

CONTROLLED APPRENTICESHIP AND PHARMACEUTICAL LEGISLATION.

BY HARRY E. BISCHOFF.

I have attended many meetings of the National Association of Boards of Pharmacy and joint sessions with the faculties of colleges and for years proper supervision of apprenticeship has been discussed. To my knowledge much has been said about this phase of education but little has been done about it. If a candidate for examination supplies evidence that he or she has spent four years in a drug store they are credited for the same, irrespective of the nature or type of experience. We all know what is meant by experience and the time has come when we must face the proposition and adopt standards for it. At present a candidate spending four years in a chain store at the rubber goods counter, the soda fountain or the cigar stand is given equal credit to that of the candidate who spends four years as an apprentice under the personal direction of a registered pharmacist.

With very few exceptions State pharmaceutical associations and local organizations continually labor on increasing the requisites for those anticipating the study of pharmacy and give but little attention to the improving of the standards of their membership. It is my opinion that the time has long since arrived when some thought should be given to the standardizing of pharmacies and apothecary shops. I contend that if each State association adopts a minimum standard for such places of business and issues a certificate annually, such as Class "A," Class "B," etc., we will be taking a step in the proper direction. We will be regulating our profession ourselves instead of going to the Legislature at each session and requesting them to undertake a task, which the other professions do not hesitate to perform.

As a basis for the standardization of stores I offer the following:

CLASS "A."

1. Store must be owned and operated by a registered pharmacist complying with the rules and regulations of the Board of Pharmacy.
2. Must be kept clean and in an orderly condition and complying with the health code of the State and municipality in which situated.
3. Must comply with the "Food and Drugs Act."
4. Must comply with the "Federal Narcotic Act."
5. Must comply with the "Non-beverage Liquor Act."
6. Must comply with the "Crimes Act."
7. Must possess latest editions of the U. S. P. and N. F.
8. Must compound or dispense an average of not less than 100 prescriptions each month.
9. Must possess a balance sensitive to at least $\frac{1}{2}$ grain.
10. Must possess proper weights and measures; metric weights from at least 0.03 to 30.0 Gm.; apothecaries weights from at least $\frac{1}{2}$ grain to 1 ounce; metric graduates from at least 0.2 cubic centimeters to 1 liter; apothecaries graduates measuring from 5 minims to 32 ounces.

CLASS "B."

1. A store that is owned by other than a registered pharmacist, but employing at least two registered pharmacists at all times and complying with the rules and regulations of the Board of Pharmacy.

2. Must be kept clean and in an orderly condition and complying with the health code of the State and municipality in which situated.
3. Must comply with the "Food and Drugs Act."
4. Must comply with the "Federal Narcotic Act."
5. Must comply with the "Non-beverage Liquor Act."
6. Must comply with the "Crimes Act."
7. Must possess latest editions of the U. S. P. and N. F.
8. Must compound or dispense an average of not less than 50 prescriptions each month.
9. Must possess a balance sensitive to at least $\frac{1}{2}$ grain.
10. Must possess proper weights and measures; metric weights from at least 0.03 to 30.0 Gm.; apothecaries weights from at least $\frac{1}{2}$ grain to 1 ounce; metric graduates from at least 0.2 cubic centimeters to 1 liter; apothecaries graduates measuring from 5 minims to 32 ounces.

If the stores were once standardized, apprenticeship could be controlled in a similar manner to that of the medical student who serves his internship in a hospital, and we all know that hospitals are rated by the American College of Surgeons. It is my idea that a candidate who is employed the proper number of hours in a Class "A" pharmacy should be credited with full time, while one who spends an equal number of hours in a Class "B" should only be credited for a proportionate number of hours.

A committee on standardization could be elected or appointed to make a survey of all stores requesting such standardization. This committee should consist of at least five members from different sections of the State, which latter should be divided into districts, and any two or more members from a different district than that in which the store is located should be the Committee on Inspection. This service could be rendered to members of the Association without cost, and any one not a member, but requesting such a survey, should be charged a fee at least equal to that of a year's dues for membership. Again I emphasize the fact that we pay too much attention to raising standards of those eligible for Board examinations and entirely forget our professional standing after registration.

The plan outlined above necessitates legislative action and on this subject considerable can be said. We all know of the difficulties encountered in securing favorable action by legislative bodies and undoubtedly some of the obstacles are due in part to ignorance of proper procedure.

It has been my privilege to complete my first year as a member of the majority party of the House of Assembly for the past legislative session in New Jersey and the outstanding feature, relative to pharmacy, has been a lack of ability to properly speak on general subjects on the part of the legislative committees of State associations. I am now thoroughly convinced that cultural subjects should be included in the pharmacy courses. I am also struck by the disregard for other professions' needs displayed by these committees.

All contemplated legislation for our profession should be introduced by a pharmacist (if there be one in the Legislature) or by a member of an allied profession. An erroneous idea has long prevailed that legislation to be successful should be introduced by a member of the majority party. This is only true to a slight degree and to the extent that such a member can get quicker action. *Primarily*, legislation, to be successful, must have merit and be in favor of the public. *Secondly*, we must not encroach upon or usurp the rights and privileges of other pro-

fessions or businesses, always bearing in mind that others are equally and as vitally interested in their profession or business as we are in ours. I have found that legislators are ever ready to aid any business or profession if the measure introduced is fair and non-political. For that reason the introducer of a bill should be thoroughly conversant with its intent. A committee entrusted with a measure by a State association must sell the idea of the bill to its introducer and then to the chairman of the legislative committee to which it is referred. When the bill is reported out, members of the pharmaceutical associations in the various districts of the State must make contact with their representatives, preferably by personal interview. When the bill has passed one House, the legislative committee of the State Association should work on the chairman of the Committee to which it has been referred in the other House, and again, when reported out, make contact with the members of the other House, through the membership of the Association.

If it is found that there be any objection to any section of a bill, this should be preferably straightened out with the objector and if this is not possible without amending the bill an agreement should be sought whereby the Committee will report out a substitute. A committee substitute is always looked upon with greater favor than an amended bill. Naturally the committee that reports the bill out is of the majority party, and a committee substitute is considered the child of the committee and not of an individual.

I am in hopes that the standardization of pharmacies will receive immediate attention and that the faculties of the colleges will be the leaders in this work. A start in this direction would do much toward elevating our profession in the eyes of the public. It would show that retail pharmacy is ready to assume the responsibilities which full professional status entails.

CONFERENCE OF DENTISTS AND PHARMACISTS IN AUSTRALIA.

A preliminary conference between representatives of the Victorian Branch of the Australian Dental Association and the Pharmaceutical Society and Pharmaceutical Service Guild of Australia took place at the College of Pharmacy, Melbourne, on November 2nd.

Dr. F. A. Keil, president of the Victorian Branch of the Australian Dental Association, and Dr. F. A. Aird, secretary; and Messrs. A. W. McGibbony, E. C. McClelland, E. Scott and C. L. Butchers were present, representing their respective organizations.

Among the items discussed were the possibility of National Health Insurance and hospital contributory schemes affecting the practice of dentistry, the necessity for joint action to endeavor to deal with quackery, cooperation with respect to the wider distribution of educational propaganda, the issue of prescriptions for dangerous drugs by dentists, and the prescribing of gargles and mouth

washes in place of oral directions to the patient to obtain some proprietary article.

After a general discussion on the above lines it was agreed that at a later date the executive of the Dental Association might meet the pharmacists again. Dr. Keil said he felt there was room for greater cooperation between the two bodies, and that he would recommend his association to approve of joint meetings being held occasionally on the lines suggested.—*Australian Journal of Pharmacy.*

Mr. James Herbert Dinwoodie, a pioneer Johannesburg chemist (pharmacist), died at his residence, "Wamphray," Westwold Way, Parkwood, Johannesburg, on October 1st, aged 65. Born at Lochmaben, Dumfriesshire, in 1867, Mr. Dinwoodie went out to South Africa in 1893, and established the business known as Dinwoodie's Drug Stores at the corner of Bree and King George Streets, Johannesburg, in 1896. After service in the Boer War, Mr. Dinwoodie became first president of the Transvaal Pharmacy Board in 1905, and an examiner for many years on that Board.