

tain an adequate pharmaceutical library, adequate equipment, facilities and space for rendering this most important public health service?

The pharmacy student who has completed a four-year course in Pharmacy is well equipped to manage and conduct a Hospital Pharmacy with a maximum efficiency of professional service. Where there is no hospital pharmacy committee, however, and therefore no drug policy, the pharmacist too often finds that his professional service must be adjusted to meet the requirements of a costs-minded administrator. This is by no means true in every case where there is no pharmacy committee. Many hospital administrators are keenly aware of the service rendered by the pharmacy. But for those who are not a pharmacy committee is the logical body to determine the hospital's pharmaceutical activities.

It is only comparatively recently that hospital pharmacists have become group-minded. They gradually began to wonder if others in the same work encountered the same difficulties and how their problems simulated or differed from their own and how they solved them. Little by little local groups of hospital pharmacists were organized. These have met and pooled their ideas, entered into lively discussions as to how best right our shortcomings and further gains already made. The idea has taken root until now it is most gratifying to learn that from these local organizations have emerged State Hospital Pharmacists' Associations. The Minnesota State Pharmaceutical Association during its 1936 convention moved to give the newly formed Hospital Pharmacists' group a section in its proceedings. For the past two years we have met in convention with our State Association. These few facts are given to show what can be done through concerted efforts of group organization.

If Hospital Pharmacists' Associations are able to effect changes and improvements in restricted localities, shouldn't our imaginations be stimulated to a realization of what could be accomplished by an organization national in character? Is it unreasonable to expect that such an association would be able to conduct surveys, secure data on hospital pharmacy standards, make suggestions for more uniform laws, approve certain hospitals for hospital pharmacy internships and provide other material of an educational nature? Isn't the question worthy of serious thought and consideration?

The groundwork for raising Hospital Pharmacy standards has been laid. How the work progresses depends on us. Let us not build a Tower of Babel. Let us make the Hospital Pharmacy Section of the AMERICAN PHARMACEUTICAL ASSOCIATION the architect for a structure of which we shall be proud.

BETTER HOSPITAL PHARMACY.*

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For years individual pharmacists have worked to raise the standards of Hospital Pharmacy, by a little talking, a little writing and largely by day after day

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rendering the best service of which they were capable, always watching for an opportunity to make the department more valuable to the hospital. Suddenly these efforts seem to have crystallized a definite realization of the importance of Pharmacy in hospitals. The oldest of the special Departments, it has not kept pace with the broad hospital development and progress. Both hospital and Pharmacy must share responsibility for this condition. Frequently Pharmacy has not had a clearly defined place in the organization. Administrators have not known how to direct the contacts with other Departments, to conserve the time and energy of the pharmacist. No especial qualifications have been considered necessary, pharmacists with no hospital experience have taken charge of drug rooms, sometimes carrying on studies or another job outside the hospital, giving as little time and thought as possible to the pharmacy. Colleges and Hospital Pharmacy Associations should cooperate with hospitals to fill positions with suitable people, assistants from larger hospital pharmacies taking charge when vacancies occur or new departments open.

The total number of registered hospitals in 1936 was 6189, 1419 of which employed 1901 pharmacists, which leaves a large majority without a pharmacist, many of these being small hospitals, where graduates of the courses which colleges are giving to meet the needs of such institutions could be used, such as Pharmacist Laboratory Technician, Pharmacist X-ray Technician, etc.

There are hospitals depending upon a neighboring drug store, whose proprietor or assistant could give much better service with hospital experience. It has been easy for the hospital pharmacists to slip into a rut. They have lacked the advantages of organization, have missed the help and stimulation of group meetings for discussion. Local Pharmacy associations have little to offer to the hospital pharmacist. Recently in the larger cities hospital pharmacists have formed their own associations. Buffalo pharmacists voted to join the New York State Hospital Association, to establish better understanding and cooperation between hospitals and Pharmacy. The number of such groups is limited. In some states there is a record of but one hospital pharmacist, in others five, six or eight. Such isolated pharmacists must depend upon Journals and a yearly national meeting, to which hospitals should give them an opportunity to attend.

Now that there is general recognition that Hospital Pharmacy represents scientific, professional Pharmacy, we have a chance to establish the standards for which we have worked. "Essentials of registration for a hospital require handling of drugs adequately supervised in compliance with state law." State Boards may do their part by enforcing the law. Certainly hospitalized patients are entitled to the protection afforded those who can choose their pharmacist.

The Catholic Hospital Pharmacy Association recently sent to Catholic hospitals a most comprehensive questionnaire, which is well worth study. Each pharmacy presents a different picture, varying with the type of hospital it represents, but there are certain conditions common to us all. Doubtless our greatest problem is caused by the multiplication of new remedies, their sudden popularity and as sudden loss of favor. We cannot ignore them and refuse to stock other than U. S. P. or N. F. preparations. In the ten years between editions several valuable products are introduced; often the proprietary of one decade is official in the next decade. We can help to select the best and discard the worthless by studying each new prod-

uct, learning which manufacturers are equipped to furnish the most satisfactory results, watching prices and never sacrificing quality to price.

A tremendous amount of material comes into the hospitals as samples; unless directed to the pharmacy it frequently never reaches either patient who needs it or physician who will be interested in its use. I try to make the pharmacy the clearing house for such medicine, encouraging the doctor who will not use it to send it to me to be rerouted in the direction where it will do most good. A confusing mass of information goes to interns and to physicians' offices. I have made charts which are of service to both doctors and nurses. For example, Vitamin-Iron preparations, Iron Liver, Sedatives, Digitalis, giving name, manufacturer, forms in which available, standardization of unit strength, price at which I can supply. When one product can be agreed upon there results a considerable saving by quantity buying.

This spring an article appeared in a medical magazine, suggesting that hospital pharmacists could save money by analyzing drugs and preparations which would enable them to buy the cheaper products if they tested to standard. Few pharmacists have either time or equipment required for such investigation, but I think it might be accomplished in college cities by a group of hospital pharmacists sharing the work and using college facilities. Where there is a difference of three dollars a thousand in tablets, or fifteen or twenty cents an ampul, the saving is worth the effort. The question of manufacturing must be decided in each pharmacy. With our tax-free alcohol it usually is profitable. Some hospitals find ampul making satisfactory.

All hospitals, except those for mental patients, have medicine closets on ward or private room floors, for which the pharmacist should be responsible. The labeling is important; it must be clear and accurate. Hydrogen Peroxide not "Peroxide;" Tr. Iodine not "Iodine." There should be duplicate bottles so nurses are not tempted to pour medicines into glasses, while stock bottles are in the pharmacy. I do not mean a complete duplication, but for those which may be needed. The stock should be watched and changed as the demand changes. It seems imperative for the pharmacist to teach. Much of the *Materia Medica* can very well be covered by nurses' Instructor or by a doctor, but there is knowledge nurses need for intelligent handling of medicines which only the pharmacist can realize or impart.

The pharmacy can and should be of service to all other departments, yet it is frequently not properly geared for such service. All chemicals should pass through it, combining orders from Lab., X-ray and pharmacy, making quantity buying possible at a saving. Many of the Laboratory reagents, Benedicts, Lugols and some of the stains can be made in the pharmacy. Many pharmacists are not as valuable as they could be if Administrator and heads of other departments knew more about the pharmacy. The average hospital pharmacist works in unnecessary confusion of conflicting demands; nurses running in one after another with orders which could all be collected and delivered at once; employees for personal favors, out-patients, doctors, salesmen, telephone. Add to this a poorly arranged room, inadequate equipment and insufficient force. Few hospital superintendents realize the infinite detail of the pharmacy; with a little thought and planning time could be saved which could be put to valuable work.

We have written for our Pharmacy Journals, there we discuss our technical problems, but we have not appeared in Hospital Journals frequently enough for us to be recognized as an integral part of the Hospital. The application of the term

"Drug Room" to the Department suggests just a storeroom, doesn't express our profession as does Pharmacy.

OLD TIMER LOOKS AT TEACHING.*

BY H. S. NOEL.¹

Because this is a section of the AMERICAN PHARMACEUTICAL ASSOCIATION devoted to education it seems appropriate, following the topic which was assigned to me, to discuss some of the fundamentals of education as they appear to me to apply to Pharmacy. What is recorded here is the outgrowth of experience in a School of Pharmacy, long association in a broad field closely related to teaching and personal contacts with a large number of groups of students and their teachers. The late Dr. Charles Parkhurst, a great reformer, is responsible for the statement that education, so far as it is authentic, is a process of personal exchange between teacher and taught. He referred to teaching as a process of knocking down the wall or partition between two intelligences so that both combine to compose one compartment. Every student of Pharmacy who has been privileged to imbibe knowledge from the teachings of one or more of a large number of fine pharmaceutical educators will heartily subscribe to the thought that we can learn from books but education depends upon ability to draw from well springs of knowledge impelled by interest, sincerity and wholesome personality. It was said of Mark Hopkins, a great educator, that a student on one end of a log and Mark Hopkins on the other constituted a college. Most certainly one of the great satisfactions of being a teacher should lie in the consciousness of service to others. Mark Hopkins found it so. The particularly rich rewards belong to those teachers who derive happiness through the success of those who have studied under them. "No man," said Dr. Parkhurst, "can become bigger unless there is some being whom he looks up to. The greatest thing a great man can do is to stimulate the growth and encourage the stature of his contemporaries or successors. In this is the philosophy of all discipleship."

Every educator in Pharmacy knows that fine buildings, splendid equipment and laboratory facilities are highly desirable as aids to teaching, yet some of the most successful pharmacists, men whose names are a credit to the highest ideals of Pharmacy, received their education with the aid of only the barest essentials in the way of equipment but under men whose characters and abilities make up the finest traditions of American Pharmacy and who proved real inspirations. The profession of teaching prepares for practical living and this is a paramount factor.

What do employers seek in a College of Pharmacy graduate? Are they likely to ask the applicant for a position what his grades were in Chemistry, what marks he attained in Physics, how he stood in Materia Medica? The chances are that the fact that the student was graduated, that he satisfied the State Board requirements as to his knowledge, is quite sufficient. Here is what the employer is undoubtedly thinking about. "I hope this young man measures up to my standard.

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