

Many of the editorials appearing in the Journal of the American Pharmaceutical Association, are well worth the layman's consideration and would go far toward setting pharmacy right with the public on a good many questions affecting both, but we cannot expect the busy editor of a daily paper to read our journal and thus get our point of view.

As for the papers, the argument will probably be advanced that they are too long for bulletin purposes, and that it would take too much of our editor's time to abstract them.

If the by-laws of this Association were lived up to in regard to the presentation of papers, an abstract would be prepared and handed in before the meeting, for Chapter X, Article III, of the by-laws, specifically states:

"Any person desiring to submit a paper to the Association¹ shall present to the Chairman of the particular section to which it refers, at least ten days prior to the meeting, an abstract of said paper, indicative of its contents, and consisting of not less than fifty or more than two hundred words. This abstract shall be printed as a part of the program."

An abstract of from fifty to two hundred words would be just about what would be required for the "Press Bulletin."

The custom of most scientific associations is to print abstracts of all or nearly all papers presented at their annual meetings in the issue of the Journal which immediately precedes the date of the meeting. This gives other members an opportunity to prepare for the discussion upon any paper that is to be presented.

It was doubtless intended by the framers of our by-laws that a similar arrangement should be followed by this Association and the abstracts prepared in accordance with the rules would thus answer the two-fold purpose of providing better discussions at the meetings and material for the "Press Bulletins."

COÖPERATION A NECESSITY.*

WHY SHOULD THERE NOT BE ACTIVITY BETWEEN THE MEDICAL AND PHARMACEUTICAL PROFESSIONS IN THIS DIRECTION?

JOSEPH P. REMINGTON, PH. M.

Coöperation, as we all know, is the act of working together to one end, and it would seem that the purpose of saving life, ameliorating suffering and promoting restoration to health are the principal objects of the medical and pharmaceutical professions. Coöperation has not always been the rule in the past, and there have been instances of open hostility between the professions recorded in history. The causes are not hard to determine.

Pharmacy was originally a part of medicine, but this was centuries ago and the word "apothecary" is frequently found in the Bible. When the medical pro-

¹ Recommendation adopted.

* Read at Joint Session of the Section on Education and Legislation, Conference of Pharmaceutical Faculties and National Association of Boards of Pharmacy.

profession became divided and various cults or so-called "schools" of medicine came into vogue, solidarity was out of the question. The enormous growth of quack remedies had a most injurious effect in widening the differences between the doctor and the druggist. Sales agents of manufacturing pharmaceutical houses who introduce new medicines directly to the physician, and the dispensing of medicines directly to the patient by the doctor have provoked retaliation on the part of the druggist, and the cry is heard all over the land that doctors no longer write prescriptions. This, of course, is not literally true, but only partially so. This has had an unfortunate outcome and cases are easily cited where pharmacists have trenched upon the domain of the physician and have given advice to patients entering their stores, oftentimes with serious effects, for the pharmacist is not by training or education fitted to give medical advice or diagnose a case. We now see modern pharmacists in our large cities and towns and elsewhere supplying goods of a general character which cannot be classed under medicines or which especially aid in the cure of disease. These facts are well known. The patient who is sure to look out for the saving of expense frequently reads the advertisement of ready-made medicines, and, assisted often by the druggist, is induced to try the "cure-all." Proprietary medicines are not all inefficient. At the present time they are more unpopular than they ever have been, largely because the newspapers and public prints are educating the public to the iniquities of the advertising of these proprietaries. Physicians who write prescriptions largely in their practice do not as a rule like to enter a drug store which displays advertising cards, almanacs, dodgers, etc., recommending all kinds of medicines which claim to cure all kinds of diseased conditions.

A prominent physician of Philadelphia some years ago was treating a patient for rheumatism. The patient was well-to-do and perfectly able to engage the services of a physician. The doctor wrote a prescription, handed it to her, and directed her to an ethical pharmacist to have it filled. The woman had been buying coal oil, liquid glue, castor oil, paints, window glass, putty, etc., at low rates from a druggist who was rated as a wholesaler dealer in drugs. He did not hesitate, however, to put up prescriptions or sell anything. Upon the marble counter immediately in front of where she stood there was a pile of what are known as dodgers,—single sheets of paper of the cheapest character exploiting a remedy for rheumatism. The clerk in the store wrapped up the prescription bottle, containing a liniment, in one of these paper dodgers. It happened to be an advertisement of an oil largely used, with the front name of a saint. Arriving home, the patient used the doctor's liniment for several days with no immediate improvement. She had saved the dodger and, turning to it, she found that the quack medicine promised immediate relief. She went back to her druggist friend, procured a bottle, and the druggist chuckled at the success of his "silent salesman." There was a terrible time when the woman visited the doctor and refused to pay his bill, saying that if he could not make a better oil than the stuff that she could get which was so largely advertised, she would not only not pay her bill, but never go near him again. These facts were related to me personally by Dr. Atlee, who complained bitterly of the druggist and at the next County Medical Society meeting he proceeded to air his grievances before that body. Nothing ever came of it, however, as the druggist had not committed a legal

mistake, and it was not worth making a test case. Naturally, coöperation did not exist under such circumstances. Neither the doctor nor the druggist is living at present, but the druggist's business dwindled away, while the doctor's practice increased and he afterwards spoke of the incident as a joke on himself.

There are drug stores here and there which contain no patent medicine advertisements; there are many others which keep patent medicines, but they are out of sight and never displayed, simply because the proprietor regards it as bad business policy to encourage the sale of such proprietaries. The general ground which is taken by the druggists who sell proprietaries is that they are in the drug business. They believe that the public should get medicines from medicine stores. The druggist is compelled to give a State Examining Board proof of his fitness to dispense medicines. He spends considerable money and time in getting a diploma from a college of pharmacy. If the public cannot get medicines that they want from him, they will go elsewhere—possibly to a department store. As the prescription business has fallen away, the druggist adds to his stock many articles void of medicinal action, as kodaks, fishing tackle, fountain pens, etc. On general principle the public does not object; but the doctor cannot very well find a legitimate way of increasing his revenue. He is supposed to stay in his office and wait for patients when he is not out visiting the sick. He says, "The druggist is selling all kinds of medicines to his patients and counter-prescribing. Now why cannot I lay in a stock of tablets and other medicines and sell or give them to my patients?" Many times he can, and he works off the samples left by the agents of manufacturers, and, if he is criticised for this, he states that he cannot trust the druggist to fill his prescriptions accurately.

On the other hand, the druggist charges the physician with often giving his patient something that he has in stock and which is only pretty near what he ought to give, and he makes the disease fit the medicine. This represents the problems which exist at the present time and which have existed for many years.

Again, many pharmacists have tried from time to time to conduct a pharmacy strictly along the lines of catering to physicians only to find that support from the medical profession is very luke-warm, with the result that money is lost continually.

It would seem that the time is ripe for active coöperation between the two professions. The well educated pharmacist can prepare special medicines with combinations of ingredients which the doctor with the assistance of the pharmacist knows will suit a particular case which the doctor is treating. The patient has the right to expect, if he pays the doctor's fee, to get something to relieve his suffering which embodies all the knowledge and experience possessed by the doctor. Nothing disgusts a patient more than to find that the doctor has prescribed one of the largely advertised patent medicines which the patient knew all about before he went to the doctor's office. He pays three or four dollars for professional advice, but advice has already been given him in print on the advertisement or label of the patent medicine, and which he has read frequently in street cars or on the sides of barns. He thinks finally that the statements are highly colored, and hence he goes to a physician for a real, unbiased opinion and a prescription fitted exactly for his case.

If a propaganda could be started in favor of more prescription writing one of

the best arguments that I have used is that a doctor changes his medicine frequently, because of the stages which are well marked in a patient's condition. In treating the various fevers which are so common, the medicine which is at first used must be adapted to the patient's condition, and if the patient does not improve, he must modify or change the prescription entirely. Again, when the patient is convalescent, it would be highly improper to continue the medicine which was given at the on-set of the attack. The formula for a patent medicine never changes and the patient is not likely to get well if he takes the proprietary continuously during the progress of the disease. One never sees a cautionary notice on a patent medicine that if after trying a few doses it does not cure, one should call in a physician. The label rarely or never admits that it can fail and yet a life may be sacrificed if a good physician is not engaged and the medicine is not changed from time to time. A life is worth more than dollars.

It seems at the present time that physicians and pharmacists should join hands and assist each other. Many physicians are using the preparations of the United States Pharmacopœia and National Formulary and are getting excellent results. The National Association of Retail Druggists have been engaged for years in bringing about better relations between the professions by visiting physicians and endeavoring to influence them to use official preparations. It is undoubtedly true that if physicians would prescribe in general practice such official preparations as they can, leaving the prescribing of proprietaries and synthetics to special cases, much good would be accomplished.

If our medical colleges and universities would invite lecturers on pharmaceutical subjects to give to our medical students courses in modern pharmacy, the student would be at least helped in his medical practice, after he graduated, to understand and know the properties and doses of medicines that should be procurable at any drug store.

This is one way of promoting coöperation with the practice of medicine assailed on all sides by what are known as irregular practitioners. There could be a revival which would result in much good.

It might be possible for the American Pharmaceutical Association to appoint a commission consisting of physicians and pharmacists who would issue a well-worded circular asking coöperation on both sides.