

"Through the dim distance of the ages, we glimpse the noble figure of one of the greatest kings of history—a strong man of high ideals, unflagging diligence and pious devotion. Reared himself in an atmosphere of colossal intrigue, cruelty, extravagance, voluptuousness and oppression, he became a paragon of honor, humanity, simplicity, purity and service."

"Former kings," he says of himself, "have brought divers blessings to mankind as well as I. My special thought has been to educate man to a devotion to principles of honor. What are these principles of honor? Reverence, useful labor, kindness of heart, liberality to others, loyalty to fact and personal integrity."

His last words were: "Through exertion comes the great reward, it cannot be obtained by position or influence. The humblest man, if he will exert himself somewhat, can win great future bliss."

Such were the results of the teachings of the monk Upagupta, the son of a perfumer of Benares, three centuries before the birth of Christ.

HOW PHYSICIANS CAN HELP THE INCREASING TREND OF PROFESSIONAL PHARMACY AWAY FROM COMMERCIALISM.*

BY FREDERICK J. WULLING.¹

After I had given six of the series of twelve radio talks which I am broadcasting over Station WLB, the University station and known as the "Voice of the Campus," one letter among the many letters that my hearers sent me inquired whether pharmacy had an association comparable with the American Medical Association in so far as the latter represents the totality of interests of the medical profession, and if pharmacy had no comparable organization, in what manner it was organized. That suggested to me to draw a certain comparison between organized medicine and organized pharmacy, and I think it will be entirely consistent for me to tell you this evening something about the organizations of pharmacy for the purpose of laying a foundation for what I will say later about the improvement in purely professional pharmaceutical service that now can be found by those who look for it, contrary to the belief of so many that professional pharmacy has surrendered to commercialism.

Pharmaceutical activities are so much more numerous and diversified than medical practice is that so far pharmacy has not been able to unify itself in such a way that a single association could adequately represent all of its activities and aims and purposes. In the practice of medicine there is much more cohesion and less diversity and also a more pronouncedly professional spirit and a more general and unified adherence to professional ideals, while in pharmacy the professional practice is diluted and attenuated with other activities, especially commerce. In medicine the practitioners of the various medical and surgical fields all are engaged exclusively in giving a professional service. In pharmacy the service ideal is paramount and ranks first, but there is a secondary activity not found in medicine, namely, the engagement in commerce, which activity is motivated by the desire or in certain cases the necessity for greater material gain than it is thought can

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be gotten from professional practice alone. Professional practice and trade activities are not compatible in the long run, probably because they are based upon different ideals: the professional upon the service motive and the commercial upon the gain motive. Both motives are of course entirely respectable and good, but followed concurrently by one person the one or the other of the motives must be relegated to second place. That is why some pharmacists who adhere to the ideals of professional practice do not succeed commercially and why many of those pharmacists who are commercially inclined are unsuccessful professionally. This explains also why there is in the ranks of retail pharmacy especially, a diversity of interests, which the past experience of older countries and already in a large measure of our own country has proven incompatible and futile as far as permanence of the dual activity is concerned. Pharmacy was at first entirely professional and when the commercial invasion began years ago, the professional and commercial ideals at once conflicted, and this conflict has increased with the acceleration of the commercial exploitation of professional pharmacy. Despite every possible endeavor on the part of the leaders in pharmacy to harmonize the two interests, there is a distinct disinclination on part of both the professional and commercial pharmacists to surrender one to the other. The situation is gradually solving itself by the withdrawal of many professionally-minded pharmacists who are establishing themselves for purely professional practice. When this withdrawal will have gone far enough, there will probably have become established a class of merchants who will deal in the merchandise now carried in so many drug stores but who will not be registered pharmacists under the jurisdiction and regulation of the state.

All this explains why the pharmacy of this country is not represented by a single association as medicine is represented by the American Medical Association. If pharmacy were practiced in a purely professional way, one association could represent it. That association would be the AMERICAN PHARMACEUTICAL ASSOCIATION and in that respect it would be comparable with the American Medical Association.

AMERICAN PHARMACEUTICAL ASSOCIATION.

The association most like the American Medical Association and based upon identical ideals of service is the AMERICAN PHARMACEUTICAL ASSOCIATION, the oldest association of its kind and which celebrated its Diamond Jubilee at its seventy-fifth annual meeting at St. Louis last August. When the ASSOCIATION was organized, pharmacy was entirely professional in its practice. It was recognized then more than it is to-day that pharmacy as the chief specialty was an essentially medical practice differing only from purely medical practice by the fact that the pharmaceutical professional service involved the material items known as drugs and medicines and which naturally were the subjects of buying and selling. The pharmacist differed from the physician therefore in the respect that he gave a service and a commodity whereas the former gave only a service. The pharmacists had to engage in buying and selling, but this commerce was restricted to drugs and medicines. They bought the crude drugs and compounded them into medicines which the physician prescribed. The pharmacists in those days were well trained professionally because pharmaceutical study and practice occupied their

full time and interest. They controlled pharmaceutical education, but there was no control over the practice of pharmacy nor of the quality of crude drugs and pharmaceutical chemicals. It was for the purpose of remedying this situation and of improving pharmaceutical standards that the high-minded pharmacists more than one hundred years ago began to make efforts for a suitable national organization through which their influence and ideals might find expression. After many years of discussion and preparation, the AMERICAN PHARMACEUTICAL ASSOCIATION was finally organized in 1852. Then and for many years afterward it was comparable in its ideals to the American Medical Association. The ASSOCIATION has a most honorable history, and it records the names in its list of past-presidents and other important officers, of men famous not alone in their own country but in all countries. It would require several talks to acquaint you adequately and in detail with the successes and achievements of this grand old AMERICAN PHARMACEUTICAL ASSOCIATION.

When the AMERICAN PHARMACEUTICAL ASSOCIATION was first established all who were in any way definitely related to pharmacy were eligible to membership, but the earliest membership included practically only retail and wholesale pharmacists and only a very few pharmaceutical and chemical manufacturers because the manufacture of medicinal preparations had not yet been entered upon in any large scale. The purpose of the ASSOCIATION, however, was to represent all divisions of pharmacy and it did so most successfully. It did noteworthy work in the matter of pharmaceutical education and helped very materially in the later establishment of state and local associations through whom it exercised much affirmative influence in the shaping of state and national pharmaceutical legislation. It should be said here that all pharmaceutical legislation has always been in the interest of the public and never primarily in the interests of the pharmacists.

The insinuation of trade into the practice of pharmacy began many years after the organization of the AMERICAN PHARMACEUTICAL ASSOCIATION. It was hardly perceptible when it first began but the exploitation by trade of the honored profession of pharmacy gradually increased until, through the acceleration of the past two decades especially, it has now grown to the point which has already caused the reaction I have described. At a certain point of the development of commerce in the drug store, many pharmacists began to feel that the AMERICAN PHARMACEUTICAL ASSOCIATION was not representing the commercial interests sufficiently, and since the Association showed no disposition to change its policy of representing primarily professional pharmacy, a group of pharmacists organized a new national association to represent the trade aspect of retail pharmacy. The new association was called the National Association of Retail Druggists.

NATIONAL ASSOCIATION OF RETAIL DRUGGISTS.

It is quite true that the increase of trade activities in the drug store created many new problems. Indeed, I do not hesitate to repeat what I have often said: that practically all of the present vexing problems of pharmacy are growing out of the business development of the average store. The new Association did some splendid work in administering upon the new problems. It represented the commercial section of pharmacy and as such gave pharmacy a good service. It did not attempt to lessen the commercial activities nor chain stores, whose activities

are mostly commercial, and which have increased throughout the country in formidable numbers.

The AMERICAN PHARMACEUTICAL ASSOCIATION and the National Association of Retail Druggists have therefore represented not identical interests, but interests that are in a measure opposed to one another. Yet they have both striven in the interests of pharmaceutical activities. They have worked harmoniously and concurrently in their respective fields but have resisted the occasional attempts to merge them into one association. They probably never will merge because their interests and purposes are not identical nor sufficiently related and sympathetic.

AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY.

It would take too long to explain the old apprenticeship system of instruction in pharmacy. Suffice it to say that something over a hundred years ago it was gradually abandoned and its place taken by the collective college instruction method and that colleges of pharmacy began springing up, the first in Philadelphia in 1821, the second in New York in 1829, and the third in Boston in 1835. Then a time arrived when the number of colleges had reached the point where conferences of their faculties became necessary because of the short courses and low standards of some of them, and accordingly in 1900 the representative colleges of pharmacy organized themselves into the American Conference of Pharmaceutical Faculties. The initiative toward this organization came from the AMERICAN PHARMACEUTICAL ASSOCIATION which had already established a Section on Education, through which it did the preliminary work necessary for the organization of the Conference.

The conference afforded a means for the exchange of ideas on pharmaceutical education and for ventilating opposing ideas and viewpoints, and in this manner gradually increased the pharmaceutical educational college requirement from none at all to high-school graduation. The Conference, of course, had no binding and compelling influence upon its member colleges, and when the proposal to increase the minimum college requirements to three years was presented for adoption, so many members objected and refused to comply that it was found necessary to change the Conference into an association which had a measure of controlling power over the colleges. Accordingly, two years ago the American Association of Colleges of Pharmacy became the successor of the American Conference of Pharmaceutical Faculties. The Association stands for high pharmaceutical educational standards and is requiring its members to give a minimum course of three years. Four or five colleges resigned at the time because they did not feel that they could meet the new requirements, but they have since announced their compliance, to begin very shortly. As a result of the stiffening of the educational requirements through the work and influence of the Association, some colleges have gone upon a minimum four-year degree basis. The University of Minnesota College of Pharmacy was the first to do this upon its own initiative. The Association is in close cooperation with the AMERICAN PHARMACEUTICAL ASSOCIATION and annually holds joint meetings with the Section on Education and Legislation of the latter ASSOCIATION.

NATIONAL ASSOCIATION OF BOARDS OF PHARMACY.

Concurrently with the development of pharmaceutical education improvement became necessary in the regulation of the practice of pharmacy, and the sev-

eral states created Boards of Pharmacy for that purpose. The principal function of the Boards is to regulate the practice of Pharmacy. Regulation includes the requirement of a minimum of education and training. At this point the boards and the colleges contacted. The requirements of many of the Boards were as low comparatively as the requirements of some of the colleges and the low-standard Boards and the high-standard colleges came into conflict. The colleges, however, had through the National Conference harmonized their standards somewhat and through their influence the several state boards gradually became converted to the need of more uniform requirements for registration, examination, and license, and so the Boards, at least the leading ones, organized themselves only recently into the National Association of State Boards of Pharmacy. It is the principal purpose of this new national association to harmonize and unify and raise in a concerted and collective manner the standards of the separate state boards. This Association has already accomplished wonderful results. It is cooperating splendidly with the colleges and with the AMERICAN PHARMACEUTICAL ASSOCIATION and with the National Association of Retail Druggists. These associations are cooperating in all interests that are common to them all and so are strengthening and invigorating one another. These four Associations have many matters in common and upon the administration of these there is already a unanimity and some achievement. All of these Associations, except the National Association of Retail Druggists, hold joint meetings at which they discuss and ventilate matters of mutual interest and concern and where, through contact and association, that good understanding and good-will which are necessary for mutual advancement are abundantly generated.

OTHER NATIONAL ORGANIZATIONS IN THE FIELDS OF PHARMACY.

There are a number of other national associations representing other divisions of pharmacy. The National Wholesale Druggists' Association represents the wholesale and jobbing aspects of pharmacy. This is an association of honorable endeavor and achievement and has exerted a very beneficial influence in wholesale pharmacy since 1882, in which year it was organized. It became the successor of the Western Wholesale Druggists' Association which was organized in 1876. The relation between the National Wholesale Druggists' Association and the AMERICAN PHARMACEUTICAL ASSOCIATION has always been especially amicable and mutually helpful.

There are two national associations, whose members are engaged in the manufacture of pharmaceutical products—the American Drug Manufacturers' Association and the American Pharmaceutical Manufacturers' Association. These Associations, also, have been working forward in the interests of generally higher pharmaceutical standards.

The National Drug Trade Conference has been in existence for a number of years and has contributed its share to the development of pharmacy.

In close association with the American Association of Colleges of Pharmacy a number of seminars have been organized for the stimulation of research, but particularly for the exchange of ideas among the members of the several groups represented by the seminars. These groups are made up from all sections of the country and are therefore national in character. The first of these seminars was

the Plant-Science Seminar organized by Dr. E. L. Newcomb of the faculty of the College of Pharmacy, University of Minnesota. The first two conferences were held at the University of Minnesota and because of their signal success the organization of other seminars followed and there are now seminars covering the educational fields of Pharmaceutical Chemistry, Pharmaceutical Education, Plant Science and General Pharmacy. The fields of Pharmaceutical Botany, Materia Medica, Pharmacognosy, Drug Plant Culture, etc., are included in the Plant-Science Seminar.

There is also a national association covering the manufacture of proprietaries and especially the so-called patent medicines.

STATE PHARMACEUTICAL ASSOCIATIONS.

Out of the activities of the AMERICAN PHARMACEUTICAL ASSOCIATION there grew, as I have already stated, the various national associations just enumerated. The AMERICAN PHARMACEUTICAL ASSOCIATION was also and primarily instrumental in bringing about the organization of the earlier state associations. Now practically every state has its pharmaceutical association.

To enumerate the activities and achievements of the state associations would require much more time than is at my disposal, but suffice it to say that they all have had more or less of the pharmaceutical-professional spirit. Indeed, every one of them was originally based upon a purely professional and ethical conception of the practice of pharmacy. With the advent of commercialism in pharmacy, the state associations had to suffer the onslaught of ultra-commercialists, but practically all of them are still holding to their original ideas as much as is possible under the commercial stress of the time.

The Minnesota State Pharmaceutical Association was organized in 1884 by a group of high-minded and high-standard pharmacists for two purposes: first to obtain a state law to regulate the practice of pharmacy, and second, to have a college of pharmacy organized as one of the units of the State University. These two primary objects were soon accomplished and then the association directed its activities toward higher and higher standards. The forty-three annual volumes of Proceedings which it has so far published are a record of an achievement which is not exceeded elsewhere in quality, scope and worthwhileness. The Minnesota State Pharmaceutical Association is looked upon as one of the most forward and most professionally-minded of the state associations.

In Minnesota there is in addition to the State Association and local associations in Minneapolis, St. Paul, Duluth, the Iron Range, and in some counties, a new association called the Minnesota Pharmaceutical Educational Conference whose membership is made up by the entire State Board of Pharmacy, the executive faculty of the College of Pharmacy of the University of Minnesota, and the Education Committee of the Minnesota State Pharmaceutical Association. The Conference represents the three major pharmaceutical factors in the state and whose coöperation and forward work in respects and interests common to the three express themselves through the Conference. The Conference is doing some splendid work.

LOCAL PHARMACEUTICAL ASSOCIATIONS.

All of the large centers of population and some counties have their local associations. Some of these have been and are very influential. A number of them,

notably those of Philadelphia, New York, Boston, St. Louis, Brooklyn, Louisville and Cincinnati created colleges of pharmacy in their respective cities through which they did much affirmative work in the interests of better pharmaceutical training.

At present there is a tendency toward district associations in which the pharmacists of districts or sections usually larger than states meet for the discussion of matters of mutual concern.

A form of pharmaceutical organization of recent origin is the Veteran Druggists' Association, the first of which belongs to the city of Chicago. Because of the example and influence of the Chicago Association, more particularly through the work and endeavor of Mr. Wilhelm Bodemann, the inspirer of the Chicago Veterans, similar associations have been formed in many other cities.

These veteran pharmacists are men of maturity, experience, action and good common sense. While the chief aim is to create good fellowship and sociability and to uphold high practical standards, some of them, our own Minneapolis Association anyway, cannot resist the demand for participation in or support of the most worthwhile pharmaceutical activities. These Associations are one of the most potent influences for better pharmacy that exist to-day.

I have given you all of this information to bring to your mind and to emphasize that there is a very substantial educational foundation and a very strong, extensive and efficient pharmaceutical structure upon which purely pharmaceutical professional service is based. This structure exists, although it may be hidden by the bright lights and the more or less commercial aspect and atmosphere of the average drug store. No one will deny that pharmacy gives a much needed service. That service is of course rendered in the average drug store in too large a measure as a service bringing less financial return than commercial service brings and therefore is with many merchant-pharmacists of secondary importance. The relegation of pharmaceutical practice to second place in many of the average drug stores has resulted in an increasing negligence of pharmaceutical practice and therefore to a distinct waning of professional efficiency which in turn very naturally has decreased the confidence of the public and of the physician in the ultra-commercial pharmacists and in their establishments. In the proportion in which emphasis is placed upon trade in the average drug store, the professional activity recedes more and more into the background. Indeed, there are many instances where the recession continued to a point of entire disappearance of any pharmaceutical practice, resulting in commercial establishments which were first referred to as "drugless drug stores." Commerce seems to be more remunerative than professional practice of any kind and so the number of so-called "drugless drug stores" increased by the incursions of the wholly commercially-minded persons who deliberately established drugless drug stores. There are therefore two kinds of drugless drug stores—those which evolved from professional establishments, and those which sprang into existence over night. These retail stores could not avoid the charge of exploiting the old honorable profession of pharmacy, and as a result they are now prohibited by law from using the word "drug" in any designation or reference to their business.

The diminution of professional practice in many drug stores has not yet reached the point where entire elimination is near at hand, and some of the more profession-

ally-minded pharmacists are trying to rehabilitate their professional practice and in other cases they are making strenuous efforts to maintain such professional practice as they still have. Pharmacists of this kind are entitled to the sympathy and support of the public and of physicians. They are the kind who are resisting as much as they can the onslaught of commerce and the competition of those other so-called pharmacists who care nothing whatever for professional practice, even belittling it and using every possible high-pressure system of doing business rather than practicing pharmacy. However, a very healthy indication of better things for pharmacy grows out of the fact that many professional pharmacists have resolutely and courageously withdrawn from the dual practice of the average drug store and have established themselves as purely professional pharmacists. Such practitioners are now found in every city and their number is increasing. They are getting the patronage of that part of the public which is discriminating enough to want so responsible a service, as pharmaceutical service is, rendered by practitioners who make of pharmacy a specialty instead of a secondary and neglected side issue. These new establishments are the ones who can render a professional service not only to the public but to the physician. They and the professionally-minded pharmacists who are earnestly engaged in rehabilitating or maintaining their professional practice are competent allies of the physician and many of them have initiated relations with physicians that are not only mutually helpful and advantageous but that also redound to the special benefit of the sick. Physicians and pharmacists should be allies. Some of them are; all of them can be if they will cooperate and exercise good-will toward one another. The medical profession is not holier than the pharmaceutical; it is accountable for some sins. It is, of course, not my purpose to designate in detail what these are, but I know you will pardon me if I say that altogether too many physicians prescribe proprietaries and fail to formulate their prescriptions and too many dispense medicines. There are among my personal acquaintances physicians whose materia medica is largely based upon the circular information of manufacturers rather than upon the National Formulary and the United States Pharmacopœia. Such could greatly help themselves by consulting with pharmacists. But, after all, when the worst has been said about pharmacy and medicine, it must be recognized that the stains upon these two great professions are quantitatively and qualitatively almost insignificant and certainly eradicable and remediable. Whole-hearted adherence to the highest pharmaceutical ideals and practice of pharmacy in its most ethical and professional aspects are the ideals fostered by associated pharmacy and especially by the AMERICAN PHARMACEUTICAL ASSOCIATION, the American Association of Colleges of Pharmacy, and the National Association of State Boards of Pharmacy, who together express pharmaceutical ideals comparable with the ideals represented by the American Medical Association.

In conclusion let me say that physicians can greatly help the professionally-minded pharmacists and themselves by careful selection of the pharmacists who dispense their prescriptions. I certainly do not mean to say that there are registered pharmacists who are not qualified to prepare medicines and compound prescriptions, but I do not hesitate to maintain that physicians and the public have a reason and a right to discriminate. The measure in which physicians will increase their information and their knowledge of pharmacology, and especially of materia

medica and posology; and in the measure in which they will formulate their prescriptions, and in which formulation competent pharmacists can and are willing to be very helpful, physicians will not only help themselves and their patients, but they will help to restore much of the confidence which some of the purely professional pharmacists have lost in a respectable proportion of the medical profession. Physicians should not condemn pharmacy in the wholesale way in which some of them do, because pharmacy is much more highly developed and much more professional to-day than it ever has been, but it must be looked upon in the right light and not in the light and glare and ostentation of the modern ultra-commercial drug store. There are still some drug stores of to-day in which the physician can have full reliance and confidence. He may have to look a little more closely and discriminatingly.

RECIPROCITY EXPLAINED.

A Plain Statement of Essential Facts.

BY H. C. CHRISTENSEN.*

Reciprocity is a subject to which the pharmacist gives little thought until the day comes when necessity forces him to make his home in another state. Then he is either very happy and thankful to those who started such a thing; or, if he happens to be one of the unfortunate individuals who get the verdict "not eligible," he will be bitterly disappointed and probably will feel that reciprocity is a "myth."

This article explains just how reciprocity operates. Even those who may not contemplate changing to another state will benefit by reading it carefully. After such perusal, they will understand that the rules and regulations of the National Association of Boards of Pharmacy (and the states composing the membership) governing reciprocity are not discriminatory but fair to all. To the young student contemplating taking the board soon, the few minutes spent in reading this article may save much worry and disappointment in later years. To the pharmacist already registered will be made clear what he may expect in the way of reciprocal recognition on the state license or certificate he now holds.

IN THE EARLY DAYS.

Prior to 1904 there was no established reciprocity between states. A pharmacist practicing in the East or Middle West who found it necessary to go to Colorado or Arizona or any other state for a change of climate or to seek new business opportunities had to take a big chance. First, a long and expensive trip; then perhaps a wait of two or three months for the state board examination; finally either registration or, more often, failure. It is usually difficult for a pharmacist who has been in the retail drug business ten or fifteen years to pass an examination. He has forgotten much of the technical "book" knowledge on which the written examination is based, but this does not mean that he is not a worthy and competent pharmacist. He is usually a far safer guardian of the public health than the inexperienced youth who is just starting out with a new license.

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