

ADDRESS OF CHAIRMAN OF THE HOUSE OF DELEGATES.

BY C. B. JORDAN.

To the Members of the House of Delegates of the American Pharmaceutical Association:

For seventy-nine years the AMERICAN PHARMACEUTICAL ASSOCIATION has stood out as the greatest organization in American Pharmacy. It is the mother organization from which has sprung practically all other pharmacy organizations. It is the acknowledged leader in organized pharmacy and has been so acknowledged since its beginning. We are indeed proud that the A. PH. A. has been and is the acknowledged leader, but such a position of leadership carries with it grave responsibilities which must restrain our pride and cause us to seriously consider whether the ASSOCIATION has fully discharged the responsibilities which such leadership lays upon it.

The AMERICAN PHARMACEUTICAL ASSOCIATION must, whether it wishes to or not, accept in a great measure responsibility for the good and the evil which exist in American pharmacy to-day. This is the compensation which we must pay for being the acknowledged leader. It would be well at this time to consider wherein we have been successful and wherein we have failed. If we can fully comprehend our successes and our failures, I believe we can gird ourselves for a better fight to secure for American pharmacy the things that we have thus far failed to secure.



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In reading the early history of this organization, I have been impressed with the things that were set forth as worthy of accomplishment by those who were interested in the first organization meeting. Briefly they are as follows: Fixing of standards for imported drugs; securing a law against the importation of adulterated

drugs, chemicals and medicinal preparations; controlling the indiscriminate sale of poisons; control of secret and quack medicines; the organization of state and local pharmaceutical associations; the organization of schools of pharmacy; perfecting instruction to apprentices; careful selection of apprentices; etc. As we view this list of objects to be accomplished, we can look with a great deal of pride on the part the A. PH. A. has played in securing most of these. This is especially true as regards the control of the importation and sale of adulterated drugs, chemicals and medicinal preparations; in the building up and perfecting of the United States Pharmacopœia; and in the encouragement of the organization of colleges of pharmacy and state pharmaceutical associations.

It is not enough, however, for any organization to accomplish the purposes set forth at its beginning, because new and pressing problems are always arising and an active, energetic organization should be able to meet these emergencies successfully. As I judge pharmacy to-day, I think that our outstanding weaknesses are: Extreme

commercialism; lack of uniform educational requirements; the lack of coöperation between organized pharmacy and medicine; and the failure of recognition of the service of pharmacists in the U. S. Army. I believe we are justified in placing the responsibility for our slow progress in eliminating these four outstanding faults squarely on the shoulders of the leader, the AMERICAN PHARMACEUTICAL ASSOCIATION.

It is perhaps too much to expect of any organization that it will be able to control economic factors; especially economic factors that play such an important rôle in success or failure as they do in the case of the retail druggist. Perhaps no amount of effort on the part of the A. PH. A. could have prevented the extreme commercialism which we have to-day. However, higher qualifications for entrance to pharmacy, and higher ethical ideals on the part of those who enter the profession might, in a great measure, have prevented the modern drug store from becoming a place where everything may be purchased from sandwiches and mouse traps to automobile tires and electric accessories. Had our parent organization been sufficiently aggressive and awake to the trend of pharmacy, I believe much could have been done toward the control of this extreme commercialism.

The A. PH. A. should have taken a more aggressive part in raising the educational and ethical standards of pharmacists. It is true that in the past decade we have made tremendous strides in this direction, but most of the credit for these advances must go to the children of this organization, the N. A. B. P. and A. A. C. P., rather than to the parent organization. The responsibility of leadership is great and I fear that as far as development of pharmaceutical education is concerned the A. PH. A. has much to answer for.

The failure of the recognition of pharmacists in the U. S. Army and the lack of respect and coöperation on the part of organized medicine are in a great measure due to the lack of sufficiently high requirements for entrance to and practice of the profession. I believe we would have had no difficulty in securing a very close relationship with medicine and securing recognition for pharmacists in the Medical Corps of the Army had we in the past demanded of all who entered pharmacy a more thorough preparation, a preparation which would have removed the pharmacist out of the purely business class into the professional class, and had we been aggressive in pushing our cause.

The pioneers in this organization have accomplished much for which they deserve great credit and for which we can be justly proud, and I only speak of the failures for the purpose of emphasizing the active energetic part that we should now play in correcting the abuses that have crept into pharmacy. Such a progressive program is expected of the leader and it is the price we must pay for acknowledged leadership.

Premedical Education and Pharmacy Schools.—Every medical school requires from two to four years of premedical education. If four years are given to this, there is no better premedical training than the Four-Year Course in Pharmacy. Much of the required premedical education is in the sciences that are fundamental to pharmacy, and the small part of required work that is not fundamental can very well be classed as cultural, and therefore secured in a college of pharmacy. In other words, a premedical student can secure his pharmacy degree, be eligible for registration as a pharmacist and also complete his premedical work. Those

physicians who have secured their premedical training in colleges of pharmacy will, in my opinion, be better prepared and in addition will be friendly to pharmacy. Such physicians will be less likely to dispense their own medicines. Therefore, the use of the pharmacy course for premedical training will be beneficial to both pharmacy and medicine. The only "fly in the ointment" is the lack of recognition of pharmacy schools by the A. M. A. The Council on Medical Education of the American Medical Association does not recognize pharmacy colleges as such in their list of approved colleges in which premedical education may be secured. The Council may recognize a university or other educational institution which has a school or department of pharmacy; but in doing this, it is generally understood that the premedical work will be secured in the Liberal Arts College or the Science Department. Very few students to-day are securing their premedical training in a college of pharmacy.

Why is this true? Is not the work of our colleges of pharmacy up to standard? Do they not deserve recognition? Medicine has never considered pharmaceutical education up to the standard and medicine is not alone in holding this view. In September 1932, the American Association of Colleges of Pharmacy will require the four-year course as a minimum. When that point is reached, we should no longer be considered substandard by medicine or any other profession or group. An active, aggressive attitude on our part will be necessary to convince our medical friends that we are up to standard. That active, aggressive attitude can, with much better grace, be taken by the A. PH. A. than by the A. A. C. P. However, the A. PH. A. has not been aggressive nor progressive as far as pharmaceutical education is concerned and, at this late date, has no organization for the purpose of furthering pharmaceutical education. Therefore, I recommend that the AMERICAN PHARMACEUTICAL ASSOCIATION establish a standing committee to be known as the Committee on Pharmaceutical Education, and further that the ASSOCIATION instruct this Committee to assume an active, aggressive attitude toward the problems of pharmaceutical education.

A Pharmacy Corps in the Army.—The securing of a Pharmacy Corps in the Army has long been the dream of American Pharmacy but it is only within the past few years that an active, aggressive attitude toward the problem has been assumed. Better trained pharmacists would have made this problem easier of solution. The A. PH. A. has, however, assumed an aggressive attitude toward this problem and I am indeed glad that we have at last reached the ear of the Surgeon General of the Army. Most of the credit for this belongs to the A. PH. A. and I am more than pleased to acknowledge it. For years we have had a sufficient number of trained pharmacists to fill a corps in the Army, but as long as the rank and file of our graduates were completing courses of two and three years, we could not expect the Government to look with much favor upon such training as professional. The College Association requirement of a minimum four-year course in 1932 has materially assisted in securing such recognition as we have at present. We are, however, justified in expecting that the leader, the A. PH. A., shall continue to assume the same aggressive attitude toward this problem until it is solved.

There are other ways by which the A. PH. A. can assist pharmaceutical education. At present our proposed plan of a Study of Pharmacy is at a standstill because not sufficient funds are available for the work. It is true that the Council of

the A. PH. A. has signified its willingness to contribute an amount equal to that contributed by the N. A. B. P. and A. A. C. P., provided the remainder can be raised in some other way. Is it enough that the A. PH. A., the strongest national organization of pharmacy from the standpoint of influence in professional pharmacy and the acknowledged leader in our profession, should only contribute equally with its children, the N. A. B. P. and A. A. C. P.? I do not think that this is enough. If the available funds of the A. PH. A. were made more useful to present-day problems, the ASSOCIATION could, I believe, finance the Study of Pharmacy with such help as has been offered by the N. A. B. P. and A. A. C. P. Is not that project worth while? Since the A. PH. A. is the acknowledged leader, if it expects to deserve and maintain that leadership, it should contribute more funds for this Study which the N. A. B. P. started. In fact, the A. PH. A. should have been the originator of the movement. It seems to me that it can now redeem itself by contributing very liberally to this Study, thus permitting it to go forward. I can see several pressing problems for consideration by an active standing committee on Pharmaceutical Education and I hope the Association authorized such a committee.

In my opinion there are two well-defined movements in American pharmacy today that should have our consideration. I refer to the development of professional pharmacy and to the gradual reduction in dispensing by physicians.

From 45 per cent to 50 per cent of the strictly professional drug stores of the United States have been opened in the past six years. A study of the professional activity of the drug stores reveals that we have to-day between 350 and 400 stores that are receiving 50% or more of their total sales from their prescription departments. This is a tendency that the A. PH. A. should foster and encourage. I think the time has come for the organization of the professional pharmacists into Army's Institute of Prescriptionists, Nelson's Trade Marked Prescription Stores, or some similar organization. Perhaps an organization within the A. PH. A. will suffice for present conditions. The problems of the professional pharmacist are quite different from those of the commercial pharmacist or even those of the average retail druggist. Since this is true, we can readily see how a separate organization or an organization within the A. PH. A. would be beneficial to them. Our Association should assist in the development of this important phase of pharmacy and the A. PH. A. should present its good offices for their service.

There will probably always be dispensing doctors, regardless of whether this is an ethically sound way of administering medical care. We can, however, detect a reduction in the number of dispensing physicians. The cause of this reduction may be surmised. The average young man leaving medical school to-day is not settling in the sparsely populated communities. He is interested in cities and the larger communities. Not so many doctors are willing to start to practice in towns of less than five or ten thousand. These young men naturally wish to be considered "up-to-date" in their medical practice and therefore, everything being equal, prefer to write prescriptions. The cost of a stock of drugs adds a burden that many of them are not ready to assume, after the heavy expense of a college course coupled with the cost of office and equipment. Therefore, I believe there are fewer of the young medical men going in for dispensing. Our ASSOCIATION should encourage this tendency and do all it can to see that every prescribing physician is provided with competent pharmaceutical service. The efforts that we are placing upon commer-

cial pharmacy could very well be taken over by the N. A. R. D., giving us more time for professional pharmacy. Our ASSOCIATION, through a good contact committee, could work with the American Medical Association and do much to bring about friendly relations and an understanding that will encourage prescribing and discourage dispensing by doctors. Such a contact committee could find many useful things to do, encourage closer contacts between state medical and pharmaceutical associations, friendly relationships with other pharmaceutical organizations, etc.

For many years the average physician supply house paid no attention to the retail pharmacist. They went merrily on their way dealing with dispensing physicians and totally ignoring pharmacy. I believe I detect a pronounced change in the attitude of many of these companies, and, if the pharmacists are willing to meet them half way, much of the business that has been done directly with the physician can be directed through the retail drug trade. No doubt these companies will continue to serve their old dispensing customers, but, I believe, that many of them can be induced not to open new accounts with physicians. They seem to be in a receptive mood and, regardless of the cause of this receptive attitude, pharmacy should be awake to its importance and cultivate it. I believe we can work in harmony with the American Pharmaceutical Manufacturers' Association and secure an understanding that will be mutually beneficial. Here again a good active contact committee could function well. I recommend that a standing contact committee be established and that this committee be instructed to serve in any capacity where contacts will be valuable to our ASSOCIATION. If such a committee is organized, funds for active operations should be provided it.

I have recommended the organization of two new standing committees fully cognizant of the fact that the ASSOCIATION already has a great number of standing committees. I am fearful, however, that many of these committees are truly "standing" committees and therefore not showing much progress. Our officers should put new life into them or, if that is impossible, change the membership and try it again. In saying this I am not unmindful of the fact that I am chairman of one of these "standing" committees. If the A. PH. A is to accomplish its aims and retain its title of leader, it must become more active, more awake to the needs of pharmacy, and it must take a more aggressive position on many questions. If the committees of the ASSOCIATION had always been as active and aggressive as has been our committee on Pharmacy Corps in the Army during the past two years, we could have no fear regarding our right to deserve and our ability to retain the title of leadership.

May I repeat that leadership carries with it grave responsibilities? May I also point out that the sins of "omission" are often quite as bad as those of "commission?" In discharging our responsibilities as leader, I believe we have often been guilty of the former sin. Let us awaken to the fact that active, energetic, aggressive and progressive leadership is needed in pharmacy to-day, that our organization is the natural one to assume such leadership, and then let us "roll up our sleeves" and go at the job.
