

lines takes considerable time and study, but one who is genuinely interested in pharmacy will be well repaid, both by the increase in the ethical part of the drug business and the personal satisfaction which comes from knowing and promoting the professional part of the pharmacy profession.

PHARMACIST—PHYSICIAN RELATIONSHIP.*

BY CARL A. ABEND.¹

It is with temerity that I submit myself to the profession while I reopen a maltreated chronic abscess. I speak of the much feared ghost in the closet of every hospital pharmacist—the elusive phantom of “coöperation between pharmacist and physician.”

Grant me the right to remove the dust-laden scabs that have formed over this chronic wound that seems incapable of healing with a firm and healthy base.

Grant me the right to declare that until the pharmacist can shake himself from the lethargy and routine of compounding he will continue to occupy a small part in the functioning of institutions for medical care, institutions whose very reputations are in his hands.

Other than continuing in name, many institutional pharmacists have steadily receded from the central activities of their organization. They have lost the dignity of being thought of as part of the staff. They have lost the property of forming the smooth unifying synapses between the patient and doctor. They have lost the ability to insert their arts and their sciences into the routine of the practitioner in such manner as to make the practitioner conscious of their efforts.

The pharmacist of altogether too many institutions has allowed himself to slip away from the field of active productive effort and has metamorphosed into a simple shopper of drugs, a pharmaceutical Shylock, whose greatest professional effort obtains in the arithmetic of counting tablets and measuring liquids. To-day's pharmacist has lost much of the old time luster that was his, he has lost a certain something that heretofore signaled to the world that the arts and sciences he practiced fell under the heading of a profession, and not just a job.

The entire fabric of any institution can be refined and perfected if effort is made for the closer coöperation between pharmacist and physician. I need not indicate that I have reference to professional and not personal coöperation. There are examples of such typical coöperation sufficient for reference.

Let us concede that each hospital, regardless of size, has certain peculiarities in its management or in the make-up of its staff that may make the establishment of close harmony difficult. But even with this concession there are ways and means of developing this to-be-sought-for goal.

At the Grace Hospital in Detroit the pharmacist is present as a member of the Staff Medical Meetings and all Clinical Pathological Conferences, together with the Clinical Director, the Chief Resident Physician and the active heads of the medical and surgical staffs. Once a month he is given the opportunity of recapturing a privilege long usurped and all too often abused by the contact and detail men from

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the large pharmaceutical houses. He, the pharmacist, and not the peddler, attempts to give to the staff and resident interns a short, concise and absolutely unprejudiced opinion of all worth-while pharmaceutical preparations brought to commercial markets. The pharmacist, and not the detail man, attempts to give a reliable report as to the pharmacologic and therapeutic properties of these newer products.

By the expenditure of some little extra effort the pharmacist should be able to present pertinent information of a similar kind with respect to U. S. P. and N. F. preparations. This information or review is of especial importance at times following the decennial revisions. Beyond the chemical and pharmacologic estimation of such preparations the pharmacist should have nothing to say. Matters of clinical application or success are strictly out of his domain.

With one eye to the future we have tried out a new routine at the Grace Hospital this year. I propose to briefly outline this innovation.

Through affiliation with the Wayne University College of Medicine we assume teaching responsibilities for four senior medical students each month. These students are guided through various activities of the hospital and two days of each week during the four they are placed under the tutelage of the pharmacist. An attempt is made to inculcate respect for the knowledge and responsibility of the man who compounds the prescriptions they will shortly be writing.

In the few hours they have available an attempt is made to exhibit the actual and practical aspects of our profession. Each student is given twenty prescriptions as originally used by Dr. Bernard Fantus of the Illinois College of Medicine. They are asked to familiarize themselves with these standard prescriptions and to give especial attention to the nature of vehicles and flavoring agents employed. Much stress is placed upon these seemingly unimportant features of prescription writing.

Following these activities the students are given problems in percentage solutions and dilutions. It is remarkably shocking to note evidence of the average senior medical student's inability to execute simple problems in such matters. Such a time is particularly fitting to demonstrate to these young physicians how much they take for granted in writing their orders and how much they lay bare their reputations to the pharmacist.

Along practical lines they are taught the rudiments of making ointments, mixtures, capsules, collyria, ampuls, etc. They are taught to recognize good, bad and indifferent products. These same principles are applied in the matter of the several pharmaceutical classifications. The last period of the month is spent in reviewing official doses and portions of the text of the U. S. P. and N. F. in such a manner that they learn to appreciate them in the same way as they do when they think of Osler's *Medicine* or Babcock's *Surgery*.

Out of a successful year's experience, it is my opinion that such a plan is feasible wherever a hospital and medical school are in close proximity. It is also my firm belief that work along such lines is capable of creating and maintaining closer and better relationship between the physician and the pharmacist.

It is my earnest belief that along these lines of endeavor there lies a vast amount of constructive influence that institutional pharmacy has been altogether too wont to neglect. Such neglect fosters an insidious degradation of a powerful bond between the physician and the pharmacist. Properly expended effort, how-

ever, will nurture a reliance by the physician and surgeon that is professionally satisfying. You will find as time passes not only that your long lost sense of self-esteem is returning, but also that you yourself are firmly cemented in the center of the very pulse of every professional activity in your institution. Is not this the position we have trained ourselves to assume?

HOSPITAL PHARMACY AND ITS RELATION TO RETAIL PHARMACY AND MEDICINE.*

BY MORRIS DAUER.¹

For many years the excellent, useful, highly dignified and ethical services of the American hospital pharmacist have not received the recognition to which they are justly entitled and which they so rightfully deserve.

The light of this faithful public servant, "the hospital pharmacist," has been hidden under a bushel. The contributions which he has made to professional pharmacy and medicine by virtue of his liberal professional education, followed by the subsequent training which he has gained from the older practicing pharmacists and added to that vast storehouse of knowledge which he has constantly been gaining as the years have gone by, actually sacrificing his early youth and middle age, a sacrifice indeed for the benefit of public service and public health protection and ultimately serving his state and his country, have received little recognition from hospital executives and his brethren who comprise the pharmaceutical fraternity.

It has been the impression of some of our unenlightened hospital executives that a hospital pharmacist needs but a vague outline of pharmaceutical education and training, and as the speaker experienced while discussing professional pharmacy with a hospital executive who naively said "You are always talking about professional pharmacy. What's so professional about pharmacy? All you have to know is a set of weights and measures. You take a list of ingredients that appear on a doctor's prescription, you throw them together, shake them up in a bottle, and you have a mixture." Alas! this medicus is not the only one who has this erroneous impression and it is the duty of the hospital pharmacist who comes in contact with such individuals to use intelligent measures to correct this misconception and leave in its place an indelible impression that pharmacy is an exact science requiring in its own field prescribed courses of study and training under a well-qualified faculty of a recognized university or college, which is further supervised by the various boards of higher education which regulate very strictly this profession just as the medical education is directed and supervised.

In order to advance the interests of hospital pharmacy and in order to clarify this situation, the speaker has prepared and delivered several lectures before the Interne body of Kings County Hospital, the institution where he is serving as Chief Pharmacist. In addition to resident and visiting staff physicians and surgeons, the attendance from this association was surprisingly large. In these lectures I strove to inculcate into their minds the use of our official preparations, either in whole or in part. During one of my lectures I discussed the official vehicles,

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