## OUR HOSPITAL PHARMACISTS' ASSOCIATION.\*

BY JOHN F. MILLER<sup>1</sup> AND RUSSELL H. STIMSON.<sup>2</sup>

Just as history has been made in the past, so will it be made in the future. The future of Pharmacy, especially hospital pharmacy, will depend on each and every one of us interested in hospital pharmacy if it is to be successful.

You all remember that the AMERICAN PHARMACEUTICAL ASSOCIATION was founded in 1852 by a group of twenty-four men who were interested in the future of Pharmacy. Its aim was to unite the educated and reputable pharmacists of America. The objects of the Association, as set forth in their constitution, are worth repeating:

- "1. To improve and regulate the drug market by preventing the importation of inferior, adulterated or deteriorated drugs, and by detecting and exposing home adulterations.
- 2. To encourage such proper relations among pharmacists, druggists, physicians and the people at large as may promote the public welfare, and tend to mutual strength and advantage.
- 3. To improve the science and art of Pharmacy by diffusing scientific knowledge among apothecaries and druggists, fostering pharmaceutical literature, developing talent, stimulating discovery and invention and encouraging home production and manufacture in the several departments of the drug business.
- 4. To regulate the system of apprenticeship and employment in order to prevent, as far as practicable, the evils flowing from deficient training in the responsible duties of preparing, dispensing and selling medicines.
- 5. To suppress empiricism, and to restrict the dispensing and sale of medicines to regularly educated druggists and apothecaries.
  - 6. To uphold standards of authority in the educational theory and practice of Pharmacy.
- 7. To create and maintain a standard of professional honesty equal to the amount of our professional knowledge, with a view to the highest good and greatest protection of the public."

These objects have been carried out by this Association for a period of eighty-seven years. Therefore, as you see, this great Association was not built in a day or a year, but it has taken decades of hard work from many enthusiastic workers.

The advance of hospital pharmacy has given the Association a new mark for achievement, and all hospital pharmacists should realize that now is the time to make hospital pharmacy a recognized professional, specialized field. The only way that this can be successfully accomplished is to have local and state organizations, which may or may not be affiliated with the American Pharmaceutical Association.

The American Pharmaceutical Association has emphasized that state and local associations are essential and that every effort should be made to interest the pharmacists enough to join them. The national Association could deal only with the nation-wide problems, and it is through the local groups that the men themselves will be of greatest assistance to one another. They can have meetings frequently and accomplish many of the local hospital pharmacy problems.

When forming these local or state groups, one must not forget that the American Pharmaceutical Association is the mother of all pharmaceutical as-

<sup>\*</sup> Presented before the Sub-Section on Hospital Pharmacy, A. Ph. A., Atlanta meeting, 1939.

<sup>&</sup>lt;sup>1</sup> Pharmacist, Huron Road Hospital, Cleveland, Ohio.

<sup>&</sup>lt;sup>2</sup> Chief Pharmacist, Huron Road Hospital, Cleveland, Ohio.

sociations. Every pharmacist, whether he is engaged in the administrative, scientific or pharmaceutical work, should feel it his duty to be a member of the AMERICAN PHARMACEUTICAL ASSOCIATION and as many other pharmaceutical groups or societies as he can afford. Thus, if he is engaged in retail pharmacy, he should be a member of the national organization as well as a local or state retail pharmacists' association. I think I am safe in saying, however, that the majority of men in the retail trade do belong to a local retail association, particularly in our city. If the pharmacist is in the scientific or teaching field, he, too, should belong to the national association as well as to a local, state educational group. If he is in the manufacturing field, the same rule should apply.

The hospital pharmacist should be a member of the American Pharmaceutical Association and support this Hospital Pharmacy Sub-Section to the best of his or her ability. At the same time, he should coöperate in the creation of a local or state hospital pharmacists' society. Let me repeat, I personally feel that every pharmacist, no matter in what field he may have specialized, should support the American Pharmaceutical Association and a group representing his particular branch of Pharmacy.

In our city, the "Academy of Pharmacy," which is a branch of the AMERICAN PHARMACEUTICAL ASSOCIATION, is made up chiefly of retail pharmacists, and their meetings are devoted, in the main, to retail problems, and it is, therefore, of no particular interest to the hospital pharmacists. In turn, if hospital pharmacy problems were discussed, the retail pharmacists would not be interested. Hence, the Hospital Pharmacists' Association was founded as a separate organization.

I have given you this short introduction in order to acquaint you with the reasons for the forming of our Hospital Pharmacists' Association, better known as the "Cleveland Society of Hospital Pharmacists."

Our Association was founded just slightly over a year ago in April 1938, when a group of hospital pharmacists of our city met in a downtown restaurant. The meeting was called to determine how we might arrange a get-together in order to discuss hospital pharmacy problems. Following the fellowship afforded by having dinner together, there was considerable discussion resulting in the motion "that we form a local hospital pharmacists' association and have a meeting each month except during June, July, August and December." Officers were elected and a committee was appointed to draw up a constitution.

The meetings are held at different hospitals and occasionally at the School of Pharmacy of Western Reserve University. Dean Spease, of the School of Pharmacy, is very active in hospital pharmacy as he is Directing Pharmacist of University Hospitals of Cleveland.

Our second meeting was held at Western Reserve University, and the proposed constitution was acted upon and accepted as follows:

## ARTICLE I. The Name and Objects:

The name of the society shall be "The Cleveland Society of Hospital Pharmacists." The objects of the society shall be:

- 1. To promote the advancement of the pharmaceutical sciences.
- 2. To elevate the status of hospital pharmacy.
- 3. To provide a cooperative understanding of the problems of hospital pharmacy.

The other articles have to do with membership, application of membership, dues, officers, standing committees, duties of officers, duties of standing committees, meetings and amendments.

I would like to elaborate a little on our meetings, but let me first explain that our group is made up of pharmacists from several types of hospitals—government, state, city, private, university, profit and non-profit institutions. Most of the hospitals are general hospitals with the exception of one, which is an institution for the feeble-minded.

The first meeting of the newly-formed society was held in September 1938, at St. Luke's Hospital. We had a very interesting subject presented by one of our pharmacists, Evelyn Gray Scott, who devotes her full time to the making of sterile solutions for this large hospital. Many of her ideas were discussed and much was learned by every member present. She illustrated to us how the solutions were actually prepared in order that the information would be of more value to us.

The second meeting was held at Huron Road Hospital where the intravenous sterile solutions are purchased by the pharmacist. His paper was given on the pro and con of buying or manufacturing of sterile solutions. He brought out many factors which must be considered before an institution decides whether to make or purchase the solutions. Some of the factors that were pointed out were as follows:

- 1. Does the hospital have sufficient dust-proof rooms for making them?
- 2. Does the hospital have sufficient money to buy the essential equipment?
- 3. Does the hospital have a good water supply for making distilled water?
- 4. Does the hospital pay for water?
- 5. How much extra help will it be necessary to employ?

There were many more factors which I will not have time to give in this paper, but would be glad to furnish them upon request.

Our third meeting was held at Mt. Sinai Hospital. Dr. D. S. Kline, a guest speaker, presented a very interesting paper on syphilis and the Kline Test for syphilis.

The fourth meeting was held at Cleveland City Hospital, and again we had a guest speaker. Dr. C. Garvin presented a paper on "The Treatment of Pneumonia," and the use of drugs, serums and chemotherapy was discussed.

Our fifth meeting was held at University Hospitals and two very worthwhile subjects were given. The first one was by Mr. Roger Lager, the chief pharmacist, on "The Function of the Pharmacy Committee," and the other, by Miss Gertrude Horsch, was on "Narcotic Control within the Institution."

Our sixth meeting at United States Marine Hospital was also of considerable interest. The pharmacist, Mr. Paley, presented a paper on "United States Public Health Service and the Relationship to the Pharmacist." He gave us an idea of how the government hospital purchased their drugs, how they were restricted on their number of requisitions, and why he, too, purchased sterile intravenous solutions.

The seventh meeting was held at Akron City Hospital, which is located about thirty-five miles from Cleveland. The chief pharmacist, Mr. Edward Miller, had arranged through their hospital assistant director, Mr. Robert Porter, a trip through the Goodyear Rubber Plant. After the trip, Mr. Porter, who was pre-

viously pharmacist at University Hospitals in Cleveland, gave a paper in the development of anode rubber and its uses in the hospital. Items, such as anode tubing, anode gloves, anode hot water bottles, and throat collars were discussed. It was found that the anode tubing and gloves had a larger number of sterilizations than the ordinary brown rubber.

Our eighth meeting and last meeting for the year was held at a local restaurant. Election of officers took place and a general good time was afforded to all present.

During the year our society was asked to help to instigate the forming of a State Hospital Pharmacists' Association. We did considerable work for the organization of this association, and I feel assured that it was through our efforts that the Ohio Hospital Pharmacists' Society was founded. Two of our local members are officers in this state society.

I hope that I have given you a clear picture of the reason for my intense enthusiasm about our Hospital Pharmacists' Association. You can readily see that there are great possibilities and that the hospital pharmacists, themselves, are making great strides to better the future and encourage the advancements of hospital pharmacy.

May I say in closing that it is my sincere wish that every hospital pharmacist or any pharmacist who is working with a hospital should support this sub-section and help to create local groups, in order that they may build up the feeling that the hospital pharmacy is an important department in the institution. It is no longer just a hole in the wall, but it is a department just as important and necessary as surgery, x-ray, laboratory, medical and dietary departments and it should be supervised by trained pharmacists who have had special hospital pharmacy courses or interneship.

## COMMERCIAL AND PROFESSIONAL PROBLEMS IN RETAIL PHARMACY ARE DISTINCT BUT INSEPARABLE.\*

## BY PAUL C. OLSEN.1

The practice of Pharmacy in retail drug stores is unique among the professions in that commercial activities proceed simultaneously with professional practice. This close connection between the professional services of Pharmacy and retail trade has caused some people to conclude that retail pharmacy is a trade and not a profession.

The professional responsibilities of retail pharmacists require here no explanation nor defense. Many of the business activities which are a customary part of the responsibilities involved in the conduct of a drug store arose from advances in Pharmacy and related professions and sciences. Half to three quarters a century ago it became apparent that there were some medicinal substances and preparations which could be prepared most economically in manufacturing establishments.

This trend has not relieved retail pharmacists of professional responsibilities. They still must assume these professional responsibilities in the selection of these

<sup>\*</sup> Presented before the Section on Pharmaceutical Economics, A. Ph. A., Atlanta meeting, 1939.

<sup>&</sup>lt;sup>1</sup> Lecturer on Business Administration, Philadelphia College of Pharmacy and Science and Columbia University School of Business.