

# Overview of the History of Hospital Pharmacy in the United States

William A. Zellmer

## LEARNING OBJECTIVES

After completing this chapter, readers should be able to:

1. Describe how hospital pharmacy developed in the United States.
2. Analyze the forces that shaped the hospital pharmacy movement.
3. Use history to discuss challenges to the future of institutional practice.
4. Discuss how professional organizations such as ASHP advanced the practice of institutional pharmacy practice.
5. Define key terms associated with the history of hospital pharmacy.

and selects from among the drug products available those that are considered most useful in patient care. It is also the framework in which medication-use policies are established and implemented.

- **Full-time equivalent (FTE):** A method for standardizing the number of full- and part-time employees working in an institution. A full-time employee working a 40-hour week is equal to one full-time equivalent (FTE), and an employee who works for 20 hours per week is equal to 0.5 FTE.
- **Mirror to Hospital Pharmacy:** A publication documenting the state of pharmacy services in hospitals in the late 1950s.
- **Pharmacy and therapeutics (P&T) committee:** A committee of the medical staff of a hospital or health system with oversight for medication management. The committee establishes a formulary, assesses medication use, and makes recommendations on policies and procedures associated with medication management. It is made up of representatives of the medical staff, administration, pharmacy, nursing, and other parties interested in the medication-use process; a pharmacist often serves as secretary of the committee.
- **Practice standard:** An authoritative advisory document, issued by an expert body, which offers advice on the minimum requirements or optimal method for addressing an important issue or problem. It does not typically have the force of law.

## KEY TERMS AND DEFINITIONS

- **ASHP Hilton Head conference:** A conference of hospital pharmacy leaders and pharmacy educators conducted in 1985 in Hilton Head, South Carolina, which emerged with the idea that hospital pharmacies should function as clinical departments with the mission of fostering the appropriate use of medicines.
- **Formulary:** A list of drugs approved for use within the hospital or health system by the pharmacy and therapeutics (P&T) committee.
- **Formulary system:** A structure whereby the medical staff of a hospital or health system, working through the P&T committee, evaluates, appraises,



## INTRODUCTION

Hospitals and other institutional practice settings today offer immense opportunities for pharmacists who want to practice in an environment that draws on the full range of their professional education and training. It was not always so.

This chapter tells the story of how hospital pharmacy developed in this country, analyzes the forces that shaped the hospital pharmacy movement, and draws lessons from the changes in this area of pharmacy practice.

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### HOSPITAL PHARMACY'S NASCENCE<sup>a,1-4</sup>

Pharmacists have been associated with hospitals as long as there have been hospitals in America. When the Pennsylvania Hospital (the first hospital in Colonial America) was established in 1752, Jonathan Roberts was appointed as its apothecary. At that time, medicine and pharmacy were commonly practiced together in the community, with drug preparation often the responsibility of a medical apprentice.<sup>5</sup>

However, hospital pharmacy practice in the United States never developed into a significant movement until the 1920s. Although there were important milestones before that era (including the pioneering hospital pharmacy practices of Charles Rice [1841–1901]<sup>6</sup> [see **Figure 2-1**] and Martin Wilbert [1865–1916]<sup>7</sup>), many factors kept hospital pharmacy at the fringes of the broader development of pharmacy practice and pharmacy education.

For much of the nation's history, hospital pharmacists were rare because there were few hospitals. In 1800, with a population of 5 million, the nation had only two hospitals. Even by 1873, with a population of 43 million, the United States had only 178 hospitals with fewer than 50,000 beds.<sup>2</sup> This might have not been a bad thing, because hospitals were “places of dreaded impurity and exiled human wreckage,” and physicians seldom had anything to do with them.<sup>8</sup> Hospitals played a small role in healthcare, and pharmacists played a very small role in hospitals.

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### 1800s

In the early to mid-1800s, drug therapy consisted of strong cathartics, emetics, and diaphoretics. Clean air and good food rather than medicines were the treatments emphasized in hospitals. The medical elite avoided drug use or used newer alkaloidal drugs such as morphine, strychnine, and quinine. An organized pharmacy service was not seen as necessary in hospitals, except in the largest facilities. The situation changed somewhat during the Civil War when hospital directors sought out pharmacists for their experience in extemporaneous manufacturing and in purchasing medical goods.<sup>2</sup>

In the 1870s and 1880s, responding to the influx of immigrants, the number of hospitals in cities doubled. Most immigrants in this period were Roman Catholic, and they built Catholic hospitals. This was significant for two reasons—Catholic hospitals charged patients a small fee (which allowed services to be improved) and they were willing to train, or obtain training for, nuns in pharmacy (see **Figure 2-2**).<sup>9</sup> This era of hospital expansion

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<sup>a</sup>American Society of Health-System Pharmacists (ASHP) in conjunction with anniversaries of its 1942 founding published well-documented accounts of the development of hospital pharmacy practice in the United States. Particularly noteworthy are the “decennial issue” of the *Bulletin of the American Society of Hospital Pharmacists* and articles that marked ASHP's 50th anniversary.<sup>1-3</sup> Readers who have an interest in more detail are encouraged to seek out those references and others.<sup>4</sup> This section of the chapter is based closely on reference 2.