

## "DIVIDED WE FALL."\*

## A SURVEY OF HOSPITAL PHARMACY ASSOCIATIONS IN THE UNITED STATES.

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After attending the sessions of various state pharmaceutical conventions, the author found that too often papers which took much time and preparation on the part of the authors were accepted by title because of lack of time. Those who did read their papers were listened to eagerly by a few, half-heartedly by most. True, the authors found their articles published later in their respective journals, but how often were they read? Words can be of little value. Only when words precipitate results are they valuable. It is this action which any author values and wants.

The author of this paper deeply appreciates the action received from the questionnaires sent out in gathering data for this paper. Only with such cooperation could this survey of hospital pharmacy associations materialize. At this meeting let there be action and reaction from each hospital pharmacist. Nowhere else will the help we hospital pharmacists need, be received except through the AMERICAN PHARMACEUTICAL ASSOCIATION.

We hospital pharmacists need all the help and coöperation we can secure in order that the professional ethics, ideals and aims of Pharmacy be not in vain. It is at this questionable phase of Pharmacy, that we must find aid from within the ranks of the profession in order that the future of Pharmacy may not be jeopardized.

Pharmacy is a profession which should and must demand the respect of all professions. Why must we constantly be forced to defend ourselves and our profession? Frankly, we should refuse to do so any longer. The time is imminent when we must act and work together in order to erase the clouds that are threatening to obscure the professionalism of Pharmacy, hospital and otherwise.

Because participation leads to understanding, the hospital pharmacists have felt the need of organizing themselves into regional, state and even interstate associations. In fact, hospital pharmacists have made such strides that they are now a sub-section recognized by the AMERICAN PHARMACEUTICAL ASSOCIATION. This was accomplished at the Dallas meeting of the AMERICAN PHARMACEUTICAL ASSOCIATION in 1936. The establishment of a sub-section within the section on Practical Pharmacy and Dispensing was brought about through the combined efforts of the members who recognized the importance of hospital pharmacy and hospital pharmacists. We owe much gratitude to Mr. H. A. K. Whitney, Dr. E. F. Kelly, Dr. E. F. Cook, Dr. Robert P. Fischelis and others for their efforts.

We hospital pharmacists have whistled in the dark long enough. Now we want to be heard, to be recognized and to have the respect of allied professions. We demand that state boards of pharmacy be not puppets acting according to the

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pull of political strings but be strong-minded people enforcing all laws already on the statute books which provide for registered pharmacists in hospitals. Why should the public be protected by registered pharmacists and not the patients in the hospitals? We ask their aid in promoting and enforcing the professional aspects of Pharmacy to the nth degree.

In the author's survey of hospital pharmacy associations now existing in the United States, a feeling of isolation predominated. Thus the main purpose of this survey is to cement each group, each association together, enlightening each as to how the other functions, that we be no longer a forgotten department. The author is earnestly striving to arouse each hospital pharmacist to become acutely aware of the importance of working together. That phrase well known in American history, "United we stand, divided we fall," is a statement applicable to hospital pharmacy.

The Hospital Pharmacy Associations now established are: The Western New York Hospital Pharmacy Association at Buffalo, The Cleveland Society of Hospital Pharmacists at Cleveland, The Ohio State Hospital Pharmacists' Association (recently formed), The Nebraska Hospital Pharmacy Association at Lincoln, The Mid-West Hospital Pharmacists' Association including mainly the Iowa and Nebraska groups, Hospital Pharmacy Association of Southern California and the Section of Hospital Pharmacy in San Francisco which are component parts of the Association of Western Hospitals (includes eleven states), The Philadelphia Hospital Pharmacy Association, The Minnesota Hospital Pharmacy Association which is a sub-section of the State Pharmaceutical Association and also a member of the State Hospital Association; The Wisconsin Hospital Pharmacy Association at Milwaukee, and the Tri-State Hospital Assembly including Wisconsin, Illinois and Indiana. This Assembly meets annually in Chicago.

The membership of these associations varies from fourteen to forty-five members. About ten or twelve of these members are members of the AMERICAN PHARMACEUTICAL ASSOCIATION. I urge the affiliation of hospital pharmacists with the AMERICAN PHARMACEUTICAL ASSOCIATION. It will not only give them prestige but will foster the progress of hospital pharmacy.

The problems confronting the hospital pharmacist are many. The main problems are the recognition of the pharmacy as an important unit of the hospital; raising the standards of Pharmacy within hospitals; the promotion and fostering of coöperation between pharmacists in hospitals; the eliminating or reducing to a minimum the purchase of supplies by physicians for dispensing to their private patients; formulating a definite schedule of pricing drugs dispensed in hospital pharmacies, and ever keeping abreast of new products.

The aims of hospital pharmacists have an eye to the future of Pharmacy. They embody a dream that must be realized within a very short time. First and foremost the pharmacist pleads for *recognition of himself and his profession*. A price scale must be evolved that is fair to the best business policies; recognition by colleges of pharmacy whereby they include definite courses in techniques of hospital pharmacy; pharmacy internships in hospitals on a par with internships required by the medical profession. There must be aid from state boards of pharmacy for they possess tools to pave the way to the highest in Pharmacy standards. Recognition from state and national associations of pharmacy are necessary; promotion in salaries for hospital pharmacists that they may enjoy the best standards of living

afforded other professions. All too often the cultural side of a pharmacist's life has had to suffer because of poor salaries.

A gleam of hope may be seen for us when at the recent American Medical Association meeting held in St. Louis, the Council on Medical Education and Hospitals submitted a revised list of "Essentials of a Registered Hospital." Pertinent to Pharmacy was the following: "A qualified person should be placed in charge, preferably a registered pharmacist; whatever arrangement is made, all prescriptions should be filled by a graduate pharmacist." Let us see to it that prescriptions *must* be filled by a registered pharmacist. Hospital pharmacists can accomplish this to the utmost if they will!

PRESENT HOSPITAL PHARMACY ASSOCIATIONS.

Association.	When Formed.	Membership.	Aims.
Philadelphia Hospital Pharmacy Association. President: Mr. Quintus Hoch, Kensington Hospital, Philadelphia, Pa.	September 1938	42 including associate members—24 institutions represented	To more closely unite the hospital pharmacists for the improvement of the methods and practices of the science of hospital pharmacy
Nebraska Hospital Pharmacy Association. (Member of Mid-West Hospital Pharmacy Association including Iowa groups.) President: Miss Edith Blanche Williams, Bryan Memorial Hospital, Lincoln, Nebr.	May 1937	14 active members	<ol style="list-style-type: none"> <li>1. Internships for pharmacists employed in hospitals</li> <li>2. To make hospital authorities realize that the pharmacist is a specialist and as such is entitled to recognition, adequate salary and suitable conditions</li> <li>3. To keep abreast of the new drugs</li> <li>4. Broaden our views and acquire information to help our patients and doctors</li> </ol>
Association of Hospital Pharmacists of the Mid-West. President: Miss Edith Blanche Williams	Recently	Iowa and Nebraska Groups	To promote the service of pharmacy in hospitals. To assure the dispensing of drugs by <i>registered</i> pharmacists in hospital clinics and dispensaries
The Cleveland Society of Hospital Pharmacists. President: Mr. Russell Stimson, Huron Road Hospital, Cleveland, Ohio	April 1938	19	To promote hospital pharmaceutical service and thereby help ourselves as well
Ohio State Hospital Pharmacy Association. President: Mr. Roger Lager, University Hospital, Cleveland, Ohio	April 12, 1939	Charter memberships still open as constitution is just being drafted	To promote pharmaceutical service in hospitals
Western New York Hospital Pharmacy Association. President: Mr. Lynn Wiles, Buffalo State Hospital, Buffalo, N. Y.	March 1938	14	Pricing medicines, charging of compensation cases, need to be systematized

Hospital Pharmacy Association at San Francisco, component part of Association of Western Hospitals. President: Mr. B. T. Howiler, Univ. of California Hospital	1938	Not listed	Our purpose and aim is through coöperation, discussions, dissemination of information, attempt to benefit and raise the standards of practice in hospital pharmacy; and thus through administrative co-operation raise pharmacy standards in all hospitals
Hospital Pharmacy Association of Southern California. (Member of Hospital Pharmacists Association of Western Hospitals.) President: Miss Mabel H. Poole, Huntington Memorial Hospital, Pasadena, Calif.	1925	45	Briefly: Mutual advice and support, advancing the standards of pharmacy in hospitals, encouraging the adoption of rational and efficient pharmacy laws and regulations, enlisting the coöperation of other pharmaceutical organizations
Minnesota Hospital Pharmacy Association. President: Miss Hazel Landeen, St. Luke's Hospital, St. Paul, Minn.	February 1936	48	<ol style="list-style-type: none"> <li>1. To submit at Minnesota State Pharmacy Association a resolution that said body go on record as endorsing minimum standards for a hospital pharmacy outlined by the American College of Surgeons</li> <li>2. To ask State Board of Pharmacy to investigate Minnesota hospitals to see if they meet said requirements</li> <li>3. To develop coöperation within pharmaceutical ranks in order to accomplish "A self-sufficient profession."</li> </ol>
The Wisconsin Hospital Pharmacy Association. President: Mr. Sol Rankin, Mt. Sinai, Hospital, Milwaukee, Wis.			
Tri-State Hospital Assembly. President: Mr. S. W. Morrison, 1819 W. Polk St., Chicago, Ill. (Meets annually in Chicago)		Illinois, Wisconsin, Indiana	The promotion of professional pharmacy in hospitals

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An attack on cancer, Public Health Enemy Number Two, has been launched along new lines in Pennsylvania. The attack consists of a fact-finding campaign, expected to furnish doctors with strategic information for new and more sure-fire use of the big anti-cancer guns, surgery, X-rays and radium.—*Science News Letter*, Oct. 14, 1939.