

PROCEEDINGS OF THE LOCAL BRANCHES

"All papers presented to the Association and Branches shall become the property of the Association with the understanding that they are not to be published in any other publication prior to their publication in those of the Association, except with the consent of the Council." —Part of Chapter VI, Article VI of the By-Laws.

ARTICLE III of Chapter VII reads: "The objects and aims of local branches of this Association shall be the same as set forth in ARTICLE I of the Constitution of this body, *and the acts of local branches shall in no way commit or bind this Association, and can only serve as recommendations to it.* And no local branch shall enact any article of Constitution or By-Law to conflict with the Constitution or By-Laws of this Association."

ARTICLE IV of Chapter VII reads: "Each local branch having not less than 50 dues-paid members of the Association, holding not less than six meetings annually with an attendance of not less than 9 members at each meeting, and the proceedings of which shall have been submitted to the JOURNAL for publication, may elect one representative to the House of Delegates."

Reports of the meeting of the Local Branches shall be mailed to the Editor on the day following the meeting, if possible. Minutes should be typewritten with wide spaces between the lines. Care should be taken to give proper names correctly and manuscript should be signed by the reporter.

CHICAGO.

The last monthly meeting of the Chicago Branch for the school year of 1933-1934 was held Tuesday evening, May 15th, at the University of Illinois College of Medicine.

The speaker of the evening was Dr. William F. Petersen, professor of Pathology and Bacteriology, University of Illinois College of Medicine. The subject was "The Patient and the Weather." Dr. Petersen gave a lengthy discussion, accompanied by lantern slides, showing the relationship that has existed in many cases between the rise and fall of the health of patients and the barometer.

It was pointed out that records prove that climates do have an effect upon the human be-

ing. Next it was suggested that the condition of the air cannot be escaped by the human being, even if within the confines of a room. Comparative graphs were shown which would lead one to believe that such a statement might be true. It was also pointed out that maybe the weather has an effect upon our embryonic development that directs much of our physical and mental growth.

Comparative graphs were flashed before us in such a rapid fire order it would be hopeless in this short space to give a detailed account of the discussion.

LAWRENCE TEMPLETON, *Secretary.*

NEW YORK.

The May meeting of the New York Branch of the AMERICAN PHARMACEUTICAL ASSOCIATION was held on May 14, 1934, at the College of Pharmacy, Columbia University. There were about forty-five members and guests present.

The meeting was called to order by President Charles W. Ballard and the minutes of the previous meeting were read by the secretary and approved.

Treasurer Currens reported the treasury with a balance on hand, May 14th.

Dr. Bilhuber reported for the Audit Committee.

Chairman Lehman, of the Committee on Education and Legislation, spoke briefly on pharmaceutical legislation which was being supported by the State Association at Albany. Unfortunately, changes had been made in Bill 417, regulating the sale of preparations containing poisonous or deleterious substances, which materially weakened the measure.

Legislation was being encouraged which would make it a violation for a store without a pharmacy license to have on hand stocks of Tincture of Iodine for sale. This was aimed especially at the so-called Cosmetic Shops.

President Ballard called upon Dr. H. H. Schaefer to report on the A. PH. A. Convention in Washington. He stated that the attendance was as good as could be expected under the circumstances. He called particular attention to the fact that the Remington Medal was presented to Sir Henry Wellcome at the banquet in the Shoreham Hotel on Tuesday night, May 8th.

Dr. Fischelis presided at the presentation. On the forenoon of May 9th, the official dedication ceremonies were held for the new pharmacy headquarters building. The exercises were held in front of the building and a very large group was present. The services were very inspiring.

President Ballard called attention to the fact that Dr. Kassner¹ was seriously ill with pneumonia.

The business part of the meeting having been completed, President Ballard introduced the speaker for the evening, Dr. Johannes S. Buck, who spoke on the Chemistry of Papaverine. The speaker opened his address by discussing the occurrence of the alkaloid in the opium poppy. Papaverine appears in the white poppy after 36 days and is present in opium to the amount of 0.5% to 1%, averaging generally about 0.5%. There are about 20 other alkaloids present in opium. The separation of the alkaloids is a long and tedious process of considerable expense; the method was outlined by the speaker. He also pointed out that papaverine is usually separated out along with narcotine. Papaverine was discovered by Merck in 1848 who reported its correct composition.

Since Professor Diehl at Minnesota suggested the use of papaverine and codeine in the treatment of the common cold, very considerable interest has been aroused concerning the possibilities of a practical synthesis. The success of the mixture in treating colds has made it necessary to investigate the possibility of synthesis since it is present in such small amounts in opium that the supply is negligible when compared with what the demand might easily become. Since codeine is readily prepared from morphine a sufficient supply is available, however, since both ingredients are narcotics, Dr. Buck felt that the remedy would never become popular.

The speaker discussed the early work done by Goldschmidt on the structure of papaverine. This investigator worked for twenty years on the problem but did not solve it. During this part of his address Dr. Buck described the general process for determining the structure of an alkaloid by studying its degradation products, formed by oxidation with potassium permanganate. He described several processes for the synthesis of the alkaloid which have been employed experimentally. The possibility of the commercial application of these was also considered. Difficulties in manufacturing the necessary intermediates have thus far proved to be the greatest problem in a successful scheme. Research on this part of the problem is being diligently pursued and it is hoped that a practical method giving good yields at reasonable costs will yet be developed.

Considerable interest in the subject was shown by the audience in the numerous questions asked the speaker at the close of his address. Dr. Buck was voted a rising vote of thanks.

RUDOLF O. HAUCK, *Secretary*.

THE COÖPERATION OF THE HOSPITAL PHARMACIST AND STAFF.*

BY WILLIAM GRAY.¹

Pharmacy is an indispensable branch of medicine and the pharmacist who renders good service will receive the consideration and respect from his fellows that he deserves.

The work of the hospital pharmacist differs materially from that of the pharmacist in the retail drug store; to the hospital pharmacist the most important part of his work is service, while the pharmacist in a drug store is more interested in sales. The hospital pharmacist must keep in close touch with the advances in professional pharmacy and be acquainted with the new remedies as they come into use, as well as with pharmaceutical progress in general. He must always stand ready to coöperate efficiently with the medical staff and the administrative staff of the hospital.

When new drugs appear on the market, the medical staff is usually in a position to know, or to desire to know, whether the proposed remedy is of real value or meets a need in a new way, or whether it is just one more trade variation of a standard remedy or an old one dressed up in

¹ Deceased, see page 524, May issue of the JOURNAL.

* Chicago Branch, A. PH. A.

¹ Pharmacist to Presbyterian Hospital, Chicago, Ill.

new clothes. The pharmacist should be in a position to furnish information on these points and should gladly assist in getting the necessary information to the staff. In this way, needless loss of time to the staff and expense to the patients and the hospital can be avoided. He must be able to suggest officially recognized and tested medicines as against more expensive proprietary or branded products. This necessitates having at hand the most complete information available, in such standards as the U. S. P., the N. F. and N. N. R. He should suggest and be prepared to demonstrate to the individual members of the medical staff that although there are many valuable non-competitive proprietary articles, many of these are the same in composition as official U. S. P. and N. F. preparations. We define as proprietary those articles with copyrighted names. Attention should be called to the fact that there is a loss to the hospital when different brands of the same drug are prescribed, as this necessitates duplication of the drug stock and a heavier investment in the drug room and that unless the prescriber has a particular reason for doing so, no brand names should be specified.

COÖPERATION WITH THE ADMINISTRATIVE STAFF.

In the Presbyterian Hospital the pharmacy supplies about twenty units. We have no dispensary or out-patient departments, these being taken care of by the Central Free Dispensary and Rush Medical College. Our system is therefore designed to supply purely hospital needs.

Each unit sends in a daily written order and the order is returned with the supplies to the unit. With the exception of a few special prescriptions, there are no individual prescriptions put up in the pharmacy. The individual doses prescribed by the physicians are taken care of by the nurses under the supervision of the head nurse on the floor.

The dispensing of individual doses saves materials, it saves the time of the physicians and internes, it saves time in reaching the patient, and it makes for lessened demands on the time of the pharmacist, as such doses can be prepared in advance when he is not otherwise busy. These stocks of standard drugs are kept, readily available, in the medicine cabinets on the hospital floors.

Every conceivable dosage of medicine is prepared for use on the floors in such form that there is practically no danger of overdosage. The nurse is not allowed to divide or multiply doses; that is to say, should the nurse have an order for 1/50 grain she must not use two 1/100 grain doses. If 1/50 grain is not in stock the interne has to rewrite the order to read two 1/100 grains and by the same token she must not divide 1/50 grain to get 1/100 grain. In the latter case the pharmacist must do the dividing. This rule applies principally to ready made tablets. No verbal orders for medicines are accepted by the nurses except in cases of emergency.

All single doses of capsules, pills and suppositories are safe, that is, not above a maximum dose, and therefore, taking the human equation into consideration, should a wrong item be given it would not be a lethal dose.

The only exception to this is in the operating room where mercuric chloride tablets are kept and used in making solutions for antiseptic purposes. The mercuric chloride solutions used in the other units are prepared by the pharmacist, who, with a few exceptions prepares all solutions used in the hospital. We feel safe in saying that this system of handling drugs will safeguard all concerned.

The need for keeping the expense of hospitalization as low as is compatible with efficient service is now widely recognized. This need will be served if the prescriber can be induced to use official titles instead of trade-marked names. These names are listed in N. N. R., a book that is in the hands of most prescribers.

If we stocked all of the many brands of serums, vaccines, ergosterols, cod liver oils, malt extracts and compounds of the latter, we would tie up a lot of money that might be put to better advantage. When a better product is sold under a trade name the specification of that particular brand may be warranted, but many of the trade-marked brands comply only with the fixed minimum standards of the U. S. P.

While the cost of ingredients is often passed on to the patient and therefore does not immediately concern the hospital, both physicians and laymen are taking notice of the increasing cost of illness, and whatever is done to lessen the cost without lessening the efficacy of the treatment will be of direct benefit to the patient and indirectly will benefit the physician and the hospital.

Another service that the hospital pharmacist may well be called on to give is the teaching of the rudiments of drugs, weights and measures to the nurses in training.

At the Presbyterian Hospital we deal only with the practical side of such training. We think a few lectures, in the time allotted would have little, if any, value; while a practical course has proved not only valuable to the nurse, but has the effect of safeguarding the patient as well as the hospital.

The course is given to the student nurse only, and is of one month's duration. The work is classified and checked. All work is supervised, whether it be only filling small containers from larger ones, making dilute alcoholic and antiseptic solutions, mouth washes, mixing, dividing and folding powders, filling capsules, making suppositories or preparing ointments.

The first week is taken up with filling containers with simple items such as Boric Acid, Magnesium Sulphate, etc.; the second week in preparing medicinal solutions and in mixing powders. This is where the nurses come into close contact with all sorts of weights and measures. The last part of the training is taken up with preparing ointments, suppositories and miscellaneous items requiring more experience than is necessary in the early stage.

Student nurses of the present day are exceptionally well qualified from the standpoint of previous education. Many of them have taken or are taking college degrees. All of them know the tables of weights and measures, and all have learned to translate percentages and decimals into common fractions and *vice versa*. They have learned these things, however, in the way that most people have learned them—as abstract exercises, unconnected with actual practise. The principal objective of their training in the drug room is to correlate this theoretical knowledge of weights and measures with the physical size of the various units.

We do not give a final examination but give a review after the pupils have left the drug room. The principal feature of the review is a quiz on pharmaceutical arithmetic, to satisfy us that the future nurse has developed a sense of proportion and has a thorough knowledge of weights and measures.

As may be surmised, it is not possible to follow any set plan or course of instruction. The demands on the Pharmacy from day to day or from hour to hour determine the work done by the pupils. We believe, however, that the educational value of their work is all the greater since the purpose is not to pour into the minds of the pupils as large a mass of information as possible, but to vitalize what they do know.

Finally, the successful hospital pharmacist is an enthusiast who loves his work and, no matter how exacting it may be, finds it interesting at all times.

ARMY HOSPITALS TO BE STANDARD.

Maj. Gen. Robert U. Patterson, surgeon general of the Army, has taken steps further to improve and standardize the service of Army station and general hospitals, so they will be maintained on a standard well above the minimum required by the American College of Surgeons.

WARNING ON POISON LABELS.

The New York Pharmacist states: "Section 122 of the Sanitary Code provides that all bottles or boxes containing poison shall bear a label upon which shall be conspicuously printed or stenciled in red ink, in plain legible characters, the name of the substance or article, the word 'POISON,' the name and place of business of the seller, or donor, a skull and crossbones, the word 'CAUTION,' the maximum dose of the poison and the antidote therefor.

"The provisions of this section do not apply to medicinal compounds containing poisonous drugs in therapeutic doses when the maximum dose of such preparation is marked upon the container.

"A. Medicines of all types are not merchandise and therefore require the adoption of a policy, looking to the control of their sale.

"B. If a pharmacist wants to open a pharmacy, the State Board should have the right to approve or disapprove the project.

"C. The State Board should have the right to decide what products, preparations, etc., should be sold in registered pharmacies only.

"D. By the same token, the State Board should have the right to license manufacturers.

"E. Any person or concern in the State, manufacturing any medicinal item, including cosmetics, should be required first to obtain a license to do so from the State Board."