

ing known to the public of a large number of ready-made preparations.

In regard to the question of substitution, it is urged by interested individuals that the druggist is in most cases, if not in all, a substitutioner, that he cannot be depended upon to dispense the drugs ordered. This charge would be absurd were it not so serious. It is a downright falsehood in every particular and a personal insult to every member of the profession. It does not become us to laud ourselves, but the interest of self-preservation must make us pause and reflect on the character of the men in our profession. I think I am safe in saying that as a class the druggists are men of more than average education, ability and integrity, men who can be depended upon to conduct their business fairly and honestly, men who enjoy the confidence of their customers and fellow-citizens as largely as any other business class in the community. Even were this not so, were the druggists men who could not be depended upon to act honestly, a little common-sense and consideration would show that the interests of the pharmacist and the physician are so closely related that the druggist in substituting would simply be defeating his own end. It is to the interest of the druggist that the physician should get the results he looks for when writing a prescription. If not he begins to ask the reason why. In my own experience I know that doctors appreciate the time spent and care taken in selecting and preparing the purest, freshest and most active drugs and pharmaceutical preparations. I am very glad, however, to state that never in Manitoba have I heard these charges made by a physician against a druggist. Our good friends the doctors may be depended upon to stand up in our favor when this contemptible charge is made against us.

The next charge is that of counter-prescribing, and in this we must admit that there is some truth. There is no doubt that counter-prescribing is done in drug-stores, but I am safe in saying that when done it is against the wishes of

the druggist and forced upon him by the exigencies of the case. That it can be done away with, entirely, I very much doubt. The efforts of the druggist will have to be directed towards minimizing the number of prescriptions so given. There is no doubt in the world that the druggist is not the man to prescribe the doctor by his special knowledge is the only competent person to diagnose a disease and prescribe the proper remedy. The druggist cheerfully admits this, but what is he to do when a customer comes into the store and complains about a head-ache or a slight indisposition and asks the druggist to suggest a remedy. The customer would not think of consulting a doctor for such a slight attack, he is able to pay a doctor, has no wish to save a fee and he asks the question without any more thought than he would have in asking a grocer to recommend some particular brand of tea, or a tailor a particular kind of cloth. In a case like this, a case in constant occurrence, what is the druggist to do? He cannot refuse to give the required information. If he does so it is set down either to ignorance or to boorishness and a good customer is lost. It would be just as reasonable to charge the physician with breach of faith in carrying a hypodermic syringe as to make a similar charge against the druggist for being compelled to answer in such a case. There will always be more or less counter-prescribing, but I would urge that the amount done be as little as possible and that it be discouraged in every way consistent with business interests.

Another serious charge against the druggist is that of a breach of confidence in making known to the public a large number of ready-made prescriptions. These are then bought in bulk, thus depriving the physician of his consultation fee. A few moments' reflection will show that this charge has no foundation. There is no use denying that this knowledge is in possession of the public, but that they obtained it through the medium of the druggist, I deny. There are several