

indicating an excess of the zinc salt, this was all precipitated by the additions of more sulphurated potash solution.

As is usually the case if you furnish your staff with a superior product, there was no comment by the medical staff during the entire two years in which it was prepared in this manner. It was only later, when the writer was obliged to give up the position and his successor made the lotion otherwise, that the difference was noted. The staff then insisted a mistake was being made and that the product was not the regular lotion. The improvement had been accepted without comment but the return to the original product was emphatically objected to.

This illustration shows that the investigator must make his own observations and not rely entirely on the physician's report. The members of the medical profession seldom give credit for improvement in results to the preparation, but they are very prompt in noting the results of a poor product and often blame the product when the fault is in the method of using the product or preparation.

SUMMARY.

1. The hospital pharmacist is probably best qualified to undertake pharmaceutical and pharmacological investigations along the lines suggested.
2. This is work which supplements and extends that of the pharmacological laboratories.
3. It will aid in improving pharmaceutical service.
4. It will make therapeutics as applied to the use of pharmaceutical preparations more successful.
5. It will make pharmaceutical service of more value to the medical profession.
6. It will advance scientific and professional pharmacy.
7. It will win for the pharmacist his rightful place on the professional staff of the hospital.
8. It may ultimately lead to the Hospital Standardization Committee's being just as insistent that the responsible members of the pharmaceutical staff should attend the clinical conference meetings as they now insist upon the responsible members of the pathological laboratory staff being present at these conferences.

ABSTRACT OF DISCUSSION.

J. Leon Lascoff commended the paper. **W. J. Stoneback** referred to a pharmacist of his acquaintance who prepared "White Lotion" according to the method followed by the author of the paper, and established a reputation which served as a valuable advertisement for his pharmacy.

William Gray agreed with Dr. Goeckel in general; however each physician presents a problem. The same methods cannot be employed with all physicians; some will take suggestions kindly, others will resent them; suggestions can be made too frequently and unnecessarily.

THE STATUS OF THE HOSPITAL PHARMACIST.

A REPLY BY C. DYNA.

Mr. Swallow in his article on above subject¹ has put before us again a pretty well worn proposition. Every now and then out of the wilderness comes the cry:

¹ JOUR. A. PH. A., January, 1925, pp. 40-43.

“What shall we do to uphold Pharmacy as a profession?” And the echo answers: “What?”

I have read Mr. Swallow's article with much interest. His query has been my own for more than thirteen years. It can be solved very readily, if we have pharmacists in the service with the stamina of the one I am going to speak about hereafter. I am intimately acquainted with him, so can assure you that what I am going to tell you is absolute truth.

Before starting my little tale, I am going to give you my own opinion on Mr. Swallow's points:

Point 1. Of course, they come from the retail ranks, oftentimes because they are looking for an easy job.

Point 2. As a general thing—No.

Point 3. It is up to the pharmacist himself.

Point 4. Unless cast-iron rules cover pharmacists' salaries there is a good chance for increased remuneration.

Point 5. It is a disgrace, and should be so considered by the public, to have any other than a professional pharmacist in charge of a hospital dispensary anywhere. It also is a dereliction of duty on the part of the several State Boards of Pharmacy to allow such a condition to exist.

Mr. Goeckel proposed an association for Hospital Pharmacists. A good idea! I am a staunch supporter and a firm believer in combinations. United, we can make our demands felt and forge ahead; singly, well, we are where we are to-day—just because. But who is going to take the initiative? Hospital pharmacists are scattered all over the union and are far outnumbered by hospital physicians, dietitians, nurses, etc. It seems to me it would have to be more or less of a correspondence association. At the best, salaries are not such as to leave us much for traveling expenses for attending conventions. However, let some one suggest something.

Then again, I recall that a few years ago our own Association proposed a Section for Hospital Pharmacists. Did anything materialize? If so, it has escaped my notice in the JOURNAL, and I am a fairly consistent devotee of our official publication.

Now for my little tale. Not far from where this is written is a State Hospital caring for about twenty-five hundred inmates. The medical staff consists of a medical superintendent and eight other resident physicians, a resident dentist, and a *Resident Pharmacist*. The latter is an heretic in so far as he long ago cut loose from the old druggist's belief of the divine right of all M.D.'s to be considered as somebody far above the ordinary specimens of the genus homo. He insisted upon meeting them and being approached by them as man to man. Heresy of heresies! He considered himself a professional man as much as they, possessing as much and as thorough information of the branches and sciences pertaining to his profession as they in theirs. He was received with tolerance. “If you can't get rid of a nuisance it must be endured.” Fortunately, the superintendent of this particular hospital was a man of brains and broad views. It did not take him long to realize that the Pharmacist was a valuable addition to his staff, and he was so accepted—and this without any additions to the rules and regulations governing State Hospitals. So that now this Pharmacist acknowledges no superior

on the staff and holds himself responsible to no one but the superintendent or the one acting as such in his absence.

I have stated that this Pharmacist was an heretic. He had long since discovered that M.D.'s were really made of the same ordinary clay such as produces lawyers, bricklayers, chauffeurs and druggists, and being good-hearted he was willing to help them overcome this handicap of the divine right, but whereat ordinary humans would admit they did not know this or that and ask another ordinary human for information. This, of course, would not do for the privileged few—information desired must be submitted piecemeal or whispered. It was preposterous to think that an ordinary druggist was able to give them an answer to something they were perplexedly hunting for. Nevertheless, it happened that he could and did, and from then on it was not long before questions pertaining to chemistry, physics or other sciences at all related to Pharmacy were submitted to him, and his word was taken and accepted as final. He also has complete charge of the bacteriological and pathological laboratory, and his report on anything—from a urinalysis or a throat culture to a spinal fluid Wassermann—is rarely challenged. He even was requested by "the powers that be" to furnish a list of questions on medical chemistry for the State Civil Service examinations for medical candidates seeking positions. He complied, and then had to rate the papers. And it nearly broke his heart. If I remember correctly he passed but one or two. But think of it—that the chosen few should ever have had to submit first to read and then answer a set of questions propounded by a druggist, and then that he should stand in judgment over them, too. Unbelievable, almost!

Now, as to the emoluments: The political code of the State decrees that the medical staff in any institution in the state is entitled to maintenance, including housing, laundry, food and fuel. In other words, all you have to spend money for is clothing, incidentals, amusements, etc. A day off every week and a three weeks' vacation during the year. The Pharmacist of whom I am writing enjoys all of these privileges. His salary is the same as that of the resident dentist; in fact, the two share a 4-room suite with private bath, in the Administration Building. Could you wish for anything more?

Friends and fellow Hospital Pharmacists, this is a short history of what one of our members has accomplished. What one has done others can do. Come on! Let us get together—let every one put his shoulder to the wheel and we can make the Hospital Pharmacist a recognized and valuable member of the medical staff of every worth-while hospital in these United States.

In conclusion, I beg of you to believe me when I tell you that everything in this brief sketch presents the facts. Furthermore, I do not for one moment think that this is an exception. In all probability, many of the hundreds of thoroughly trained professional men and women pharmacists, devoted to public service, can duplicate the little story I have attempted to relate. My hope is that the faint-hearted may be encouraged, the unsteady be strengthened in purpose, and, that those with a weak spinal column may develop an additional amount of red bone marrow so that they can at least look a rabbit in the face without flinching.

"A Man is as he Thinks he is!"
