

## COMMITTEE REPORTS

### REPORT OF THE NEW JERSEY COMMITTEE ON PHARMACEUTICAL EDUCATION AND STANDARDS.\*

BY ROBERT P. FISCHER, *Chairman.*

Educational activities tending to promote the progress of Pharmacy and incidentally the welfare of the pharmacist, appear to be necessary along three distinct lines. *First*, there is the problem of educating the pharmacist in the technical phases of his services to the community. *Secondly*, there is the problem of educating other professions having to do with medical care, to the point of utilizing the services of the pharmacist to the fullest capacity and finally there is the problem of educating the public to appreciate what constitutes proper pharmaceutical service and how far the pharmacist is permitted to go in supplying services relating to medical care.

The problem of educating pharmacists to the point of meeting legal qualifications to practice may be considered the primary phase of pharmaceutical education. It is fairly well organized and rests in the hands of the colleges of pharmacy and the preceptors in our pharmacies who undertake to guide the practical experience of the prospective pharmacist. Although this primary phase of pharmaceutical education looms large in the life of the undergraduate and frequently occupies the spotlight of pharmaceutical education to the exclusion of all other educational activity in the profession, it is only a part of the pharmaceutical educational process.

Some one has said that a license to practice any profession, issued by the State, is not necessarily a guarantee of expert professional service. It is at best merely a guarantee against gross ignorance and incompetence of the licensee and at times it is not even that, for all of us can point to glaring examples of incompetence and ignorance on the part of duly licensed physicians, dentists, pharmacists and others. As far as the professions are concerned, it is plain that although all licensed practitioners are equal in the eyes of the law they are far from being equal in education, technical ability or professional competence. They never will be equal in ability and skill but it is within their power to become sufficiently expert to guarantee efficient and effective service to the public.

No profession can afford to ignore the responsibility of improving the service rendered by its individual members and one of the first steps in assuming that responsibility is to provide ways and means for keeping its members abreast of advances in the sciences and arts which constitute the background of the professions. Medicine and Dentistry have long ago assumed that responsibility. Pharmacy cannot afford to ignore it much longer.

The New Jersey Pharmaceutical Association took cognizance of this situation last June when it instructed this Committee "to make a study of possible methods of keeping the pharmacists of New Jersey abreast of the advances in the sciences underlying the practice of pharmacy and in the art of pharmacy itself and to report at the winter meeting."

After considerable inquiry and study of the activities of the medical profession in this direction, it appears that perhaps the best plan for us to follow is that of the Medical Society of the State of New Jersey, which has for several years been conducting postgraduate lecture courses in coöperation with the Extension Division of Rutgers University. Under this arrangement prominent specialists in selected fields of clinical medicine are brought to various centers throughout the State where the doctors of the particular County or section gather once a week for eight weeks to listen to lectures and to discuss the subject presented. Upon the completion of the course, a certificate is issued which has university credit value.

We believe that an educational activity modeled along this line and worked out by this Committee in coöperation with the Extension Division of Rutgers University would appeal to a sufficient number of our members to warrant its inauguration. At this time we would merely ask that the Committee be authorized to enter into negotiations with the Extension Division of Rutgers University for the purpose of evolving a concrete plan to be submitted to the Association for final action.

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\*Presented at the mid-winter meeting of the New Jersey Pharmaceutical Association at Camden, N. J., January 26, 1932.

The problem of educating other professions—principally the medical profession—to the point of utilizing the services of the pharmacist to the fullest capacity will be made less difficult as we increase the activity to keep ourselves abreast of the progress of life times.

There is a great gulf between the viewpoint of the pharmacist whose education centers around drugs and the modern physician whose education centers around the causes of and remedies for diseases. To the narrowly educated pharmacist drugs are everything. To the broadly educated physician drugs are only one means to an end—and by no means the most important one. It is well that we should be experts in the selection, manufacture, compounding and dispensing of drugs and medicines but let us not fail to recognize the development of modern medical science and let us not fail to grasp opportunities for service to the medical profession in which our expert knowledge of drugs may prove to play a minor part. We cannot grasp these opportunities if we do not know what and where they are. We can only learn of their existence through careful study of what physicians are thinking and doing. A few pharmacists have maintained this close contact with the medical profession and they have profited in prestige as well as financially. It is not reasonable to expect that every pharmacist could do the same thing but it is certain that more can do so. To those who wish to try the opportunity should be made available and in the end the entire profession will profit because modern physicians will come to learn that the modern pharmacist has kept pace with developments in medical science to a much greater degree than the physician has realized.

This Committee expects to submit some suggestions at the annual convention along the line of maintaining contact with medical and dental groups for the purpose of acquainting these groups with the abilities, aspirations and services of pharmacists.

The problem of educating the public as to what constitutes proper pharmaceutical service has come to be a highly competitive business. We are slowly being killed with a brand of kindness that is as subtle as it is pernicious. The same melodious voice of the radio announcer which urges mother to wash baby's toys at least once a day with the antiseptic solution that stops colds when it is gargled and cures athlete's foot when it is daubed between the toes, also urges her to buy this antiseptic at the neighborhood drug store.

The manufacturer of Aspirin who warns the public in bold type that all other makes of Aspirin are counterfeits also urges the public to buy it at the neighborhood drug store.

Many other manufacturers emphasize that their wares may be obtained at "all good drug stores" and some even go so far as to say that the product, of secret composition, is "endorsed by all good druggists."

If the pharmacist advises his customer according to the dictates of his conscience and in harmony with his education and professional relations he must, of course, deny many of the extravagant statements and half-truths of these "benefactors" of the retail druggist.

There are other manufacturers who are not so solicitous about our welfare. For instance, one manufacturer of a cough syrup who advertises that his product "contains no dope" words his announcement in such a manner as to cast reflections on all other cough syrups yet he says not one word in his advertising or on his label as to what his product contains. Upon receiving a note of protest from a retail druggists' association regarding his unfair advertising campaign, he replied blandly that if the druggists do not wish to sell his product there are plenty of other outlets through which it can be sold. His bluff should be called. It is because this manufacturer believes that retail druggists would not go so far as to refuse to sell his product or discourage sales of it that he assumes this attitude. He would probably sing a different tune if pharmacists refused to handle the product and it became known as a grocery store cough syrup.

The time has come when we should do some educational work with the general public or join with medical societies in doing it. It will take painstaking and consistent effort to combat much of the misinformation which is spread abroad on bill boards, through newspapers and magazines and over the radio but the individual pharmacist in his shop can do much with his customer. Honest, fair and helpful advice based on the facts in the case will be appreciated and while it may not always swell the day's profits it will bring returns in the long run.

"Big Business" in the drug trade has made merchandise out of packaged medicines and it is handling their distribution precisely as it handles automobiles, radios or shoes. The interests which control large drug manufacturing enterprises are no longer professional pharmacists. They can afford to hire the best professional brains to do their technical work. Advertising is their

weapon and its effects are far-reaching but it cannot escape the counterfire of facts. The American Medical Association has fought practically alone against this pernicious influence. It has recently been joined by the American Dental Association. It is time that professional pharmacy should line up definitely with its sister-professions in this battle for control of the confidence of the public in health matters. Shall our people diagnose their ills by comparing symptoms with those for which a patent medicine may be advertised and thus temporize with what may prove to be a dangerous ailment requiring medical attention or shall they be properly guided by pharmacists to physicians or hospitals where proper care will save them much distress? The pharmacist's opportunity to assist in public health education was never better and such activity will go just as far in maintaining his professional prestige as the filling of a prescription. It is the intention of this Committee to offer some concrete suggestions at the annual convention which may lead to closer coöperation between the physicians, dentists and pharmacists of New Jersey in combating patent medicine propoganda that has a harmful influence on the public.

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ADDRESS OF THE CHAIRMAN OF THE SCIENTIFIC AND PRACTICAL SECTION OF  
MINNESOTA PHARMACEUTICAL ASSOCIATION.

BY FREDERICK J. WULLING.

Much emphasis has been placed during the past year upon the depression, but it seems that pharmacy has not suffered greatly. Work and especially development have gone on as usual. The depression has been felt much more on the business side of pharmacy than along professional lines. A real professional renaissance has been under way for some years. It has accelerated during the year rather than waned in many parts of the country, including especially Minnesota. The pharmaceutical emphasis has had a most affirmative reaction from physicians, and in numerous instances physicians have offered their coöperation to pharmacists. At a meeting of the Lyon-Lincoln Counties Medical Association at Marshall, Minnesota, before which I delivered an address upon request, practically every physician present from a territory extending fifty miles in every direction from Marshall had a pharmacist as his guest. On January 13, 1932, I was the guest speaker at the Hennepin County Medical Society luncheon meeting at which there was a gathering of nearly 300 including a good proportion of pharmacists who had been invited by the Society.

The programs of the Association district meetings, held during the summer to the number of eight or ten, were very successful, and their program stressed the need of a closer coöperation and understanding of physicians and pharmacists. At more than half of the number of monthly meetings of the Minneapolis Veteran Druggists' Association and at some of the St. Paul Veteran Druggists' Association physicians were present and supported pharmacists in their endeavor to encourage the more purely pharmaceutical practice.

Similar or identical activities have been going on with singular success at Cleveland, Milwaukee, Chicago, New York and in New Jersey, and elsewhere.

Substantial progress can therefore be reported to have been made during the past year in matters relating to the scientific and professional aspect of pharmacy, and pharmacists have complained less about the depression than any other group of professional or business men.

In my Chairman's address of last year, I omitted a reference to the fact that the Section had then completed a quarter century of constructive work. The proceedings of the Section would not be complete without a reference to its work and influence during the past twenty-five years, and therefore the reference is included in this year's address.<sup>1</sup>

In 1883 a comparatively small group of the more progressive and professionally minded pharmacists of Minnesota, principally of St. Paul, Minneapolis and Duluth, organized the Minnesota State Pharmaceutical Association. The purposes which these fathers of Minnesota phar-

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<sup>1</sup> The pagination is a convenient summary of the valuable and helpful contribution of the members of Minnesota Pharmaceutical Association to Pharmacy. Reference is made to it as it will appear in the printed Proceedings of the Association. It represents much work in tabulation and the percentage of scientific matter is most encouraging.