthly between 1968 and 1977. La Feuille is a company inhouse newsletter focused on the dermocosmetic business unit, it has been published since 1998.
Pierre Fabre will use these two small brands which bring him several heterogeneous products as a platform develops complete ranges to care for all major segments in the hair care category. He expands rapidly into baby and skincare products with more technical references.

In the early 1970s, Klorane and Ducray are moving into new alleys with suntan\textsuperscript{15} and slimming products especially developed for sensitive skins.

The medical image of the company is reinforced by two elements. Firstly Pierre Fabre is a manufacturer of ethical drugs and produces his cosmetics in the same plant with the same equipment providing thus an image of rigour. Secondly, the same sales representatives promote the ethical drugs and the cosmetics to physicians, paediatricians and dermatologists. The company spends also a lot on taking care of pharmacists, visiting them with sales representatives, offering training and services. Pharmacists, doctors, leading scientists are invited to visit the headquarters and factories of the company in Castres receiving lavish treatment. The company funds scientific congresses and medical studies, especially in cosmetics and dermatology to establish itself as a respected actor in the medical milieu.

Hence, patients going to their doctors for a skin condition would receive a prescription including ethical drugs and cosmetics designed to treat sensitive skins. As such, the Pierre Fabre brand acquires a prestige and a reputation for seriousness. While continuing to develop ethical drugs, in 1978, Pierre Fabre creates his first brand with Galenic.

Inspired by Clinique, the allergy tested, dermatologist-drive brand launched by Elisabeth Arden in 1967, Galenic is a skincare range more on the beauty side than dermatological one, Galenic is designed to fit into the pharmacy distribution system and other selective channels such as department stores. With the 1980s Pierre Fabre will briefly wandered in other selective distribution systems launching perfumes such as Madeleine de Rauch, Rolland Garros and Ashfield. He also explores the hairdresser circuit by acquiring in 1979 René Furterer, a hair-care product company founded in 1957 by a hairdresser.

\textsuperscript{15} M. Mèges, \textit{Klorane historique solaire 1969-1995}. Market research department. PFA.
The company went from 4 MF in 1962 (5.2 M€ in 2010 value) to 959 MF in 1982 (298 M€ in 2010 value). In the meantime the headcount went from 50 to almost 2000 people. The business of the group though it has had some international success remains firmly French with more than 80% of the turnover generated by French sales 20 years after the creation of the company. From the early 1980s onward however, the strategy of the group changes as it realizes that the domestic market, though still essential is not going to grow at the same pace it did. Pierre Fabre invests in its international development through direct subsidiaries, joint ventures and where the turnover does not justify it through distribution contracts with partner companies.

After some difficult acquisitions in Italy and Switzerland, facing financial problems Pierre Fabre sells all non-pharmacy businesses in 1993 and concentrate on ethical drugs, OTC and dermocosmetics. The company growth since the early 1990s is largely due to a brand created in 1989: Avène. The brand accounts for most of the dermocosmetics international revenues up until the 2000s. It has thrived on the rapid growth of the skincare segment with products dedicated to sensitive and intolerant skins. Its use of thermal water from the Avène source in the south-west of France has been a major success.

Turning towards a dermatology driven image, Pierre Fabre has created in the late 1980s other brands derived from existing ones Galenic and Ducray: Aderma and Pierre Fabre dermatologie (PFD). These brands, as well as Avène are original as they combine in the same line ethical dermatology products and cosmetics references.

Pierre Fabre differs from other pharmaceutical firms, at least in France, as it has developed since the 1960s by acquiring a series of companies manufacturing skin and hair care products distributed in exclusive distribution channels. While doing so, the company has retained an important ethical drug and OTC activity that has provided it an image of seriousness and rigor towards the medical professions.

**From Cologne to dermocosmetics: a problematic switch**

The strategy of Pierre Fabre to market its products in pharmacies has not always been an easy one despite the aforementioned connections of positive factors. It is true that since the 1920s (and certainly before) community pharmacists in French provincial towns had
distributed perfumes, Cologne and make-up where there were no perfumers available. Luxury houses had not a lot of choice when looking for selective distribution outlets in province and rely until the 1980s on pharmacists. In 1973, there were only 500 perfumeries for 16 000 pharmacies in France (Di Meo 1973). The presence of a licensed pharmacist, considered a respectable figure to bourgeois clients, was a positive factor to raise the standing of the retail experience of the customer. Nevertheless in the late 1960s, the pharmacy, though permitting premium pricing, was a complex marketing problem for dermocosmetics companies.

For clients (almost all of them females), the pharmacy was a retail outlet that provided "seriousness" because it was where prescription drugs were sold and due to the physical presence of the pharmacist. In the meantime, the place was "too serious" for purchasing beauty products. Some of the clients are afraid of looking futile while other clients were waiting to be delivered serious medicine.

Market surveys conducted by Pierre Fabre at the time shows that in this early period the advice of the pharmacist (in most cases a man) are not considered very relevant for cosmetics. Male pharmacists seem to be the wrong intermediary to ask for a beauty product.

This is partly why companies such as Pierre Fabre had not only to educate pharmacists about selling cosmetics, but also to convince customers that their products were more than beauty products and that they needed a health professional to advice them. They started to offer merchandizing services to community pharmacies to improve sales of non-prescription drugs as early as 1969. Specialized staff visits community pharmacists and installs on site shelf displays and in-store advertising. This is virtually unknown for pharmacists who were per instance never used to put any advertising material in their shops windows. During a special operation of three weeks in 1968, 4 200 pharmacies are equipped with in-store advertisement for the company hair care brand, Klorane.

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16 As could be seen browsing the catalogues of products available to pharmacists. Prix-courants and catalogues OCP various years from 1925. Health and cosmetology Library, Paris 5 Descartes University.
17 Les produits de beauté et la marque Klorane, GMV, December 1972. Market research department. PFA.
18 Flash informations, 16, décembre 1969.
Pierre Fabre will innovate also in distributing free samples. The products sold in the pharmacy are more expensive than in other circuits. Sampling offers the client an opportunity to test for free expensive products. Pierre Fabre will expand that sampling policy to maternity wards. 20 000 Klorane samples a month are sent all over French hospitals from 1967. Along with the shampoo or soap sample new mothers found as a gift a washcloth adorned with the Klorane logo.\footnote{M. Mèges, Klorane, préambule 1964-2010. Market research deparment. PFA.}

The results of his innovative marketing policies were that Klorane and Ducray rapidly accounted in the 1970s for 40% of the market for shampoos in the French pharmacy channel. Considering this success, Pierre Fabre turned to the international markets in order to replicate it.

**Different places, different pharmacists**

Not surprisingly, there are more differences than similarities between the economic and institutional forms of pharmacy in Europe and in the United States of America (Savage, 1994). Even across Europe there are many dissimilarities even if throughout the Continent pharmacists have in common their historical roots in guilds. Apothecaries’ guilds were customarily granted monopolies over the sale of specific services, drugs, and other goods resulting in more clearly defined and legally protected boundaries between the professions than in America. In Colonial America, by contrast, consumers were happy to obtain familiar drugs from whatever source they could, mostly shipments from Europe. In 20\textsuperscript{th} century Europe, differences have been based on regulations governing trade. In addition to national rules voted in parliament, texts regulating the pharmacist profession are very often built on soft law by the profession bodies. In France the "Ordre national des pharmaciens" (national order of pharmacists) created in 1945 edicts a code of conduct and is a compulsory participant in any national negotiation on the profession. The various associations edict professional standards and enforce them having disciplinary power up to the professional interdiction of a pharmacist guilty of severe wrongdoings. As a consequence, changes in the practice of the trade had to be accepted by the professional associations.
This is not unique to France, in the early 1970s in Austria or in Belgium where the profession was very conservative; it was almost impossible for pharmacist to sell anything else than prescription drugs. Pharmacist contravening to that rule were at risk of losing their licence! In other European countries the market for drugs and dermocosmetics could be very different. In Switzerland in the same period of the 1970-80s, pharmacists were enjoying a monopoly; thousands of physicians had permission to distribute them.

The evolution of the pharmacy profession is not only about distribution of products but also about development of pharmacists' brands and lines of products.

In Japan, Europe and in the US several pharmacists developed their businesses manufacturing and marketing innovative cosmetics as did their predecessors in the late 19th century. A few of them made it into becoming international brands while hundreds developed successful products on a local scale. This is the case of Theron T. Pond in the mid. 19th century (Jones, 2010) that became known for Pond's cream. In Japan former imperial navy pharmacist Arinobu Fukuhara started to sell his own cosmetics in 1897. His son, Shinzo Fukuhara, a graduate in pharmacy from Columbia University, launches a skincare cream Eudermine (good skin in Greek) that will be the first best seller of the family company: Shiseido. In Europe German pharmacist Beiersdorf with his brand Nivea established a very strong business in skin care. These few examples show that to penetrate a foreign market is a challenge also because of existing pharmacists brands about in every single national market.

**Affirming a category abroad, the development of Pierre Fabre cosmetical brands**

In the very late 1960s, in the context of the consolidation of the European Common market Pierre Fabre develops international sales by establishing an Export department based in Paris from 1967. Hiring three graduates from business schools, the pharmacist from Castres aims at selling his products abroad. The team starts to scout for distributors

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20 Files "Austria" and "Belgium", Documentation centre, PFA and Interview with Alain Benoit, 2011.
21 « Suisse : des particularismes qui nous réussissent très bien », Voici Pourquoi, 119, avril 2005
worldwide in a seemingly unruly manner, looking more opportunistic than having a defined strategy. Drugs are per instance distributed in Western Africa by an Israeli company. In 1970, a contract for dietetic biscuits Gerblé (a subsidiary of Pierre Fabre) signed with the Ethiopian army. Pierre Fabre drugs start to be sold in various African countries, in Far East Asia and in Europe.

With the 1970s, the sales in Europe grow and justify opening local subsidiaries particularly to comply with local regulation and optimize the tax impact of importations. This strategic turn is a challenge for what is still a relatively small company, and moreover a rather parochial one. In 1968, out of 37 managers and executives only four consider that they can conduct a conversation in English, two in German and three in Spanish. This situation is not specific to Pierre Fabre but illustrates the challenges to internationalisation for a French SME in the late 1960s.

The first subsidiary of the group Arzneimittel Fabre GmbH is created in 1969, a joint venture with Boehringer Mannheim (BM). The plan is to market Cyclo 3 in Germany under the name Fabroven. Arzneimittel Fabre GmbH opens offices in Heidelberg close to Mannheim, the city of BM headquarters. The amount of the investment is significant for Pierre Fabre with one million French Francs (1,13 million euros in 2010 value).

In Spain, Fabre creates another joint venture with a local pharmaceutical company in Barcelona. Pierre Fabre was very successful because of the similarities of the system with France that permitted economies of scale and scope and a fast learning for the company. In Spain as in France there was a high number of pharmacists and dermatologists. Regulation was very close to the French one for cosmetics and as a consequence the company had not a lot of issues adapting their ranges of products and advertising except for linguistic purposes. The same happened with Italy with a subsidiary created in 1973, Portugal in 1977 and Greece in 1986.

The challenge of anglo-saxon countries

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23 Interview with Alain Benoit, former Export division manager, November 2011.
24 « Formation professionnelle », Flash Informations, juillet 1968.
25 Born in the 19th century with its cousin company Boehringer Ingelheim, BM was acquired by Roche in 1998.
26 The total turnover of Pierre Fabre is 53,3 millions francs for 1969.
While in continental Europe the dermocosmetics concept worked well with the existence of the so-called triangle of competence relying the pharmacist, the brands and the prescribers around the patient/client, it was not possible to re-create it in the UK and in the USA.

In the UK Pierre Fabre acquired a small distributor, Concept pharmaceuticals in 1970 while in the meantime trying to establish commercial agreements with Boots. It rapidly understands that cultural perceptions and market conceptions were very opposite between partners and struggle to find a proper partner to distribute its brands along the lines used in France and continental Europe. Confronted with the almost monopoly of Boots, Pierre Fabre turned towards other selective distribution channels such as department stores to market Klorane shampoos and Elancyl, a slimming system combining a massage glove and products.

The history of Pierre Fabre in the USA is a long and complex one but we will focus here on the Klorane and Avène strategies to enter the market.

Between 1971 and 1981, dozens of meetings with American companies are listed in the company archives. The main objective of Pierre Fabre is then to find a distributor for Klorane and Elancyl in the USA. Pierre Fabre does not ignore the many challenges of the American market and nevertheless keeps a strong interest in the matter. There is a known potential for the products especially aafter Elancyl has been successfully launched on a small scale in several department stores from 1974. However the company fears that a US success for Elancyl would stretch dramatically its industrial capacity and as a consequence hinders deliveries to the European market.

The necessary cash allocation drove Pierre Fabre to favour distribution agreements rather than establishing a direct subsidiary. In a report from 1977 one executive states that: "(Pierre Fabre) prefers a successful distributor to a bankrupted subsidiary".

Benson & Wilkes will be the first distributor of Elancyl in 1976 and its first sales of 4 millions dollars exceed all forecasts. To manage its risks, Pierre Fabre signs simultaneously

27 "Boots the chemist" files 1970-2010. Documentation department. PFA.
28 "Réunion cosmétologie international, 16-17 September 1977". PFA.
with Carter Wallace another distributor for the Klorane range.\textsuperscript{29} In 1978, in order to coordinate its US contracts, Pierre Fabre creates a subsidiary, Pierre Fabre Inc. Based in the "French building" on the 5\textsuperscript{th} avenue, it is a very small platform managing also the Canadian interests of the group.\textsuperscript{30}

Klorane shampoo and soap lines are launched in 1981 in the upscale department stores Macy's and Bloomingdale's.\textsuperscript{31} Relations with distributor Carter Wallace turn difficult as Pierre Fabre refuses to hand over the brand management to its partners. It turns then in 1984 towards Clairol, a subsidiary of pharma giant Bristol Myers to distribute the Klorane range. Difficulties are arising relatively quickly despite a long term Relationship with Clairol and Pierre Fabre who started discussions in 1974 over the distribution of Clairol hair care dye products in France.

The dying claim of Klorane shampoos is not demonstrated according o the US cosmetics regulations and Clairol suggests re-orienting the positioning of the product towards natural components. The American distributor imposes advertising campaigns that are at odds with the brand positioning in France. Despite important successes at the beginning of the relationship, Clairol does not invest in the brand and changes in the personnel of its marketing team means that the brand is not defended as it had been in 1984.

Pierre Fabre realizes in the late 1980s that the brand is in marketing "cul-de-sac" in the US. It cannot get back to the selective distribution due to the lack of support of Clairol and cannot compete in the mass market of the drugstores due to its premium positioning and price policy.\textsuperscript{32} In June 1986 the revenues of Klorane amounts to 0.453 against a projected budget of 1.7 million USD. Inventory is equivalent to two years of revenues.\textsuperscript{33} Again Pierre Fabre has to move to another distributor Gary Fern in 1986.

Most of the difficulties of Pierre Fabre in the US could be explained by the its misunderstanding of the American distribution system characteristics. The company was not alone in facing such problems. French colleagues, Liérac and Biotherm went exactly

\textsuperscript{29} "Compte rendu de la réunion internationale, 9 et 10 janvier 1978". PFA
\textsuperscript{30} "Demande de financement DIE de 10 millions de francs", juin 1978. PFA
\textsuperscript{32} "Télex de J.R. Gougelet à Mr. Pierre Fabre, October 1986". PFA.
\textsuperscript{33} "Compte-rendu réunions Clairol, New York, 7-15 September 1983". PFA.
through the same issues. The only exception was Cosmair Inc. L'Oréal USA arm which was making 170 millions dollars in 1981, but which entered the market in 1954 and benefitted from the help of Helena Rubinstein distribution system.

The system that has been so beneficial to Pierre Fabre in its European development, i.e. the triangle of competence did not exist in the USA in the 1980s. The distribution circuit of the drugstores is very much a mass market comparable to the European supermarket, a non-selective channel the company has always refused to enter until forced by legal decisions against exclusive distribution in 1988.

In the USA, Pierre Fabre pushed by its successive distributor partners enters the drugstores. They practice promotional bundles, giving away a lipstick for a shampoo purchased per instance. If the sales did not progress, the drugstore sent back the merchandise a process the distributor had to accept. The system implies a lot of merchandise returns. The distributor separated the bundle and repacked the products generating costs. On the contrary, in France or Spain in the same period, the pharmacists kept the unsold merchandise for years and Pierre Fabre return policy included only expired items. In the USA the distributor's role is only to create a physical contact between the client and the product offered by a manufacturer. The latter has full responsibility for marketing and promotion, financing inventory, training of the intermediaries....

The relationship between the manufacturer and the point of sale is extremely precarious and the brand could be thrown out very quickly if sales are slow to grow. This type of relationship is completely foreign to Pierre Fabre managers in the 1980s and very opposite to their company values of building long-term relationship with intermediaries such as the pharmacists.

Realizing that their brands and company culture do not fit with the institution of the US drugstore Pierre Fabre Inc. takes a strategic turn in the 1990s. Starting almost from zero,

34 "Compte rendu de voyage USA, Patrice de Varax, 26 January 1993". PFA.
36 Interview with Jacques Chevalet, 22 July 2011.
37 "Pierre Fabre Inc, plan 1988, JR Gougelet", PFA.
the company decides to enter the market through the medical profession. Pierre Fabre Inc. tries to build a network of clinical researchers by attracting opinion leaders in the field of dermatology. A contract is signed in 1986 with Dr. Kligman from the University of Pennsylvania, who works also for L'Oreal. The man is considered a leading figure of the American dermo-cosmetology.  

38 Dr. Kligman will visit the French sites of Pierre Fabre and give conferences. He will have an activity of scientific adviser for the company but moreover his image is used for PR and communication purposes.  

The second phase of the new strategy is the acquisition of Physician's Formula Cosmetics (PHFC) to retain a credible presence in the USA and access to the community of American dermatologists.  

40 This acquisition is very relevant as "Doctor's brand", became very successful in the early 2000s. The dermatology turn in the US strategy of Pierre Fabre will be completed by the development of a sales network that will promote dispensing products to the dermatologist accompanying the plastic dermatology turn of the 2000s.  

PHFC acquires the Durascreen range of solar creams and launches the A-Derma range for intolerant skins in the late 1990s and with this could target dermatologists.  

41 With a total of 186 employees in the US in 2001 the company has a capacity to promote its range to dermatologists on a national basis.  

Creating space in the drugstore  

The market for dermocosmetics did not really exits in the USA in 1990s, to overcome that barrier, Pierre Fabre and L'Oreal needed to create the category. That category had to fill the gap between the mass-market offer (e.g.: Oil of Olaz, Neutrogena) and the selective brands sold in department stores (e.g.: Clinique, Lancôme).  

The drugstore is not adapted to sell dermocosmetics. It is a supermarket with a pharmacist in the back behind a counter. The licensed pharmacist, busy with preparing

38 Albert Montgomery Kligman (1916-2010) was a dermatologist and botanist, he discovered Retin-A, one of the first efficient drugs against acne. Retin-A was later developed by Johnson & Johnson as a very successful anti-wrinkle cosmetics in 1996 under the Renova brand. Source: Denise Gellene, "Dr. Albert M. Kligman, Dermatologist, Dies at 93", New York Times, 22 Feb 2010.  

39 "Dossier Jean-Claude Marty USA 1986-88". PFA.  


41 "USA, A-Derma s'attaque au marché dermatologique", Voici Pourquoi, 93, April 1997.
prescriptions has no time for advising customers on skin care products. The pharmacist is a costly employee for the chains and they do not want clients to wait for the pharmacist.

The initial failure of Pierre Fabre in the drugstore system is connected to the company's poor understanding of the resources needed to be successful in such a system. To recreate the "triangle of competence", the company had first to legitimize itself through a campaign targeting dermatologists. Secondly, it has tried to create the pharmacist angle of the triangle of competence it enjoyed in Europe by negotiating with drugstore chains new spaces.

In neighbouring Canada, using the US bad experiences, Pierre Fabre's subsidiary has been able to make significant progresses in a few years. The major difference has been its capacity to find proper partners with common professional "genes" and corporate culture.

While it had based its international development in many countries on local partners resembling itself: usually pharmacist turned industrialists or distributors and family-controlled firms; Pierre Fabre had difficulties to find the same in anglo-saxon countries. In Canada where Fabre found in the drugstore chain Jean Coutu an exceptional partner. Mr. Jean Coutu himself a pharmacist born in 1927 has founded his group of companies in 1969 in Québec. He has expanded through a franchise system into a 19 000 employees corporation in 2010. The first contacts with Canadian distributors date back to 1974 in New-York.42 Through the Jean Coutu pharmacies, Pierre Fabre has been able to establish a dermocosmetics category commercial space in almost every drugstore in Quebec and Ontario he most populated provinces in Canada. His dermatology brands Avène and Aderma have had notable successes in Canada, despite the cultural and commercial differences. The Canadian case shows that the absence of the triangle of competence or some of its components could be overcome where the company could find a proper partner in distribution. In the Jean Coutu case, the drugstores are very different form the French or Spanish pharmacies with mass market products along selective brands and a pharmacist behind a counter far from the client looking for cosmetics. In that case, as in

42 Minutes of meetings 4 June 1973, R. Rolland and 1st July 1974, P. Robert, PFA.
Japan and many other countries, the pharmacist has been replaced in the "triangle" by beauty consultants, aestheticians who have been trained in Canada by employees of Pierre Fabre dermocosmétique Ltd.

Concluding remarks

The present paper is very much a work in progress, as we expect to complement it with material from the professional and scientific press in order to better analyse the role of the various constituents in the emergence of the dermocosmetics category. A thorough analysis of discourse regarding the category and the role of regulation is still in progress.

Going back to Michel Callon (1986) four moments of translation. Some cosmetics company have setting clearly a problematisation by choosing the pharmacist as a selective channel. The interessement has occurred through the increasing importance of cosmetics in the turnover of distributors and also the key importance of beauty products in the lives of women in the 20th century. Customers, pharmacists, doctors and regulators due to safety concerns have been locked in place. Enrolment has been achieved through a role distribution between products, consumers, industrialists, retailers, scientists and prescribers. The last step - mobilisation – is not achieved however in that story as diversity remains in the form of international heterogeneity on the one hand and moreover the changing distribution models.

Références


