

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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The courses in these early days of pharmaceutical education were meager and no attempt was made to introduce subject matter which did not deal directly with the professional practice. The colleges were strictly professional schools recognizing their obligations to the public but not assuming any similar obligation to the student in his non-professional activities. From those days when the colleges and their curricula were so close to the practice of the profession down to the present when some colleges have become more or less obscure, subdivisions of large universities and some curricula resemble modified plans of premedical study with only a remote connection with the actual practice of pharmacy, seems a long stride. With the four-year curriculum came the definite acceptance of the obligation to the student for some of his education as well as to the public for his professional training. This is an advance of which we can be proud and one which will aid in the progress of the profession if we do not allow our enthusiasm in the somewhat new responsibility for the education of the student greatly to overshadow the obligation to the public for his professional training. We should view with concern, if not with alarm, the tendency to pattern our pharmaceutical curricula so closely according to those of the colleges of arts and science which do not have the same objectives. In most cases it seems that it must be either wishful thinking or expediency which causes such a practice.

It is one of the rules of good pedagogy, well illustrated in coaching for athletic competition, to return frequently to the fundamentals of the subject while attempting to master the more intricate details. This is good practice in curriculum construction, also. The objectives of the curriculum are foremost among the fundamentals in this work and one of the most important of them may be stated as follows:

To furnish the student with that basic training which will enable him to render intelligent and constructive pharmaceutical service in the community in which he practices his profession.

I would outline this service by mentioning these divisions of it:

Having available in every community an adequate supply of high-standard drugs and medicines.

Having available the knowledge, skill and equipment necessary for the extemporaneous preparation of medicines prescribed by the medical profession.

Having available the knowledge of the drugs and medicines distributed so that through proper advice the dangers of misuse of these may be averted.

Having available accurate and reliable information about public health.

Participating in research so that new or improved medicinal agents may be available to the medical profession.

No modified arts college or premedical curriculum will prepare a student for the rendering of such pharmaceutical service.

Our profession probably made a mistake when it exchanged its distinctive degree for one which so closely resembles that of the general college that its objectives are readily confused with it. Many privately agree with me in this thought although for various reasons they hesitate to express themselves publicly to that effect. Now let us not make the mistake of exchanging too many professional courses in our curriculum for those of the general college. To prepare Masters of Science and Doctors of Philosophy may be a satisfactory objective for the general college

and graduate school but it is far from the true objective of the college of pharmacy. If we allow that objective greatly to influence our curriculum construction, we shall soon be graduating "campus pharmacists" who will be no more prepared to render real pharmaceutical service than are "drug store cowboys." We must not let the gap widen between the colleges and the practice of the profession. Through our curricula we must see that our students are prepared to take their places in the world as well as on the campus. In preparing these curricula we should keep our feet on pharmaceutical ground so that our heads may not be up in the rarified atmosphere of the radical educationalist. No pharmaceutical curriculum will be perfect, because a good curriculum must provide for the more remote future professional activities of the student as well as for those of the immediate future. Wherefore even a curriculum carefully constructed after considerable study must in the end be based to some extent on the judgment of the constructor regarding future developments of the profession.

I believe the best guarantee that a curriculum will be at least a good one, in the future as well as now, is the acceptance of the thought which I have expressed on previous occasions that any curriculum constructed is "not offered as something fixed and unchanging in the years to come; on the contrary, it is expected that refinements and adjustments will be made through continuous study, evaluation and testing of the materials of the curriculum and *that it will keep pace with the progress and practice of the craft.*"

THE PRESENT STATUS OF HOSPITAL PHARMACY.*

BY EDWARD SPEASE.¹

My subject may be viewed from a number of different standpoints, but it occurred to me that at the present moment it would be of interest to point out briefly (a) what the colleges are doing, (b) what the associations are doing, (c) what recognition hospital pharmacy has received and (d) one or two suggestions for future activities.

A bibliography has been added to the paper, which may prove useful to schools contemplating work in hospital pharmacy and which may also prove useful in the work of teachers.

In this modern age of chain stores and merchandising drug stores, I can conceive of a school where major interests may be in the fields of merchandising and purely commercial pursuits, but in the field of strictly professional pharmacy I consider a close relationship with medical and dental schools and the hospital an absolute necessity.

(A) THE SCHOOLS.

A letter was sent to the 55 schools of the ASSOCIATION as listed in the April number of *The American Journal of Pharmaceutical Education*.

Of this number, seven did not reply and the following is a brief summary, which will be found to be of value as a printed record.

* Section, Hospital Pharmacy, A. PH. A., New York meeting, 1937.

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