

EDITORIAL

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THE HOSPITAL PHARMACY, THE PHYSICIAN AND THE PHARMACIST.

AS HAS been stated in the January JOURNAL, the Congress of Medical Education, Licensure and Hospitals will be held in the Palmer House, Chicago, February 16th to 18th. Participating in the congress will be the Federation of State Medical Boards of the United States and the American Conference on Hospital Service.

Pharmacists should become more interested in hospitals, as citizens, and as pharmacists, for much work can be done, and is done whereby medicine and pharmacy profit, and the public benefits. A quotation from the *Journal A. M. A.* is repeated:

"In its work with hospitals it is the desire of the Council on Medical Education and Hospitals to cooperate in every way possible for the improvement of hospital service, whereby sick or injured people may be provided with the best possible care. The Council does not claim to have, nor does it assume any legal authority over any hospital, but recognizes clearly that the officers in charge of such institutions have the unquestioned right to conduct the hospitals in any way they deem wise. If a hospital desired to have the Council's endorsement, however, and that is what the Council's approval actually means, it should not be unwilling to comply with the principles which the Council deems necessary for such endorsement. The following essentials, or principles, have been prepared by the Council with the sole intention and desire of dealing with equal fairness to all institutions. A hospital seeking admission to the Register, therefore, should have the following qualifications:

"1. A staff made up of one or more properly qualified physicians who shall be graduates of reputable medical schools; and all physicians treating patients in the hospital must be so qualified.

"2. An able management which, depending on the size of the hospital, may be in the hands of a competent physician, an able superintendent, or a board of trustees.

"3. A competent physician-pathologist, either on the staff or easily accessible, who should examine and keep a careful record of tissues removed at all operations conducted in the hospital.

"4. Careful histories and records of all patients admitted to the hospital with which should be filed reports of any laboratory analyses, roentgen-ray findings or pathologic reports of any tissues examined.

"5. One or more competent nurses depending on the average number of its patients.

"6. Regular staff conferences, at least monthly and preferably weekly, in all hospitals having staffs of three or more physicians. At these staff conferences complicated cases in the hospital should be considered, as well as all deaths occurring in the hospital during the period intervening between meetings. If necropsies have been held on any of these patients, these especially should be given discussion in which antemortem and postmortem signs, symptoms and observations should be compared.

"7. Hospitals are institutions which should not be conducted for profit but for the purpose of securing better medical service for the community and they should always be conducted in accordance with the code of ethics of the American Medical Association."

The qualifications are essential, but should include requirements for a hospital pharmacy and qualified pharmacists. Dr. John Morgan's argument applies—physicians and pharmacists, as citizens and as professional men have obligations to the public and, as far as hospitals are concerned, this is one of them.

In the March *JOURNAL A. PH. A.* (1925), Henry J. Goeckel, consulting pathologist, Somerset Hospital, N. J., added the following summary to his paper:

- “1. The hospital pharmacist is probably best qualified to undertake pharmaceutical and pharmacological investigations along the lines suggested.
2. This is work which supplements and extends that of the pharmacological laboratories.
3. It will aid in improving pharmaceutical service.
4. It will make therapeutics as applied to the use of pharmaceutical preparations more successful.
5. It will make pharmaceutical service of more value to the medical profession.
6. It will advance scientific and professional pharmacy.
7. It will win for the pharmacist his rightful place on the professional pharmacy.
8. It may ultimately lead to the Hospital Standardization Committees being just as insistent that the responsible members of the pharmaceutical staff should attend the clinical conference meetings as they now insist upon the responsible members of the pathological laboratory staff being present at these conferences.”

We may wonder why the medical staff does not more strongly insist upon highest pharmaceutical provisions; why there seems to be more or less indifference in bringing pharmaceutical service to greater opportunities; but we, as pharmacists, must realize that it is the duty of all of the divisions of pharmacy to take a greater interest in such matters—that is the appeal of this comment. Several references heretofore made in other issues of the *JOURNAL* are repeated, because they are applicable.

Phoebe Miller Kandel, Director, Nursing Education Department of Public Welfare, Lincoln, Nebraska, is author of a valuable book on “Hospital Economics for Nurses,” published by Harper & Brothers. In it a chapter is given to “The Pharmacy;” the following is quoted:

“The Personnel of the Pharmacy.—The personnel of the pharmacy should include a registered pharmacist, a registered assistant pharmacist and as many attendants as the pharmacist in charge feels he needs. The number of the personnel depends upon the demand of the hospital, the location of the ward drug rooms, and the system established for the transportation of the drugs and other supplies.

“In some of the hospitals of the United States that have accredited schools of nursing connected with them, a student nurse is assigned to the drug room for one or two months. It is thought that this experience is valuable if the work is organized and directed by a registered pharmacist, so that the student will be instructed and supervised in the preparation of solutions and weighing and measuring of drugs.”

The foregoing shows the importance and at the same time, perhaps, an opportunity of systematizing pharmacies, so that there may be greater uniformity in the management of this important department.

We are also quoting the concluding article relating to “Suggestions for Managing the Pharmacy” from the recent volume, “Modern Hospital Year Book:”

“Because of the vital importance of the pharmacy in emergencies, it should be kept continuously open. The function of the pharmacy as an adjunctive aid to the physician and to the surgeon makes it one of the most essential departments of the hospital. It takes its place

with other staff services in the training of pupil nurses. Because its interrelationships with all other hospital departments are so intimate, the pharmacy (even though it be supervised by a competent and experienced pharmacist) deserves a considerable share of the time and attention of every hospital superintendent."

The following is from an article in the *Journal A. M. A.*, April 26, 1930, by our fellow member, William Gray, Pharmacist in Presbyterian Hospital, Chicago:

"The work of the hospital pharmacist differs materially from that of the pharmacist in the retail drug store. To the hospital pharmacist the most important part of his work is service, while the pharmacist in a drug store is more interested in sales. The hospital pharmacist must keep in close touch with the advances in professional pharmacy and be acquainted with new remedies as they come into use as well as with pharmaceutical progress in general. He must always stand ready to cooperate efficiently with the medical staff of the hospital, and he must be able to suggest officially recognized and tested medicines as against more expensive proprietary or branded products. This necessitates having at hand the most complete information available, in such standards as the United States Pharmacopœia, the National Formulary and New and Nonofficial Remedies."

A cooperative interest in this important subject by pharmacists and physicians will be helpful and a service will be rendered both groups and those who are served by them.

MEDICAL CENTERS.

A GREAT work is being accomplished by the establishment of Medical Centers, but little is said about the part that pharmacy has or will have in these promotions. It would seem that there are outstanding opportunities for pharmacy in these developments, but it is necessary that its importance be stressed as a factor in medical practice and advancement. Of course there will be hospitals and laboratories and there will be pharmacies, but the latter should enlist pharmacists of ability, who have a purpose to contribute to pharmaceutical advancement, by cooperating with physicians and surgeons in the larger service expressed by these great medical centers. The comment has been prompted by the developments in New York City where a new medical center of impressive proportions is taking shape. The dominating building of the group has twenty-six stories. The first eleven floors of the central building will be a complete general hospital, housing all the general wards; the twelfth to the seventeenth floors will be for private patients, and so the description could be continued, but the comment is for expressing the hope that an interest will develop which will give pharmacists opportunities which have never been possible heretofore.

THE HOUSE PASSES THE CAPPER-KELLY BILL.

THE House, after long debate, passed the Capper-Kelly Bill, on January 30th. Further mention will be made in another section of this issue of the JOURNAL. This comment is for expressing appreciation of the continued and persistent efforts of Congressman Kelly. If the bill becomes law, giving the right to manufacturers and retailers to protect themselves against predatory price-cutting, a great good will have been accomplished and thanks will be due the authors. In concluding his remarks on December 3rd, Congressman Kelly said:

"You may talk about the propaganda that has been coming into Congress on this measure. Have we come to the time when Americans who find themselves crucified by unjust decisions shall not come to Congress and ask for relief?" Mr. Brandeis in 1915 said, you must educate the public and Congress on this vital business question. "That is what we are trying to do. I have tried in every way to turn the light on this problem. I sincerely believe that the passage of this bill will benefit every consumer in America. It will also be beneficial to a million and a half retailers who find themselves in danger of extinction at the hands of chain-store organizations. It will be of benefit to many manufacturers who desire to protect their names and good will. It is in line with the American system of equal opportunity and the square deal. It is legislation which, if put on the statute books, will bring more relief to honest business than anything we can enact in this session of Congress."

THE WORK OF THE RED CROSS.

"I AM WILLING," said General Pershing, "to trust the Red Cross in any emergency, anywhere, at any time," the *New York Times* of February 1st comments. "But that trust is based on a confidence that the American people, whose agency it is, will provide it with funds to meet any emergency. One-half of the amount asked in the present appeal for the sufferers from the drought has been contributed. It is a gratifying response. But whatever else is done in the coming week, the other half (\$5,000,000 more) should be in hand or in certain prospect. There is no question as to the need, nor can there be doubt that this organization is the best able to cope with it. At least the amount estimated to be necessary to carry on and through to the end of the need should be promptly assured. The American Red Cross is already doing its part. It awaits the full response of the American people to complete the work of mercy and relief to which it has put its kind and efficient hand."

The fiftieth anniversary of the organization of the American Red Cross falls on May 21st; on that day the chapters throughout the United States will be asked to organize celebrations with a Red Cross program.

On May 12, 1820, in Florence, Italy, Florence Nightingale, was born. It has long been claimed that the work of Miss Nightingale in the Crimea crystallized the Red Cross idea in the mind of Jean Henri Dunant.

Jean Henri Dunant was born at Geneva, May 8, 1828. While visiting the battle-field of Solferino, in 1859, he observed the want of an adequate ambulance corps, and thereafter applied himself to urging measures for the relief of the wounded in time of war. His efforts, sustained by his countrymen, resulted in the Geneva Convention in 1864 and the founding of the Red Cross Society. Having devoted his whole fortune to the cause, he was obliged to support himself by teaching, but received a pension from the Empress of Russia. In 1901 he was awarded the Nobel prize for services in the cause of peace. His "Souvenir de Solferino" (1862) made a deep impression on the public. He published also "Fraternité et charité internationale en temps de guerre" (1864), and other works.

FIRST AID WEEK—MARCH 15TH-21ST.

Prepare for the opportunities of First Aid Week—if you have not secured the posters for your display see your wholesaler. Reference to the foregoing is made in another section of this issue of the JOURNAL. The professional service side of pharmacy should be stressed while educating the public with the importance of having supplies in the house for First Aid needs. Acquaint yourself with what should be in the Family Medicine Chest, in the Auto-kit, for trips away from home, etc., so that you may suggest such needs, without unnecessarily detaining the patrons.