The Movement Toward Sound Drug Therapy

1952 marked the celebration of the 100th anniversary of the founding of the American Pharmaceutical Association. It marked, as well, a step toward eliminating the confusion existing in the multiplicity of drugs available to physicians, dentists, and pharmacists. A new handbook, synthesizing the best available in modern drug therapy, was completed. "Basic Drugs: U. S. Public Health Service Hospitals and Clinics" will be used by the 18 hospitals and 22 out-patient clinics of the Public Health Service as their standard for the known therapeutic agents in the prevention and treatment of illness. The accompanying paper was presented, with somewhat more emphasis on the role of the pharmacist in the hospital, before the American Society of Hospital Pharmacists at the annual meeting of the American Pharmaceutical Association in Philadelphia on August 21, 1952. Reviewed below is the trend of professional criticism appearing in medical and trade journals over several decades.

1930 "The hospital . . . should afford unusual opportunities for enhancing rational drug therapy. There particularly may products be submitted to critical inspection. As Sollmann so pointedly remarked at the recent Congress on Medical Education [February 17–19, 1930], the 'evaluation of therapeutic remedies is not usually among the features to which hospital authorities point with just pride of achievement.' The hospital drug room, which reflects directly the medicinal requests of the staff, has hardly kept pace with the modernization of other departments. . . ."

—from an editorial in the *Journal of the American Medical Association,* May 31, 1930, p. 1764.

1941 "There is far too little correlation between pharmacology and drug therapy at the bedside. . . . As students and, subsequently, as practitioners they [physicians] had, and have the ordeal of trying to learn myriads of drugs. . . . Such thinly spread teaching and learning about hosts of drugs permeates the whole curriculum and medical practice in spite of available scientific criteria for charting drug actions in the clinic which make it possible, in most instances, to shun useless and irrational therapy. The results are particularly reflected in notoriously disreputable pharmacy stocks. . . ."

—from "Rational Drug Therapy in Hospitals" by Drs. M. S. Dooley and E. C. Reifenstein in *Hospitals,* January 1941, p. 42.

1949 "A fundamental requirement to successful treatment is that the physician have the clearest possible understanding of the remedial agents that he prescribes. This is difficult at best, and is rendered increasingly difficult with multiplication of agents that are nearly but not quite equivalent. Each may show minor differences, which may or may not be practically important, but which are difficult to learn if he spreads his experience too widely and therefore too thinly. . . . There is another side to the argument, however, for few if any therapeutic agents are ideal. Improvements, increased efficiency, fewer side actions, and lower toxicity should be sought for. Skillful experimentation in this direction should be encouraged, not obstructed, but this thorough experimentation should precede the introduction into medical practice. It were better, much better, for medical practice . . . if modifications which do not offer substantial advantages were shunted into the discard before they see publicity and add to the confusion of practitioners."

—from a report of the Council on Pharmacy and Chemistry, American Medical Association, *Journal of the American Medical Association,* February 5, 1949, p. 378.