

Another point of great value in building up a prescription practice is to invite the physician to inspect the department in which prescriptions are filled. This may be done by personal invitation or by letter. If, while the doctor is making this visit, you call to his attention new methods of administering medicaments, or some special feature you may have for taking care of them, you would be helping the doctor, as well as fixing in his mind your qualifications for that work.

In order that the pharmacist may solicit a prescription practice, he must have a selected physicians' mailing list. A personal letter to each doctor, once every month, calling to mind some particular work or some special way you may have of taking care of prescriptions, will prove very beneficial. Envelope inserts are very useful at times. The same may be said of prescription blanks with the doctor's name printed thereon. One thought must always be borne in mind, that an air of refinement and professionalism should obtain with all the work.

The location and equipment of the prescription department having been selected and the doctor invited to inspect this department, it is now your duty to give prompt and efficient service. Many patrons of a pharmacy are driven away through poor or indifferent delivery and as the great out-standing slogan to-day is *service*, your success depends to a great extent on carrying this into effect.

To conclude: in order to solicit a prescription practice, one must obtain the proper place, proper equipment and the proper service. Success depends upon the perfection of details. Earnest and conscientious service, with a desire to serve and please, will assure the coöperation of the physician and the patronage of the laity.

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#### EXPIRATION DATES FOR UNSTABLE MEDICINES.\*

BY E. C. AUSTIN.

In the category of remedies used for the treatment of disease there are many, as every pharmacist is aware, of the class known as extemporaneous preparations, that rapidly lose their potency.

Regardless of the care used in their manufacture, and of the efforts of the pharmacist to dispense only those of standard strength, these undergo more or less deterioration when they have been in the hands of the patient but a short time.

While there are a number of signs which betray to the initiated the fact that a change is taking place in such a preparation, it is too much to expect that these signs will always be noted or properly interpreted by anyone but a pharmacist. Verbal instructions to the nurse or patient will, in many instances, help to retard decomposition, but such instructions are often imperfectly understood and likely to be soon forgotten.

It is admitted that most prescriptions and other preparations of a perishable nature are intended to be used for a short period only, and are generally dispensed in comparatively small amounts, but that does not alter the fact that very frequently they continue to be used long after they have lost their full potency and sometimes after they have become worthless or even harmful. Unless the pharmacist is present in such cases, to point out the real cause of the trouble, he is liable to be

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\* Read before Section on Practical Pharmacy and Dispensing, A. Ph. A., New Orleans meeting, 1921.

credited with dispensing poor medicine, or the medicine itself may be held accountable, and no longer prescribed.

Since it is seldom practicable for the pharmacist to follow his preparations to the bedside it would seem that out of consideration for the patient's welfare, and for the good of his reputation, he should endeavor to encourage the use of active medicines by stating upon the label the proper method for conserving, and the approximate date beyond which they should not be used.

Medication in the hospitals is supposed to be under somewhat better control than is the case in the physician's private practice, but even here such a check is desirable for the reason that drugs and their preparations, after leaving the drug department, are in charge of, and administered by students under the supervision of head nurses who, sometimes, are undergraduates themselves. All these are expected to acquire a rudimentary knowledge of pharmacy, but few possess more than this, except in those hospitals where the pharmacist interests himself in their education.

In any institution there is no reason why the pharmacist should not consider it a part of his duty to prevent the administration of deteriorated medicines. In fact, it may almost be said that only by so doing will he be rendering the full service which he is capable of, and the service which his position demands of him. Taken in connection with his periodic inspection of the medicine closets throughout the house, such a system of labeling would materially increase the efficiency of the treatments and would enhance the reputation of the pharmacist.

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### THE IDEAL HOSPITAL PHARMACY.\*

BY FRANCES M. GREENWALT.<sup>1</sup>

To the casual observer one hospital pharmacy is about like another, but to us who are interested chiefly in that phase of our profession there is almost as much individuality about each drug room as there is about its dispenser.

I do not claim that I operate a perfect pharmacy, nor have I the privilege of making every change deemed advisable, but I have endeavored to arrange our pharmacy as well as possible under the existing conditions in our hospital. I have been rewarded in no small degree by such comments as these from the doctors—"I have never seen a more complete stock of drugs in any drug store," and "I have never had so little trouble in having my prescriptions filled with promptness and without substitution as I have here." I have heard nurses say, "We never have to wait for our drugs very long in this hospital." Salesmen, too, have made very complimentary remarks relative to the well-arranged stock and its neat appearance. Such appreciation helps to advertise our hospital, satisfies management and makes us happy.

The ideal hospital pharmacy should be centrally located. The first or main floor is perhaps the most convenient for such location. It is then near the office, convenient for deliveries, special phone calls, and communication with superintendent, bookkeeper and office employees. Our pharmacy is near the elevator, easily located by special nurses, who are often unacquainted with the hospital,

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