With these facts given I think a different light is thrown on the incident, and the blame should not be placed on Methyl Alcohol.

In view of the fact that there is about 25,000,000 of dollars invested in wood alcohol plants in the United States, and employment given to about 75,000 people, ten million dollars being invested in plants in Pennsylvania, and until more proof is given that its use externally is dangerous, I do not believe that the regulations and proposed legislation prohibiting its use in preparations for external use only are justifiable.

PHARMACY IN CALIFORNIA IN 1913.

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At the recent state pharmaceutical convention at San Jose a number of prominent pharmacists and educators ventured to criticize the medical profession for its lack of familiarity with materia medica subjects and urged upon the colleges of medicine the necessity of devoting more attention to these subjects. The prominence of the men engaged in this controversy brought out newspaper comment in which it was stated that physicians could diagnose well enough, but when it came to selecting the remedy to fit the ill, they were found wanting and at a loss to know how to proceed.

As yet we have heard no retaliatory utterances on the part of California physicians. A letter from a Nevada physician appeared in the Pacific Medical Journal under the caption, "Are Doctors Fools?" in which the druggist is taken severely to task for his own discrepancies, and he is accused of endeavoring to justify himself in the eyes of the public by belittling the profession of medicine.

The dignified silence of California medical men is what would naturally be expected when one considers the exceptionally high standard of medical education in California compared with the deplorably low standard of pharmaceutical attainment. It is a gap no self-respecting physician would venture to bridge.

It is noteworthy that college men took the leading part in this discussion—men holding chairs in leading medical and pharmaceutical schools. These men above all others should be in a position to judge and to know the necessities of the medical and pharmacy student. They should know not only what is essential to the groundwork of the student's education, but their knowledge should be broad enough to understand the conditions under which the student has to labor when he embarks upon his career. It is not sufficient that the student should know what the past has accomplished. He should be alive to the kaleidoscopic changes of the present as well as the general drift of medical and pharmaceutical progress, so that he may meet new developments as they arise. If the student is not educated along these broader lines, he is incapable of adapting himself to new conditions and consequently lowers the standard of the profession of which he is a member.

The question then arises, how well is the college equipped to prepare the student for the broader activities of life after he emerges from the college? Is this equipment confined to a study of text-books which are out-of-date almost

before they leave the press? Is it confined to a study of laboratory methods which the student rarely or never has occasion to apply after leaving college? Is it confined to the teachings of professors who are almost wholly unacquainted with practical working conditions and who preach a gospel two-score years behind the times?

Materia medica is a subject which has changed and is changing more than any other branch of medicine. The difficulty of revising the Pharmacopœia and criticism of the Committee of Revision is primarily due to this fact. We have thousands upon thousands of medicinal agents which have at some time or other been applied in the healing art. Like the laws of the land, they have multiplied to such an extent that it is difficult to know whether one is doing right or doing wrong if the statutes are taken as criterion. Does a knowledge of materia medica presume that one need be familiar with all this lore? No, that is unreasonable. Our materia medica preceptors would familiarize us only with the principal medicaments. And what, pray, are the *principal* medicaments? They are those substances which appear to the preceptors to be of particular importance. Whether they are of importance actually, at that time, or a year hence, is a conundrum the medical student will be obliged to solve for himself after he leaves college. It calls to mind a weakness some medical men have of prescribing a diet for their patients such as is acceptable to the physician's own palate. The instructor is apt to give the student for digestion those materia medica subjects which appear to the instructor to be of importance.

It is therefore apparent how ridiculously stupid it is to talk about *teaching* materia medica, when the best that can be done is to give the student but a general idea of the elementary priciples involved—as the writing of prescriptions, chemical and physiological incompatibilities, dosages, etc.

To the intelligent and enterprising pharmacist, the physician's lack of familiarity with materia medica and allied subjects is a source of gratification rather than censure or criticism. It offers the professional pharmacist an ideal and unlimited opportunity to expand his own usefulness.

It is virtually impossible for the busy practitioner to keep in touch with progress in the fields of pharmaceutical and biological chemistry; the more recent and useful additions to the materia medica; the problems of sterilization and disinfection; the subjects of dosages; incompatibilities; suitable and available methods of exhibiting various medicinal substances, and many other subjects the pharmacist should be thoroughly familiar with, that he may be in a position to serve and advise the inquiring physician. That is the pharmacist's natural and legitimate domain and the physician has the unquestioned right to expect the pharmacist's assistance in such matters. This is the situation in a nutshell. How well then is the pharmacist equipped to meet this situation? In the first place what is mean by a *pharmacist* and what should be his qualifications? A pharmacist, first of all, should be one of broad humanitarian instincts. His calling should be a source of pleasure and pride and a means of giving expression to his individuality and ambitions. His primary object in life should be to serve—not in the sense that he should become "everybody's goat," nor render service without adequate return. The laborer is worthy of his hire. The type of service referred to is that which contributes toward the general uplift and bet-

terment of the race, and the best welfare of the individual to whom he ministers. He should be broad-minded enough to grasp the fundamental fact that the physician himself is but the servant of the one who employs him to minister unto his suffering and disability. The physician is but the incident or perhaps accident. The pharmacist should bear in mind the fact that in the final analysis, he is directly responsible to the sick and the needy. With this thought uppermost in his mind, he will not substitute inferior drugs; nor will he counter-prescribe for pecuniary gain; nor will he work off proprietary nostrums, the composition of which is unknown to him. He will not attempt to bribe the physician to stand in with him to the detriment of the latter's clientele, nor will he permit inferior chemicals and cheap pharmaceuticals to pass out under his guarantee. He will cultivate that attribute wherein he personally shoulders responsibility for his own acts, rather than shift that responsibility upon some obscure producer or nom de plume.

He should be possessed of a broad elementary knowledge of the medical and pharmaceutical sciences. He should be able to discuss intelligently with the physician, any medical subject with which he as a pharmacist may be expected to be familiar. By what manner or means he acquires such knowledge is his own concern. It is the province of the state to see that the safety of the public is secure in his hands.

The pharmacist failing in these prerequisites, the physician is justified in making good the deficiency in any manner that presents itself. *No way has presented itself that begins to take the place of the qualified pharmacist.* The physician as a self-dispenser is "an error." The great pharmaceutical establishment as educator and purveyor to the medical profession, has seen its best days. The doctor is ceasing to worship at the shrine of the pestiferous detail man. One of the chief causes of the decline and increased competition among the pharmaceutical houses is the great falling off in the use of drugs. The doctors are not "doping" their patients as they used to. It is no longer fashionable for people to drench their systems with all kinds of belly wash.

The retirement of some of the old materia medica stand-bys has left the physician much at sea. It is a magnificent opportunity for the qualified pharmacist to assert himself. But where is he? He has buried himself in obscurity. To speak of his as a profession is an affectation. The term pharmacist itself smacks of pedantry. But everybody knows the *druggist.* He sells face powder and postage stamps. Like the corner grocer, he is everywhere in evidence. The difference is that the grocer is largely a necessity and the druggist is largely a superfluity. About ninety percent of his business could be taken care of by the grocers and department stores, the other ten percent could be handled by the manufacturing pharmacists who deal direct with the physician. There is great need for the man who is satisfied to do the little things carefully and well; who can put personality into his effort and leave no trace of doubt as to his reliability—who can make a statement both the physician and patient can depend upon. The highest tribute that can be paid the pharmacist is the physician's assurance to his patient that the product was dispensed by a man who puts his soul into his work.