

EDITORIAL

E. G. EBERLE, EDITOR

253 Bourse Bldg., PHILADELPHIA

THE CONVENTION AT DES MOINES.

THE Pharmacy Headquarters, and all that it comprehends—the laboratory, library, museum, etc.—“Pharmacy Week,” Research, the three-year Pharmacy Course, the Curriculum Study of Colleges of Pharmacy, were among the outstanding considerations at the Des Moines convention. The addresses of the presiding officers of the AMERICAN PHARMACEUTICAL ASSOCIATION, the House of Delegates, the American Association of Colleges of Pharmacy, and the National Association of Boards of Pharmacy are published in this number of the JOURNAL; the minutes of the ASSOCIATION, of the House of Delegates, and of the Council will be printed in the next issue; in November the transactions of the Sections will be published, so that the September, October and November numbers will contain the proceedings of the Des Moines meeting.

The action on “Pharmacy Week,” which received hearty endorsement, according to the plan of the AMERICAN PHARMACEUTICAL ASSOCIATION, is referred to under “Editorial Notes.” In order to give wide publicity, coöperation of manufacturers and wholesale druggists has been asked, and it is assumed that the response will be general. It is recognized that the idea has become international, and “Pharmacy Week” will become an annual event.

The Headquarters Fund is steadily growing, and has encouraged those who have given so much of their time—Chairman H. A. B. Dunning and E. L. Newcomb—their devotion to the cause is a stimulus to all who come in contact with them. More than \$10,000.00 were subscribed at the Des Moines meeting, and most of those who contributed announced that their subscriptions were additions to prior donations. It was deemed advisable to delay the vote on location of the headquarters until the total of subscriptions was nearer the amount desired, and in view of the fact that the time when the fund will be completed is not distant.

Along with the plans of greater service of the ASSOCIATION a permanent secretary has been chosen, namely, the present treasurer, E. F. Kelly, who will assume the duties January 1.

The Research Conference was successful; its influence for the good of pharmacy extends beyond the laboratories—by instilling the professional spirit and acquainting the public with the higher aims and the mission of pharmacy.

The report on the Commonwealth Study of Pharmacy by Dr. W. W. Charters was most encouraging, and the hope was strengthened that the “commercial” side of pharmacy would be studied in a related way, and thereby great help will be given to that part of the business which must, in most stores, contribute largely to the professional service rendered by pharmacists.

The new “U. S. Pharmacopœia” is on sale, and the “National Formulary” is nearing completion; reports on these standards, on the “Pharmaceutical Syllabus,” and the report of progress on the “A. PH. A. Recipe Book” added largely to the interest of the Joint Session of the Scientific Section and the Section on Practical Pharmacy and Dispensing. The helpful influence of the conferences preceding the convention activities—Plant Seminar and Pharmacy Laboratory Seminar—

and even of the international conferences relating to pharmacy, in Europe, was in evidence.

All of these matters are aided by publicity; the importance of the work of the Drug Trade Bureau of Public Information was stressed, and also that of the Committee on Publicity of the AMERICAN PHARMACEUTICAL ASSOCIATION. Very encouraging results have followed the work of the latter, as shown by the report of the Committee, which will become of correspondingly greater influence when the work becomes part of the general scheme of the Headquarters' activities.

Iowa's hospitality was unbounded, and throughout the week, everywhere and always, the purpose to have pharmacy serve fully was manifest. E. G. E.

SECOND INTERNATIONAL CONFERENCE ON THE UNIFICATION OF FORMULAS OF HEROIC MEDICAMENTS.*

THE Second International Conference on the Unification of Formulas of Heroic Medicaments was held in Brussels, Belgium, the week beginning September 21, 1925.

The first conference of this nature, also held in Brussels, was convened September 15, 1902, the following countries being represented: Austria, Belgium, Bulgaria, Denmark, France, Germany, Great Britain, Greece, Hungary, India, Italy, Luxemburg, The Netherlands, Norway, Portugal, Russia, Spain, Sweden, Switzerland and the United States.

The agreements reached were incorporated into a treaty which was signed by the countries represented November 29, 1906. This country signed with the following reservation:

"The Government of the United States of America does not assume, by virtue of its signature to this treaty, any other obligation than that of exercising its influence to bring the next edition of the Pharmacopœia of the United States into harmony with said agreement."

The progress which has been made as a result of the labors of the First Conference is most gratifying. The pharmacopœias which have been revised since the treaty of 1906 became effective show, without exception, that an earnest endeavor has been made to comply with the requirements laid down by the Conference. It was to be expected, however, that the agreements reached by this initial conference would require, as further knowledge was gained, revision from time to time, both in the nature of modifications and additions. It is for the purpose of making such changes and additions that the Second Conference has been called.

The countries which have signified their intention of participating in the Second Conference¹ are Austria, Belgium, Bulgaria, Denmark, Egypt, France, Finland, Germany, Great Britain, Greece, Haiti, Hungary, Italy, The Netherlands, Norway, Peru, Roumania, Sweden, Switzerland, Turkey and the United States.

A. G. D.

* EDITOR'S NOTE: Extracts from the prospective program were printed in an Editorial of the August JOURNAL. Dr. A. G. DuMez attended the Conference. In a succeeding issue results of the Conference will be reported.

¹ This was written prior to the meeting.

THE MISSING LINK IN PHARMACY.

TIME was when the retail pharmacist represented almost everything that was professional in pharmacy; when manufacturing pharmacy was not accorded a place in the sun, but was rather considered as a commercializing element entering into the profession. This idea maintained for quite a while but there is now a broader conception of what the term "pharmacy" embraces, and in the AMERICAN PHARMACEUTICAL ASSOCIATION almost every branch or specialty of pharmacy, worthy of recognition, is considered a part of the great profession of pharmacy in this country.

The object of this writing is to discuss hospital pharmacy, one of the most important specialties of pharmacy remaining isolated that, from the standpoint of pure professionalism, promises to become, as time goes on, the perpetuator of pharmacy as a profession—as it has not now and never can have a trace of commercialism in its practice; the hospital idea is growing rapidly everywhere.

Just why hospital pharmacy should have gone so long without due recognition as an important specialty of our profession cannot be fully understood when the extent of pharmaceutical practice in hospitals is considered. Take Philadelphia alone, where there are more than one hundred hospitals, in many of which there are from one to seven pharmacists, who are continuously and exclusively engaged in compounding prescriptions, dispensing, distributing, manufacturing all kinds of pharmaceutical products, from pills to ampuls; preparing intravenous, intramuscular and intraspinal sterile solutions, etc., suitable for the highest kind of service to the vast number of physicians and specialists connected with them, and to the patients, to whom they minister.

It may be questioned whether the vast amount of purely pharmaceutical work done in these hospital pharmacies is not greater than that of all other pharmacies of the city. Is it wrong then to bespeak for this great body of workers the same consideration by pharmaceutical associations that other less professional units are accorded? They should be constituted so as to bring them within the fold of organized pharmacy where they properly belong. The commercial local and national bodies have little in the way of common interest to offer this class of pharmacists since it is not a commercial unit in any sense of the word. It, therefore, remains for the AMERICAN PHARMACEUTICAL ASSOCIATION and its local organizations to devise some ways and means for interesting hospital pharmacists, so that this ASSOCIATION will be stronger by such addition, both numerically and in that which will tend to give it permanency, namely, the acquisition of an element of truly professional and practical pharmacy, so much needed at the present time. If hospital pharmacists are organized in some such manner, much good will be accomplished in a practical way for both groups. Steps could be taken to formulate laws for our State Boards of Pharmacy which would adequately cover Pharmacy as it is practiced in hospitals. Such legislation is much needed and is wanting in most of our State pharmacy acts, due to the fact that present laws usually concern only the retail pharmacist, without mention or regard for the practice of pharmacy as it is carried on in hospitals.

Our present laws allow pharmaceutical procedures to be inadequately performed by interns, nurses or orderlies, entirely unfitted for the high grade of service

required, with the inevitable result that pharmacy is neglected in the very environment where it should be carried on with efficiency and its practice should be of highest standard. In many of the larger hospitals, despite the lack of laws, competent pharmacists are in charge and pharmacy is properly practiced, but there is no good reason why all hospitals should not have proper pharmaceutical equipment, and be properly manned, for the same reason that small drug stores, only filling a few prescriptions daily, are required by law to have a registered pharmacist always in charge. Fortunately, most of our larger hospitals recognize the need of proper pharmaceutical service and their staffs demand it.

The hospital pharmacist has the opportunity to develop pharmaceutical practice in a manner that is seldom possible for a retailer; he is in close and daily intimate touch with the requirements of the medical staff and is in a position to cooperate with them in their research problems, developing new preparations and methods, both of manufacture and administration. His entire time is devoted to this kind of work and his services are demanded in direct proportion to his education and ability. A great trouble of to-day in the larger hospitals is to secure pharmacists with the proper background and training that will fit them to be of the greatest service. It is respectfully suggested that our colleges of pharmacy shape their courses and prepare men so that more and better qualified pharmacists will be available for this special kind of work.

It may be of interest to note some of the deficiencies of modern pharmacy laws in the various states. Few, if any, states have taken cognizance of the fact that students who serve apprenticeships in hospitals where registered pharmacists are in charge cannot be allowed credit for such experience on the same basis as given to those who serve their apprenticeship in retail stores. This seems very inconsistent and unfortunate, because the time spent in hospital pharmacies is entirely concerned with things pharmaceutical, whereas the work in retail pharmacies is often of a kind that is foreign to pharmacy. Then again, in many states, hospitals can dispense almost anything they please without interference with a state law since there are none to apply; for the same reason hospitals are operating pharmacies without due protection to the public, by permitting pharmacy to be practiced without proper certified supervision. Suitable laws should be framed to embrace pharmaceutical practice wherever and whenever it is practiced, instead of laws which are applicable only to retail pharmacists. One might naturally ask, Why should retailers be subjected to law conformity and hospitals allowed to do as they please? Why should retailers be compelled to register their pharmacies, and hospitals not be required to register theirs?

Much has been written within the past few years about the professional standing of hospital pharmacists as compared with the professional standing of interns and other hospital physicians. Suffice it to say that this is a matter of the education, ability and manhood of the individual in question and no one need fear that when these attributes obtain professional standing will be lacking, whether applied to hospital pharmacists or, indeed, to any other class of pharmacists. And it may here be said—that it is just as impossible properly to operate a modern hospital without a pharmaceutical staff as to conduct it without a surgical staff.

W. WILSON MCNEARY.