

THE IMPERATIVE NEED OF HIGHER EDUCATIONAL STANDARDS.*

BY FREDERICK J. WULLING.

Why should pharmacy claim and establish collegiate standards? Because of the high degree of responsibility of the practitioner to the one who needs his service. Medicine, I believe, claims that its service involves more responsibility than that of any other profession. If this claim is to be disputed, let others dispute it—I will not. Pharmacy is so closely related to medicine that it shares in a very large measure medical responsibility. Indeed pharmacy is a major medical specialty. It was once an integral part of medicine but became so complex and diversified that it gradually became differentiated into a separate calling without losing any of its responsibilities, but actually increasing them. Why, then, did not pharmacy retain its undoubted professional aspect? Clearly because it admitted commercial activity into its practice and it did this because of lack of professional ideals such as actuate medicine. Lack of legal regulation of pharmaceutical practice also greatly aided and abetted commerce in the drug store. I do not severely blame all pharmacists of to-day who carry on commerce. Many are born into the customs and practices of the drug store of to-day. Some real pharmacists who were conducting real professional pharmacies were drawn into the side-line orgy by the stress of circumstances and the need of paying the rent and making a living. These two classes of pharmacists may be excused, though some will blame them for not adhering to professional ideals at any cost. That class of pharmacists, however, which has deliberately exploited pharmacy for commercial gain with no regard whatever for ethical and professional principles, is responsible more than any others, for the opinion, of pharmacy now happily improving, held by the Government, other professions and by a large part of the public. The gratifying and encouraging fact exists, however, that many pharmacists have resisted the lure of commerce and trade and have steadfastly maintained the professional aspect of pharmacy. These are everywhere increasing in number. Purely pharmaceutical dispensaries and laboratories are increasing, especially in the cities and larger towns. Correspondingly, commercial drug stores are losing their pharmaceutical business and I have heard that in several cities there are drugless drug stores. I am not berating commerce nor trade. Commerce is just as respectable as any professional practice, but it is not professional practice. Pharmaceutical practice is largely a personal service and is based on the confidence the patron has in the personal ability of his practitioner. Excessive trade in the drug store tends to destroy this confidence. This explains why the purely professional pharmacies that are multiplying rapidly are so successful. They draw the pharmaceutical business, involving professional and personal service, away from the excessively commercial drug store and the latter becomes more and more commercial, thus hastening the time when the separation will have become completed and we will have, on the one hand, purely professional pharmaceutical laboratories and, on the other, purely commercial stores where trade is carried on. The best that could be said in the past, and that can be said in a measure in the present, of the modern commercial drug store, is that the public supported and still supports it. A place of business supported by the public has merit because it must

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give a service that the public wants or needs. But the success of the commercial drug store is not due to the professional practice it carries on. There is not enough of this practice to supply the unnecessarily large number of drug stores with a living and it is undeniable that a large part of their financial success is due to trade. The public will continue to support the commercial drug store because as a rule it gives efficient and intelligent commercial service. The public seeks the best service and goes where this is to be found. It is also discovering that specialists in professional practice are likely to give a superior service, especially when the specialists limit their activity to professional practice. A case in point will illustrate: A Minneapolis man came to my office to lodge complaint against his neighborhood pharmacist to whom he presented a prescription for medicine urgently needed by his wife who had become ill quite suddenly. Instead of receiving immediate attention this gentleman had to await his turn to be waited on. It was the noon hour with nine other customers ahead of him, not a single one of whom had a prescription or wanted medicine. The gentleman in question, who is a practicing lawyer, served notice on me that he and others whom he would enlist, would have a bill introduced into the next Legislature that would restrict the activity of licensed pharmacists to professional practice. He was in dead earnest but I finally succeeded in getting him to desist. I am sorry now that I did not let him go ahead. His efforts would have shown in a drastic manner the way the wind is blowing. His legal argument was this: "the State in licensing pharmacists, has given them special privileges in return for which it expects prompt and superior pharmaceutical service for the people of the State. This kind of service cannot be given if the pharmacist diverts his time and attention to even a small measure of commerce. Therefore such pharmacists are not keeping faith with the State and ought therefore to be deprived of their licenses or be made to meet the implied conditions of licensure." There is much force in this argument. I also have used it but without pressing it. The point is that this man and all of his friends, as he assured me, are now patronizing a purely professional pharmacy located on one of the higher floors of an office building where rents are comparatively low. This transition is going on more or less everywhere and it is good for all concerned. It is good for pharmacy and for the non-pharmaceutical trade. Of course it is gaining most of its momentum in the cities and larger towns but it will ultimately reach the remotest parts of the country.

With all this in mind, some educators are urging pharmaceutical students and prospective pharmacists to choose which of the two divisions, profession or trade, they will follow. The divisions do not need identical training; indeed each demands its own kind of training. The one will need training in business principles and conduct, the other a much broader training in academic, scientific and professional subjects and fields. The one kind of training will be afforded by the schools of business, the other by the schools of pharmacy. When the transition becomes complete, there will be no question as to the status of pharmacy nor as to its educational standards. Our problems belong to the period of time required for the completion of the transition. Until it is completed, that large proportion of licensed pharmacists who are pharmacist-merchants will have to continue to carry the responsibility going with the practice of professional pharmacy, no matter how little time they may give to professional practice. The dispensing of one pre-

scription requires as much training as the dispensing of a larger number does. The responsibility of the merchant-pharmacist must therefore be measured in the terms of professional practice and not in the terms of the trade he engages in, and therefore his education and training must meet at least the minimum requirement of professional practice. Not all pharmacists are in agreement what this minimum shall be, but this minimum has been placed higher and higher. Some think it is high enough now; others, among them myself, are emphatic in the position that it is altogether too low.

The American Pharmaceutical Association and the American Conference of Pharmaceutical Faculties and more recently the National Association of Boards of Pharmacy have been and are the organized bodies leading in the advancement of educational standards. They have not led fast enough to keep pace with the advancement in other professions nor to meet the responsibility inherent in the practice of advancing professional pharmacy. A comparatively few individuals and colleges have always been in advance of these bodies and have actually demonstrated not only the possibility but the ease of more rapid advancement educationally. These and the associations named are agreed as to the need of advancement; they differ as to the speed. If advancement is good, it is better still to speed it, consistently, for the earlier enjoyment and profit thus ensuing. I cannot find a convincing reason why pharmacy should not at once be placed upon a full collegiate educational basis. Sufficient education is fundamental. It is because of this conviction that I became an educator. If pharmacy were put forthwith upon a full collegiate basis educationally, its practice would soon be on a corresponding basis. Judgment and conduct are commensurate with the degree of education and training. With higher education go corresponding judgment, conduct and ideals and everything which these engender. Pharmacy greatly needs the higher average of intelligence that goes with these. Problems are solved by those who think and reason deeply and education is the paramount means of facilitating these mental processes. A few cannot do the work of the many. There must be the coöperation and coördination of the many on a sufficiently high plane. If all divisions of the great body-pharmaceutic were agreed on this, the federation advocated earlier in this address, would quickly eventuate and function. A more universal conviction of the basic and fundamental need of more adequate education, especially for the coming generation of pharmacists, and action upon the conviction, would solve possibly not all of our problems and difficulties, but surely the major portion of them. Pharmacy on the whole, and in its numerous divisions, needs better administration and better administration follows upon higher intellectual capacity and discernment and perception. Briefly, I advocate requiring of all new entrants to the calling, the completion of a minimum of four years of collegiate training including some academic and cultural work above the standard high school education. You, in convention assembled, can adopt such a requirement and to take effect duly. American pharmacy will soon react and adjust itself to the standard. The Minnesota Association recommended such a requirement to the university authorities who now have the matter under consideration. Former President Burton favored the idea. His successor, President Coffman, has not yet given his reply, but no doubt will do so in the near future.

In conclusion, let me say there is no occasion or reason for despairing of

American pharmacy. Better things are on the way. We pharmacists of to-day are the inheritors of the pharmacy of the past. We have accepted the trust but are maintaining and administering it in a feeble way. We are not doing our best until we firmly resolve, and carry out our resolutions, to advance and increase this trust to a point where our posterity can receive it with the realization that we did not exploit it but enhanced it greatly in return for the sacrifices made for us by our forebears. We older ones must point the way for our younger associates and must urge them to profit by our experience, so that they will build better than we did. We must imbue them with the understanding and conviction that their responsibility is a later one in the course of pharmaceutic events and therefore a greater one. We ought to try harder to make them realize that neither individual nor mass pharmaceutical indifference and inactivity will lead onward, but that a dynamic nobility of purpose and a sincere and earnest and active resolution to aid in every consistent and helpful way toward the marshalling and mobilizing of all pharmaceutic agencies into one resistless and constructive force for the broadening and developing of a noble and unselfish calling is part of their duty toward the calling and toward themselves. They should be strengthened in the ideal that pharmacy affords not only an opportunity but a privilege as well, to render a responsible unselfish service to man. Only such should be admitted to the ranks who can accept and subscribe to these ideals.

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MATERIA MEDICA IN THE HOSPITAL TRAINING SCHOOL.*

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Four years ago when I accepted the position of hospital pharmacist, which I still hold, I was told that I would be expected to teach *Materia Medica* to the nurses. I was to give them a course of twenty hours and I was to select the subject matter.

A few years previously I had some teaching experience, so that the problem was not so much, "How to teach the class?" as, "What to teach the class?" as, "How much to include in a course of *materia medica* for nurses, and what to eliminate?"

Upon looking over the textbook which was being used in our hospital, I found it to be a very excellent one, but too complete and too difficult for nurses to study in the short time allotted to them for *materia medica*. I am quite certain that student nurses are too tired when off duty to spend much time in actually grinding over some subject which may be assigned to them. Besides they need their off-duty hours for rest and recreation. They have so many classes that they cannot give any *one* subject a great deal of extra time outside of the class room. I decided, therefore, to use the textbook only as a reference book and to prepare a rather complete outline for lectures including everything they should know to qualify them for the intelligent administration of medicines, and then when it became their responsibility to care for patients under any form of medication, the nurses would

* Section on Practical Pharmacy and Dispensing, A. Ph. A., Asheville meeting, 1923.