

FROM SADDLEBAGS TO POCKETBOOKS.*

BY B. T. WHITMORE, M.D., LL.D.

NEW YORK CITY.

Within the memory of men yet young it is not difficult to find the picture of the ancient physician, of the old type and taking a wholesome pride to himself as belonging to the old school, in fighting the battles of which he would expend a mighty polemical energy. He was an ornament to his profession, and his profession reflected honor on him. With the minister and the squire, the doctor formed the triumvirate of the American community, leaders of public opinion, foremost in all public works, the friends and advisers of all classes of society. There was then no opportunity for specialism nor for office practice. The old doctor was called to cover a wide district in his gig, more often on the back of an equally sedate horse, which had through long experience learned the doctor's calling list, even if not his method of treatment. But whether in the gig or on horseback the ancient physician made his welcome way, he was never to be dissociated from his saddlebags. They were the outward and visible sign of his profession. It was only in chronic cases that he brought the saddlebags into the house with him when he had hitched his horse to the palings of the front fence, where he might nibble succulent grass or reach over the pickets to get the taste of the Drummond phlox rankly growing in the garden. Who will ever forget the pride of the errand when the good old doctor said, "Sonny, run out and bring in my saddlebags?" There was always some reward, an inch of Spanish licorice or some such matter, that made the errand pleasant to run.

There was more in those saddlebags than mere medicine for the old-time doctor. Under the dark-stained flaps of leather was his whole theory of the practice of medicine. The object of this paper is to amplify somewhat on that point. Physicians no longer carry the saddlebags. In relinquishing them they have weakened their hold on something for which the saddlebags stood. It is intended to ask attention to a few suggestions in the direction of practical advice as to how to retain that principle for which the saddlebags stood, and which it is not wise to permit to drop out of our modern practice.

The real meaning of the ancient saddlebags was that the physician was his own dispenser. After the pulse had been counted for the full thirty seconds ticked off on the old silver bull's-eye watch, with its bunch of seals; after the laying of the soothing hand on the fevered brow had in some fashion taken the temperature without the clinical thermometer, what came next in practice? Who can forget it? The essence of healing was in the gentle order, "Bring me two clean tumblers and a pitcher of water." The rest came from the wonderful saddlebags. No one knew just what it was, but it had its merit, and the doctor left with careful directions as to which glass was to be taken first and how to keep track by shifting the spoon to the glass next to be used.

The physician dispensed at the bedside his own medicines. In more than one sense they were his own. Many of them he had prepared. Many were officinal plants which he himself had collected. "Roots and yarbs" they were often called. So they were then, so they are to-day, although they are supplied in bottles for ready use. In those days the physician was familiar with the raw material and the processes of the

gallipot. Many of his tinctures and extracts were made at the back of his own kitchen stove, and the profession of medicine rather prided itself on the ability to make a neat pill.

The change to modern methods of practice has affected the physician. The saddlebags have passed away. He may have his pocket-case for tablet triturates and for the hypodermic syringe, but he has ceased in the main to be his own dispenser, and he has entirely ceased to be the preparer of his own remedies. In the change the physician has passed along to the druggist and to the manufacturing pharmacist the responsibility for the quality of the remedial agents for which he calls in his written prescription. These two, then, in modern practice, appear as adjuncts to the practitioner.

In this modern development the dispensing druggist takes a position of dependence on the manufacturing druggist. On him he depends for the ingredients of the prescriptions which he is called on to fill. The manufacturers, on whom the dispensing druggists—and through whose intermediation the prescribing physician in the second instance—have to depend, have gradually differentiated into two special lines.

The first of these is the manufacturer who holds himself rigidly to open pharmacy. What that means there is no need here and now to define, for it is thoroughly appreciated. In his relation to the general subject of this paper the manufacturer in open pharmacy is loyal both to the medical profession and to the druggist. In his relation to the practitioner he is to be understood as conserving his interests scrupulously and honestly. The physician has, through the change in social conditions, relinquished of his own volition the right to dispense. For his own greater convenience he has encouraged, through the system of prescriptions amounting to unspecified drafts drawn on the pharmaceutical profession, the retail druggist to advance to the position of the general dispensing agent. By this means he saves himself, for the greater advantage of his own profession, the preparation and dispensing of his remedial agents. At the same time the druggist has in the same voluntary way relinquished to the open pharmaceutical manufacturer the collection and preparation of the essential ingredients which enter into the formulation of the prescriptions which the medical profession entrusts to him. By following methods strictly ethical the open pharmaceutical manufacturer has made himself a valued and respected adjunct of the physician and the druggist.

The second of these lines of special development comprises the manufacturers who engage in the promotion of agencies which are protected either as a process or as product patents, or which accomplish the same end by copyright on names or by trade-marks; and finally, those proprietors who seek to monopolize the field by secret formulas. It might be shown that there are grades in this line of industry, and some interesting details might be presented but for the limitations of time and space. Yet attention must be drawn to a parting of the ways in this particular line. There are two strongly marked cases of such manufacturers, and their relation to the medical and pharmaceutical professions, while the same in the last analysis, follow different paths which only in the end converge.

One class of such manufacturers makes its appeal directly to the laity. The remedies put forward by the manufacturers of this class may or may not have a name more or less medical in tone. But they make the

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practice of appealing to the laity without the intervention of the medical or of the pharmaceutical profession. They describe symptoms and they denominate maladies in which they claim efficacy for their product. The logical outcome is self-prescription, which entails to the physician and to the druggist a certain loss and to the lay user a more serious damage. Little need be said as to this class of manufacturers; their position is known and the results are recognized.

The second class is less open and is far more insidious in its operations. It makes the public profession that it does not appeal to the laity; that its efforts are expended on the practitioner in close restriction. Its remedies are uniformly in the guise of strict medical nomenclature. It forwards its literature to the doctor and asks him to use its goods in prescribing. In this it makes him the agent to his own undoing and to the crippling of the druggist, his assistant. In practice the advantages of these products are always more or less publicly made known to the laity. The prospectuses continue to bear the label "For the Doctor Only," but the private person into whose hands they fall thinks all the more by reason of the restricting label that he is getting true wisdom, that he becomes "even as the gods, knowing good and evil." Even if that does not happen the result becomes the same. Suppose the instance where the physician includes in his prescription some one of the products of this sort of manufacture; the patient learns from the bottle what to take and for the future he takes it without reference to the physician. The progress to self-prescription is only a little delayed, it is none the less inevitable.

Now, these are conditions which must be met by the profession. It is not that an appeal is made to the mercenary side, although the member of the profession is entitled to his honorarium. It is that as a profession having in its keeping the public health, it must face the dangers arising from the unskilled use of medicines.

It is not the intention to comment on this condition which has arisen without indicating the remedy. The professional integrity of the physician, as well as his personal interest, summons him to meet this newly arisen condition, and to meet it now while it is as yet in the formative stage. The remedy proposed is specification.

The druggist is as yet uncertain of his position. His desire leads him to remain as the valued assistant of the medical profession, to regard his prescription department as the center of his activity. For the moment he is hesitating between his profession and the allurements of commercialism. In this contingency the honest retail druggist welcomes specification by the physician; it serves to anchor him to his noble profession. If a prescription brought to him to be filled calls for essence of pepsin he may look at it in two ways. As a commercial man he will supply the essence of pepsin which is the cheapest to him to buy and which will when dispensed yield him the correspondingly larger profit. But if the prescribing physician will only show that he has made examination into the quality of the various pepsins, and has taken the pains to specify one make, the druggist is gladly freed from the responsibility of the choice and dispenses with professional satisfaction that which he finds specified in the prescription which he is filling. In the same way when the prescription calls for *cascara sagrada*. As a commercial man he knows that there are a score of *cascaras* of varying strength, but if the physician will but specify the product of a certain house, the druggist knows

that the effect expected by the physician will in all human probability follow.

The druggist will gladly welcome specification. The physician should regard it as a duty. That brings the final consideration back to the saddlebags in which it began. The saddlebags of the old-time physician represented his own dispensing agency. Nothing went into them unless he had convinced himself of its efficacy. There are no longer saddlebags, but the duty is the same, the physician must certify in some way to the therapeutic value of the elements which go into the prescription which he writes. The responsibility is his, not the druggist's; he is the one to assure himself of the value of the ingredients, the druggist is but ancillary. The only way to accomplish this is by specification in prescriptions. It will avoid the Scylla of leading the laity to the wreck of self-prescription, and equally shun the Charybdis of inefficient prescriptions.

CONTINENTAL VIEWS OF ALCOHOL IN THERAPEUTICS.*

BY T. D. CROTHERS, M.D.

EDITOR JOURNAL OF INEBRIETY, ETC.

HARTFORD, CONN.

The impression prevails that alcohol is used unquestioned as a drug in all the wine and beer making countries of Europe. A therapist and author recently wrote that "only in America and among a few extremists is there a doubt of the value of alcohol as a remedy."

I propose to give a brief review of the revolution of practice and theory concerning alcohol in medicine now going on in Europe. Thirty years ago the general principle of practice was stimulation. Alcohol was supposed to rouse up and support vital forces in disease. Twenty-three years ago the first practical denial was put into a permanent position in a public hospital in London, where alcohol was seldom or never used. At first its use was confined to certain extreme cases, then pure alcohol of a definite strength, reduced in water, was administered. Finally, it was abandoned and is now rarely used, and to-day, after twenty-five years, the hospital statistics show a lower rate of mortality. In 15,224 cases under care during this time, the mortality has been less than 7 per cent., much less than in other London hospitals where alcohol has been freely used. This has been considered a practical demonstration, and has influenced medical theories largely in England.

Dr. Richardson's researches showing the anesthetic nature of alcohol have had a great influence in changing medical practice in England. The result has been seen in the rapid decrease of the spirit bills of public hospitals, and the abandoning of the spirit rations in the army and navy.

On the Continent, a number of scientific workers have published researches confirming Dr. Richardson's conclusions and bringing out other facts as to the action of alcohol on the brain and nervous system. These papers and the discussions which followed have been slowly working their way into the laboratory and hospital, and have been tested and found correct, materially changing current opinions and creating great doubts of the value of alcohol.

In 1876 the prosecution of Dr. Hirschfeld, a Magde-

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