



*“I felt that if professional pharmacy was to exist . . . ,
it would have to be in the hospital.”*

EDWARD SPEASE

(1952)

At the time he received this award, Edward Spease was retired. He formerly was Dean of the School of Pharmacy, Western Reserve University, Cleveland, Ohio.

Background to Progress

When invited to receive the H. A. K. Whitney Lecture Award, it was with a great feeling of happiness and appreciation that I accepted; but it was also mixed with some feeling of trepidation.

The joy and appreciation stemmed from the fact that in all your activity and progress, I had not been entirely forgotten. It is usually the case that one must be seen now and then, and one must be fairly active to be thought of often. The feeling of trepidation naturally arises within me when I am expected to present an address, the day being gone by for me to write of scientific things such as steroids, hormones, antibiotics, and perhaps such new drugs as hydrazinophthalazine, whose names are difficult for me. My paper must be mainly reminiscences, with the hope that some of them may be of help, to at least the younger among you, and it may be a bit of an inspiration.

You have progressed so far and so fast in hospital pharmacy that I even find it a bit

difficult to keep posted about what you are doing.

My interest, not in *hospital pharmacy* as there was none but in *pharmacy in hospitals*, dates back perhaps 40 years or more, longer than I like to remember now. It was inspired, doubtless, by a summertime job in a village where there was a small hospital. It was from that time on I visited hospitals whenever I could, just as I have always visited pharmacy schools and drugstores.

I expected to see true professional pharmacy in hospitals and was much disappointed that it did not exist there. The more I observed and heard about the growing tendency towards commercialism in drugstores, the more I felt that if professional pharmacy was to exist, let alone grow to an ideal state, it would have to be in the hospital where the health professions were trained. That is the reason why I joined an organization where there was a medical school and hospitals that were connected with a teaching institution. It is an easy picture to visualize in a teaching hospital but more difficult to see in hospitals remote from teaching centers. Good pharmacy is as important in hospitals away from teaching centers as it is in the teaching and research hospital. It can be developed to a high degree of perfection there too, if the pharmacist can get the picture in his mind.

I also learned much from the hospital pharmacists who were pioneers in urging better professionalism in pharmacy. Many of them came regularly to conventions of the American Pharmaceutical Association where I met them and then later visited in their hospitals. Among these were William Gray of Presbyterian in Chicago and Irwin Becker of Michael Reese in Chicago. They were often together at meetings and always talked about professional pharmacy. Then there was Edward Swallow of Bellevue in New York City, who wrote constantly for the *National Drug Clerks Journal*. Ivor Griffith, now president of the Philadelphia College of Pharmacy and Science, was a hospital pharmacist at one time.

There were doubtless others whom I did not know, probably because they did not come to meetings or did not make themselves well known. I advise strongly attending all meetings of your profession, and you must never cease to urge your hospital to pay your necessary expenses to at least the annual meeting of your Society.

I never secured much help for hospital pharmacy from retail druggists, who often knew little about hospitals and probably thought of some of them as competitors. I never could arouse a very enthusiastic interest in hospital pharmacy among the leaders in our pharmaceutical organizations, though I talked to many of them about it.

My first real contact came when I told our director of hospitals at University Hospitals in Cleveland about my ideas. His first question was where could I go or where could he investigate this idea. We were forced to conclude that we could not find out about it all away from home. So he suggested that I come into our hospital several days each week and try to learn where pharmacy and how pharmacy could fit into the scheme of things. This I did for about a year. I placed a second man in the pharmacy who later became the hospital pharmacist. He was an exceptional person and could take notes; and in two or three evenings together each week, he gave me much information, both good and bad. His name was Paul Raymond Hudson, and he is

now connected with Veterans Administration Hospitals.

We progressed from this point, even then giving practice to our seniors in the School of Pharmacy at Western Reserve in the hospital pharmacy until the hospitals moved to the campus when we then drew up an agreement between the hospitals, the school, and the university. In this agreement, I became directing pharmacist and my hospital pharmacists were put on our faculty.

About our first step after that was to establish a manufacturing and control laboratory in the school for the hospitals. This soon brought about the teaching of hospital pharmacy, first to undergraduates and later to graduate students. All received supervised instruction in the hospital pharmacy as well as in the manufacturing and control laboratory, and of course we developed regular courses in hospital pharmacy.

The next step was the selection of a pharmacy committee and a drug policy for the hospitals. An outgrowth of this was the development of a hospital formulary. These developments did much to establish our standing with the medical and administrative personnel. It was not long after this that Harvey Whitney developed the idea of hospital pharmacy interns and so we followed suit. We were able to get a small salary for an intern and placed him to live with the medical interns and residents. This first intern was Roger K. Lager, who later became the hospital pharmacist. He did much for our idea because of his close association with the younger medical men. Another idea that I got from Harvey, because of his pharmacy-controlled brace shop, was that of putting all professional stores under pharmacy control. We took them from the general stores and placed a man in charge who could do some minor repairs.

We tried to aim at a policy of having all medicines and devices used by the hospital for the care of the patient under the pharmacy department. After all, this was no different from what existed in drugstores in the early days. Under our agreement, all pharmaceutical research was assigned to the pharmacy, and we had just been assigned a laboratory in the hospital for this purpose when I left in 1940.

The first minimum standard for hospital pharmacy was written upon the request of Dr. Malcolm MacEachern of the American College of Surgeons. He visited us, surveyed our work, talked to the medical members of the Pharmacy Committee, and then asked us to work up our standards and present them to a meeting of the American College of Surgeons in San Francisco. As such a trip was expensive, we asked Dr. Troy C. Daniels, a friend of ours and dean of the University of California School of Pharmacy, to read the paper. The standards were then adopted and printed in the *Bulletin of the American College of Surgeons*.

I think our greatest success from an educational standpoint, and from the standpoint of prestige, was the acceptance of hospital pharmacy by our graduate school and the placing of our staff upon the graduate faculty where I became chairman of the work. I had 13 graduate students in hospital pharmacy when I left Cleveland in 1940.

This is a very brief sketch of our activities and does not tell you anything about the "blood, sweat, and tears" of the doing. From a personal viewpoint, I think I was most fortunate in the pharmacists I had during the whole period of our activity, and they

are the ones who really did the job and developed and carried out many of the ideas. These men and women are all in positions of responsibility today. Most of them are still in hospital pharmacy, though three are in hospital administration. One, Robert M. Porter, is administrator of the Baby's Hospital in Columbus, Ohio; another, Roger Marquand, has recently been appointed administrator of Cleveland's new Chronic Hospital; and a third, John Miller, is administrator of the Dover Hospital. The success of these young people is due to their knowledge, ability, and marked industry, coupled with a talent for making friends and being liked by people.

I think the most important faculty of a good hospital pharmacist, after a thorough knowledge of his subject, is to be able to create respect for himself and to make and keep friends.

It is of immense satisfaction to me to see the standing of the hospital pharmacist of today and to realize the fact that perhaps half, or more, of our hospitals have hospital pharmacies.

I am not unmindful of the help I received in early days from the Catholic Sisters, many of whom were students of mine. Many of them are still in hospital pharmacy, though several are administrators of their hospitals. They did, and are still doing, yeoman work in the cause of true professional pharmacy. One of them went to India and built a hospital there at Rawalpindi and is now building another in Karachi.

Like Hans Hansen, I too believe that professional pharmacy of today owes much of its standing and prestige to the stimulation given it by the hospital pharmacy movement.

It has been gratifying indeed to see the present attitude of the American Pharmaceutical Association towards hospital pharmacy, and I am certain that much of the recent reputation of professional pharmacy is owing to its affiliation with hospital pharmacy; and from my viewpoint, it is nothing short of miraculous to know that a leader in hospital pharmacy is the president of the great American Pharmaceutical Association. I have also been pleased by the writings and interest of the executive secretary of that association in hospital pharmacy. One must not go further without expressing congratulations and thanks to Gloria Niemeyer.

The younger ones of you will find the going now far easier than we did. You have someone now in the ASHP to give advice on every problem you may have. You have precedents of things done to draw upon when you wish to do something. These things may be obtained by sending a letter to the editor of *The Bulletin*, or to such other hospital pharmacists who are known to you, or to Gloria Niemeyer in Washington. Even the older ones of us will always be willing to give as many answers as we can to one trying to do something. I have been amazed by the questions I have had over the years, even since I left the active work, and I have appreciated the letters that have been answered for me, and the visits too I have received from hospital pharmacists, and yet I am off the beaten track.

The individual pharmacist must not only read pharmaceutical journals and *The Bulletin of the ASHP* but also should read at least one journal in general medicine. He must read hospital magazines and be familiar with all new movements in the hospital field.

He must know the functions of each department in the hospital, what it is doing and why, and then do some thinking and see if there is any place where he fits in, to the end that the patient is better served. Hospital administration is always interested in economics and in savings; and while service comes first, savings make an impression upon the administrator.

Above all else, make friends with the administration and some important person in every department—more than one if possible. You must be known, respected, and recognized by your hospital colleagues if you are to succeed. Always be on the lookout for opportunities to recommend economies and better service. You do not need ever to be a pusher-in, but well-thought-out suggestions are always well received. Find time to take part in all movements of the hospital wherein people must help to make them a success for the name of the hospital.

Be sure to submit an annual report of the pharmacy to the administration, whether it be asked for or not. This justifies your better service which you have rendered. Do not confine it to savings alone but also point out service.

In closing, let me again thank you for the honor bestowed upon me, for perpetuating the name of my old friend and colleague Harvey A. K. Whitney, for the meeting and seeing you all again as old friends and the many new ones, and may I add I shall always be glad to hear from any of you and my latchstring is always out for you.

Inasmuch as this is probably the last time I shall ever address a body of pharmacists, I am going to quote one of my father's poems that expresses so well just how I feel today, and then from the church I shall sign my *Nunc Dimittis*:

An Instant of Retrospection

*So many happy hours have been
Along my slight career,
That while I'm sitting calmly in
The deep'ning twilight here
I somehow feel a quick regret
A sudden throb of pain,
A thought that makes my lashes wet,
That naught can come again.*

Harvey A. K. Whitney Award Lectures (1950–2005)

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