

EDITORIAL

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THE LABORATORY OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

THE ANNOUNCED intention of the AMERICAN PHARMACEUTICAL ASSOCIATION to proceed with the establishment of a laboratory for drug standardization is one more step toward the complete realization of the dreams of its leaders, from the founders to those who planned and erected the Headquarters Building. The announcement comes at a most opportune time, for we are approaching ever closer to the date when active revision work must begin in preparation for the next editions of the National Formulary and the United States Pharmacopœia.

Both of these volumes have based their whole existence too long upon the entirely gratuitous services of the elected members of the revision committees and their many voluntary associates. To give up these voluntary services in their entirety is unthinkable, for the reason that one of the strongest features of these compendiums is their independence, which is secured only by the democratic methods by which the revision committees are constituted and work. Nevertheless an increased centralization of the laboratory control of revision seems well indicated. Neither volume is dominated either by enforcement official, producer or consumer, but a consistent effort has been made and is being maintained to serve the actual needs of all groups with an equal degree of fairness.

The first sixty years of the Pharmacopœia's life found it little more than a materia medica and formulary; the last sixty have seen it grow into a most comprehensive handbook of standards for all phases of the practice of medicine and pharmacy. The National Formulary has not undergone so complete a transformation in scope as the Pharmacopœia, but its precision as a volume of standards has increased in practically the same degree. The completeness of these books has only been possible through the great development in laboratory procedure during the past half-century. Scientific progress has not only been so great but comes so rapidly that it is a constant effort for even the continuous worker in the laboratory to keep abreast of what is taking place.

The admission of a new title, or the introduction of a new test, is a matter of weeks, months or even years of work in the laboratory. Though all of the procedures that appear in the monograph may have been taken from the published literature it is rare that the test has been compared by many operators or that the findings have been subjected to the critical scrutiny of court procedure. There have been only two agencies to date that have had the interest in these monographs that might lead to their critical study; the regulatory officials who enforce the standards, and the manufacturers' laboratories who must see that their products conform thereto. The former agency is usually so bogged down by a combination of a press of work and an inadequate staff hampered by miserly appropriations that they are prone to accept without question the texts of the official volume. Therefore, it has been necessary to rely very largely upon manufacturers' laboratories for critical study of the several monographs.

Various axegrinders have seen fit to utter public criticism of both the U. S. P.

and the N. F. on the ground that they are dominated by industry. This is utterly without foundation for two reasons. *First*, an examination of the personnel of the revision committees shows a great preponderance of representatives of the non-industrial groups. *Secondly*, those who have been engaged for years in revision work will testify that the contributions from the industrialists of pharmacy have been only of the nature of helpful and constructive suggestions and criticism. Rather than criticize these standard works as industrially dominated, the entire pharmaceutical profession should join in a vote of thanks to those manufacturers who have so generously shared their laboratory facilities and even their confidential records with the revision committees.

When the AMERICAN PHARMACEUTICAL ASSOCIATION completes the installation of this laboratory and transfers thereto the investigational program that has been so systematically begun under the direction of President Gathercoal, it will be able to demonstrate to the country its worthiness to be further entrusted with the preparation of pharmaceutical standards. We may then expect a really systematic review of all standards now being enforced, and be further assured that scientific accuracy and true enforceability are dominant factors in the production of any monograph. Every effort has been made to adhere to such a program in the past, and with the advent of a central laboratory the upholding of these ideals is even more certain. Every pharmacist in America should feel himself genuinely indebted to those generous donors who are aiding us in the accomplishment of this purpose.—G. D. B.

HOSPITAL PHARMACY.

FOUR recent developments in this field deserve more than passing attention and illustrate the splendid progress being made in improving pharmaceutical service in hospitals.

First, the Council on Medical Education and Hospitals of the American Medical Association, included the following reference to pharmacy in its sixteenth annual presentation of hospital data in the Hospital Number of the *Journal*, March 27, 1937:

“A total of 1419 hospitals reported that they employ 1901 pharmacists. Most, or all, of the states of the Union have laws regulating the practice of pharmacy, the handling of drugs in hospitals, as well as elsewhere, and provisions for registry under the state government.

“The ‘Essentials of a Registered Hospital’ require that ‘the handling of drugs should be adequately supervised and should comply with state laws.’”

Second, the Sub-Section on Hospital Pharmacy of the AMERICAN PHARMACEUTICAL ASSOCIATION held its first session at the recent annual meeting in New York. In attendance, in the number and character of the papers presented and in the interest of those present, this first session was a success beyond the expectation of the officers who arranged it, and indicates a splendid future for this newest division of the ASSOCIATION. The Sub-Section on Hospital Pharmacy is now firmly established and provides the opportunity so long needed for hospital pharmacists to organize for professional advancement. The proceedings of the Sub-Section will be reported in the Proceedings Number, November issue, of the A. PH. A. JOURNAL.

Third, the Committee on Pharmacy submitted the second annual report to the American Hospital Association at its recent meeting in Atlantic City, which is remarkable in its outspoken estimate of the present unsatisfactory conditions in hospital pharmacy, in its searching conclusions as to what should be done, and in its broad recommendations to place pharmaceutical service on the proper professional basis in hospitals. Pharmacists should be encouraged by the scope and character of this report and of the first report submitted last year. They go beyond the usual limitations and frankly point out the relations which should exist between pharmacy and the other public health professions for the welfare of the patient.

Space permits only a few scattered quotations from the report:

"Society is now demanding good medical care and the public is entitled to as good pharmacy service as it may expect from other professions. Effective hospital service presupposes effective pharmacy service."

"No community or governmental agency should countenance any less degree of pharmacy service than medical service."

"The pharmacy service is of intimate concern to the doctor, the nurse, the pharmacist and the administrator. Heretofore, pharmacy operation has been considered a technical matter for the expert."

"Every hospital should strive for a system of rational therapeutics. It is not quite the hospital's job to instruct interns on prescription writing; that is the function of the medical school. The hospital is the place to practice the methods taught. It seems that most of the better medical schools apparently are lax in teaching prescription writing."

The conclusions are quoted below and it is the consensus of opinion of the committee that any hospital larger than one hundred beds warrants the employment of a registered pharmacist.

"Pharmacy is a highly specialized medical service. Few departments in hospital performance have been given less attention by and large than the hospital pharmacy. The present practice of drug therapy in hospitals is chaotic and requires revision. There is great economic loss in the operation of the average hospital pharmacy as it is to-day administered. The Committee on Pharmacy recommends that the Council on Community Relations and Administrative Practice of the American Hospital Association establish a division on pharmacy and take steps to prepare a manual of pharmacy operation and control. A system of rating hospital pharmacies is proposed.

"The Committee recommends that this Council emphasize the need of better relations between the professional schools of pharmacy, medicine and nursing. These professions cannot be indifferent to each other. More attention should be given to the education of the hospital personnel on pharmacy operation. It may be advantageous to have interns and nurses assigned to the pharmacy for short courses in drugs and solutions; hospital internships in pharmacy will, undoubtedly, raise the standard of pharmacy service. This is no little task.

"The Committee further recommends that the American Medical Association create a national research council similar to the Therapeutic Trials Committee in England.

"With the present position of the large commercial pharmaceutical establishments and the high pressure methods of advertising they employ, the physician and the public has become saturated with the supposed merits of fancy proprietary preparations. The art of prescription writing is fast becoming lost. Hospital drug prescribing is burdened with excessive economic and therapeutic losses. Single drug items of widely varying potency and price are stocked in hospital pharmacies. Highly active preparations and inert ones are stocked without proof of clinical value. Equally baneful is the common practice of buying very common drugs (*i. e.*, phenolphthalein) under a score of different names and prices merely because different staff members are unfamiliar with standard nomenclature when writing orders. Pharmacists are thus led into careless habits of specifying drugs and labeling.

"Such practice is undoubtedly traceable to correctable defects in medical education. A program to ameliorate this condition will bring together members of the various national associations interested in rational drug therapy. Leadership is necessary. It seems that the American Hospital Association is the logical association to undertake such a study in the interest of all hospitals.

"An attempt has been made in the preparation of this report to give an overview of the planning, policies and operation of the hospital pharmacy in the light of accepted practice. Legislation is only touched upon.

"A program of standardization is recommended. Standards of teaching, measures, practice, equipment and procedures need be formulated. Better research is essential.

"Every hospital should appoint an active committee of the staff designated as the "committee of pharmacy." All matters of policy, administration and control are under the jurisdiction of the committee. All drugs and preparations added to or deleted from the shelves of the pharmacy must have the approval of this committee.

"Rules and regulations governing the department and rules and regulations governing the personnel are essential for good management. A list of reference books to constitute a library is appended with an extensive bibliography of articles pertaining to hospital pharmacies. A system of stock inventory, records and standard formulary is recommended. A systematic plan should be followed in constructing the pharmacy department with special reference to dispensing, stores and manufacture. Strict adherence to laws should be observed. A plea for rational drug therapy is made, keeping paramount in mind the ultimate consumer—the patient.

"Pharmacy service is no less acute in the hospital specializing in the treatment of tuberculosis and other communicable diseases than in the general hospital. Poor pharmacy service should not be countenanced any more than poor medical service. A program to improve standards and economy apply equally in the general and special hospital field."

Fourth, a Hospital Conference which brings together hospital administrators from every section of the United States and Canada is conducted during the annual Convocation of the American College of Surgeons, held this year in Chicago, October 25th to 29th. The discussion of practically every phase of hospital operation was provided for in the program of this Conference and The Hospital Pharmacy was included among the topics considered at a Panel Round Table Conference on Thursday forenoon, October 28th. Chairman Edgar C. Hayhow, of the Committee on Pharmacy of the American Hospital Association, was scheduled to open the discussion and the report of this Committee was brought to the further attention of hospital administrators. It will be recalled that the American College of Surgeons adopted a minimum standard for the hospital pharmacy at its annual meeting held in Philadelphia last October.—E. F. K.

According to Prout and Adams:

"Simple ointment as it appears in the pharmacopœia apparently serves no purpose as a base in the official ointments. A comparative study of the basal constituents of ten pharmacopœial ointments with Simple Ointment showed but little difference in percentage strengths and in consistency.

"From this survey, it is suggested that Simple Ointment can be properly employed as a base in some of the pharmacopœial ointments."—From a paper before Section on Practical Pharmacy and Dispensing, New York meeting.
