

they come from the manufacturer. The apothecary dispenses them as the grocer sells baking powder and soap. No skill is necessary to fill a prescription for "Aunt Martha's Soothing Syrup," or "Roberts' Elixir of New Life." On the other hand, the science of therapeutics is becoming simplified; no twenty-ingredient mixture as in old times; not so much dosing; more expectant treatment; and the pill manufacturer is putting up cough syrups and tonics and fever mixtures to please the taste of the most fastidious.

Where is the apothecary to go? Is he to become a vendor of toilet articles and fancy crockery? Is he to be the commission agent for the pill manufacturer? Or is he to set up a medical advice counter and revert to the old surgeon-apothecary of the Middle Ages?

In the cities many druggists study medicine and advertise *advice* and drugs for a nominal fee, and on the other hand, many doctors buy a case of tablets and mixtures and dispense their own drugs. The manufacturing pharmacist, in all probability, is going to stay and to enlarge his domains. His agents will become more obtrusive, physician's samples will be left in greater numbers, and he will have his retail agents on every corner. Perhaps this is not bad; perhaps it will insure greater uniformity in quality. The large manufacturer can afford to test all the drugs he purchases; he can command the best skill in manufacturing; he can obtain greater accuracy; his pharmacists are not bothered by retail customers, or talkative friends; they need not be overworked and underpaid.

The corner drug store with its boy and one clerk, and its thousand and one things requiring attention, its soda water counter, window cleaning, unpacking of goods, etc., is not in a position to fill prescriptions accurately. The large factory with its labor divisions is surely in a better position.

In the evolution of the trade, the manufacturing pharmacist must supplant the small drug store just as the department store supplants the small dry goods shop.

Even at the present very few pharmacists do more than act as agents for the wholesale druggists. They buy their tinctures and extracts, pills and plasters already made. Their infusions are water-diluted extracts; their waters are mixtures of essences. They have not the time nor the means to make their own preparations, and the chances are that the crude drugs they would make them from would be beneath the standard.

And then they must load their shelves with a dozen makes of pills, a hundred and more new remedies that the physician tries once and abandons. Surely the lot of the apothecary is not a happy one. Can the doctor do anything for him? We hardly think so. Economic reasons are at the bottom of it, and the druggist must go the way of the tailor, the shoemaker and the cigar-maker. His education must fit him for the laboratory of manufacturing apothecary and not for the corner drug store.—*Jour. Amer. Med. Assoc.*

TRANSIENT HEART MURMURS.

The *Journal of the Amer. Med. Assn.*, discussing this subject editorially, says:

The *Lancet* in its issue of Nov. 13, 1897, summarizes an annual address to the Northwest London Clinical Society delivered in October, by Sir William Broadbent. The main points dwelt upon are irritable heart and transient murmurs heard over various cardiac and pulmonary areas, with the differentiation of these functional and temporary conditions from organic and permanent disease. Candidates for the public service have sometimes, it is stated, been refused their commissions on wholly inadequate grounds. According to Sir William the candidate presents himself for