HOSPITAL PHARMACY'S OPPORTUNITY.*

W. WILSON MCNEARY.1

I am pleased to have the opportunity to present some observations on the opportunities for self-preservation and development of the profession of Pharmacy through the medium of the hospital. Notwithstanding the cry that pharmacy is a decaying profession, I make the assertion that when the hospital pharmacy closes its office or dispensary the hospital closes its doors. In other words a modern hospital cannot exist without a modern pharmacy. (There are some 7000 hospitals in the U. S. to-day.) However, when I say a modern pharmacy, I do not mean the so-called modern corner drug store because the function of one and that of the other are as far apart almost as the poles. One is almost strictly commercial and the other entirely professional.

Whether we like it or not there has been a decided trend toward hospitalization, particularly during the last few decades, and patients who, twenty years ago, would have been treated at home now go to hospitals. Only those associated with hospitals fully realize this and with voluntary group hospitalization plans developing all over the country the tendency is going to increase.

Unfortunately up to the present time there has been little or no recognition of hospital pharmacists by accrediting organizations or supervision or standardization by state boards of hospital pharmacies. The only genuine interest taken in the hospital pharmacy has been by the administrator of the hospital, and, if his standards are high in other respects he is likely to employ a well-qualified pharmacist and the rest follows. If he is, as too many are, interested in costs more than in service, the pharmacy is bound to suffer.

How has it suffered? It has suffered because the hospital pharmacist is not sufficiently qualified for his work. Now here is the rub. A good hospital pharmacist should be first, well educated basically, fit to do more than just compound the stock prescriptions. He should have intelligence of a high character, also a high personality quotient, the ability to discourse intelligently not only on pharmaceutical matters but on medical subjects as well. He should be able to direct the sterilization procedures of the Operating Rooms. He should be qualified to be the sanitary officer or inspector of the institution. In fact he should be the general and specific knowledge man of the institution, one who can be consulted, not only by the medical staff but by the administrator and other personnel of the hospital.

Now what I regard as one of the most important functions of the hospital pharmacist is the opportunity, backed by ability to teach the new internes prescription writing and sufficient knowledge of pharmacy that they may be able to order intelligently what they want from the vast storehouse of our modern materia medica.

We all know that pharmacy is not taught in most of the medical schools, so why should we blame the modern physician for not doing something, the knowledge of which has been denied him? I see little possibility of having pharmacy taught in medical schools. There are too many other basic subjects already, but why not teach them this subject during their interneship? And who is there, other than the

^{*} Presented before Sub-Section on Hospital Pharmacy, New York meeting, 1937.

¹ Director, American Hospital for Diseases of the Stomach, Philadelphia, Pa.

hospital pharmacist, who should be properly qualified to teach this branch of medicine to them?

I will go further and say that an effort should be made to have the hospital pharmacy included in the rotating services of the hospital. If this could be accomplished the new generation of doctors would be greatly helped. They would learn to eschew the semi-proprietary polypharmaceutical manufactures' salesmen, write U. S. P. and N. F. preparations and only use those newer remedies, the products of real scientific research, which have proven valuable to the profession.

A TRANSPARENT EMULSION OF OIL OF TURPENTINE.*

BY P. A. FOOTE¹ AND C. H. GILLILAND.

Pharmaceutical interest in emulsions seems to never wane. It is truly one of the fine arts of the apothecary to make a good stable emulsion which is therapeutically efficient, palatable and pleasing to the eye. To those who claim that there is no such a thing as pharmaceutical research let them enter this field and they will soon change their mind. Why does this interest continue? There are various reasons, a discussion of which has no place in this paper; however, the authors wonder if one reason might not be the fact that they are more or less spectacular and it is human nature to be interested in spectacular things. Indeed, a successful pharmacist recently advised us that his interest in pharmacy began at the age of five when he witnessed the making of an emulsion. To him it was magic because a dark liquid (compound solution of cresol) was added to clear water and the result was a milk-like preparation. It would not have been magic to the boy if oil of turpentine and water had been mixed in such a way as to give a transparent preparation. Neither would it be magic to the young pharmacy student who has just been initiated into emulsion technique, but he would no doubt be surprised.

Transparent emulsions are made by equalizing the refractive indices of both phases at the same temperature. The subject is not new but it deserves more attention. Some pharmacy textbooks briefly devote a few lines to the theory of them but give no working examples. Other texts do not mention them. The result is that many pharmacy students graduate without having heard of such preparations. Probably the majority of pharmacists have never seen one. The report on transparent emulsions by Whitmore and Linehan (1) gave the authors further interest in the subject with the result that the task of making a transparent emulsion of oil of turpentine of U. S. P. strength was assigned to the junior author as an "Honors" problem for graduation. It is herewith presented hoping that it will arouse more interest in this subject.

PROCEDURE.

All determinations were made with an Abbé refractometer at 23° C.

- 1. Gelatin Solution.—One gram of high-grade gelatin is dissolved in 10 cc. of hot distilled water, n_d 1.3500.
- 2. Glycero-Gelatin Solution.—Add to No. 1 an equal volume of U. S. P. glycerin. Product, nd 1.4171.

^{*} Section on Practical Pharmacy and Dispensing, A. Ph. A., New York meeting, 1937.

¹ Professor of Pharmacy, University of Florida.