

A. FEW IDEAS ON EDUCATION AND LEGISLATION.

THOMAS H. POTTS, SECRETARY OF THE N. A. R. D.

To anyone who has sincerely the real interest of the retail druggists at heart, it must be very interesting to listen to the arguments pro and con that are engendered when the subject of the uplifting of pharmacy and the elevation of the pharmaceutical standard is broached. In my estimation it is absolutely necessary that each one of these issues subserve the other. From practical facts obtained from many years of actual experience, I am more than ever convinced that unless the young man has an inherent aptitude for pharmacy, it would be futile and absurd to even endeavor to teach him the ordinary rudiments of a pharmaceutical education, yet speaking from the other point of view, and it is more or less from a personal practical experience, I have seen many young men who from financial considerations were unable to obtain more than an ordinary common school education, but the rudimentary ideas were deeply implanted and if they were so fortunate as to secure service with an experienced and practical pharmacist it was to them like entering a new school where every day something new coming up was observed and accepted into their brain receptacle. I know of no calling that gives the really observing young man the opportunity for self-education as does that of pharmacy, and again so much depends upon the standard of their preceptor. I believe that all of us pharmacists of many years experience who have employed new clerks from time to time could in a short time determine just what kind of an employer he last had.

In this progressive age with the educational qualifications so easily and cheaply obtained, I fully believe that not only in the interest of the matriculant himself, but in the greater interest of the conservation of public health there should be an insistence on a higher educational standard for the embryo pharmacist. Accomplish this and the uplifting of pharmacy follows. The fact remains that unless the qualification, the standard of requirement, is elevated our pharmacists may never hope to reach that standard so much desired and required in this progressive age.

The uppermost issue of today in pharmaceutical circles is legislation, both state and national. The great trouble in the past has been that concentration of efforts has been made to promote legislation that was impracticable. The different State Association Legislative Committees at a large expense of gray matter and valuable time, which often could be illy spared, met from time to time and formulated legislative acts for introduction into state legislation on lines that seemed to be just what was wanted, yet when the practical politician got his opportunity it was soon torn into shreds. This procedure, of course, does not apply to all pharmaceutical measures, yet I regret to say it is the fate of many.

State legislative acts based upon the National Pure Food and Drug Law were practically nullified in many instances by insertion of amendments absolutely relieving the self-dispensing doctor, dentist or veterinary surgeon of its operations. This faulty legislation, I am pleased to say, is being rapidly remedied in many of

the states. The sale of dope is now being largely controlled by state legislation, but this legislation does not reach the principal evil and that is the interstate traffic, which can only be properly controlled by national legislation, and we all should give our utmost exertions to promote such national legislation as will control this iniquitous traffic. "Where there is a will there is a way," and every honest pharmacist should be willing to be a little troubled in the matter of keeping and transmitting record of his sales of inhibited narcotic drugs so that the National Department may properly and legally control the situation.

Again speaking of endeavoring to do the impractical, I would state that I fully believe the Pure Food Department at Washington is entirely too radical in embracing in the list of inhibited drugs that are used in the preparation of proprietary medicines all those drugs that are known to have or supposed to have narcotic therapeutic effect upon the human economy. We have succeeded in the last five years in almost completely throttling the iniquitous traffic in cocaine. Now why not concentrate our efforts solely upon similar traffic in opium and its derivatives and after we succeed in this laudable effort, combine our efforts upon the next few prominent drugs that are habit-forming and capable of most serious results? Again I repeat we want to accomplish too much at one time, which renders our efforts in a great measure impracticable.

CONFIDENCE TO BE OBSERVED BY PHARMACISTS IN THE MATTER OF PRESCRIPTIONS.

To the Editor: Please let me know what the pharmacist should do under the following conditions: The prescription blanks of Dr. A announce two "associates," Dr. X and Dr. Y. Dr. A asked the pharmacist for a list of patients for whom Dr. X had prescribed, with the dates. Dr. X hearing of the request, advised the druggist that Dr. A had no right to any information concerning prescriptions that Dr. X had written. Some of the prescriptions written by Dr. X are on blanks with his name only at the head. Dr. A asserts that Dr. X has no right to use individual blanks under the terms of their contract. Should the list be furnished to Dr. A?

J. K. S.

ANSWER.—The physician who writes it, the pharmacist who fills it and the patient for whom it was written are the only parties who have any right to a prescription. The fact that Dr. X wrote prescriptions on several kinds of stationery is immaterial. They were all signed by Dr. X and except through the courtesy of Dr. X should not be subjected to inspection. True, the prescription blanks of Dr. A announce that Dr. X and Dr. Y are his "associates," and our correspondent, a pharmacist, has knowledge that some kind of a contract has been entered into by A and X. The terms of the contract are not here defined and the relationship implied in announcing X as an "associate" is too indefinite to warrant the pharmacist giving A information concerning the prescriptions in question. In other words, physicians "associate" in the use of common offices; in assisting each other when more than one person is required to render needed service; in one substituting for the other when the principal attendant is engaged, or on his request; in one performing laboratory work or making special investigations for the other; and occasionally physicians are associated in a full partnership as in any business. Only in a full partnership is one of the associated physicians warranted in treating the business acts—the prescriptions, for example—of the other as his own, or asking another to regard them in this light.

The best course for the pharmacist to follow is to provide X with the data A requests and advise A of this, leaving A to obtain the information from X.—*Journ. A. M. A.* Nov. 16, 1912, p. 1813.