

common interest in an amicable manner, based on personal acquaintance and mutual respect.

The scientific pharmacist can help the physician :

1. By helping him make his prescriptions more attractive.
2. Informing him of medicines beyond the means of the patient.
3. By calling his attention to substances exploited under several names.
4. By calling his attention to new and eligible forms of remedies.
5. By showing him the Pharmacopœia is sufficient for most prescribing.

The physician can help the pharmacist :

1. By avoiding his prescribing remedies newly exploited but practically old.
2. By instructing him as to the therapeutic value of newer remedies.
3. By avoiding prescribing several forms of the same preparation.
4. By keeping as closely as possible to official remedies and by using pharmacopœal nomenclature.

THE DRUGGIST: WHAT HE HAS TO SAY TO THE PHYSICIAN.*

PETER DIAMOND.

The subject assigned to me in this night's discussions is one of interest, if not of importance; and to me, somewhat embarrassing.

From times immemorial, at their will, almost everybody had something to say to the druggist. The public, the newspapers, the legislators, agitators, reformers and anti-ites all had their turn, but at no time were we asked what we had to say. The physician often took a shot at some of us. He, largely so, looked down upon our colleagues, and in some instances, directly opposed us.

I particularly refer to the State Service Apothecary, whose advancement in rank was opposed by the physicians in the same service.

I will, more or less, admit some of the shortcomings ascribed to us; I will admit of some black sheep in the midst of the great number of pharmacists in this country, but in not any larger proportion than in any other profession.

The pharmacist must necessarily possess a fair average of intelligence or he could not pursue his vocation, and I claim for him intellectual and moral equality with those of most other professions.

And now we are asked what we druggists have to say to the physician. Is it not embarrassing?

I shall endeavor to treat the subject in an impersonal abstract way, and I beg of those who listen to me, to take it in a similar light.

Personally, I do not claim to have come here with absolutely clean hands. I am as much a victim of surrounding circumstances as others of my profession, but, with many others, I wish for and am willing to help make both mine and

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your professions as ethical as possible and establish relations between the two professions as friendly as they should be.

The pharmacist is, or should be, the compounder and dispenser of medicines. If he is not entirely that today, it is due to the environment, circumstances, and a social system far beyond his control.

For years he has been, and still is, striving to overcome, or at least check that which is constantly dragging him from his vocation into a vortex of side lines, that make his once drug shop look like anything but the respect-inspiring, clean, orderly pharmacy of Germany, Russia, or many other European countries.

His attention is distracted from his real work and directed to anything in the commercial line that may assist him in holding his own against competitors, whose sole aim is the increase in dividends upon their investment, but who take no pride, have no interest in the pharmaceutical profession itself.

Many of his shortcomings, we cannot but admit, are due to the circumstances, and while striving to eliminate them, we look to the physician for assistance—and assist he can, in many respects.

DISPENSING AND COUNTER-PRESCRIBING.

The question of dispensing by the physician and counter-prescribing by the druggist is of such vast importance to both, it is so complicated, it is so hard to draw the line as to where the right ends and the wrong begins, that the only way to solve it is to entirely discard advice in the drug store; dispensing or furnishing of medicines in the physician's office.

True, the one has a legal right to diagnose, prescribe, dispense and issue a death certificate, while the other's legal status is confined to compounding or dispensing only; nevertheless, from an ethical and economic standpoint, we claim, and many physicians concede, that dispensing by the practitioner is an infringement upon our rights. I am, of course, excluding the country doctor, where conditions make the emergency case imperative.

I am fain to believe, however, that on this score we are almost agreed, and as we, throughout press and associations, are constantly agitating the discontinuance of counter-prescribing, so we expect you to call upon the members of your profession to discontinue dispensing.

NOSTRUMS.

So much has been said on the subject of prescribing patent or proprietary articles, or so-called specialties, that nothing new can probably be added to the arguments advanced. It is, however, so within the province of the subject assigned to me, that it will seem a flagrant omission should I ignore it entirely.

It is, of course, natural to expect that the physician, having diagnosed a case, will prescribe. It is also natural to assume that in prescribing, he will put down the ingredients, carefully figure out the doses of all potent drugs, such as strychnine, codeine, morphine, digitalis, and what else, and having impressed the patient with proper directions and perhaps—having warned him of the careless or greedy druggist, may rightly feel that he has honestly discharged an obligation to the patient, to his profession and to himself. But is it so in all cases? Is it not

true that the physician finds it often more convenient and less troublesome to jot down: "Syr. Codeia" or "Pil. Pasbi" or "New-Nervi York"?

What if he does not know the ingredients or the doses in the preparation used? The detail man has taken care to impress him with the usefulness and harmlessness of them.

Many of those using such nostrums have only a vague idea of its composition. How many physicians can tell the formula of H. V. C. or even of such preparations as A. K.? So we not often see, at times hazardingly, unknowingly, perhaps, prescribed in one recipe A. K. Phenalgin, and Phenacitin, not dreaming that they all contain, principally, the same chemical?

How many are even aware of the exact quantities of a narcotic in such preparations as Glyco-Heroin, Bromidia, Papine, etc.?

You may imagine the predicament of a certain physician who prescribed two ounces of Syr. Coccilana Comp. for an infant about a year old, to be given in doses of one teaspoonful every two hours, when I called him up and informed him that the perscribed syrup contained one-third of a grain of Heroin Hydrochl. to the ounce. In other words, that he ordered one-twenty-fourth of a grain of Heroin to be given to the infant every two hours, and the physician I refer to is usually rather painstaking, intelligent; but the constant grind of the detail men have made him depart from his usual path.

The argument is often advanced by the physician that certain preparations are used by them because of their pleasant taste; they are good to look at, and palatable, many say. Is an argument of that kind a sufficient excuse for blindly prescribing preparations, the composition of which is almost unknown to them? If they were only to take the trouble to study the preparations of the U. S. P. and N. F., they would find numberless preparations just as palatable and just as good to look at, with the formula given in full detail.

The U. S. P. and N. F. preparations are not uniform, many physicians argue. They differ somewhat in color and taste when put up by different druggists. That may be so, but do not the fluidextracts put up by different firms look different and taste different? Are not the elixirs, syrups, liquors put up by the various pharmaceutical houses different in taste and color? And still, how often does the physician specify one or another pharmaceutical house?

The physician forgets that it is an almost physical impossibility for any retail druggist, or for that matter, wholesale druggist, to carry in stock fluidextracts, pills, tablets, elixirs, syrups, etc., of all the leading pharmaceutical houses. He often tempts the druggist to commit a technical wrong—if wrong it be—by specifying the pill of a certain pharmaceutical house.

Is it not more proper—is it not more ethical—is it not more decent to specify the pill the physician desires, permitting the druggist to either make same or dispense that of any reliable house?

Another reason for prescribing specialties or proprietary articles is that many physicians own, by purchase or by gift, stock in chemical companies, which companies, in most instances, are of questionable repute. I charge so, knowingly, for I can convince any fair-minded man, that if not directly unreliable in their

statements, the companies' sole aim is to manufacture as cheaply as possible and dispose of their products as dearly as possible.

My time is limited or I could continue on this subject for a long time. There are other things I desire to mention.

ILLEGIBLE PRESCRIPTIONS.

Has the average physician ever considered the importance of writing prescriptions as legible as possible? Does he realize the errors a quickly hap-hazard, quickly written down recipe may lead to? The difficulties and predicaments it may put the dispenser to?

One cannot, at all times, communicate with the physician, and either you keep the patient under one pretext or another, waiting, or—decipher the best you can.

It is a habit many physicians have acquired that should be stamped out in its inception; that is, at college. Medical students should be impressed with the importance of properly writing prescriptions as well as with the importance of proper diagnosis.

I cannot, in my talk to the physician, before winding up, but say a few words of a habit, inaugurated, it is true, by the druggist, but acquiesced in, and at times encouraged by the physician—the habit of supplying the practitioner with prescription blanks, advertising the druggist furnishing the same, and the habit of sending to the physician useful reminders of the sender.

The use of blanks bearing the name of any druggist is a presumption that the physician favors this one in particular, at least to the laity it seems so.

There is as much wrong in that as there is in sending patients to one particular physician to the exclusion of others.

One would not dream of carrying a druggists' ad on his card—why then on his blanks?

This custom of itself may seem quite harmless, but like all such habits, grows in extravagance until the tokens assume considerable value, becoming a burden to the giver, and to the recipient—well, he cannot ignore it.

While I blame the druggist for primarily creating the habit, still we must remember that production is regulated by the demand or market.

Gentlemen of the Medical Profession, my talk to the physician is for the purpose of arriving at some means of eradicating what we consider improper, unethical, or as being in the path of our friendly relations. You who are striving to be as ethical as possible, you whom this talk does not reach at all—of you we expect and ask the assistance necessary to reach those who take no interest in either medical or pharmaceutical movements; those who remain in their offices or in their drug stores; those who have never lifted a hand to better the medical profession or pharmacy.

And the only way to do the work and to do it properly is that you, gentlemen, should take an active hand in the matter, and through publicity in the medical press and in the pharmaceutical press, awaken those who, while asleep, continually complain.

I wish to reiterate again that I am not preaching. That I merely express an

honest desire to better myself and help my colleagues to better themselves and that I call upon you to do likewise in your profession.

I cannot pass over in silence the fact that many physicians, today, ignore the individual corner drug store—that many are dazzled by the brilliant displays of the corporation stores, either not knowing or not desiring to know, that it is mainly these gigantic combinations that reduce the individual druggist to the necessity of forgetting his professional ethics in his fight for existence.

I regret to say that many physicians today direct their patients to the corporation stores, in whose windows you may see, alongside with a biological display, several baskets of fresh-laid eggs at the rate of twenty-three for a quarter.

THE ABILITIES OF THE PHARMACIST.*

G. C. DIEKMAN, PHARM. D.

In speaking of the abilities of the Pharmacist, I will refer only to such of his or her abilities (for we have quite a number of women who have taken up the study and practice of Pharmacy), as are of particular interest to the physician who is critical as to the manner in which the prescriptions he writes are compounded.

In a large city like ours it is quite natural that there should be some persons engaged in the practice of pharmacy who do not meet the expectations of the physician in this regard. In most cases this may be attributed to carelessness, but I dare say that in some cases a lack of technical knowledge and skill is the source of the trouble.

It must be remembered that it is only in recent years that the state has interested itself in the matter of the practice of pharmacy, as far as the preliminary education of the candidate and his compulsory attendance upon the courses of study of a pharmacy school is concerned.

Prior to the year of 1898, a license to practice pharmacy in the City of New York was obtainable in one of a number of ways, as follows:

- (a) Registration upon the Diploma of a Medical school.
- (b) Registration upon the Diploma of a Pharmacy school.
- (c) Registration upon a License to practice Pharmacy, issued by the Board of Pharmacy of another state.
- (d) Registration obtained by passing a satisfactory examination before any of the Boards of Pharmacy of this state, of which there were four, namely, the New York City Board of Pharmacy, the Kings County Board of Pharmacy, the Erie County Board of Pharmacy, the State Board of Pharmacy.

In the first three instances the registration was obtainable without the formality of passing an examination. All applicants for registration were required to be at least 21 years old, and excepting in the first instance were required to furnish evidence of having had at least four years' experience in a place where drugs and medicines were sold and where physicians' prescriptions were compounded.

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