

### Dispensing Physicians.\*

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The physician who has to practice his profession without the convenience and assistance of a resident pharmacist labors under continual disadvantages.

In Nova Scotia you will generally find the pharmacist wherever there is enough practice to support two or more physicians, and I believe that it is in the best interests of the people that such is the case, for it is essential, where the highest results are sought after, that physician and pharmacist should live in harmony, each one assisting the other to the best of his ability.

The training of the physician and pharmacist is entirely distinct. Each has his own sphere of labor, and the pharmacist can no more successfully perform the duties of the physician than the physician (without special training) can those of the pharmacist, but so allied are their professions that each is capable of rendering material assistance to the other.

The one is taught how to diagnose disease and what to prescribe for treatment and cure thereof. The other is taught how to compound the prescription written by the physician, and his long and careful training in his profession is a constant safeguard to the public. It is left to the pharmacist to determine whether the drugs which enter into the compounding of the prescriptions, are absolutely pure and of full strength, and his aim should be to assist the physician by dispensing drugs, etc., which are purchased not in the cheapest market but in the best, and which he knows to be of the very highest grade obtainable.

In all continental cities the duties of physician and pharmacist have been long since separated, in many places by law, but in *all* by experience.

In Great Britain, United States and Canada the dispensing physician has almost ceased to exist, except in the smaller towns.

My remarks, therefore, are to be taken as referring to the state of affairs existing in towns or districts where, notwithstanding the advent of the pharmacist, the physician still continues to dispense his own prescriptions.

No physician who can avail himself of the assistance of the pharmacist should fail to do so, both for his own sake, and for the good of the public whose best interests he has at heart.

How can the fact of a physician insisting on dispensing his own prescriptions affect the good of the public?

In answer I ask, how can the busy physician look after his practice, keep his mind up to the time by study and research, and still find time to buy and sell a stock of drugs and medicines and dispense the same?

Does he not attempt too much? And is there no danger that some part of his duties are apt to be carried out in a manner not in the best interests of the people, or that he will relegate the important duties of dispenser to some inexperienced assistant.

We have, doubtless, all of us visited the laboratories or offices of many physicians, and I think that you will coincide with me when I say that with only a few exceptions is there ever found anything but a state of chaos. I have seen drugs piled on the shelves and mantelpieces in endless confusion. Bottles without stoppers abounded and very many of the articles unmarked or unlabelled. I am not blaming the physician so much, for how can it be otherwise when his mind is loaded with cares and anxieties concerning his patients. I am only stating what I have seen myself.

Now, what would these very physicians say and think if they came into your dispensing department or mine and such a state of affairs existed? We fear that we would get little sympathy from him or the public either, if errors occurred under such circumstances, but instead, we would find everyone ready to accuse us of criminal carelessness.

I know physicians who try to confine their stock of drugs and medicines to a large array of tablet triturates, pills, etc. Why? Because it is easier for him to keep up his stock, easier to dispense, and he has not got the time to prepare the preparation of the pharmacopœia which he *would* prescribe were he relying on the pharmacist to compound the medicines required, and which preparation would in all probability be of greater benefit to his patient.

If the physician find he has not got the remedy indicated by his diagnosis, what *can* he do but give his patient "the next best thing," and I fear that this necessity (to him) very often happens, and acts sometimes, perhaps, injuriously to his patient, but reacts very often upon himself, affecting his career as a successful physician.

The proper course for the physician to

pursue is to diagnose the case before him, decide on the remedies indicated and send his patient to the pharmacist who must procure and provide just what is ordered.

Not for an instant do I wish to impugn the honesty or reflect in the slightest degree on the professional capability of our physicians, but we all know that the busy physician is bound to give one drug where another is indicated many times, if he only has his own limited stock to draw from. It is the *pharmacist's* duty to keep a complete stock, and he is acquainted with the quickest mode of obtaining any new and valuable remedies. No physician should have the care of a drug store on his mind, his spare moments should be used in delving after more light, perusing carefully his medical periodicals, books, etc., and striving to store his mind with knowledge so as to be able more successfully to combat the onslaughts of his *great enemies*—disease. Would not the great commonwealth be the gainer by such a course?

I feel that I am not saying too much when I venture to assert that the fact of so many cases coming to the cities or centres for medical treatment could in some cases be traced to the fact that physicians in these places do their own dispensing, and spend time on such work which could be better spent in enriching their minds, and also because they are forced very often to use the *next best thing*.

Now why "for his own sake" should the physician always make use of the pharmacist when he is able to do so? We have already mentioned some reasons and these are without doubt the most important, but the secondary reasons we wish to mention are financial reasons. Every prescription a physician dispenses for his patient is taking hard earned money out of his pocket. I contend that he could, in almost every case, get just as much remuneration for his advice as he does for both advice and medicine. Indeed, the physician who sends his prescriptions to the pharmacist, as a rule, can charge larger fees than his brother, the "dispensing physician."

A stranger in the town of W. having contracted a heavy cold, called on the physician to consult. The doctor used his stethoscope, took his temperature, and filling a 2 oz. bottle with medicine, handed it to the gentleman, charging him in all 25 cents. And there is a good druggist in this town.

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