him who would attempt to make it current, and the ignorance of those who would receive it as such, or knowing its real value, not feel degraded and insulted, rather than honored by the attempt to press it upon them.

Since the great Creator Himself has deigned to be pleased by the praise of the weakest of His creatures, provided only it be not lip-service, surely we ought not to be above receiving real pleasure from the sincere praise of any of our fellow-beings.

But, again, the value of praise is proportionate to the dignity of the character of the giver; for which reason we should be not only wrong, but foolish, did we act in such a manner as to forfeit the approbation of the All-Good, even though we thereby purchased for ourselves world-wide and never-ending earthly fame. Did we keep those two points in mind, there would be very little danger of our running upon those quicksands which sometimes engulf those who are lured on by the desire for praise; and, in proportion as we act ourselves and influence others to act on the principle to praise that which is praiseworthy and value the approbation of the good, so shall our individual characters become more lovely from the motive which makes us desire to make them lovable, and the world at large shall become better, till we reach that much-to-be desired state of things in which "the good alone are great;"

> "Till in all lands and through all human story,
> The path of duty be the way to glory."

E. B. G.

PHYSICIAN AND PHARMACIST.

The relations existing between the practice of pharmacy and that of medicine, are, by the very nature of things, most intimate. Indeed, so closely are they allied to one another, that the former is often characterized as the handmaid of the latter. And yet, though thus intimate, though pursuing parallel paths, the best interests of both demand that they should be kept separate and distinct. Whilst then physicians as well as pharmacists should aim at preserving their several professions intact, the public are by no means unconcerned spectators, since the health of mankind is involved in the question. The physician may make a correct diagnosis of his case; he may prescribe the precise remedies indicated, but his diagnosis and prescription will prove alike valueless, if not followed by correctness on the part of the dispenser. From imperfect acquaintance with his art, the incompetent pharmacist may, owing to similarity of terms, or other accidental circumstances hazard valuable life. A clerical error on the part of the physician—for doctors are not infallible—may on the other hand, if unchecked by the druggist, lead to serious results. We are not supposing impossible cases, by any means. The daily press has again and again recorded instances of the former nature, and as for the latter, we venture to assert that there are few pharmacists of any standing in our city who have not at some time or other returned recipes to the prescriber for revision.

In Europe and the United States, the necessity of a line of demarcation between the two professions has been fully recognized for many years. In Germany, France and England, pharmacy is a recognized branch of science, and an organized course of study provided for, either under the direct supervision of the State, or indirectly through the medium of schools of pharmaceutical chemistry. The druggists of Lower Canada—especially those of Montreal—fully alive to the necessities of the case, have ever since 1865, made zealous endeavours to raise the standard of their profession. Schools of pharmacy have been established for the proper training of the young men pursuing their studies. These latter are required before entering upon those studies, to give satisfactory evidence that they possess a fair education. Powers have been obtained whereby the governing body, or Board of Examiners, can exclude from the exercise of the calling of chemist and druggist, such parties as prove upon examination to be incompetent. In fact every precaution has been taken to guard the best interests of the public in this important matter. Comparing the efforts in this direction put forth by the druggists, since their legislative recognition, with those made by the doctors during the period of their guardianship, the latter dwindle away to nothing. Every one knows that the druggists of this province were by law, prior to 1875, under the supervision of the College of Physicians and Surgeons. To this latter body was accorded the power to examine candidates, issue licenses to practice, and to oversee the training of pharmacists. They had also power to prosecute parties practising without their license. So far, however, from exercising that power, they allowed the law to become a dead letter. No attempt was made to prevent incompetent persons from dispensing drugs and medicines. Under their regime even broken down tavern-keepers became transformed in the short space of 24 hours into practising pharmacists.

Not content, however, with ignoring the provisions of the very laws, by virtue of which, they claimed the right of interference in matters pharmaceutical, the physicians—dog-in-the-manger-like—strained every nerve to prevent the passage of the Pharmacy Act, and succeeded in delaying its adoption for four years. It is hard to characterize the course pursued by the Faculty, without using harsh language. To find its parallel we must go to Russia, where we find the Apothecaries struggling to improve their commercial and scientific status, in the face of a bitter and determined opposition from the "Medical Council." Such should not be the case. The physician is equally interested with the public, in any measure which will ensure the training of able and intelligent pharmacists. He is also interested—if he have his own profession at heart—in preventing the amalgamation of the two. Any doubt on this point is speedily dissipated, by a reference to the records of the past. We find that the birth of true pharmaceutical science, dates from the time when pharmacy and medicine were divorced, and physicians no longer occupied themselves with the preparation and dispensing of drugs. Comparing those days with the present, what a contrast we have. Then the ashes of a toad were considered of immense therapeutic value, and its proper calcination a triumph of pharmaceutic skill. Now we have as remedial agents Acids and Salts, Alkaloids and Resinoids, Alcohols and Ethers—real triumphs of pharmaceutic skill. The fact is, to be a thorough pharmacist involves acquirements which it is utterly impossible for a successful physician—one who makes medicine his life's study—to attain. He—the pharmacist—must in addition to informing himself as to the origin, use, and properties of medicines, be more or less versed in many departments of chemistry. He must understand the atomic theory, be able to conduct analyses, whether volumetric or gravimetric, quantitative or qualitative; must have mastered the system of valency, have some acquaintance with chemical toxicology, and be able to determine the specific gravity of fluids and solids. A curriculum of study such as the foregoing, if faithfully followed, necessarily claims the whole attention of an ordinary man, and precludes the possibility of excelling or even succeeding in any other branch of medical science. Viewing the subject from this standpoint, we can have no difficulty in accounting for the ignorance of physicians during the period they exercised both callings. It is obvious that he who would follow the study of medicine cannot become a practical pharmacist. Nor can he who would acquire a knowledge of pharmaceutical chemistry pursue the study of medicine at the same time. By a parity of reasoning it becomes equally evident that a physician is not calculated to make a good preceptor of pharmacy. The actual details of the latter science can only be acquired from a practical pharmacist. We have known students of pharmacy at Laval, to be entertained (?) for a whole hour over a verbal description of pill-making.

It becomes apparent, then, that the public interests demanded some such change as that so successfully inaugurated by the druggists.

Whilst it is an undoubted fact that they have made for themselves a status which the public cannot possibly refuse to recognize, it is evident that they have still some difficulties to contend against. The recent newspaper discussion over the percentage system, reveals a state of things which is anything but creditable to either doctor or druggist. It is unprofessional on the part of the doctor to demand or receive a percentage on the medicine consumed by his patients. It is equally unprofessional of the druggist to comply with such demand. More than that it is manifestly unfair to the great body of pharmacists, to single out one or two of their number, as the only persons capable of duly dispensing medicines; so unfair indeed as to be almost libellous. The stores of those outside the compact are shunned, and they themselves crippled financially—this, too, through no fault of their own, but solely because they do not happen to have secured the favour of one or two popular physicians. But the evil of such a course extends itself beyond all that, and affects in a serious manner public interests, by removing a great incentive to pharmaceutical research. How can it be expected of young men—with the world before them—that they devote the best days of their youth and the hoarded savings of their scant and hard-earned pay in the acquiring of pharmaceutical knowledge and skill, if on completing their studies, they are confronted with a system which shuts them out from all competition with their fellows, and debars them from putting into practical use that knowledge and skill. It is at this point that public interests coincide with those of the pharmacists. By endorsing a monopoly such as that under discussion, the public inflict a lasting injury on pharmacy, making it an undesirable branch of medical science for young men of talent to enter upon. That the public can remedy the evil is certain. By the system complained of, heads of families and others are influenced in their choice of a pharmacist by their physician. This is not as it should be. The same discretionary powers which actuate them in selecting a doctor, should be exercised in choosing a druggist. By using those powers without any reference to the predilections of physicians, the public can easily break up this unprofessional combination. In a large city like Montreal—possessed of so many efficient pharmacists—the intelligent householder can have no difficulty in making a judicious choice. Nor will he be compelled to traverse the length and breadth of the city in order to do so, as every quarter has at least one well appointed drug store.

It is somewhat singular that physicians who use their "undue influence" to build up any particular drug business, "for a consideration," seem utterly blind to consequences. It can well be understood that the more physic their patients consume, the greater their profits will be. It matters not then how honorable they may be, how unlikely to pursue such a course, they certainly lay themselves open to the suspicion of cramming their patients with drugs for the sake of the percentage.

We would ask these physicians who profit by this system, if they recognize the unenviable position in which they place themselves. Are they aware that they are neither more nor less than hired touts—on a level with hotel-runners, *et hoc omne genus*—and consequently are contributing towards the lowering of their profession?

It is obvious that the druggist who consents to this monopoly in his favour, is equally culpable with the doctor. Apart from participating in a course which virtually tends to unlimited slandering of his compeers, he becomes guilty of dishonest practices. In order to avoid loss by the percentage, he is compelled in self-defence to advance the charges on his medicine, so that the patient pays for medicine, advice and interference.

It is gratifying to know that this practice is by no means universal. There are many of our first physicians who frown it down, as far as they can; many who recognize that there is an unwritten code of social duty which should be respected by physician and pharmacist alike. It is to be hoped, therefore, in view of the undesirable state of feeling between the two branches of the great medical profession, that the doctors, as a body, will recognize the desirability of at once and forever putting a stop to so unprofessional a custom.

W. AHERN.

NON-INTERVENTION.—For God's sake do not drag me into another war! I am worn down, and worn out, with crusading and defending Europe, and protecting mankind; I *must* think a little of myself. I am sorry for the Spaniards—I am sorry for the Greeks—I deplore the fate of the Jews; the people of the Sandwich Islands are groaning under the most detestable tyranny; Bagdad is oppressed; I do not like the present state of the Delta; Thibet is not comfortable. Am I to fight for all these people? The world is bursting with sin and sorrow. Am I to be champion of the Decalogue, and to be eternally raising fleets and armies to make all men good and happy? We have just done saving Europe, and I am afraid the consequences will be, that we shall cut each other's throats. No war, dear Lady Grey!—no eloquence; but apathy, selfishness, common sense, arithmetic! I beseech you, secure Lord Grey's swords and pistols, as the housekeeper did Don Quixote's armour. If there is another war, life will not be worth having.

"May the vengeance of Heaven" overtake all the Legitimists of Verona! but, in the present state of rent and taxes, they must be *left* to the vengeance of Heaven. I allow fighting in such a cause to be a luxury; but the business of a prudent, sensible man, is to guard against luxury.

There is no such thing as a "just war," or, at least, as a *wise* war.—*Sydney Smith.*