

Why the Physician Should Not Dispense.

Various reasons are advanced from time to time in excuse for the medical man who dispenses his own medicines, but rarely, if ever, are the considerations which should weigh with the medical man commencing practice, as to whether he should or should not dispense. Among the various reasons which may be brought forward against his making up his own medicines may be mentioned the following as being most important:

1. **THE LOSS OF VALUABLE TIME.**—The time of a medical man is valuable, since his charges vary from 1s. in the lowest districts to 5s. or even 10s. 6d. per visit. Of course, no account is taken in these figures of those medical men who are specialists since they charge specially high fees. A visit rarely lasts more than half an hour, most generally a few minutes only.

From these it is clear that the time spent in doing the dispensing can be more profitably spent in looking for patients; for by being at hand in an emergency, on the corner of a street where an accident has occurred, or among a crowd witnessing a football match, a case may be secured, which would have probably gone otherwise to a hospital or infirmary.

THE LARGE SUPPLY OF DRUGS AND OTHER REQUISITES NEEDED.—In order to supply all cases a considerable amount must be spent for drugs and accessories, such as measures, pill machines, &c. A time also must occur when medicine is urgently required, which may be out of stock. Again, care is required to prevent such medicines as are stocked from becoming deteriorated, either by age or a loose stopper or other causes.

3. **THE EXTRA LABOR INVOLVED.**—When the physician has only a little practice it may not be irksome to do extra work but when a busy time comes, and, as is the case, after a hard day's work he has a dozen mixtures to make up it becomes a question of overwork. A physician, like other men, can only do a day's work without injury. Again, in order to make say 10s., it is wonderful what amount of toil on the part of the dispenser is required.

4. **LOSS THROUGH COUNTER-PRESCRIBING OF THE PHARMACIST.**—In nearly all cases where this exists it is due entirely to the fact that the medical man dispenses his own drugs, and, since the chemist must live, he is obliged often to resort to this method of making a livelihood.

5. **THE LOSS OF STATUS.**—The doctor who does not dispense, and his brother who does, are quite distinct in point of respectability, for the former is looked up to as a physician, and is able to charge a larger fee than the other can do by giving his medicine in.

6. **INFERIOR DRUGS AND SUBSTITUTION.**—The wholesalers cannot find such a fruitful field for passing off their inferior drugs and old stock as among medical

men. For even supposing they get time to dispense, there is still less time to analyse and detect adulterations, besides the want of chemical skill needed for such work.

7. **THE NECESSARY SKILL.**—Hitherto I have assumed that he possesses the required skill and training, but where has he got his experience? When one remembers that he goes through the force of a three-months course at a dispensary, and that the subsequent teaching of anatomy and surgery drives out what little he has picked up in this way, it is obvious that he is ill fitted to encounter the difficulties which render dispensing an art requiring years of patient toil and mature experience, which the chemist alone possesses.

8. **THE LOSS OF THE PHARMACISTS' RECOMMENDATION.**—The relations between the medical man and the chemist ought to be friendly, not hostile, since they are both of them engaged in a common object, one as the judge of ailments and the remedies, the other as the preparer and distributor of these remedies.

Now, their relations cannot be cordial when any of their common interests clash, as is certainly the case when the medical man, on the one hand, dispenses and the chemist, on the other hand, diagnoses and prescribes for those who visit his shop.

I am inclined to think that no chemist takes up counter-prescribing from choice, but from necessity, and would gladly yield it up if the doctor were to let him have his legitimate work—viz., dispensing.

A doctor who belongs to a club has often to find the medicine, but even in an extreme case like this it would certainly be an advantage to come to an arrangement with the chemist, who is usually anxious to meet the doctor with much reduced rates.

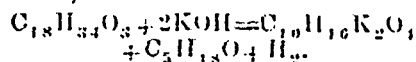
It is well known that the public have little faith in a club doctor; this may be due to the cheapness at which these clubs pay their medical men precluding them [the medical men] from giving what is proper, if expensive.

It is a matter of everyday occurrence for the chemist to be asked to name a medical man, and his recommendation has great weight.

On account of this reason alone he can put in the way of the medical man more money in a month than he would gain in a year by doing his dispensing.—E. J. E. in *Chemist and Druggist*.

Castor Oil as an Adulterant.

L. Maupy describes a method of detecting castor oil in croton oil or copaiba, which is based on the reaction that occurs when castor oil is subjected to dry distillation in the presence of potash of soda, sebatic acid and caprylic alcohol then resulting from the decomposition of ricinolic acid, thus:



The sebatic acid, obtained by treating

the alkaline sabate with a mineral acid, is insoluble in cold, but soluble in boiling water. Oleic acid submitted to distillation also yields sebatic acid, but the latter is not produced from olive or poppy oil in presence of excess of alkali, and it is probable that in this respect castor oil may be peculiar. In testing suspected copaiba ten grams of it are warmed gently in a silver capsule with as much dry caustic soda. When the effervescence subsides the odor of caprylic alcohol will indicate the presence of any castor oil. Subsequently, the product of the reaction is treated with about fifty grams of distilled water and warmed to assist solution. When cold the insoluble resin is filtered out, and the liquid treated in a porcelain capsule with excess of nitric acid. It is then boiled and filtered while hot. On cooling, if castor oil has been present, a white precipitate of sebatic acid forms, which is soluble in boiling water and precipitated from the solution by subacetate of lead as sebatic acid of lead. This process is said to detect as little as a few drops of castor oil in ten grams of copaiba. In the case of croton oil the procedure is the same, except that only five grams of oil should be treated and the other substances reduced in quantity by half.—*Rocky Mountain Druggist*.

Essential Oils.

Practically all of the essential oils of orange and lemon coming to this country are more or less adulterated, and curiously enough, these sophisticated essences are often preferred by buyers. One reason is that their perfume is more apt to be more agreeable when they are diluted. Oil of lemon, weakened by an admixture of nearly odorless turpentine, has a more pleasant smell than the genuine. A mixture of bergamot with lemon and sweet orange oils is more pleasing to the nose than the plain essence and besides this, it is claimed that the adulterated oils keep better. Bergamot, the most costly, is adulterated with oil of sweet orange, turpentine, mineral oil, pitch and essence of peppermint. Pitch is employed for coloring, and stearin is added to increase bulk and weight. The most important adulterant is turpentine, which is so nearly related chemically to the oil of lemon—both being terpenes—that its presence as an ingredient can hardly be detected by analysis. Considering that every year Canada imports \$66,110 worth of these oils, the fact that they are thus adulterated, becomes important.—*Journal of Commerce*.

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RESTORATION OF RESINIFIED ESSENTIAL OILS.—Equal parts of borax and animal charcoal are mixed with water, and the essential oil, well shaken with the mixture, then separated and filtered.—*Jour. de Pharm. d'Anvers*.