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COMMENTS OF AN EXPERIENCED HOSPITAL PHARMACIST.*

BY PAUL D. BROWN.¹

So much has been said recently relative to the establishment, standardization and conducting of a hospital pharmacy that it would seem there is little left to be commented upon. However, to make a story more impressive it needs to be repeated over and over again. Each reading makes a new and different impression on the mind, thus helping one to obtain more useful knowledge than might be gained from a casual reading. If, in the short space allotted to this paper I may make some suggestion or even repeat some thought oft expressed, which will be of some value to a fellow member, I shall feel well repaid for my humble effort.

First we might ask what is a hospital pharmacist? The most natural answer to this question would be "one who dispenses drugs in a hospital." However, if we stop to look over the field we come to the conclusion that hospital pharmacists at present may be nurses, doctors, internes or even (though I blush to mention it) sometimes maids and janitors. It is my humble opinion that a hospital, however small, should be placed under the same restrictions, regarding the dispensing of drugs, as any drug store, and required to have a registered pharmacist in charge at all times.

The dispensing of drugs to patients in hospitals is, to my mind, an important professional duty and should be entrusted only to one who has been educated and trained for that particular purpose. The professional duties are far more complicated and extended than those of an ordinary pharmacist and I am heartily in accord with the idea of pharmaceutical internship as is being formulated by some of our more prominent Schools of Pharmacy over the country.

The practicability or feasibility of such an internship has been forcibly brought to the writer's attention on many occasions when after employing an assistant pharmacist who had come with the best of credentials as to character, education, ability and ambition, it became necessary to spend much time and patience in ac-

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quainting him with the special technique and routine of hospital practice. An internship would help to prepare a student for a more responsible position and to render more satisfactory service in his chosen profession.

It is my firm conviction that, in addition to the qualifications or credentials above mentioned a hospital pharmacist must be endowed with a vision, an innate desire to be of service to his fellowmen and a will to render a better service, not permitting the necessary pecuniary benefits to dominate or control his efforts.

It has been well said that "A task without a vision is drudgery" and I am led to believe that a vision of greater things to be accomplished, a love of service to humanity and a strict application of ideals are essentials in the life of a hospital pharmacist, thus enabling him to better serve the patient, doctor and hospital, and reflect credit upon the profession of Pharmacy.

In the remote past the existence of a hospital pharmacist was not always one to be coveted. For some unknown reason it had been the custom in most hospitals to relegate the pharmacy to some section of the building where the pharmacist in charge, if any, could "ply his trade" in peace and quiet.

It was usually operated as an unknown quantity so far as contact with the medical staff or other departments was concerned. It is pleasing to note, however, that under the light of a new dawn this custom is becoming obsolete and to-day we find in most hospitals, the pharmacy and the pharmacist are receiving their just and proper recognition as an essential unit of a complete hospital service. Whatever may have been the conditions regarding the hospital pharmacist previously it is to be noted with some degree of pride that since the establishment of the subsection on Hospital Pharmacy by the A. PH. A. much publicity has been given and many kind words spoken in behalf of the hitherto more-or-less forgotten man.

Much has been written and diverse opinions expressed in regard to conducting a hospital pharmacy, and I am frank to admit that some useful knowledge may be gained by carefully reading such articles as have appeared in various Journals and adopting whatever plans or suggestions may appeal to the reader and his particular situation. We must admit that each individual hospital has many problems peculiar to itself which might not apply to others. Especially is this true when considering institutions of different capacities and locations. However, there are many phases of work and routine which are common to all and differ only as relates to the volume required.

Within the writer's experience of some eighteen years it has been interesting to note the ever-changing conditions even in the same hospital, each succeeding year bringing new problems, due perhaps to the growth of the hospital, the advance in research work or to the changing cycle of medication.

One of the most important items, from a standpoint of service, is the location of the pharmacy. It is not always an easy matter to solve this problem to the satisfaction of all concerned, especially in the older institutions which were constructed when the importance and essentials of a pharmacy were of less consequence. We find in some of our modern structures that this feature has been taken care of to a marked degree not only in regard to adequate distribution of drugs and supplies to the various wards and floors, but also as a convenient location for the physician to meet the pharmacist in consultation on points of mutual interest,

In a few hospitals we note that it is becoming a custom to extend the services of the pharmacist beyond the limits of patients and physicians by supplying the little necessities of life to relatives and friends of patients who may be forced to remain in the hospital for some days. This additional service, although not necessarily professional, may be made an asset of some consequence to the hospital in proportion to the location of the hospital, the location of the pharmacy in the hospital and the type of service rendered.

Next to the location I am convinced that equipment is all important. From years of observation I have learned that a good mechanic requires a different tool for each type of work; that a good surgeon requires a special type of instrument for various operations; and I am quite sure that a good pharmacist cannot obtain the best results in the shortest time and at the least cost without the very best modern equipment and plenty of it.

To me it is a pitiful situation to have to extemporize some sort of equipment which will be more or less crude, to produce certain results, thereby slowing up the process and necessarily increasing the cost of production, when the expenditure of a relatively small amount of money would increase production and lower costs. Therefore, from a standpoint of economy I would recommend that hospitals supply their pharmacies with all the needed machinery and other equipment. And this brings us back to the needs of the individual hospital.

Perhaps there are many smaller hospitals which do not use sufficient quantities of one type of preparation to warrant an expenditure of any great amount of money for machinery and other equipment yet when we compare the cost of making a preparation with that of buying the same preparation through the ordinary channels it proves that the price of the equipment is soon saved. I should like to cite one specific example. During one month, recently, our records showed that the difference in cost of manufacturing a few of our much-used preparations, as compared with what we formerly paid for them, saved our hospital something over \$300.00, and this can easily be repeated twelve times a year and increased to almost any extent by adding new items to the list.

As a suggestion to those who have not tried out this idea, I mention a few of the more simple and easily made, as well as useful and essential preparations needed in every hospital, which can be made without any great expenditure for equipment: Sterile Lubricating Jelly, Antiseptic Baby Oil, Food Flavorings, Permanent Writing Fluid, Pathological Dyes and Stains, Milk of Magnesia, Hand Lotions, Certified Food Colors, Polishes (furniture, silver, brass, copper), Red Ink, Urinalysis Solutions. It is imperative that the preparations thus made be equal in quality to any that may be purchased.

Recently we have heard much and read more concerning the "Hospital Formulary." Many hospitals have been using a formulary for some years and no doubt many of them successfully, but I am doubtful of the advisability of adopting them in all types of hospitals. If it is in a private hospital, to which my experience has been limited, it seems ill-advised to try to tell the some two hundred physicians who practice within the institution that we limit their prescription-writing to such preparations as might be agreed upon by a certain group.

It has been our custom to take care of any and all prescriptions although we try to discourage the use of the same, or very similar formulas, which may appear under

several trade names; and whenever possible to suggest the use of U. S. P. or N. F. preparations by contacting our physicians.

In a National, State or Municipal hospital I am aware that it may be possible to limit the number of items to be used, because such institutions, as a rule, are not so dependent on the goodwill of the medical profession.

Personally I feel that a patient entering a hospital for medical treatment, is entitled to any preparation, however rare or expensive, that the physician may prescribe. The patient expects the best service that the physician and hospital can give and rarely have I heard a complaint from a patient regarding the medical charge. It is much easier to prepare a lot of stock prescriptions to be handed out by number, but, to my way of thinking, extemporaneous prescriptions are far more interesting. They require more professional ability, give the physician a greater latitude in the choice of medication, and probably increase the revenue of the hospital.

In my opinion the lot of a hospital pharmacist is one of great responsibility. He must be conscientious, accurate, alert and faithful, never failing to remember that many lives are in his hands.

IF THEY ONLY WOULD!*

BY CLARENCE M. BROWN.¹

If all proprietors or managers of drug stores would only give as much time and care to the selection of employees as they do to the selection of a new line of merchandise or to store fixtures, time and money would be saved and the volume of business increased. A poor employee is a liability. The old method of figuring profit on cost has been discarded long ago. It is time now to discard the trial method of hiring employees; to know the possibilities of a man before hiring him. In buying a yard of cloth, one expects to receive a full thirty-six inches; therefore why not measure the man we expect to employ? There are methods for measuring capacity and ability; some are psychological, others are physical in nature.

Physical measurements are older than the psychological. They were fundamental to the homes of our forefathers. The eldest son was either taught the trade of his father, or was apprenticed to another tradesman for training. During the training period he received little or no payment other than his "keep." After a certain trial period he was accepted as an employee or rejected as being unfit for that particular trade. To-day the applicant for a position is given a brief trial period at some particular type of work, lasting from a few days to a week or month. Whether or not the applicant is aware that he is on trial, he often finds himself apparently dismissed without warning, because he has been found lacking in ability to fill the position in a satisfactory manner and two people have suffered loss—the prospective employer and employee. For janitorial work the trial test period (physical test) is perhaps the only satisfactory means for determining fitness of the applicant.

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