

SHOULD THE CERTIFICATE OF "QUALIFIED ASSISTANT" BE GIVEN
BY THE PHARMACY BOARDS AFTER 1937?*

BY ERNEST LITTLE.¹

The question as to whether the Assistant-Pharmacist Certificate should be abolished or maintained is a question which has received considerable attention at various pharmaceutical meetings and conventions during the past several years.

I doubt the wisdom of devoting any considerable amount of time to further discussion of the whole problem at this time. There are, however, one or two aspects of the question which have been made more important by recent developments in certain states which I would like to call to your attention for your consideration.

May I, at the outset, make my position clear by saying that were I called upon, at this time, to vote upon this question in its broader aspects I should, with fair certainty, vote for the abolition of the Assistant-Pharmacist Certificate in such states as still retain it. I make this very definite statement in order that my attitude may not be clouded by the discussion which is to follow. We are, however, not so much interested in the opinion of any one individual toward pharmaceutical problems as we are in his ability to furnish some new data which may help us in arriving at as accurate as possible opinions of our own.

I fear that many of us in presenting papers of this sort sometimes display too great eagerness to establish a point, rather than to present as complete a discussion as possible. Not so long ago while listening to the presentation of a paper containing much and involved data, I thought of a comment which I recently read in one of our more prominent magazines, to the effect that a certain gentleman used statistics as an intoxicated person uses a lamp post, more for support than for illumination. It is an error to which we are all susceptible and one which I shall at least try desperately to avoid in this very brief presentation.

Fortunately in the discussion of all of our problems we start always from the common ground of what is for the best interest of pharmacy, keeping in mind, of course, the fact that no existing condition or suggested change which is counter to public welfare will in the long run prove beneficial to pharmacy, no matter how great the immediate selfish advantage may appear to be.

For this reason, I have never been overly impressed by such general statements as, for example, the fear that a certain condition or suggested change would dilute pharmacy or possibly reduce the dignity of the retail pharmacist. The addition of water to concentrated sulfuric acid (or vice versa for better procedure) results in a dilution of the hydrogen sulfate but produces also a much more potent active sulfuric acid. Any condition which enables retail pharmacy to render a greater contribution to public health and public welfare should be regarded as an enrichment rather than a dilution of the profession and should not be lightly dismissed.

Some of our states now have pharmacy laws which make it necessary for a drug store (I use that term rather than pharmacy deliberately in this connection) to have a registered pharmacist continuously in charge, even though the prescrip-

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tion department may be closed. I am not contending that such legal requirements are unwise, but wish to point out that these laws have resulted in the arraignment and conviction of the registered pharmacist store owner in a neighborhood where only a one-man store can possibly be maintained.

Is it contrary to the interests of public health to allow sick-room supplies and toilet articles to be sold in a drug store by a person other than a registered pharmacist when the prescription department is closed? The physician's office may remain open in his absence and many semi-professional activities may be carried out by his nurse or office attendant in his absence.

The dentist's office need not be locked during his absence. His nurse frequently attends to such responsibilities as the changing of wedges between teeth, when the dentist is absent from the office. Have such activities diluted dentistry and endangered public health?

The average pharmacist has many more non-professional responsibilities than either the dentist or physician. Would public health be endangered if some of these were attended to by a non-registered clerk during the registered pharmacist's lunch hour?

If you answer in the affirmative I would like to ask the further question, "Could the Registered-Assistant perform a worth-while and needed service during such periods of time?" Is the ultra rigid enforcement of such laws creating a new need for the Registered-Assistant Pharmacist, which would not otherwise exist? It is essential that we should all give serious consideration to the questions asked. They are not hypothetical, or merely academic questions, but ones which may be increasingly before us.

At least one state now has a law on its statute books making it necessary for pharmacy college graduates to have at least one year of practical drug store experience in an approved pharmacy before taking the practical State Board of Pharmacy examinations. I have no intention of discussing the merits of this requirement at this time, but wish to point out a possible bearing which it may have on the question under consideration.

Even allowing for all the alleged shortcomings of our colleges of pharmacy pointed out by our severest critics, I believe you will readily and willingly admit that the average pharmacy college graduate is well prepared to safely and accurately compound without supervision, a very high percentage of the prescriptions which are to-day received by the retail pharmacist. If this is so it will, of course, be appreciated by the proprietor of the store in which the graduate works, with the natural result that the clerk will be permitted or even required to do the things which he is obviously prepared to do effectively and well. Such procedure would be illegal, but one which could be sanctioned by even the more conscientious and well-intentioned store owners.

Would it be desirable to continue or in some instances to recreate the Registered-Assistant Pharmacist for such recent graduates, in such states as have this requirement in force at the present time? Unreasonable or unwise laws are not only themselves frequently disregarded but serve to create disrespect for law in general, a fact which is regretted and depreciated by all of us.

I have not pretended to discuss the question of the Registered-Assistant in its entirety. Even a superficial survey of the literature will convince you that no such presentation is necessary at this time.

I have raised the question whether recent trends in certain states have not increased the importance of the Registered-Assistant Pharmacist question, and perhaps, made it a little more difficult to definitely answer that question than was previously the case.

LET'S NOT MISTAKE THE CAMPUS FOR THE WORLD.*

BY H. C. NEWTON.¹

"The clamor for educational adjustments grows insistently from day to day" said Dean Alphonse M. Schwitalla, S.J., of St. Louis University in his address to the 1936 meeting of the American Council on Education. It is a clamor heard clearly in the realms of pharmacy as well as in other fields of endeavor.

Educational adjustments are closely related to curriculum adjustments. This is one of the reasons for the importance of a constant and never-ending study of the pharmaceutical curriculum by the directors of the colleges of pharmacy. For all pharmacists and especially the members of the AMERICAN PHARMACEUTICAL ASSOCIATION, the pharmaceutical curriculum should be a matter of concern and the subject of frequent discussion. A real curriculum study leads one into all the nooks and corners of the profession as well as into the general field of education. It gives one a better view of the profession as a whole and its relationship to the other professions and to the public.

To "point with pride" and to "view with alarm" are the somewhat hackneyed prerogatives of presidents and convention speakers but I venture to refer very briefly to the history of the pharmaceutical curriculum in the United States with the "pride and alarm" thought in mind.

You may recall that the pharmaceutical curriculum of the United States seems to have originated in the medical schools of the country, where as early as 1826 six out of twenty recognized medical schools included instruction in pharmacy in their curricula. Beginning with the first curriculum provided for pharmacy students in 1816 by the trustees of the University of Pennsylvania and the subsequent curricula of the Philadelphia College of Pharmacy, the Massachusetts College of Pharmacy and College of Pharmacy of the City of New York in 1821, 1823 and 1829, respectively, we find an apprenticeship of three or more years to be an integral part of the plan of study. In fact, the close association of the student with the practice of the profession as an apprentice was considered more important than his attendance at the lectures of the college professors. The starting point of the trend toward elimination of the apprenticeship as a requirement for graduation which became generally effective many years later, was, perhaps, the adoption of a pharmaceutical curriculum and the establishment of a college of pharmacy by the University of Michigan in 1868.

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