

The Obligations of Medical Practitioners and Chemists to each Other and the Public.

FROM A PAPER BY R. R. BENTON, M. D.

For some time I have inquired into the different laws and customs relating to prescriptions, the duties of practitioners and chemists to the public, and to that of patent medicines. At the last meeting of the British Medical Association I gave notice of motions relating to the two latter subjects. Since then I have moved no further, because the question has been put to me, Is there any use in trying to stop the supply of poisonous patent medicines when at the same time equally dangerous medicines can be supplied by chemists, either by their repeating a practitioner's prescription or by prescribing and supplying proprietary or other dangerous medicines? Therefore, my point is that until practitioners and chemists decide as to the necessity of retaining the prescription and refusing to compound it upon a second occasion, unless instructed to do so by the practitioner, and until we come to some practical finding as to dispensing practitioners and prescribing chemists, we had better not make any attempt for a repeal of the Medicine Stamp Act. We know that large quantities of chloral, chloroform, laudanum, and chlorodyne, and such like dangerous drugs, are consumed through the repeating, *ad infinitum*, of a prescription, or through the consumption of proprietary medicines. This supplies a form of trading which is as much to be condemned as the action of the publican who supplies alcohol to the inebriated. To whom then does a prescription belong? The practitioner, chemist, and patient, I am told, each lay claim to it. I hold that it is the property of the practitioner, and that it is simply a written instruction to the chemist from the practitioner; it is as much so as is a note from a practitioner to an instrument maker, in which directions are given as to the making of a splint. The fact that the directions are in Latin shows that it is not for the patient. We know that the superscription, subscription, and inscription read thus:—"Let the compounder take" so and so; "let him make" so and so; let the patient take." All these directions, be it observed, are to the chemist, and not to the patient. It has been suggested that a prescription be written in English. I hope the Latin style will be retained. If practitioners be permitted to pass the examining bodies unable to write a prescription accurately in Latin, this is to the discredit of these bodies. It is further important that we retain the Latin, as we may wish to conceal the names of ingredients; also because a prescription written in Latin can be understood throughout the civilized world. I have elsewhere pointed out that if a prescription is not the property of the practitioner he has no right to deface it. He would, for instance, not possess the power to write across it the words, "not to be repeated," a very necessary in-

junction when prescribing morphia, chloral and other dangerous remedies. Now it is well known that a practitioner possesses this right, thus showing that it does not give away his future control of the prescription. Last January this point was settled in Germany, by it being enacted by law that a prescription containing certain remedies must not be dispensed on a second occasion without the express consent of the practitioner. In this country there is no law upon the subject, and therefore we fall back upon custom; the custom varies, in one case medicine itself is supplied by the practitioner, yet here no prescription or copy of it is given to patients, and remembering that about three and a half million of persons belonging to friendly societies and sick clubs are supplied in this way it is a strong argument. (Here, I would say, it would be much better if the medical officers to sick clubs contracted to supply medical treatment only, leaving the clubs to contract with chemists for the supply of medicines.) Again, when a practitioner arranges with a chemist to dispense medicines for his patients, the chemist does not give the prescription to the patient. Also the medical staff of charities do not supply them. It would be of little use, as frequently stock mixtures and certain formulae are used.

If no agreement can be made between practitioners and chemists, then the practitioner will be acting within his rights if he has printed on the prescription paper the words "to be retained by the chemist." In times gone by, when the chemist hardly existed, and when the apothecary made up prescriptions, we make take it they did give them to the patients.

I have heard it stated that the patient pays the practitioner for the prescription. In the first place the patient seldom pays for either the prescription or treatment! In all cases, however, the patient pays for the advice given. If he paid for the prescription, then when no prescription, but only advice is given, the patient might refuse to pay. I may say I have been refused payment of a fee because I did not write a prescription. There was a time when the practitioner could charge only for drugs, and not for treatment, and when oceans of physic were poured into the unfortunate patient, because this was the only way of securing payment.

There are other reasons for retaining a prescription besides that it contains dangerous and poisonous drugs, one is, that when a patient finds that he derives benefit he lends the prescription to his friends. This is unjust to the practitioner. Another is that in this age of running after cheap articles the patient goes to some drug store and obtains medicine which will do him no good, while the doctor's reputation suffers. Again, the practitioner complains that he receives, or is promised a fee of 2s. 6d., and never again sees the patient, while the chemist may repeat the mixture on several occasions; this again is unfair. It is all very well for

the doctor who is paid a two guinea fee "cash down."

By all means let the financially superior practitioner adopt any plan he chooses, only it must not be forced upon us all. It may be asked, supposing the patient leave a locality and wish to continue taking the medicine, here the chemist should refer the patient to the practitioner. As to the "repeating of prescriptions" this can readily be settled by writing such words as "not to be repeated three times." This is all I shall say regarding the ownership of prescriptions, and the duty of the chemist in not repeating the medicine until directed. It is a point which must be settled sooner or later—if so, then the sooner the better.

Next as regards dispensing practitioners and prescribing chemists in Germany, France and Italy the laws enact that unless in exceptional cases the practitioner shall not dispense, nor the chemists prescribe. In this country the apothecaries at first only dispensed, but afterwards began to treat sickness. The Pharmacy Act of 1868 enacts that the chemist "is to keep open shop for the compounding of the prescriptions of duly qualified medical practitioners," while Section 16 states that registration under this Act "shall not entitle any person so registered to practice medicine or surgery." Unfortunately some do prescribe for sick persons. Formerly, no doubt, the old apothecary treated the sick poor; but now the sick poor are so thoroughly provided for by medical charities that this excuse is of no value. It has been suggested that practitioners should combine to establish depots in every town from which medicines would be supplied without the aid of the chemist. This would only be repeating what the College of Physicians did in the eighteenth century, when, being dissatisfied with the apothecaries for their prescribing, they opened a dispensary in Warwick Lane for the sale of medicines to the poor at cost price. To do so now would be a retrograde movement. If we acted in this way I hope chemists would retaliate.—*Dr. and Col. Druggist.*

BENZOIC ACID FROM GALLIC AND TANNIC ACIDS.—On adding a warm solution of gallic acid to a warm mixture of zinc powder and water of ammonia, and keeping for several hours at a temperature of 60° C., the gallic acid will be entirely converted into benzoic acid. Tannin under similar conditions is first changed to gallic acid and further into benzoic acid.

"PETROLATOL" of Iodine is recommended (Bull. Soc. Roy. Phar.) as a desirable substitute for the tincture, as being more stable and resorbable. The iodine is dissolved in the least possible amount of ether, and then added to the paraffin oil (liquid petrolatum). A 5-per cent. solution is the strongest which can be made, a larger proportion of iodyne crystallizing out.