

THE DEPARTMENT OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY

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GEORGIA ADOPTS COLLEGE PREREQUISITE.

The Georgia State Board of Pharmacy has adopted a ruling under an opinion rendered by the Attorney General of that State, which places Georgia in the majority column after July 1, 1927, of those states requiring graduation from high school and three-year college of pharmacy course, as a prerequisite for entrance to examination for registered pharmacist.

The Attorney General's opinion, addressed to J. T. Selman, Chairman of the Board, on which the Board's ruling is based, reads as follows:

"Referring to your verbal inquiry with reference to the right of the State Board of Pharmacy to prescribe rules governing the admission of candidates to the practice of pharmacy in this State, I have the honor to advise that:

Section 1724, of the Code of Georgia prescribes as follows:

'Said Board shall meet and organize as a State Board of Pharmacy, elect a Chairman and Secretary, ADOPT SUCH RULES, regulations and By-Laws as they shall deem necessary to carry into execution the provisions of this Chapter.'

Section 1726, setting forth the duties of the Board, provides as follows:

'IT SHALL BE THE DUTY OF THE BOARD TO GRANT LICENSES—

1. To druggists, who after three years' experience in a drug store managed by a licensed apothecary or pharmacist, shall have passed a satisfactory examination before the said Board of Pharmacy.
2. To such physicians, graduates of a regular medical college, and such graduates of schools of pharmacy as shall have passed a satisfactory examination before said Board of Pharmacy.
3. To pharmacists who have obtained licenses from such other States' Boards of Pharmacy as may be recognized by said Georgia State Board of Pharmacy.'

"It is pertinent to inquire the purpose of the lawmakers in creating the State Board of Pharmacy. Beyond a doubt, it is intended to regulate the

practice of pharmacy to the end that the people should be protected from unscrupulous prescriptionists.

"Section 1724, cited above, provides that your Board shall prescribe the rules and regulations necessary for carrying into execution the laws regulating the practice of pharmacy in Georgia. It is, therefore, my opinion that it is the duty of your Board to promulgate such rules as may be necessary to protect the people. And, if in the judgment of your Board, certain standards of education are necessary to that important end, then it is the right of your Board to prescribe such rules. I believe I am warranted in making the statement stronger, and saying it is the duty of your Board to do so.

"Trusting that the foregoing answers your inquiry fully, I have the honor to remain, dear sir,

Very sincerely yours,

(Signed) T. R. Gress,

Assistant Attorney-General."

I feel certain that I am expressing the sentiment of the entire membership of the National Association of Boards of Pharmacy as well as of all pharmacists who are looking to the future welfare and progress of pharmacy, when I congratulate the Georgia Board on its endeavor and success in the adoption of this forward step, which aligns Georgia with the progressive forces and at the same time gives to the public the protection to which it is entitled. (H. C. C., Editor)

STATE BOARDS OF PHARMACY NEWS ITEMS.

Colorado.—Joseph P. Murray of Colorado Springs succeeds Ernest J. Howard of Denver as President of the Board. Mr. Howard was elected Treasurer.

Indiana.—John A. Funk of Galveston has been made President of the Board and Bernard M. Keene of Indianapolis succeeds R. I. Beddoe of Bedford as Secretary, effective May 1st.

Iowa.—George Judisch of Ames, Ia., succeeds W. W. Haire of Fort Dodge as Chairman of the Iowa Board of Pharmacy.

Michigan.—Claude C. Jones of Battle Creek has been elected President of the Board to succeed J. A. Skinner of Cedar Springs. James E. Way of Jackson was elected Vice-President.

Nebraska.—Robert A. Hardt of Hastings has been appointed on the Nebraska Board of Pharmacy Examiners to succeed George F. Strelow of Long Pine, whose term expired.

North Carolina.—J. G. Ballew of Lewis was elected a member of the North Carolina Board of Pharmacy on April 8, 1926, to fill the unexpired term of J. A. Henderson, deceased.

Pennsylvania.—Lucius L. Walton of Williamsport, who has for many years served as the Secretary of the Board, has resigned as Secretary because of his many other duties, among them being the Presidency of the AMERICAN PHARMACEUTICAL ASSOCIATION, and the feeling that he was physically no longer able to carry the burden of these many duties. Charles F. Kramer of Harrisburg was elected Secretary of the Board to succeed Mr. Walton.

RESOLUTIONS.

The Board at a recent meeting adopted a resolution presented by Mr. Merritt relative to the retirement of Mr. Walton as Secretary.

WHEREAS, Lucius L. Walton has served as Secretary of the State Board of Pharmacy of the State of Pennsylvania for the past eighteen years, and on account of impaired health he has felt compelled to relinquish these duties, and

WHEREAS, During his incumbency he has gained the respect and affection of the retail druggists of the State. He has consistently and vigorously stood for the enforcement and the observance of all laws which have had for their object the safeguarding of the public, and

WHEREAS, During his term of office all observed that he was no ordinary Secretary; his life has been a continued self-sacrifice in the cause of pharmacy and his aim has always been the advancement of the same. He has been unusually active in promoting higher standards for our profession, therefore be it

RESOLVED, That we, his associates on the Board of Pharmacy, hereby attest our hearty wishes for a restoration to his former good health, and we hereby wish to record and convey our appreciation of his fine character, his unselfish service and his manly worth. By his retirement this board has sustained the loss of an earnest, honest, zealous, conscientious and most efficient Secretary.

Tennessee.—George M. Sadler of Clarksville has been elected President of the Board, and Samuel C. Davis of Nashville, Vice-President.

HOSPITAL PHARMACY AND ITS OPPORTUNITIES.*

BY BERTHA OTT.¹

Though our present time is often called the hospital age, history teaches us that hospitals in some form or other existed through past ages, dating back to the pre-Christian era. So ere we divine the future let us consider the past.

Kings and other rulers supported hospitals in India, Persia and Arabia. An authentic report of pharmacies connected with these institutions relates to the hospital of Edessa in Syria, founded 460 A. D.

The oldest hospital in the world that is still conducted as such is the famous Hotel Dieu (House of God) in Paris founded about 660 A. D. Schelenz, in his "History of Pharmacy" in reference to Hotel Dieu says: "Sisters occupied positions in the drugroom and sold remedies especially prepared in their hospital pharmacy, which was as well equipped as any pharmacy in Paris." In the centuries of its existence this institution has preserved more records relating to the history of the hospital than any other institution. The oldest hospital in the New World is Jesus Nazarine in the City of Mexico, founded in the year 1527 by the Spanish Conqueror Cortez. It is still conducted as a hospital, largely with the endowment left by the Conqueror. In spite of its age the hospital is being carried on in accordance with the best modern practice.

In Italy, France, England and Germany, the larger hospitals became identified with universities and were utilized for medical teaching. The St. Thomas and St. Bartholomew of London thus became the most noted hospitals in the world. The oldest hospital in the United States is the Pennsylvania Hospital, in Philadelphia, established in 1751, and Benjamin Franklin was its first clerk. In 1752, Jonathan Roberts was duly appointed to preside over the recently established apothecary shop of said institution and John Morgan, his successor, became the father of Medical Schools of America. Bellevue Hospital of New York received its charter in 1771; later on, followed the Massachusetts Hospital in Boston. Since that time innumerable hospitals have sprung up in all parts of the country, so that almost every city, town and village has its own appointed hospital adapted to its needs.

As an illustration of the influence of hospital pharmacy in our country is the

* Read before Cincinnati Branch, A. PH. A., March meeting, 1926, and printed by request of the Branch.

¹ Pharmacist at Bethesda Hospital, Cincinnati, Ohio.

fact that the immediate forerunner of our United States Pharmacopœia was the pharmacopœia of the New York Hospital, published in 1816.

Charles Rice, connected with the Bellevue Hospital Pharmacy for many years, was chairman of the Pharmacopœial Revision Committee in 1880, 1890 and 1900. Martin I. Wilbert—for nearly 20 years pharmacist at the German Hospital, Philadelphia, now called the Lankenau Hospital—carried on a large amount of investigation for improving pharmaceutical formulas. He also utilized his opportunities to improve pharmaceutical technique and was one of the first to study radio-activity. He was a member of Council on Pharmacy and Chemistry of the American Medical Association, and served as Secretary of the Section on Pharmacology and Therapeutics. He was one of the few men who served as connecting link between the two professions, medicine and pharmacy. John E. Groff, pharmacist of Providence Hospital, Providence, R. I., served as instructor to nurses and is the author of the first "Materia Medica" for nurses.

We deem it proper to pay tribute to the first registered woman pharmacist engaged in hospital pharmacy in our land, namely, Dr. Susan Hayhurst. She graduated from the Women's Medical College in Philadelphia in 1857. While Attending Physician at the Women's Hospital, she became interested in pharmacy and decided to enter Philadelphia College of Pharmacy, graduating in 1883. She then served 33 years as pharmacist at the Women's Hospital. Being a born teacher, she utilized her knowledge and wide experience by employing young women as assistants who were unable to secure positions to gain practical experience in pharmacy. She thus gave instruction and aid to 65 young women.

Coming to hospital pharmacy of the present day, responsibilities and opportunities are even greater than of the past, for we are living not only in an era of hospitalization but also of standardization. For example, the American Hospital Association is continually making intensive study regarding the administration and improvement of equipment of hospitals. The American College of Surgeons has for several years been inspecting the institutions of our country, outlining a program for the improvement of laboratories, hospital records of patients, and staff organization. The American Medical Association through its Council of Medical Education made a special survey of hospital internship and published an outline of "Essentials for Interne Training." Hospitals which are thus approved will be granted the privilege of training them.

The American Nurses' Association and National League of Nursing Education have long been at work raising the standards of nursing. And what of the standards of hospital pharmacy? Pharmacy must progress step by step with its allied professions represented in the hospital. Since pharmacists, active in hospitals and similar institutions, have found a home in the Section of Practical Pharmacy and Dispensing of the AMERICAN PHARMACEUTICAL ASSOCIATION, we have faith that this great "Mother Organization" will encourage and support every undertaking for the advancement and betterment of hospital pharmacy.

It is really the task of the hospital pharmacist, as connecting link between the AMERICAN PHARMACEUTICAL ASSOCIATION and the National Hospital Association, to present the status of hospital pharmacy before the executives of institutions, regarding the employment of registered pharmacists, to secure recognition of pharmacists on hospital and medical staffs with such remuneration as will inspire many more

pharmacists to join the ranks of professional workers in hospitals. If that which is required of them is rightly presented to hospital executives, in most cases there will be no difficulty in winning their approval of whatever will enhance the honor and welfare of their institutions.

The hospital field is a large one—at the present time representing nearly 8000 institutions of healing averaging 800,000 beds, with a yearly increase that is astounding. Here then is a vast field of usefulness for professional workers. The modern hospital offers the pharmacist every opportunity for “true pharmacy;” every convenience regarding facilities and necessary supplies for manufacturing and testing of pharmaceutical preparations will be granted.

The center of attraction, the one chief consideration, the one to whose welfare all else must be subordinated in every institution, is the “patient.” The gravest responsibility in this great trust of human life lies in the hands of the physician, the pharmacist and nurse; this responsibility at times is extended to the pathologist, bacteriologist and radiologist; whatever the case may be, the pharmacist always stands between the physician and the nurse. Hence, we feel keenly the importance of our calling and realize that it can only be properly served by those who have “true pharmacy” at heart, love their profession and will give whole-hearted cooperation to physician and nurse in this great vocation of life-saving.

The pharmacist in hospital service is required to meet new conditions continually. With the hospital laboratory at his command he may engage in research work of his own, also it may be his privilege to work out new formulas suggested by physicians, who find preparations inefficient in producing desired effects.

Beside the regular prescription work and making up stock solutions for floor supplies in the hospital, the pharmacist's daily tasks will include such duties as the preparation of sterile solutions for local anesthesia; sterile solutions and ointments for eyes; sterile solutions for intramuscular and intravenous use; preparing solutions for the pathological laboratory; solutions for preservation of specimens; solutions for developers in X-ray work; testing of water and milk supply for hospital use; soap for laundry use, etc. His field is extensive and he can make his work very interesting if he so desires. In the small hospital the pharmacist may have charge of purchasing and stocking of the hospital supplies. In most hospitals the pharmacist is placed on the teaching staff—in the smaller hospitals as instructor of nurses in materia medica, chemistry and other branches. When connected with an institution which is affiliated with a College of Pharmacy, as for example the Lakeside Hospital in Cleveland, it will be required of him to instruct pharmacy students in practical pharmacy. Again, if his institution is a teaching center and connected with a Medical College, he will have the privilege of instructing medical students in prescription work and pharmacy; such a teaching center is found at the Cincinnati General Hospital.

The position of a pharmacist in a modern hospital should appeal to many young men and women who should be encouraged to prepare for professional work in pharmacy. We heartily commend the suggestion of C. E. Austin, chief pharmacist at General Hospital, Cincinnati, in an article in the *Druggists Circular*, 1921, that a course be arranged in colleges of pharmacy where students may acquire training in subjects pertaining to hospital work.

As preventive medicine and nursing advance, the hospital of the future will

be more than a hospital, namely, health-teaching centers of their respective communities. The writer has spent twenty-two years in the Bethesda Hospital Pharmacy and has seen this institution develop from a 65- to a 300-bed hospital. I count it a privilege that the opportunities of the pharmacist in hospitals also apply to our pharmaceutical experience. Our institution has this outstanding peculiarity, that its staff is composed of physicians and surgeons representing "Allopathic," Homeopathic and Eclectic Schools of Medicine, giving us the varied experiences in their different methods of prescribing. Part of our work consists of homeopathic specifications of preparations and we filled about 6000 regular prescriptions during 1925, besides making up most of our U. S. P. and N. F. preparations, in addition to our regular daily routine work. We are happy to hold the confidence of our physicians and often are asked to work out formulas for them of preparations which did not produce desired effects on their patients.

The amount of work in our institution requires two registered pharmacists. Miss Cramer teaches a promising class of nurses in chemistry while I try to inspire them with the importance of *Materia Medica*.

PHARMACY AS PRACTICED IN THE HOSPITAL.*

BY FRANCES GREENWALT.

I have chosen a rather broad and, perhaps, an ambiguous title for my paper, because there is so much to be said about this important branch of our profession.

After seven years of experience as a hospital pharmacist I have become fully aware of the fact that hospital dispensers are not receiving sufficient recognition, either from the pharmaceutical profession or from the heads of the hospitals and institutions employing them.

Wherein does the fault lie? This question has been asked many times in the past few years, particularly since hospital pharmacists have begun to take an active part in the affairs of the AMERICAN PHARMACEUTICAL ASSOCIATION, for it was just a few years ago, at the meeting in New Orleans, that a few hospital pharmacists became sufficiently interested in the national organization and began to take a more active part in its affairs.

At both the Asheville and the Buffalo meetings, hospital dispensing became the subject of lengthy discussions and it was an admitted fact that hospital pharmacists belong to a specially trained group of the profession. They are specially trained—but how do they receive this special training? By diligent application and by ferreting out things for themselves.

There are many pharmacists, especially women, who do not care to work in the retail stores. Their chief desire is to secure hospital positions; yet these pharmacists, in order to become registered, must get their practical experience under a registered pharmacist, in a retail store, before they may go before the State Examining Board. Such practical experience often consists of soda fountain work, selling candy, sundries, etc., and filling only an occasional prescription.

I have not exaggerated the situation at all. Three months of my own experience required for registration were spent in just that way.

* Parts of a paper read at the February meeting of the N. W. Branch, A. PH. A., at Minneapolis.

If the registered hospital dispensers were given the recognition due them, many an unregistered clerk would be glad to serve his apprenticeship in a hospital and acquire some real pharmaceutical experience. A post-graduate course might even be added to our college curriculum, whereby those who wish to become hospital pharmacists might serve an internship in some hospital under a qualified registered dispenser.

Hospital dispensing is not the same as that of the retail store. In the average store one is seldom asked to make any sterile solutions, or any of the stains and reagents used by the laboratory technician. In the hospital the pharmacist is catering to fifty or more doctors, among whom are some of the leaders of the medical profession. Some of these men are doing research work or are trying out some new systems of medication, and it is up to the pharmacist to be posted on all of the latest medicinals. He must be able to answer many questions regarding the composition, source, action and toxicity of all new products and be able to prepare them for medication.

Patients in hospitals are usually quite ill and the best and most careful attention and medication should be given them. Sometimes it is even necessary for the pharmacist to give a word of caution to the attending nurses, for some of the doctors require a little checking.

I recall a prescription ordered not very long ago for a four-year old child. The dosage of Tincture of Digitalis was an adult dose and the dosage of Salicylic Acid was a maximum adult dose. I telephoned the doctor for a check on the prescription and he said he wished the prescription filled as written. I felt certain that if the medicine were taken as often as directed toxic conditions would result, so I took the liberty to tell the attending nurses to watch for toxic symptoms and to stop the medication and report to the doctor as soon as such symptoms appeared. In this particular case Nature protected the innocent, for the child would take only half of the first dose. He vomited what he did take and the nurses did not try to give him a second dose. When the doctor made the rounds the next day he discreetly discontinued the medication.

Many times a sterile preparation is required for intravenous medication. I doubt very much whether the average store is able to furnish the double distilled water required for such, or whether it has the equipment necessary for preparing these solutions.

I am also convinced that not all pharmacists know how to prepare good laboratory stains and reagents, for I have been asked by the doctors to make stains for them when they have been unable to purchase reliable ones elsewhere.

Granting then that much skill and training are required of the hospital dispenser, it is an unfortunate state of affairs that hospitals are not required to employ registered pharmacists. Our various State Boards are busy enforcing the pharmacy laws covering the retail stores. We know that a drug store must have a registered pharmacist in charge at all times, but in some hospitals any one is permitted to dispense drugs. In a hospital where no pharmacist is employed such dispensing is usually done by a nurse or an interne, and some serious mistakes have been made by these untrained people. These mistakes seldom become known to the public. Perhaps it would be well if the public did become a little better acquainted with these conditions. A patient, out of the hospital, has the privilege

of taking his prescriptions to a reliable and registered pharmacist, but in the hospital, they are filled in the dispensary.

Does it not seem that some sort of propaganda should be started right now to educate the superintendents and hospital boards, that have been backward, to realize the importance of pharmacy? As yet, so far as I know, no hospital is required to have a registered pharmacist in order to place it in Class "A." Nor is it required to have a graduate dietician. However, the hospital heads realize the importance of diet in disease, and all of the larger hospitals, and many of the smaller ones, employ dieticians. It is surely just as important that the patient receive properly prepared medicines as it is that he receive properly prepared food. I believe that the pharmacists themselves have it in their power to secure the good will and the coöperation of the hospital heads if they but make the effort to do so.

As the situation is now, comparatively few hospital pharmacists have the recognition they should have, and this is necessary in order that they may have a full appreciation of their obligations and render the best service. The public is concerned in providing a proper status and broad-minded physicians and surgeons realize that status has much to do with good service. Too frequently the social standing of the pharmacist is an uncertain quantity, and this not only hurts pharmacy, but more so the hospitals and those served by them.

In conclusion I wish to say that there are three things I hope to stress in this paper: First, that time spent by an unregistered person in a hospital pharmacy, under the supervision of a registered pharmacist, should count in securing registration. Second, that all hospitals should be required to have the services of a registered pharmacist for all dispensing. Third, that hospital pharmacists receive the recognition and the salaries which are due them in proportion to their educational qualifications and their experience.

Some hospital superintendents and boards may say that they have not enough work to warrant having a registered pharmacist. In answer to them, I would say that there are some hospital pharmacists who are prepared to do other skilled work besides pharmacy; some of them are also anesthetists, or X-ray technicians or laboratory technicians. A small hospital would be financially ahead if it were to employ one person at a fair salary who is able to do the work of more than one department.

PRESCRIBING HEROIC DRUGS IN BELGIUM.

The *Chemist and Druggist* of April 17th states that Article 15-30 of the Belgian instructions of 1885 to doctors and pharmacists regarding the prescribing and dispensing of heroic drugs have been abrogated by a Royal Decree, and replaced by the following new articles: In prescriptions the amounts must be stated only in grams, centigrams, milligrams, or in drops. The prescription must be signed and dated by the doctor, and as far as possible should contain directions for use. When a

doctor prescribes an heroic medicament in excess of the maximum dose given in the pharmacopœia, he must write out the amount in full and append thereto his signature. Should a doctor prescribe an heroic medicament in excess of the maximum dose given in the pharmacopœia without complying with the foregoing requirement, the pharmacist must assure himself of the prescriber's intention. Should he not be able to communicate with the latter, the pharmacist shall reduce the amount to the dose given in the pharmacopœia; at the same time he shall immediately inform the writer of the prescription of the fact.