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DEVOTED TO THE INTERESTS OF THE GENERAL DRUG TRADE AND TO THE ADVANCEMENT OF PHARMACY.

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Should Physicians Dispense ?

The article entitled "The Critics and Their Criticism of Pharmacy," which appears elsewhere in this issue, is one which must commend itself to the pharmacist as a clear and honest statement of the case as between the physician and pharmacist in their relations to each other. The charges which are from time to time brought forward by the medical press as voicing the feeling of physicians in these matters only show the woeful ignorance of facts as well as the narrow views entertained by many of them. The old charges of "Counter Prescribing" and "Repeating Prescriptions," which seem to be the great bug-bears which haunt the minds of many physicians, have been shown many a time to exist only to a very limited extent. Few pharmacists care to run the risk of prescribing, even in minor ailments, and as to the charge of "repeating," the writer in the article mentioned clearly shows that it is principally on the account of want of "back-bone" on the part of the physicians that patients so frequently ask to have a prescription refilled. As he argues, they have only to say to the patient, "Under no circumstance is this prescription to be repeated," but the fear of losing the custom, or in reality, the suspiciousness with which he watches his fellow-practitioner, prevents his taking any such heroic action. The practice which, unfortunately, is becoming very prevalent of putting in a stock of pills, triturates, a few fluid extracts and some quasi-proprietary preparations, and to which the physician confines himself almost exclusively, is one which cannot under any circumstances be justified except in the case of the country practition-

er who has no reasonable access to a drug store. Too frequently does he find in this the worst acts of substitution, where, although knowing that a certain remedy is the one indicated in the ailment under treatment, that remedy, not being "in stock," another is substituted, with the inward explanation to his conscience of "this will do nearly as well," thus perpetrating an act of great injustice to the patient, or perhaps, in some cases, jeopardizing life.

The true reasons we believe for the adoption of this system by most of the physicians who dispense their own prescriptions are: in the first place, the persistent canvas of the profession which is made by manufacturers, the sampling of them with their products and soliciting their orders, which, although sold through the druggist, are placed in their hands too frequently through the very pressing solicitation of the salesman, and although it is sometimes pleaded that the neglect of the druggist to stock with these goods, necessitates the physicians ordering, yet how often do we find that of the goods ordered at the request of the latter, the druggist fills his shelves with preparations which may be used once or perhaps twice, until the representative of a rival manufacturer, by his persuasive powers, convinces the physicians that his are the "only reliable." Again, the uncongenial, and in some cases, antagonistic feeling which unfortunately sometimes exists between doctor and druggist, is generally owing to lack of forbearance on both sides. There is too little of the "give and take" feeling and too much of the "I'll do as I please." We are all human, all liable to err in judgment as well as in other characteristics, and we would say to the druggist, sacrifice a little of "self," and show yourself above any thing petty and mean for the sake of harmony and good feeling, and you will have every thing to gain and but little to lose. However, what appears to us to be the principal reason for the physician's readiness, or, we might say anxiety, to dispense his own prescriptions, is the great competition which exists amongst the ranks of his own profession. The rapidly increasing number of Graduates in Medicine, entirely out of proportion to the growth of population, renders the problem of how to make money a serious one to many of them, and the adoption by many of the system of giving medicine without any charge to the patient has led to the "cutting" which, formerly a thing

of the trades only, has found its way into the physician's "sanctum." Thus we find that the absorbing idea of money making and the jealousy aroused by competition, is one of the main causes for this innovation on the real domains of the pharmacist. There is no denying the fact that many druggists are more competent to prescribe than the majority of doctors are to dispense. Yet the fact remains that for either to go out of his proper sphere, is not only an act of folly, but quite unjustifiable in the face of the many serious consequences that have resulted from such acts. Nothing can justify the slightest act which would in any way endanger human life or even lead to a doubt as to the means to be used in alleviating suffering or prolonging life, and a strict adherence, both by the physician and pharmacist to their real vocations, are the only safeguards to the general public.

A Chapter on Camphor.

The date at which the Chinese discovered the production of camphor from the *Laurus camphora* is unknown. This is called laurel camphor, or "common" camphor. It was brought into Europe by the Arabians about the twelfth century, which is proved by the mention made of it by the Abbess Hildegard ("St. Hildegardis Opera Omnia," 1145, published in Paris, 1855), who called it *ganphora*. Garcia de Orta, writing in 1563, states that the Chinese is the only camphor imported into Europe, that of Borneo and Sumatra, being a hundred times more valuable, is retained by the Orientals for their own use. Kampher (strange coincidence of names), who visited Japan 1690-'92 and made a drawing of the Japanese camphor tree under the name of *Laurus camphorifera*, expressly declares that the tree differs entirely from the camphor yielding tree of the Malay Archipelago. He further states that the Borneo camphor is one of the most precious articles of merchandise imported into Holland from Japan. This camphor was refined in Japan by a process long kept secret.

The common camphor tree, *Laurus camphora*, is distributed throughout the eastern provinces of Central China, on the island of Hainan, and very extensively in Formosa. It also occurs as a forest tree on the islands Kiushiu and Shikoku of South Japan, its growth being much more vigorous there than in the more northern districts. The camphor of European commerce is produced almost ex-