

THE STATUS OF PRE-REQUISITE LAWS AND PHARMACEUTICAL LICENSURE.*

BY J. W. ENGLAND.

The enactment of the pre-requisite law of the state of New York effective as of January 1, 1905, and of the state of Pennsylvania effective as of January 1, 1906, affecting the two most populous states of the Union, marks an epoch in the history of pharmaceutical education and legislation in this country. The surprising feature of this legislation, however, is that the importance of systematized pharmaceutical education as a pre-requisite for examination to practice was not legally recognized for nearly one hundred years after the establishment of pharmaceutical education in this country by the Philadelphia College of Pharmacy on February 23, 1821.

H. C. Christensen, Secretary of the National Association of Boards of Pharmacy, writes me (May 9, 1921) as follows:

"After the enactment of the prerequisite laws in New York and Pennsylvania, there followed a long period of inactivity along this line, or possibly more correctly a period of propaganda, without apparent results until 1915 when the North Dakota and State of Washington Boards of Pharmacy adopted prerequisite requirements by rulings of the Boards. Illinois and Ohio followed with prerequisite laws becoming effective July 1, 1917.

The seventeen states, including those mentioned above, in which prerequisite legislation has been enacted up to January first of this year, are as follows: New York, Pennsylvania, Illinois, Ohio, Indiana, Iowa, Kentucky, Maryland, Minnesota, New Jersey, North Dakota, Oklahoma, Rhode Island, South Carolina, Virginia, Washington, Mississippi.

Oregon has a requirement for one year college work effective 1921 and graduation effective 1922.

The five states which have reported that prerequisite legislation has been passed so far this year, are West Virginia, by ruling of the Board, North Carolina, Kansas, Nebraska and Texas. Pre-requisite legislation is pending in several other states where legislatures are still in session. Alabama, Michigan, Georgia, and a number of other states where conditions were not favorable this year, will see pre-requisite legislation in 1923."

By these data, it will be seen that less than one half of the states of the Union have pre-requisite laws, and earnest and determined steps should be taken by the pharmacists of every state not having a pre-requisite law to secure the enactment of such legislation, not only for the good of American pharmacy, but what is more important, the better service of the American people.

Almost as important as pre-requisite legislation, is the matter of reciprocity in pharmaceutical licensure, and on this question Mr. Christensen writes me:

"Reciprocity in pharmaceutical licensure is in force between forty-three states and the District of Columbia—the list is given at the bottom of this page.†

The procedure for reciprocity is by agreement between the state Boards of Pharmacy of the various states using this office as a clearing-house. The applicant for reciprocity secures the official reciprocal application blank from this office on payment of the required fee of \$15.00 (which fee goes for the up-keep of the N.A.B.P. and the bringing about of uniformity in examination methods,

*Read at annual meeting of Pennsylvania Pharmaceutical Association, June 1921.

†Active Member States between which reciprocity is in force: Alabama, Arizona, Arkansas, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin.

etc. in the various states). Certification as to registration and grades must be made on this blank by the Secretary of the state board of pharmacy in the state where he is registered by examination. The application then goes to the Secretary of the State where registration is desired, with the required amount of state registration fee.

By agreement between the various boards of pharmacy certain minimum requirements were adopted at the time of the organization of the National Association of Boards of Pharmacy with reference to standards, etc., which a state board of pharmacy must come up to in order to have their licentiate recognized in other states. Since these minimum requirements were adopted, the Association has endeavored to consistently advance the standards in the various states from time to time, and an applicant for reciprocity must meet these higher standards, providing he was registered since they went into effect. This plan of reciprocity is working out very satisfactorily, both with reference to accommodating those who wish to go from one state to another, and also tends to raise the standards of all states, since those states lagging behind lose the benefits of reciprocity for their recent licentiates."

In this connection, Lucius L. Walton, Secretary of the Pennsylvania State Board of Pharmacy, writes me (May 2, 1921) as follows:

"In the list of active member states between which reciprocity is in force, the reciprocity exists between them in so far as the laws of the respective states will permit. In addition to this list is New York as an Associate Member, approving and supporting the organization, but holding aloof from participating in the reciprocal methods of the Association.

The affiliated active list gives evidence of the general approval of the organization by the boards of pharmacy of nearly all of the states. The attendance upon the annual meetings of the National Association of the Boards of Pharmacy gives evidence of the interest and desire upon the part of at least 80 percent of the boards to perfect the organization and bring about uniform requirements and methods for determining the same.

At the meeting of the Second District of the Boards held in Atlantic City last November, the New York Delegation agreed to propose that reciprocity be adopted by the Board of Regents of the State of New York based upon the qualifications of the individual applicants.* This is really what we do in Pennsylvania. Originally the pre-requisite provision of state laws was so drawn that there could be no reciprocity unless the participating states had the same legal requirements for registration.

The National Association of Boards of Pharmacy represents the state boards of 43 states and the District of Columbia; it does not represent California, New Jersey, Rhode Island and Wyoming, while New York has only associate membership.

Our national organization cannot compel any state board to make a reciprocal registration if it does not want to make it. It represents the consensus of opinion of its constituent members on all questions relating to requirements and examination methods through its constitution and by-laws, which the members are expected to cooperate in making effective except when the law of some state prevents."

The National Association of Boards of Pharmacy was organized in Kansas City, Mo. in September, 1904, in accordance with a resolution passed at the Mackinac meeting of the American Pharmaceutical Association in 1903.

By these facts, it will be seen that the National Association of Boards of Pharmacy has probably contributed more to the advancement of the legal standards of pharmacy than any other single agency. In later years it has had the cooperation of the American Conference of Pharmaceutical Faculties (organized in 1900), which has done much to aid the organization in its work for the legal betterment of the practice of pharmacy.

*Warren L. Bradt, Secretary of the New York State Board of Pharmacy, writes me as follows: "Replying to your letter of May 25, I am advising you that no action has been taken by this Board recommending to the Board of Regents reciprocity of licenses with any other State Board." (J. W. E.)

Pharmaceutical education and legislation should go hand in hand, to the end that the interests of pharmaceutical education may be promoted, pharmaceutical legislation made more effective, and public service improved.

SUGGESTIONS ON PHARMACEUTICAL RESEARCH.*

BY ALBERT SCHNEIDER.

Research may be defined as a seeking after facts or principles, or a searching after truth. What is a fact or principle, or what is a truth? Facts are unalterably fixed whereas a truth is a mere mental attitude. Facts are objective and outside of mind. A truth is subjective, mentally generated and as variable as are mental cerebrations. That which is a truth to one may not be a truth to another, and a truth is not necessarily in harmony with the fact. For example, we are inclined to accept as truth that two and two make four, but is it necessarily a fact? There are learned scholars who are ready and willing to argue the question. That vaccination prevents small-pox is a demonstrated fact, yet there are thousands upon thousands of apparently sane people, some of them laying claim to scholarly attainments, who refuse to accept the fact as a truth. Cancer is a fact, tuberculosis is a fact, gravitation is a fact, war is a fact. What are the truths concerning these facts? Opinions have been uttered from time to time regarding facts of many kinds, many of them in the nature of truths (in the sense that they were subjective convictions which were acceptable to many, or to the majority), which in the light of later observations proved that they were not in harmony with the actual facts. It is no doubt clear that true research is and should be directed toward the disclosing or baring of facts rather than a searching after truths, for investigations pertaining to so-called truths are in the very nature of things primarily prompted by prejudice, either for or against the presumptive truth. To illustrate, universal gravitation appears to be a fact and we have accepted as truth that universal gravitation is some form of energy which is inherent in matter, or one with matter. Is this generally accepted truth one with the actual facts in the case? The proper manner in which to proceed in the investigation of this question is to seek directly after the facts of universal gravitation, and not to search for evidence which might either sustain or refute the generally accepted theory of universal gravitation. As to the disease known as cancer, the existence of which all will admit to be fact, we earnestly pray for a cure. Should the primary research be in the direction of the cure? The logical procedure would be to find the cause, then the cure will naturally follow. We might accidentally stumble upon the cure, as we have done in the case of small-pox, of syphilis and of yellow fever. It is true that we may accidentally hit upon the cure without having located the cause definitely, as in the case of the diseases just named, but a rational plan for any research or investigation should be directed toward the revealing or disclosing of facts.

Who may seek after facts or first principles? The logical conclusion which all must reach is that there can be no disbarment. Any and all are inalienably privileged to disclose facts. Right at this point we meet with confusion. Who shall

* Parts of a report presented at twenty-first annual meeting of American Conference of Pharmaceutical Faculties, City of Washington, 1920.