

These qualifications, which are at the present time demanded of a hospital pharmacist, can only be acquired at a college or school of pharmacy from a professor who has had years of personal contact and experience in the field of Hospital Pharmacy.

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### THE HOSPITAL INTERN AND DRUG THERAPY.\*

BY AARON LICHTIN.<sup>1</sup>

Contact with a number of medical practitioners over a period of some fifteen years affords the observation that their knowledge of the use and prescribing of drugs is deficient. The matter of drug therapy is often taken by them so lightly as to leave the impression that little is to be gained from the treatment of disease with drugs. This attitude, particularly of the younger practitioner, is extremely disappointing to a pharmacist, who, by his training and observation, is imbued with a confidence not only in the healing power of drugs but with their consoling power on the mind as well.

The physician is acquainted with the action of drugs but his knowledge of how to use and prescribe them is rather fragmentary. Physicians when properly approached by one who is familiar with the general subject of drug therapy and prescribing, are receptive to ideas which would improve their knowledge of *Materia Medica* and help them make their treatment of disease more effective. In this situation, an opportunity exists for Pharmacy to be of real service to Medicine. The busy practitioner is more or less set in his accustomed ways of prescribing drugs; but the medical intern, eager to learn as much as possible about his chosen profession and having the idealistic viewpoint toward his calling, the practice of which he is just about to begin, makes the fitting student to whom to teach rational drug therapy under the most appropriate conditions. This view was presented in a general way, in 1929 and 1930, to several chiefs of medical services in hospitals with which they were associated. They generally admitted the correctness of the views, but then came the devastating depression, and the plan was temporarily abandoned.

The opportunity came in the fall of 1935, when Dr. Truman G. Schnabel, of the Philadelphia General Hospital, associate professor of Medicine at the Medical School of the University of Pennsylvania, permitted me to give a series of lectures to the interns of that institution. The Philadelphia General Hospital is one of the largest institutions of its kind in the country, having a bed capacity of twenty-five hundred and numbers sixty-five interns, who are recruited from medical schools throughout the country.

The first lecture of the series which was arranged on a monthly schedule, was given in December 1935. The general plan was to discuss a group of drugs more or less related and give directions for formulating them into suitable prescriptions. All drugs and finished prescriptions were exhibited in the lecture room so as to permit the auditors to gain a first-hand acquaintance with them. All lecture notes were mimeographed and distributed to the interns for a permanent record.

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As the series progressed, it became evident that a more interesting plan of presentation from the viewpoint of the intern would be to describe a group of pathologic symptoms, mention the *Materia Medica*, which is indicated in the treatment, and finally discuss the drugs and the formulated prescriptions. The schedule for 1936-1937 was accordingly arranged as follows:

SCHEDULE OF LECTURES ON APPLIED DRUG THERAPY.

PHILADELPHIA GENERAL HOSPITAL, 1936-1937.

All lectures are given in the Surgical Amphitheatre at 6:30 P.M., under the auspices of Dr. Truman G. Schnabel.

1. Monday, September 28, 1936, "Drug Treatment in Cardiovascular Diseases," Samuel Bellet, M.D.

2. Monday, November 2nd, "Secondary Anemia," William E. Robertson, M.D.

3. Monday, November 23rd, "The Use of Drugs in Gastro-intestinal Diseases," Russell S. Boles, M.D.

4. Monday, December 28th, "The Physician's Prescription, Vehicles," Aaron Lichtin, Ph.G.

5. Monday, January 25, 1937, "Drug Treatment of Diseases of the Nervous System," Samuel Hadden, M.D.

6. Monday, February 22nd, "The Drug Treatment of Respiratory Diseases," Harold F. Robertson, M.D.

7. Monday, March 22nd, "Applied Therapeutics in Disturbances of the Endocrine Glands," Michael G. Wohl, M.D.

8. Monday, April 26th, "Some Pharmaceutical Preparations," Aaron Lichtin, Ph.G.

All demonstrations and discussions of drugs by Aaron Lichtin, Ph.G., 1703 Pine St., Philadelphia, Pa.

Dr. Schnabel selected the medical lecturers from among the members of the Hospital staff and presided at each lecture. The writer and each lecturer agreed which drugs and finished prescriptions to demonstrate and discuss. The medical lecturer would take about three-quarters of an hour to present his subject while the writer took about a half hour to discuss the *Materia Medica*. The session was then turned into an open forum, questions being asked by those in attendance and answered either by the medical lecturer or the writer. Those interested would inspect the various medicaments on display. It is expected to continue and extend the lecture series next fall.

In a report by the Council on Medical Education and Hospitals, published in the *J. A. M. A.*, February 1, 1936, it is stated: "The purpose of this brief survey has been to present definite evidence to the medical profession that our recent graduates know little about the use of drugs when they begin the practice of medicine. The statistics serve to substantiate the current rumors frequently heard about the shortcomings of our younger physicians. While considerations for improving this serious situation are the immediate concern of the teaching profession, a plea is made to the practicing physician to endeavor to do what he can to keep out of the ranks of nihilism and improve his own selection and utilization of drugs. The practitioner can accomplish this by giving more attention to discussions on desirable drug therapy and proved newly introduced remedies that appear regularly in ethical medical journals, and less to the self-praising advertisements that fill the uncritical medical publications." Dr. Schnabel, in delivering the farewell message to this year's graduating class of the Medical School of the University of Pennsylvania, said in part: "When you begin practice in a community, it is proper and

desirable to pay a social visit to your neighboring colleagues. Acquaint them with your friendly and ethical purposes. They will appreciate your courtesy. If your colleagues in the community dispense their own drugs, it is likely that you will have to follow suit. You should try, however, to educate your patients; pointing out that prescribing drugs affords an opportunity to individualize in treatment and therefore to obtain better results; that doctors will function better if they are relieved of the need to dispense medicines. Whether you dispense or not is a decision you must make for yourselves with a full knowledge of the local conditions. I should say that you will fare better, if you will prescribe, although this may not be quite evident to begin with. If you decide to dispense, call upon reputable pharmacists in your community; do so in any event. They are your allies. They can supply you with your necessary armamentaria in bulk, at a cost equal to and often less than that asked by the larger commercial houses, who really operate under a large overhead."

"Do not be persuaded by detail men. It is wise to wait until others have reported on the value of new and untried remedies. Detail men represent vested interests."

This briefly tells the story of the teaching program in Applied Drug Therapy at the Philadelphia General Hospital, which though two years old, is not yet fixed. In fact the work in this field has just begun.

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### INFLUENTIAL INTANGIBLES.\*

BY C. M. BROWN.<sup>1</sup>

If your business is too flourishing, if your profits are too large, or if your clerks are already perfect, if your own executive ability cannot be improved, or if you fairly bristle at the thought of applied psychology, then skip this paper and forget it. However, it might be interesting to see how much of that course in psychology to which you were exposed long ago, can be remembered; or how much common sense there was in it.

An individual buys in order to possess that which he does not have. The desire to possess a particular thing is aroused by some appeal to the basic instincts or to man's acquired interests. When desire is aroused, some form of response either positive or negative and either immediate or delayed must follow. To arouse a desire and to provoke an immediate response is the function of the clerk, the display or the advertisement. To fulfil his obligations as a "desire-stimulator," the clerk must either have "natural" ability or acquire a selling personality, and must see things from the customer's point of view. The customer must feel that "he is buying and not being sold" and because he wants to and not because somebody else wants him to do so. A suggestion is strongest when it is of internal origin or at least appears to come from within. Since suggestions are merely stimuli aimed at arousing desire, the man who only collects the merchandise asked for and adds up the bill, will find much food for thought in a study of how he himself reacts

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