

EDITORIAL

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HOSPITAL PHARMACY.

THE two papers* read before a recent meeting of the Chicago Branch of the American Pharmaceutical Association relating to hospital pharmacy, namely, "The Field of Hospital Pharmacy," by Homer F. Sanger of the Council on Medical Education and Hospitals of the American Medical Association, and "The Relation of the Hospital Pharmacist to the Medical and Administrative Corps," by Egil T. Olsen, superintendent of the Englewood Hospital, Chicago, bring to mind the notable advance of hospital pharmacy within the last decade.

According to a statement by Mr. Sanger, there are 136 hospitals in Chicago and 6580 hospitals in the United States proper, while, according to a recently compiled list, there are 49 hospital pharmacists in Chicago. In the same ratio there would be approximately 2400 hospital pharmacists in the United States. The advance of hospital pharmacy is along three lines: an increase in the number of hospital pharmacies, an improvement in the scientific attainments of hospital pharmacists, and a marked tendency to recognize hospital pharmacists as more nearly on a parity with the medical men.

In our libraries are hospital pharmacopœias and formularies dating back a century or more, but upon investigation we find that these compilations were the work of physicians rather than pharmacists. The medical men who served as compounders and dispensers in these hospitals a century ago were gradually displaced by orderlies, acting directly under their supervision, but who later developed into pharmacists of a sort. We still have in some hospitals, and, especially in dispensaries, vestiges of this system wherein practically untrained men prepare simple medicines or compounds in quantities and then dispense them, frequently under designation of a number or symbol.

The modern hospital pharmacist is the product of the last few decades. He buys, manufactures and stocks as complete and extensive a line of medicinal substances as can be found anywhere, for the medical staff constantly demands the use of the newest things in medicine. The pharmacist prepares and constantly replenishes the medicine cabinets available to the nurses in each ward or on each floor of the hospital. He makes, with few exceptions, his own U. S. Pharmacopœial and National Formulary preparations and compounds and dispenses medicines on physicians' and surgeons' orders. He prepares medicinal solutions for intraspinal, intravenous, intramuscular, intraperitoneal and subcutaneous injection. He is called upon to prepare and supply diagnostic reagents, solutions for pyelography, solutions for the preservation of pathological specimens, chemical reagents and stains; also, antiseptic and disinfectant solutions. In addition he frequently teaches practical pharmacy and dispensing to the student nurses.

The quotation from Mr. Sanger—"If there is at present a striking increase in the amount of hospital service, there is just as striking a demand for better hos-

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pital service," leads to the inquiry—is hospital pharmacy keeping pace in service and standardization with the other departments of the hospital? Standardization for this department is sure to come. Shall it be standardized from within, that is, by the hospital pharmacists themselves, or by some outside agent? Would it not be well for the Section on Hospital Pharmacy of the American Pharmaceutical Association to devote itself to a nation-wide canvass and statistical tabulation of hospital pharmacies and to an endeavor to bring about a standardization of hospital pharmacy?

WILLIAM GRAY.

E. N. GATHERCOAL.

PHARMACISTS IN THE OFFICERS' RESERVE CORPS, U. S. ARMY.*

Pharmacists are eligible, under existing laws and regulations, for appointment as officers in the Medical Administrative Officers' Reserve Corps, provided they have the necessary qualifications. Representative pharmacists are needed in the scheme of national defense, and the success of the plans for such defense will be measured largely by the success of the Reserve forces of the Army. The World War found the nation with a small Regular Army and, with the exception of the National Guard troops, there was practically no Reserve. Consequently it became necessary for the Medical Department to commission upwards of forty thousand officers whose qualifications could not be accurately appraised, and naturally their assignments to specific duties were not based upon appropriate fitness. The object of the Reserve Corps is to create a force of officers whose qualifications will be known and who, being already commissioned, will be ready for duty in advance of an emergency, thus avoiding the mistakes that attend an organizing effort carried on in the hurry and stress of war.

The hospitalization plans call for a certain number of pharmacists who may be appointed 2nd lieutenants in the Medical Administrative Corps. Promotion to the grade of 1st Lieutenant and captain will be dependent upon age, length of service, and military training. Those who held commissions in the World War are eligible for appointment in the same grade without examination, or they may elect to take an examination for appointment in a higher grade. Training has so far been voluntary, and in all probability the War Department for some years to come will be able to train only those who volunteer for active duty during the training season.

Applications for appointment should be addressed to the Commanding Officer of the Corps Area in which the applicants reside. From this officer blank forms for application and for the physical examination may be obtained. The application should be accompanied by three letters of recommendation, one of which should be from the Dean of the College of Pharmacy or of the Department of Pharmacy of the University of which the applicant is a graduate.

The opportunity afforded by enlistment in the Officers' Reserve Corps has great significance—it is an opportunity for service for Country and for Pharmacy—in the selection of qualified pharmacists pharmacy receives a desired recognition, and pharmacists are placed in positions whereby they may benefit and promote

* See pp. 54, 717, 763-766, volume XI, 1923, JOURNAL A. PH. A. We are also indebted to the Surgeon General and Lt. Col. C. R. Reynolds for assistance in preparing this comment.