

intended. I know that the formula states that it is important that uneffloresced crystals of sodium phosphate be used, and tells us what to do if it is partly effloresced, by covering it with water and then drying in open air, but all of this is troublesome, and involves work that the average pharmacist is not going to do.

I venture the assertion that ninety percent of the sodium phosphate found in the wholesale drug houses, from where we purchase the article, does not contain over 40-45% of moisture, and after the pharmacist keeps it in stock for a while, especially in a steam-heated house, it contains less. And the result is that, after a half-gallon of this solution is made, in a short time several inches of crystals form on the bottom of the container.

Sodium phosphate of the U. S. P. contains about 40% of anhydrous salt and the exsiccated sodium phosphate contains about ninety-eight percent of the salt. I would therefore suggest that about 396 grammes of the dried salt be ordered in making this preparation, which would give us a preparation of full strength and overcome all danger of crystallization.

Then again, we all know that salts containing much water of crystallization have stored up in them spores, or micro-organisms, and when brought into solution a mother will soon collect.

When this preparation is made by the simple formula of dissolving the dried sodium phosphate and citric acid in 800 mils of water, heating to the boiling point and filtering into a sterile container, adding the glycerin and then sufficient boiled distilled water to make the 1000 mils, you will have a preparation that will keep indefinitely.

REMARKS.

F. W. Nitardy stated that he had used the method of Professor Faser for many years, and found it very satisfactory.

THE COMING PHARMACIST.*

BY WILLIAM GRAY.

As chairman of the A. Ph. A. membership committee for Illinois, I have had the opportunity of observing what seems to me to be the trend of the retail pharmacist—in the direction opposite to professionalism. For example: Some druggists say that they are not interested in the American Pharmaceutical Association; others that they have no time to read journals, etc. So the thought comes to me that the future of pharmacy as a profession in this country lies with the hospital pharmacist; generally speaking, his or her work is entirely professional.

Hospitals are coming to the people more and more; each year a larger proportion of the medicines prescribed for the sick are dispensed through them. There are not enough hospitals to supply the demands of the people, even though the number is growing rapidly. Hospital pharmacists are becoming more numerous, and more of a factor in pharmaceutical affairs. Therefore the importance of organizing them.

Believing the American Pharmaceutical Association to be the ideal association for them to join, I brought this matter to the attention of General Secretary William B. Day, who heads the membership committee. He heartily agreed with me that

* Read before Section on Practical Pharmacy and Dispensing, New Orleans meeting, 1921.

this subject was timely, and a start in the right direction. He offered to cooperate in any way that might seem feasible. We did not have the names of the hospital pharmacists, except a few who were already members; and did not know how to get them. We succeeded, however, in having a publication called *Modern Hospital*, which circulates among the hospitals, to furnish over one thousand hospital addresses. Then Secretary Day and myself sent a circular letter to the pharmacist of each hospital asking him to join the A. Ph. A., and setting forth the reasons why he should do so. The returns, so far, have been small, though worth while, considering that we did not have the names of the individual pharmacists. We are planning to secure these in the near future.

I was prompted in suggesting a special or separate section of the American Pharmaceutical Association on hospital pharmacy, after reading a very able contribution by Mr. Edgar Austin, Chief Pharmacist of the "Cincinnati General Hospital," printed in the *Druggists' Circular*, March 1921. In this article he states, quite reasonably, that if we are going to get anywhere, we must keep up with the medical men in the advancement of medicine; especially is this true if we are associated with hospitals connected with a university or other teaching institutions.

Mr. Austin believes that colleges of pharmacy should give a special course in hospital pharmacy; perhaps this will come when we have specialization in pharmacy as in medicine.

What opportunity would the hospital pharmacist have to attend the annual meetings of the American Pharmaceutical Association? I believe the hospital management, knowing the necessity for the pharmacist keeping step with the progress of medicine, will make the proper allowance of time and expense.

Some interesting statistics concerning the hospitals of the United States have recently been published in the *Journal of the American Medical Association* (April 16, 1921). There are 4310 hospitals of all types in this country, but this does not include state institutions for insane patients, nor homes for the deaf, blind, crippled and aged persons, nor prisons, school hospitals (unless such hospitals are clearly distinguished from the prisons or schools) nor hospitals controlled by the United States army, navy, public health service or department of the interior. Counting the latter as well as sanatoria, 6052 institutions are listed. Of these, 483 have been approved for the training of internes and have, presumably, a pharmacist in charge of the dispensary in each case. Here then is a body of nearly five hundred qualified pharmacists giving their attention to professional service exclusively, and not distracted by the need of caring for side lines.

These pharmacists are as yet unorganized. Their class consciousness needs to be aroused. Through organization *they* would secure many advantages. Some of these are: improvements in working methods and formulas much used in their practice, uniformity in keeping records, information along the lines of their work, and the opportunity to meet and get better acquainted and to talk over affairs of mutual interest.

If they organized as a unit of the American Pharmaceutical Association they would be kept in touch through its publications with pharmaceutical progress, and its conventions would afford them opportunities for meeting under the most favorable conditions.

Association value: The addition of so considerable a number of pharmacists whose interest is almost exclusively in the professional side of pharmacy would be of the greatest value, and the Association, in return, would give aid in perfecting their organization into a sub-section or group.

No doubt the American Hospital Association would gladly make place for them, but a number of them are already members of the American Pharmaceutical Association and realize that their interests could be cared for better in the parent pharmaceutical organization.

In closing I would respectfully call attention to some of the numerous tasks performed by hospital pharmacists that are uncommon, to say the least, outside of a hospital: The preparation of test solutions for the pathological laboratory, both qualitative and quantitative; solutions for the preservation of specimens; solutions for staining; sterile ointments and sterile solutions for the eyes; sterile solutions for pyelography, hypodermatic, intravenous, intraspinal, intramuscular and intraperitoneal uses, also such solutions as Dakin's and Eusol which require titration.

Summed up, this means special knowledge and training along certain lines and, as in all truly pharmaceutical work, the development of a sense of responsibility. On the other hand there are compensations, especially to individuals of an uncommercial temperament—they do not have to please the public; their professional work is more accurately valued and appreciated; their surroundings are often more congenial.

PRESBYTERIAN HOSPITAL, CHICAGO.

PHARMACY OF A CENTURY AGO.

New York—New Orleans.*

BY H. V. ARMY.

INTRODUCTION.

The years 1920–21 have been years of unusual pharmaceutical anniversaries. Last year we celebrated the centennial of the United States Pharmacopoeia; the 1920 meeting of the New Jersey Pharmaceutical Association was the Golden Anniversary of that, our oldest State Association; during the past year we have witnessed the centennial of the first pharmacy school in America, the Philadelphia College of Pharmacy and Science; while the semi-centennial of the Ontario College of Pharmacy was appropriately observed last June at Toronto.

It was my pleasant privilege to deliver at the centennial of the Philadelphia College of Pharmacy an address on Pharmacy in 1821. This paper published elsewhere (*American Journal of Pharmacy* 94, 1921) as well as the admirable addresses delivered on the same occasion by Dean Charles H. LaWall and Emeritus Professor Samuel P. Sadtler, gave a survey of medical, pharmaceutical and chemical conditions prevailing in the United States (and particularly in Philadelphia) a century since, that was as comprehensive as time conditions would permit.

The work performed last January so interested me that I have since spent a number of pleasant hours in the New York Historical Society library and elsewhere collating some data concerning New York and its pharmacists of 1821; and during the past week I have enjoyed the excellent facilities of the library of the Louisiana Historical Association and of the Howard Memorial Library here in my boyhood home, the metropolis of the South.

* Presented to Section on Historical Pharmacy, A. Ph. A., New Orleans meeting, 1921.