

This should help solve the problem of the small hospital as far as Pharmacy is concerned. Not every pharmacist has had the training to do all these things but it is possible for the student to plan his college curriculum to include these subjects and thus prepare himself to serve as a hospital pharmacist. If the full-time services of a pharmacist are not required, then the pharmacist could substitute in one of the other departments aforementioned. In several instances, it may be found that a technician is needed to relieve in the laboratory or X-ray departments. The pharmacist could do this relief work and thus do away with the necessity of employing a part-time technician, a part-time pharmacist and the purchase of drugs from a nearby drug store. This would be far more economical and far more satisfactory to the staff as well as to the patient.

Every hospital, large or small, should have the services of a pharmacist at its disposal and it is possible to do so. The pharmacist has the ability to serve all hospitals and the hospital should offer the opportunity. Society now demands good medical care and it should be entitled to efficient pharmacy service as well. If the hospital expects to hold the confidence of the patient, the physician and the staff in general, efficient service must be given and this service should consist of pharmaceutical as well as nursing service.

Pharmacy is now recognized as a medical specialty and shares the responsibility of the various divisions of medical practice. The services of the physician are necessary to the patient of the hospital and likewise the services of the pharmacist are required to prepare the medication prescribed. Medicine and Pharmacy are sister professions. The physician, the pharmacist and the hospital should keep them as such, the physician by insisting that the hospital employ a pharmacist to fulfil the medicinal needs of the patient; the pharmacist by preparing himself to serve all hospitals; and the hospital by endeavoring to safeguard the prescribing, dispensing and administering of the care and medications needed to preserve the welfare and health of humanity. The medical, pharmaceutical and nursing professions must all be well represented in order that the hospital may accomplish this feat.

THE THERAPEUTICS COMMITTEE OF A HOSPITAL.*

BY BERNARD FANTUS.¹

Correct technique means employing the best method to secure a certain result. Its study is the proper subject of technology; and medical technology should include the determination of how to obtain, under certain conditions, the best results from treatment so far as efficiency, expediency, pleasantness and economy are concerned:

As long as physicians fought disease single-handed and under the unfavorable conditions of the "horse and buggy doctor," they made use of whatever means they had to achieve their purpose and the ability to improvise for emergencies was their great accomplishment.

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Times have changed. The crossroads doctor is rapidly disappearing. Doctors now practice in groups, whether associated with each other officially or unofficially referring patients to each other; and the hospital is becoming the center of medical practice. More and more people resort to hospitals for the restoration of their health because they get better service there.

Correct technique in hospitals is of as much greater importance as contrasted with the need for it by the crossroads doctor as is correct technique in a shoe factory contrasted with the need for it by the cobbler. To develop correct hospital technique obviously requires the coöperation of the doctor, the nurse and the pharmacist. These three must work together harmoniously and efficiently; and to accomplish this harmonious coöperation demands the establishment of a committee in any hospital too large for these officers of the institution to eat many meals together.

ORGANIZATION OF THE COMMITTEE.

It seems so obvious that physician, hospital pharmacist and nurse should meet periodically to discuss the problems they are mutually interested in that no argument should be required to show the necessity for the establishment of therapeutics committees in all the larger hospitals. The problem is how to organize such a committee. That the chief pharmacist and the director of the nursing service are eager for service on such a committee there is no doubt. The problem is to find doctors who are sufficiently competent and interested in the matter to function as members of a therapeutics committee. Most doctors of experience have acquired certain techniques that they have learned produce results and they are loath to change these methods. They are still more loath to discuss them in or with such committee for fear of displaying their ignorance too prominently. If available, a physician who is also a pharmacist, is obviously the most desirable leader of such a group. If no such a one is available the chief of the medical staff should be drafted for this service. To these three as the nucleus of the therapeutics committee I would add the hospital superintendent as an essential fourth. At no other time and in no other way can the superintendent of a hospital become so intimately acquainted with some of the problems arising in the hospital as during these meetings; and in no better way can he arrive at an understanding of the reasons for any rules that might result from these conferences and that it may become his duty to enforce. The hospital dietician and the head or heads of the physical therapy departments are also necessary members of the therapeutics committee: for therapeutics means the art and science of the application of *all* known remedies in the treatment of disease. All other members of the medical staff should be welcome at these meetings. In most instances probably monthly meetings of the committee will suffice.

THE FUNCTION OF THE COMMITTEE.

The pharmacist, it seems, might lead off with a report on the consumption of drugs and supplies during the month just past, acquaint the committee with changes in the drug market and with any other item of development in Pharmacy that it might be well for the committee to be made acquainted with. It is at this time that the pharmacist may advance suggestions for improvement of the service and have these discussed, voted upon and made official by recommendation to the hospital medical staff or the Board of Directors if these suggestions are adopted

by the committee. The chief nurse then might make her report and discuss successes as well as failures in the application of the remedies employed in the hospital as these matters have come to her notice. Patients' complaints about the quality, taste or effect of drugs may here be openly discussed and conclusions, possibly for the necessity of an investigation, be arrived at. The heads of the other departments may then make similar reports. The hospital superintendent and the chief of staff may then bring up matters that they may desire the therapeutics committee to act upon. In the natural course of events committees will be appointed, which will make their reports at these meetings.

It is desirable that the specific items to be discussed as well as the report of the previous meeting be in the hands of each member some time before the committee convenes so that the members have the opportunity to gather information on some of the questions to be acted upon.

It should be understood that the therapeutics committee is an advisory committee of the medical staff or of the Board of Directors, as the case may be, and that it reports to such committee its recommendations for final discussion and adoption, whereupon such recommendation becomes a rule of the hospital.

THE COOK COUNTY HOSPITAL THERAPEUTICS COMMITTEE.

The actual work of such a committee might possibly be best illustrated by the example of a committee I am familiar with. One of the first acts of this committee was the promulgation of the following rules:

Therapy of the Cook County Hospital.

Bulletin "B," August 10, 1938.

COOK COUNTY HOSPITAL.

"MATERIA MEDICA."

1. The Cook County Hospital Materia Medica should consist, so far as possible, of official drugs and preparations only, *i. e.*, those recognized in the U. S. P. and N. F.
2. Other drugs or preparations may be admitted if they are absolutely required and if they are recognized by "New and Non-Official Remedies."
3. New preparations not yet accepted by "New and Non-Official Remedies" but that might be acceptable to the Council on Pharmacy and Chemistry, may after careful scrutiny be possibly admitted to the Cook County Hospital Materia Medica.
4. Proprietary preparations not coming under these three classes and secret products are not acceptable to the Cook County Hospital Materia Medica.
5. Whenever therapeutically equivalent preparations have a significant price difference, the less expensive one is to be selected.

BERNARD FANTUS, *Director of Therapeutics.*

The following "Bulletins," issued from time to time by the Therapeutics Committee of the Cook County Hospital, may serve to illustrate somewhat the scope of its work.

Cook County Hospital Analgesic Medication Standards.

April, 1937

In a fairly well controlled study in the Head Cancer Clinic, acetylsalicylic acid scored first place as analgesic when compared with a number of others, and it is therefore recommended as the base of analgesic compounds, unless the patient is an allergic or an asthmatic individual. Then acetophenetidin may be preferred.

Acetylsalicylic Acid, 0.3 Gm. tablets. One every hour as required until relieved or until excessive sweating or ringing in the ears or other untoward effect, is noted; then every 2 to 4 hours as required.

Acetylsalicylic acid, 0.3 Gm. and *Hyoscyamus Extract*, 0.01 Gm. capsules. To be used when excessive perspiration develops with use of acetylsalicylic acid.

Acetylsalicylic acid, 0.3 Gm., *Phenobarbital*, 0.03 Gm., and *Hyoscyamus Extract*, 0.01 Gm. capsules. These may be preferred if the pain interferes with sleep, but may also be found effective when the simple tablets fail to give relief.

Opium 0.03 Gm. tablets. One every two to four hours as required for severe pain. May be used in addition to any one of the above tablets. Harrison Law requirements must be met.

Morphine sulfate for hypodermic injection.

0.65 cc. = 0.01 Gm. (for women)

1.00 cc. = 0.015 Gm. (for men).

May be repeated once in 2 hours, then every 4 hours. Harrison Law requirements must be met.

Atropine sulfate for hypodermic injection.

0.5 cc. = $\frac{1}{2}$ mg. (gr. $\frac{1}{120}$).

Useful addition to morphine when antispasmodic action is desired.

Scopolamine hydrobromide for hypodermic injection.

1 cc. = $\frac{6}{10}$ mg. (gr. $\frac{1}{100}$).

Useful addition to morphine when motor depression is desired.

Note: Codeine is a very inferior analgesic as compared with morphine or opium and relatively much more expensive.

Therapy of the Cook County Hospital.

Bulletin "C," August 9, 1938.

COUGH MEDICATION STANDARDS.

1. *Ammonium Chloride Syrup*, containing 0.30 Gm. per 5 cc. of Syrup of Glycyrrhiza. Dose: 1 teaspoonful in a *cupful** of water every two hours (to increase and fluidify bronchial secretion).

2. *Ipecac and Belladonna Syrup*, containing Syrup of Ipecac, 0.5 cc. and Tincture of Belladonna 0.10 cc. per 5 cc. of Syrup of Cherry. Dose: Teaspoonful in *cupful** of water every 2 hours.

3. *Apomorphine Syrup*,** containing Apomorphine hydrochloride, 3 mg. ($\frac{1}{20}$ gr.) per 5 cc. of Syrup of Citric Acid. Dose: 1 teaspoonful in *cupful** of water every two hours.

4. *Potassium Iodide Syrup*, containing 0.10 Gm. per 5 cc. of Syrup of Orange. Dose: 1 teaspoonful in a *cupful** of water every two hours.

5. *Elixir of Terpin Hydrate*, N. F. VI, containing 0.07 Gm. per 5 cc. of elixir. Dose: 1 teaspoonful in water every 4 hours.

6. *Bromide Cough Syrup*, containing 0.30 Gm. per 5 cc. of Syrup of Glycyrrhiza. Dose: 1 teaspoonful in water as required for excessive cough.

Codeine** or other narcotic must be especially prescribed if it is desired to be given in cough medication. Solution of 0.03 Gm. per teaspoonful is supplied to the wards. *The less codeine the better for most patients.*

* *Nurse please note: When fluidification of bronchial mucus is desired, the cupful of water may be quite as important as the medicine.*

** *Such prescriptions must meet the requirements of the Harrison Narcotic Law.*

Mr. J. W. Gayle recently retired as secretary of the Kentucky Board of Pharmacy after something more than forty-one years of service in that position. Mr. Gayle will have completed fifty years of service as secretary of the Kentucky Pharmaceutical Association at the coming meeting in June, when he will also retire from that position. This record of service in two positions of such importance is unique.

Mr. Gayle became a member of the A. Ph. A. in 1892 and has been a life member since 1927. He has been closely associated with the National Association Boards of Pharmacy since it was organized and has served as its treasurer since 1920.
