

## THE PHYSICIAN AND THE SCIENTIFIC PHARMACIST.\*

---

DR. E. W. DITTRICH, M. D.

Formerly President of the Yorkville Medical Society.

---

Medicine, or the art of diagnosing and curing disease, has in time become a complicated science. It now comprises so many subdivisions, that various special branches have established themselves, the study of which, however complete their succession may have been, always necessitates a thorough knowledge of its fundamental developing features. Pharmacy, on the other hand, had to develop on totally different lines.

While they both, Medicine and Pharmacy, if I may say so, had the same common source, the former, as it was, developing from the latter in the course of evolution, both mutually profiting from experience and observation, pharmacy did never become an independent art owing to many facts that were detrimental to its development as such. For some of those disciplines which had become integral parts of pharmacy, began to develop independently and formed important scientific branches of their own. This was the case chiefly with Chemistry and Botany; and Pharmacy, their deserted mother science, kept only in touch with its faithless children to that extent which was necessary for its object as an auxiliary discipline to the art of healing.

But it was and will always be an important cultural factor in the successful pursuit of this art.

Appreciating these latter facts, we learn to understand the importance of pharmaceutical science, not only as an auxiliary discipline to our endeavors as physicians, but we are also forced to give it a place as a department *sui generis* in the great realm of hippocratic science. If it be true that some do not want to look at it in this light, and there are still many physicians that are only too ready to adversely criticise the pharmacist as a class, regardless of personality, then some misapprehensions and misunderstandings must surely be existing between these two professions. If this be so, they have existed entirely too long, and it will only be necessary to consider carefully some of the reasons which may be contributory in producing the poor opinion that some physicians entertain of so old and honorable a profession.

Pharmacy as a profession is and must be always carried on on purely scientific lines, but the practical part of it, as you all know, is peculiarly intermingled with commercial interests, features which tend to furnish the cause for estrangement between the two sister professions; although, in my opinion, it would not harm some gentlemen of the medical profession at all to be endowed with some of this commercial instinct.

Secondly: This estrangement, which lately has been kept up by the bugbear stories of counter prescribing and real or imputed substitution, has become

---

\*Read before the New York Branch and the Medical Society of the County of New York, May 7, 1902.

deeper, because many physicians think now that the pharmacist in many cases assumes the rights of the physician in attempting to treat disease.

Thirdly, and this is probably the most potent reason: Pharmaceutical education in this country up to the last decade, was not up to that standard that the prescriber had a right to expect from the man that was called upon to execute his orders. All these features, taken together, have, of course, tended to foster a certain amount of distrust on the part of the physician. I could relate many cases of personal experience with alleged substitutions, which would have influenced me in this manner, if I had not stopped to investigate them thoroughly. Upon investigation, they proved to be based on nothing but malicious statements. Of late great and successful attempts have been made on the part of the scientific pharmacist to change these conditions which were so detrimental to a perfect mutual understanding, and it has been the merit of some gentlemen standing high in both professions to bring on a more effectual understanding, based on a higher scientific training as well as on mutual respect.

The curricula of the present schools of pharmacy, the requirement of a preliminary education, subject to the approval of the board of regents, and, last but not least, the necessity of having graduated from a college of pharmacy before being admitted to the board examinations, are factors that in themselves bear the guaranty of a good and thorough scientific training.

We are therefore justified in considering that pharmacist a desirable representative of his class, in whose laboratory exactitude, reliability and promptness in putting up prescriptions are the chief and prevailing mottoes and who also knows how to combine these with the necessary skill in putting his business on a paying basis. In that way he will not only serve best his own interests and those of his patients, but incidentally also those of their medical advisers.

These are chiefly the gentlemen whom I had in mind when I used the term "scientific pharmacists." We cannot expect every pharmacist to be a learned chemist in the strict meaning of the term, but what we can rightfully expect of every pharmacist, is that he should be a pharmaceutical chemist as well as a thorough connoisseur of drugs and be well versed in the very important chapter of incompatibilities, so that he be able to distinguish between incompatibilities, that were intended and those not intended. In former years I have sometimes seen my intention miscarried, when the pharmacist, or let me say here, the druggist, was unable to make this distinction and hesitated to combine the chemicals that, though they were chemically incompatible, would form the desired remedies by mutual decomposition. On one occasion, I remember, chemicals were strained out of a mixture, which, I will admit, made the same unsightly, yet were the only important remedial agents in it. I want to say here, emphatically, that these occurrences are things of the past. We do not see today any more a perfectly clear mixture when we prescribe Zinc Sulfate and Lead Acetate in distilled water, in which case, formerly, *pharmacia elegans* did get the best of the more practical and useful end of it. Here, I think, is the place to speak of a preparation which, in spite of all new and elegant substitutes, will always hold the fort as one of our most reliable indirect diuretics and mild heart stimulants, namely infusion of

digitalis. The habit of making this important preparation from the fluidextract or from a concentrated stock solution cannot be condemned in strong enough terms. If this were permissible, there would be a method for it laid out in the pharmacopœa, a book which we always should take as our standard. The slovenly and unpharmaceutical habit of preparing this infusion in the manner mentioned will not only result in a poor pharmaceutical product, but would be sufficient to put one on his guard against a dispenser who is satisfied with the exertion of so little pharmaceutical skill. It is needless to add, that only the English leaves, purchased from trustworthy and reliable firms, should be used in the preparations of this infusion. It is evident from this fact alone how important it is for medical gentlemen to deal only with those pharmacists that not only are masters in their profession, but who are also willing to undergo some little inconvenience in order to prepare prescriptions *lege artis*, and who even will make some sacrifices for the benefit of the quality of their pharmaceutical products. I personally know some pharmacists, whom I esteem very highly, that never used up a pound can of digitalis leaves entirely, but when half of the can had been used, threw away the rest. They do the same with spirit of glonoin and other articles which are liable to deteriorate with age. They assure me that, although they carry out this practice, they are able to realize a good profit on their merchandise. This practice is highly to be commended and most decidedly furnishes proof that there are gentlemen in the pharmaceutical profession who besides being thorough scientific pharmacists, would deserve to be distinguished by the honoring epithet "Pharmacien de première class."

It is therefore wrong to condemn the pharmaceutical profession because there are a few evildoers in it. It would be difficult to find any profession or business that is free from these.

Substitution, of course, will be always practiced by them, but let us leave them to the pangs of their own conscience, or, what is still better, to the ever watchful eye of our very efficient board of pharmacy. Indiscriminate counter prescribing, on the other hand, is a matter of vital importance, and it is our duty to meet the druggist who indulges in this practice by seeing that our prescriptions do not find their way into such stores.

But there are two sides to every question, and I personally am able to see the other side of this one, too. Can we blame a druggist that tries to pass some of his preparations on a customer, if he knows that the physician to whom this patient would otherwise go, were going to dispense the medicine himself, thereby depriving him (the druggist) of the legitimate means of making a livelihood? The counterprescribing druggist exposes himself to the just criticism that he assumes the doctor's rights, treating symptomatically ailments of which he does not know anything, while the dispensing physician wrongs his helping hand, the pharmacist, by intruding on the latter's rights, thereby endangering the so important community of interest that should exist between both.

In conclusion I will mention a few points that show how the physician and the scientific pharmacist can be of aid to each other, settling all questions of

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

---

\*Read before the New York Branch and the Medical Society of the County of New York, May 7, 1902.