cians, and therefore unfair, and also has the effect of lowering pharmacy in the esteem of the public as well as of physi-In what way can this counterprescribing be lessened? I suggest, in the first place, that it cannot be checked by abuse or by retaliation, but rather by cultivating more cordial relations between the two professions, and by a certain degree of concession on both sides. It is to be borne in mind that any retaliatory measures adopted by physicians in this matter will affect the reputable pharmacists who are not doing the counter-prescribing, while those who are transgressing will not be affected thereby.

It is not to be forgotten in a discussion of this question that some physicians are inordinately sensitive on this subject, so they would prohibit the dispensing of almost all drugs and medicines that are not ordered by physicians. Whatever our views of this case may be, whether we like it or dislike it, the fact cannot be denied that the American people will not aubmit to such stringent regulations. You cannot compel an American citizen to employ an architect when he wants to build a dog kennel. In regard to the use of drugs and medicines, they feel themselves free to consult a physician or not, according to their own judgment, and cannot be driven into it by the combined efforts of all the doctors and druggists in the country. Again, those who have had much experience behind the counter in a drug store will bear me witness that even when there is the most conscientious and scrupulous regard for the rights of physicians and the most painstaking adherence to medical ethics, it is still impossible to answer many of the questions that are daily put to the druggist in regard to the nature, property and doses of medicines without appearing to suggest the use of certain ones in specified cases. Not only is the druggist consulted in regard to disinfectants, antiseptics and many other hygienic and remedial agencies, but his opinion is frequently asked in regard to the nature, use and doses of drugs, the best method and time of administration,

etc. A refusal on his part to give the desired information would be attributed by the majority to ignorance and by the remainder to boorishness. As a business man, he cannot afford to allow his patrons to leave his store with any such misapprehension concerning himself or his establishment. Furthermore, there are a few slight ailments which the public absolutely expect a druggist to prescribe for, which do not partake of the nature of medical treatment, since the patient diagnoses his own case, such, for instance, as a morning headache, slight bruises or trifling injuries; in fact, any such ailments as people are in the habit of prescribing for themselves. The druggist, when requested, is expected as a matter of course to suggest a remedy, and there is no more thought of medical treatment than when a barkeeper mixes a "pick-me-up" or a shoe dealer selects for you a shoe that will not hurt your corns. When physicians interpret ethical relations so rigidly as to prohibit druggists from performing these trifling courtesies for their customers they widen the breach between the two professions, having no experimental knowledge of the injury the pharmacist does himself if he declines to render this service.

If we now ask the question, "Who shall dispense medicines?" the answer is no less positive than that given to our first query. The pharmacist is the proper dispenser of medicaments. This statement will bear no more qualification than my previous assertion that the physician is the proper person to prescribe. yet there are circumstances in which physicians may dispense medicine with advantage to themselves and their patients. Common sense again puts in a plea and prevents a too rigid application of the general custom of separating prescribing from dispensing. It is necessary for the doctor in some cases to secure immediate relief for the sufferer, and so the pocketcase and hypodermic syrings are his constant companions, more frequently used than the surgical instrument.

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