

MAKING MORE CORDIAL THE RELATIONSHIP BETWEEN DOCTOR AND DRUGGIST.*

BY J. G. BEARD.

Every thinking doctor and druggist recognizes that the professions of medicine and pharmacy are interdependent, and that the closer and more harmonious the relationship between the two becomes the more each group will be advantaged. Any opportunity, therefore, which offers a chance to strengthen the bond between them should be seized with eagerness. We as pharmacists must see to it that we do our part fully to guarantee this rapprochement; if necessary to do more than our share since candor compels us to admit that we stand to gain more from the union than do the doctors.

Various ways offer themselves to bring about this cordiality of relationship, most of them being obvious. One method in particular is effective and this paper is concerned with that method. The other plans have been discussed lengthily, but this plan has had but little publicity, at least in print.

After a physician receives his diploma and begins his practice, he has usually formed his own conclusions concerning druggists and their place in his scheme. Under certain conditions he may change these conclusions, but ordinarily they remain a fixed part of his thinking. It is important then that he be shown, while still susceptible to evidence, the value of pharmacy both to himself and to mankind generally. Entering upon his career with a proper appreciation of the drug business, he becomes a distinct asset to pharmacy. Such appreciation develops usually out of a certain sort of instruction gained in medical school. Most students, whatever their curriculum, reflect in their thinking the ideas of their preceptors. If, for example, a professor of materia medica like the late Dr. Potter has a lowly opinion of pharmacy and pharmacists, there will result from his teachings a group of doctors prejudiced against druggists; but if, on the other hand, the teacher be like the well known pharmacologist, MacNider, who holds druggists in high esteem, then the students of such a man are prejudiced in favor of pharmacy and its practitioners, and such favor is a valuable asset to the drug business generally. All of which is by way of saying that the best time, almost the only time it sometime seems, to work for a mutual understanding and sympathy between doctors and druggists is while the two groups are still in college.

Two ways are open to bring about this understanding. (We will omit reference to methods to increase the regard of the pharmacist for the physician—that will come in another place.) One is for druggists and teachers of pharmacy to talk with professors in medical schools and seek to secure their coöperation in placing before the embryonic doctor the value to himself and to the public of the right sort of drug service; to impress him favorably with the character of man who makes up the bulk of the nation's druggists; and to impress upon him also the advancement in pharmaceutical standards which is now so rapidly going on. Many such professors will gladly do this if properly approached. The chances are that they have simply not thought of the matter at all. Another way is for schools of pharmacy located in institutions which also have schools of medicine, to endeavor to have introduced into the curricula of the latter, specialized courses in pharmacy, taught

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by some member of the pharmaceutical faculty. No one questions the value to a physician of a knowledge of certain phases of pharmacy, and it ought not to be difficult to bring about the addition of such a course. While the medical pharmacy is being taught, it will be appropriate to carry on the missionary work mentioned above so that the medical student will gain, while he is still impressionistic, the right appreciation of his co-worker, the druggist.

For twelve years I have taught medical pharmacy in the university with which I am connected, and I have never lost a legitimate opportunity to elevate the druggist in the minds of the oncoming crop of doctors in our section. The task has been as easy as it has been pleasant, and the results have been increasingly gratifying as practice has improved my ability properly to place before the youthful medicos a picture of the present-day, intensively trained pharmacist who can and who would like to be a close-working partner in the crusade against disease. I like to think that as these students finish their medical education and go out into the world they will not only be slightly better doctors as a result of their work under me, but that they will also have a higher conception of the men into whose hands will go their recipes for pain and disease.

CHAPEL HILL, N. C.,
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AMERICAN PHARMACEUTICAL ASSOCIATION COMMITTEE ON RESEARCH.

The AMERICAN PHARMACEUTICAL ASSOCIATION has available a sum amounting to \$450.00 which will be expended after October 1st, 1925 for the encouragement of research.

Investigators desiring financial aid in their work will communicate before July 1st with H. V. Army, Chairman, A. Ph. A. Research Committee, 115 West 68th St., New York, N. Y., giving their past record and outlining the particular line of work for which the grant is desired.

"THE MASK" OF THE KAPPA PSI PHARMACEUTICAL FRATERNITY.

The January issue of *The Mask* is an interesting number and presents many faces known to pharmacists; among them: J. Dawson Reeder, Ivor Griffith, Grand Regent W. Bruce Philip, A. R. Bliss, L. K. Darbaker, W. G. Crockett, H. A. Langenhan, Geo. W. McBride, G. L. Curry, H. O. Haeusgen, F. D. Stoll, J. G. Noh, F. J. O'Brien, F. S. Ward, P. H. Dirstine, W. F. Sudro, G. L. Barone, R. H. Raabe. Also groups of various chapters—Columbia University, Medical College of Virginia, Massachusetts College of Pharmacy, Philadelphia College of Pharmacy and Science, Louisville College of Pharmacy, New Jersey College of Pharmacy, Western Reserve University, Uni-

versity of California, Union University, Oregon State College, University of Pittsburgh, Creighton University, University of North Carolina, Washington State College, North Dakota State College, Ohio Northern University, University of Nebraska, University of Oklahoma.

NARCOTIC PRESCRIPTION LIMITS REMOVED BY SUPREME COURT.

The government has lost its fight to restrict physicians under the Harrison narcotic law to prescribing only sufficient narcotic drugs when a patient is to administer them himself to be a curative in its effect upon the narcotic habit, as a result of the United States Supreme Court decision in the case of C. O. Linder against the United States, the opinion which was handed down by Justice McReynolds. Dr. Linder is a physician at Spokane, Wash.

In the lower courts the government won its contention that narcotics could not be prescribed in such quantities as to enable the patient to sell the drug or to administer to himself a dose larger than necessary to effect a cure, but the Supreme Court held that the government cannot control a physician in this way; that the law is a revenue measure; and that the court cannot conclude, because Dr. Linder prescribed for an addict that he acted unwisely or improperly. The lower courts were therefore overruled.