

Experiment No.	Procedure.	Oil of Lemon Used.	Results after 30 Days' Aging.	Results after 90 Days' Aging.
6.	U. S. P. XI	No. 2	Slight color	Slight color
7.	U. S. P. XI	No. 2	Slight color	Slight color
8.	U. S. P. XI	No. 4	Trace	Trace
9.	B. P.	No. 2	Colorless	Very slight
10.	U. S. P. XI	No. 3	Slight color	Slight color
11.	U. S. P. XI	No. 1	Slight color	Slight color

All of the experiments made by the U. S. P. XI procedure fell within the assay standards given, while those made according to the British Pharmacopœia were just under the lower limits. The following formula, the authors believe, will give a product which is equivalent to one produced by the U. S. P. XI method with the added advantages of easy filtration and of developing less color upon aging:

Ammonium carbonate, in translucent pieces	34.000 Gm.
Ammonia water	90.000 cc.
Oil of lemon (terpeneless)	0.667 cc.
Oil of lavender	1.000 cc.
Oil of myristica	1.000 cc.
Alcohol	700.000 cc.
Water, Dist. q. s. to make	1000.000 cc.

Follow directions given in the U. S. P. for making the spirit.

CONCLUSIONS.

1. Aromatic spirit of ammonia made by distillation does not discolor as readily as one made by simple solution, thereby confirming previous investigations.
2. A spirit made in accordance with the U. S. P. XI directions, but modifying the formula to use an equivalent amount of oil of lemon (terpeneless), will develop less color upon aging.
3. A spirit made using terpeneless oil of lemon is water-clear and can be filtered rapidly without danger of loss of volatile constituents.

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THE VALUE OF THE HOSPITAL TO THE PHARMACIST.*

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Last year at our New York meeting an interesting paper was presented on the "Value of the Pharmacist to the Hospital."

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As a retail rather than as a hospital pharmacist I wish to present a short article upon the value of the hospital to the pharmacist and of the opportunity the hospital may afford for the advancement of the profession of Pharmacy.

Of course in the cities and the larger hospitals a full-time pharmacist is nearly always included in the organization but in the smaller communities there are many well-equipped and accredited hospitals which do not have the services of a full-time pharmacist. This is due largely to economic reasons and because of the fact that these hospitals do not have enough work for a full-time pharmacist.

However in such a community the hospital is nearly always the local health center and common meeting place of the leading physicians and surgeons. Most of these hospitals have their prescriptions filled at some local drug store and have the more common solutions made up in surgery. In such a hospital, a qualified pharmacist working in coöperation with the hospital can not only be of real benefit to the institution but can also advance the profession of Pharmacy, both to the allied professions and to the laity.

The first job, of course, is to convince those in charge of the hospital that they need a pharmacist for supervision in making solutions and that it will not raise the overhead costs to the hospital.

Where there is a nurses' training school in connection with the hospital, they are usually very grateful to have a pharmacist take over the class in "Drugs and Solutions" and "Materia Medica" as neither the supervisors nor staff doctors care to teach these subjects. While teaching does take time and study, there is no better way to keep up in drug therapy than to devote two hours per week to teaching.

Personally, I have learned a lot more about the therapy and dosage of drugs from teaching than in my four years in college. Teaching this course also gives the graduating nurses a much higher respect for the profession of Pharmacy and a realization that a drug store can and should be more than a merchandising market or a variety store.

But more important than the nursing school are the monthly staff meetings of the doctors connected with the hospital. In the smaller cities, most of the physicians and often the dentists are staff members and attend these meetings more or less regularly. From the teaching staff it is a short step to secure a place on the monthly staff program where a short talk can be given on drug therapy both official and proprietary.

Now anyone in retail Pharmacy can tell you of the advantages of detail work in building up a profitable prescription practice and anyone who has had experience in detailing doctors knows of the long waits that are unavoidable if you are to see the best prescribing doctors and make a personal call.

However, these staff meetings give the pharmacist a chance every month to personally contact the leading doctors and give information on the newer aspects of drug therapy.

During the two years I have been doing this work I have written up a drug outline for each meeting and given every one of the attending members a copy. Each time I aim to cover as completely as possible a related class of drug therapy. For example, on anti-anemic preparations I try to give an unbiased statement as to the potency and relative cost of the preparations for anemia, by each of the leading manufacturers.

Naturally in giving an outline on such preparations as cough remedies, the emphasis is placed on the official products. At each meeting there is usually a general discussion as to the relative merits of proprietary preparations and a qualified pharmacist can be of real service in this connection.

There is no reason why a doctor should be getting most of his drug information from the detail man who is out to sell his own particular line and naturally will make more or less biased statements. Moreover, the detail men are not going to stress any official preparations but rather encourage the doctors to prescribe ready-made prescriptions. It is this drifting toward ready-made proprietaries that has given many doctors the idea that Pharmacy consists mostly of pouring from one bottle to another.

In this respect the hospital pharmacist probably has a better chance than anyone else to educate the doctors in the use of official preparations and I have found that the physicians themselves are grateful for constructive information on prescription writing.

In my opinion the future of professional Pharmacy lies not so much in passing more laws or raising educational standards as it is in the attitude of the pharmacists themselves toward Pharmacy.

Don't let the community forget that you are a professional person, and the hospital is undoubtedly one of the best places for the doctors, the dentists, the pharmacists and the nurses to meet in a professional way.

THE HOSPITAL PHARMACY.*

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Pharmacy, as a profession, has established itself as an essential part of hospital service, taking its place of importance among other major departments in our modern institutions. Twenty years ago it was not customary for hospitals to employ pharmacists. On the other hand many hospitals did not then employ pathologists, radiologists or dietitians, personnel which to-day are to be found in practically all hospitals of fifty beds and upwards.

Assuming that there was a neighborhood drug store to which the hospital could send its drug baskets, prescriptions and requisitions, the loss of time and general inconvenience of such an arrangement would make the plan most unpopular with staff and hospital personnel alike.

Emergencies arise, the attending physician is making rounds and wants to change the medication, or anyone of several other situations common to all hospitals may develop, which make it imperative that there be easily and quickly available a standard stock of drugs and biologicals. Obviously, then, the individual nursing units themselves must be adequately supplied with the necessities, and the use of the corner drug store as a substitute for the hospital pharmacy is not practical.

We may safely say, therefore, that the modern hospital needs a modern pharmacy, in charge of a competent pharmacist. The department should be centrally

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