

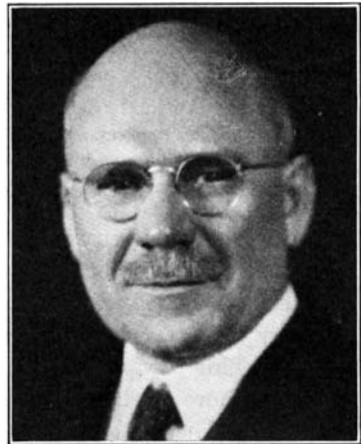
ADDRESS OF THE PRESIDENT OF THE AMERICAN ASSOCIATION
OF COLLEGES OF PHARMACY.

BY ERNEST LITTLE.

Mr. Chairman, Fellow-Members, and Guests:

I know that I reflect the sentiment of my Eastern and Mid-Western associates when I say that we consider it a privilege to hold our thirty-sixth annual meeting of the American Association of Colleges of Pharmacy in this beautiful city of Portland. Your unusual hospitality has already made itself felt. We feel at home and at ease among cordial, sincere friends. We shall do our utmost to make this meeting one of the most pleasant, successful meetings in the history of our Association. How better could we show our respect, and express our appreciation to the citizens of this great state?

I realize that I am displaying no originality when I begin my presidential address with the statement that I have received incalculable benefit from the fact that it has been my privilege, during the past year, to read and critically study the proceedings of our meetings and the recommendations of our presidents of the past thirty-five years. I predict that this fact will continue to be commented upon by our presidents in the future. To review the progress of our Association from the time of its inception, thirty-five years ago, down to the present day, is an interesting and challenging experience. It was born with the dawn of the twentieth century in the city of Richmond, Virginia, where so many worthy projects have been initiated, and from whence capable leaders have stepped forth to carry promising infant projects to fruitful maturity.



ERNEST LITTLE.

To-day, three and a half decades later, we are assembled on the opposite side of our continent, where our Association stands forth as a great tribute to such past-presidents as Prescott, Remington, Kaufman, Whelpley, Hynson, Searby and Schlotterbeck, all of whom have passed to the great beyond. It must bring great satisfaction and some measure of pride to the hearts of such men as Edward Kremers, our oldest living Past-President, Wulling, Lyman, Jordan, Rudd and others of their type, who are still faithfully working with the vigor and enthusiasm of younger men.

I wish I might stimulate those of you who have not already done so, to review at least the presidential addresses of the past thirty-five years. You will find it an interesting and decidedly worth-while experience. I believe that the fund of information thus obtained, serving as a background for future deliberations, would greatly increase your efficiency and effectiveness as individual workers and would make for progress within the Association.

In my judgment, the present marks a rather vital period in the life of the A. A. C. P.—vital in the sense that we, in the next few years, must decide whether

the wonderful potentialities brought into being by our predecessors will be fulfilled, or perhaps dissipated by an extravagant and somewhat less idealistic generation.

Our Association will either become an increasingly vital, constructive force in pharmaceutical education or it will shrivel and atrophy until it is but a meaningless hulk whose possibilities were allowed to remain untapped by visionless or ineffective association members. This, as I see it, is the all important question which we must decide.

I firmly believe that the spirit of such pioneers as Remington and Kremers and Whelpley will prevail, and that we shall not become satisfied with modern mediocrity.

A few weeks ago, I heard one of our most respected and most dynamic past-presidents remark somewhat as follows:

"I wish I knew what is the next step for our Association to take. We must go forward. It would be fatal to stand still, but I have never before felt so puzzled and uncertain."

I am in accord with the spirit of these remarks but shall take the liberty of revising them somewhat as follows:

"The policy which the A. A. C. P. should pursue in the immediate future is not as definitely clear as it has been in the past. We must progress. It would prove most unfortunate if our appreciation of past progress should tempt us to indulge in a period of indolence and self-appreciation. Such an attitude constitutes retrogression, and if followed for even a short time, leads only to disaster."

There is a great similarity in the spirit of these two statements, but also fundamental differences in their implications.

We should all like to feel that we share, at least in a measure, the leadership which my respected friend so well exemplifies. Still, we should not abandon caution in working toward such an objective. The more dynamic one's leadership becomes, the more essential it is that caution should be one of its distinguishing characteristics. There is, perhaps, nothing more deadly than indolence, and no one more impotent than the reactionary. At the same time, we realize, that there are few things more perilous than unbridled ambition and possibly no individual more dangerous than the iconoclast. I once heard an iconoclast defined as a person who would blow up all existing organizations and institutions in the hopes that when the pieces fall, they may be better assembled. The chances are decidedly against improvement when the changes are so profound, and the forces responsible for them so violent. I am always a bit suspicious of the iconoclastic reformer, unless he can point to a record of real accomplishment as a result of his past activities. He is frequently impelled by an uncontrollable desire for change and for different, if not better, leaders.

Normal, natural changes take place slowly but continuously. We should not feel that it is absolutely essential for us to make an important pronouncement in order to progress during the ensuing year. It may be that the time can be spent to best advantage in substantiating our more recent advances.

Those of you who have seen the Washington monument, in our Nation's capitol, will recall that about half way up the monument there is a line of separation which seems to mark, or at least suggest, a temporary cessation of building activi-

ties at that point. Upon asking the cause of this apparent line of cleavage, I was told that when the building had progressed that far, definite evidences developed that the foundation was inadequate for further altitude; in other words, they were unable to go higher until they went deeper.

It seems very likely that retail pharmacy and possibly pharmaceutical education as well, may have reached a point where they ought not to go higher until they go deeper. I realize that it is more interesting and satisfying to build upward in the sunshine of the day, than it is to labor, somewhat unknown, upon a subterranean foundation, important and fundamental as such work may be. I know also that as true artisans we shall not hesitate to assume that responsibility which seems most necessary, and which we can best render. If, for the time being, it seems inadvisable to build higher, we shall all devote ourselves to the less dramatic, but equally important foundational work, in order that, over the years, the progress of pharmaceutical education may continue uninterruptedly.

Pharmacy is built upon a rather broad foundation which in turn supports such correlated institutions as pharmaceutical education, retail pharmacy, manufacturing pharmacy, wholesaling and other pharmaceutical activities. We are more interested in certain restricted parts of this foundation, but all of it engages even our selfish attention. Colleges of pharmacy cannot enjoy real and permanent prosperity, except in so far as the profession of pharmacy is also prosperous. For this and other reasons as well, the interests of retail pharmacy and pharmaceutical education are closely coordinated and somewhat overlapping. Perhaps we could advantageously spend a few minutes examining such parts of this general foundation as particularly concern retail pharmacy and pharmaceutical education.

Even a cursory examination will reveal the fact that what may be thought of as the very corner-stone of the profession's foundation, namely, professional service, is greatly in need of strengthening. I believe this weakness can be remedied and might very properly be attended to before the superstructure is again enlarged. One of the great shortcomings of the retail pharmacist is lack of imagination, initiative and originality. One of the pitfalls of any retail business is the temptation to sit down in an effectively organized and well-equipped store and wait for things to come to you. You may be ever so patient but the end will not be accomplished. The physician will not increase his prescription writing simply because the pharmacist wishes him to do so. He must be shown that the patient's and physician's welfare, as well as the welfare of the pharmacist, can be best served by so doing.

It would be well if our colleges gave more formally organized instruction in the contacting of physicians by pharmacists. Such activities should be based, not upon high-pressure methods of salesmanship, but upon the ability to make clear to physicians how the welfare of the patient can be promoted by greater cooperation between physician and pharmacist.

Some of you may very properly remark that comparatively recent changes in the curricula of medical colleges have made cooperative endeavor of this sort exceedingly difficult. My answer is that the responsibility of our pharmacy colleges does not stop with their undergraduates. I feel that, for the time being, at least, they must be prepared to render assistance to the registered pharmacists already in the field and to practicing physicians as well.

In New Jersey, a joint committee of physicians and pharmacists, representing

the New Jersey Medical Society and the New Jersey Pharmaceutical Association, are coöperating in drawing up an abbreviated but exceedingly useful New Jersey Formulary. The work of this joint committee was discussed at great length by the New Jersey Medical Society at its last meeting in Atlantic City. Pharmacist members of the Joint Committee were in attendance at this meeting and presented a display of New Jersey Formulary preparations which had been prepared at the College of Pharmacy. A capable prescription pharmacist was in charge of the display at all times to explain the various preparations and the objectives of the Joint New Jersey Formulary Committee to the host of inquiring physicians. These prescriptions are being published in the *New Jersey Journal of Pharmacy* and the *New Jersey Medical Journal*.

The State Medical Society at this same meeting recommended to its county organizations that they invite properly qualified individuals from the profession of Pharmacy to appear before their county groups to assist in increasing the efficiency of the physicians in prescription writing and in promoting the use of such useful publications as the New Jersey Formulary. Needless to say, as much as possible will be done along this line. We find considerable enthusiasm on the part of physicians for this sort of coöperative endeavor. I know for a certainty that these New Jersey Formulary prescriptions are being increasingly used by the physicians of the state and would be still more generally used if we could develop more intelligent interest and continued enthusiasm on the part of retail pharmacists. The initiative and chief motive power must always come from the pharmaceutical group.

The opinion has been expressed that the development of state formularies is a backward, retrogressive step; that such work should be headed up as a national project by the U. S. P. and N. F. Revision Committees. I can see much force and reason in such a suggestion. I believe, however, that much of what success we have experienced in New Jersey has been due to an appreciation on the part of physicians that they themselves were coöperating in the development of a formulary which would later be jointly used by pharmacists and physicians. They did not feel that a group of individuals, about whom they knew very little, was bringing pressure to bear on them to increase the professional work of the pharmacist. They were possessed of an enthusiasm born of coöperation and kindled by a thoroughly justifiable, if somewhat selfish, satisfaction which one experiences as a result of his personal participation in what seems to be a decidedly worthy project. It is possible that a national committee might supervise this important work in the various states in such a way as to retain the advantages which I have above enumerated.

The field of Dental Pharmacy, which has been so splendidly started by Assistant Dean Schicks is still in its infancy. Those who have had any experience in this field will, I believe, agree that the dentist possesses great enthusiasm to proceed with this type of professional work. I venture the opinion that the professional work of the retail pharmacist would be greatly increased, perhaps doubled, by the proper development of the field of Dental Pharmacy. It is reassuring to find an increasing number of workers appearing to follow up this most important pioneering work. The field is a big one and the surface hardly scratched. I trust that more volunteers will be forthcoming.

Professor Schicks has presented a course in prescription writing to the den-

tists of several county associations during the past two winters. The work has been received with enthusiasm and appreciation on their part. Prescriptions from dentists are coming into our stores in increasing numbers. A good start has been made. Again, this work would be greatly facilitated if we could devise some means of developing greater interest and more effective coöperation on the part of retail pharmacists.

Courses in Laboratory Clinical Pathology, including a comprehensive study of blood, urine, sputum, stomach contents, feces, spinal fluid and exudates, together with such special subjects as Wasserman and Kahn tests, kidney and liver function tests, determination of basal metabolism, the Friedman test for pregnancy, etc., would enable the pharmacist to increase his sphere of professional services to the physician in a manner beneficial to both and advantageous to the patient as well. I realize that courses of this nature are being offered in some, but comparatively few, of our colleges at the present time. It has been successfully offered as a graduate course during the past three years in the institution which I represent. Unusually well-trained and proven teachers are necessary for the successful presentation of the course.

These are but some of the ways in which colleges could more fully coöperate in increasing the professional services of the retail pharmacist and thus help to keep the corner-stone of the foundation of our profession firm and secure.

One hundred years ago the pharmacist was, of necessity, a resourceful man, possessing great initiative and ingenuity. He was responsible for the identification, selection and care of his drugs and the actual preparation of many of his inorganic chemicals, now obtainable from manufacturing chemists. In more recent years, many developments have greatly altered these conditions. The introduction of the pill machine, making possible the manufacture of coated pills on a large scale, the advent of machine-made plasters and other mechanical advances, made it less necessary for the pharmacist to use the highly specialized manipulative technique essential to such important preparations. The manufacture of tablet triturates and compressed tablets served to further reduce the professional work of the pharmacist and has, quite naturally, proved a great temptation to physicians to dispense such conveniently prepared medicaments.

Let us not waste time regretting the changes which the past has wrought, unfortunate as some of them may be, but let us look to the future with a feeling of real enthusiasm for the opportunities which are there presented. The rolling of pills, the making of tablets, the preparation of tinctures, are important and dignified operations, but if we find that some of these processes can be accomplished quite as well by machinery, lessening the time of preparation and greatly standardizing the manufacture of medicines of this type, we should not wish it otherwise. We should not regret that modern grinding machines have made it possible to pulverize in a few hours an amount of crude drug which would have required months if reduced by the pharmacist with the mortar and pestle, as previously done. These changes constitute progress and the pharmacist must progress as well. This, as I see it, is primarily the responsibility of our colleges of pharmacy. The pharmacist has had released considerable time previously required by his professional work. Much of this time is now being devoted to merchandising. It is the duty of our colleges to choose men of professional caliber and to offer to them such broad

fundamental training in the different branches of science as will enable them to use their time in a more professional manner. This is all quite possible and should be one of the main objectives of educators in the field of pharmacy.

Perhaps some of you may say that the institution which you represent has long ago altered its program and curriculum in such a way as to provide adequate opportunities of professional service for its graduates and that you have pointed out and stressed ways and means of effectively applying such talents. Without wishing to ignore any such sincere protests, the present status of retail pharmacy establishes the fact that our past efforts along this line have proved largely ineffective. The desired results have not been attained. It is imperative that we acknowledge our failure and rededicate ourselves to this most important obligation and responsibility. The responsibility rests squarely on our shoulders. The problem can be solved, but colleges of pharmacy must assume the leadership and play the leading rôle.

I do not wish to create the impression that the problem can be solved with fairy-like simplicity. I do not believe that it can. The difficulties involved are profound and fundamental, and only profound methods of solution will prove effective.

We must start at the beginning, with our entering students. We should estimate as accurately as possible the numerical needs of the profession. The overcrowding of any profession means eventual cheapening and loss of professional pride. An accurate estimate of pharmacy's numerical needs will, I believe, make it possible for us to rather carefully select our entering class. This selection should, of course, be based upon a consideration of the scholarship and general ability of the applicants, but even more important than that, upon their character, reliability and aptitude for professional work. It is, perhaps, true that the most profound problems in our professional fields to-day are due not so much to mediocrity on the part of their members, as to misguided ingenuity, lack of professional pride and decent responsibility. An industrious, persistent, conscientious and thoroughly reliable fourth-quarter high school graduate might very well be given preference over a brilliant, personally ambitious first-quarter student who measures success in terms of dollars and who achieves his objectives by whatsoever methods may prove most effective. One should not be thought of as failing to appreciate high standards of scholarship because he has learned to appreciate and evaluate such essential traits of character as industry, sobriety, purposefulness, self-control and honesty as essential complements of ability and power to achieve.

The wise selection of students for professional fields, involving important human contacts and relationships, will never become so standardized as to operate by rule-of-thumb methods.

In this connection, I feel the time has come for the Association to formally start work on the project of developing "Pharmacy Aptitude Tests," which tests should prove a great help to our member colleges in the selection of their students on a basis of character, ability and general aptitude for pharmacy. So far as I know, there are, at the present time, no tests available by means of which we can determine at all accurately, whether or not applicants for admission have the fundamental interests and abilities essential for reasonable success as pharmacy students

and as pharmacists, hence the large number of failures which we find both in our colleges and in the profession as well.

I realize that no system can be devised which will work at all perfectly, but I do feel that we should be able to determine to a reasonable degree of accuracy the abilities and aptitudes of prospective freshmen and thus insure a better grade of student and a higher type of practitioner as well. Such tests would, of course, be used as one of several indications of probable success and hence as only one of several bases of admission to the college of pharmacy.

Inasmuch as the development of such tests is likely to require a considerable period of time and should not be hurriedly done, I feel that the work should be begun without delay, making use of such information as may be found in the Charters' report, from the various drug survey reports, the national Pharmaceutical Syllabus, the Association of American Medical Colleges, the American Medical Association and other sources which will be easily discovered as soon as this work is seriously undertaken. Unless some such start is made, we shall find ourselves greatly handicapped in solving many of the problems confronting pharmacy to-day. We should never lose sight of the fact that pharmacy will very largely be what its practitioners desire it to be and that which they wilfully make it.

Having made the wisest possible choice of our students, we shall, of course, furnish these undergraduates with such scientific, professional and other training, as will best equip them to meet their responsibilities of the future. In so doing, we should keep ever before us the fact that we profess to be and are recognized as professional schools.

The above statement is not made in any supercilious, haughty attitude. We recognize, in the first place, that there is no sharp line of cleavage between professional and non-professional activities. We realize that no operation can be spoken of as being professional simply because it is involved and requires a considerable amount of technical or professional training for its successful execution. Coupled with this must be the desire and determination to render the highest quality of service of which one is capable, quite independently of what the financial return may be. When performed in this manner and in this spirit, the most lowly task becomes dignified, rises to great heights, and constitutes what many people like to think of as professional work.

Although the above attitude is indeed a wholesome one, I have never been able to bring myself to feel that any individual who does his best and has learned to do some one thing well, is entitled to be classified as a professional man. It requires much more than good intention to make a professional man. Long years of work and study in order to become familiar with the fundamental branches of science upon which the profession is based, still more intensive study in the specialized field of the profession involved, intellectual honesty, the ability to think clearly and concisely, arriving at conclusions through logical processes of reasoning: these are some of the characteristics which may very properly be expected of the professional man, but they are not enough. Coupled with such knowledge and intellectual accomplishments must be certain traits of character which are of equal or even greater importance. He should be industrious, tolerant, reliable, honest and above all else, imbued with the spirit of helpfulness even to the point of sacrifice. There is no place in any profession for a really selfish individual. The desire for personal

gain cannot be the controlling factor. We are all obligated to provide for the future needs of ourselves and our dependents, but if we are to qualify as truly professional men, we must organize all of our activities around the central idea of service, and by that I mean, being just as useful and decent as possible in every human contact and relationship.

In like manner, colleges of pharmacy, although they will have many and varied responsibilities of importance, should arrange and organize their activities around the central idea of professional training. We should aim to stimulate our students to become useful, rather than wealthy, and efficient, rather than clever. We should strive to turn out men whose chief ambition is not to capitalize and exploit pharmacy, but who will give serious profound thought to the problem of how they can best make their contribution to pharmacy and leave it not impoverished, but a little richer and a little more respected as a result of their contact with it. On such a foundation we can look to the future of our profession with confidence and courage. Without it, we have no guarantee of permanence and certainly very little virtue upon which to base any such expectation.

During the past few years I have heard various legislative measures proposed to strengthen the foundation of retail pharmacy and to increase the security of the retail pharmacist. Most prominent among them have been

- (a) The Capper-Kelly Bill.
 - (b) Restricting the sale of patent and proprietary medicines to the drug store.
 - (c) Federal and State Drug Codes.
 - (d) Pharmacist Ownership Bill.
 - (e) Fair Trade Bills such as have recently been adopted by various states.
- Etc., etc., etc.

All of them are primarily concerned with the non-professional activities of the pharmacist. Some of them, such as the drug codes, have proved very transient, leaving despair and blasted hopes in their wake. Others have been declared unconstitutional by the Supreme Court, still others probably would be so declared were they enacted into law.

I have very little hope of affording the pharmacist permanent relief by way of legislation, except in so far as such legislative measures concern themselves with a service in behalf of public health and public welfare, which the pharmacist is especially prepared to render.

The pharmacist's greatest feeling of security will be realized when he can stand forth as a truly professional man with the realization in his heart that his legislative needs are few, due to the fact, that he is offering an important professional service which few individuals are prepared to offer.

That is the challenge confronting our colleges of pharmacy. It is a problem which we and we alone can solve by the following procedure:

(1) Careful and conservative selection of students; (2) Stressing professional training in our undergraduate work; (3) Adequate training and advice as to how these possibilities of professional service can best be realized following graduation; (4) Enlisting our services in promoting coöperative endeavor between physicians, dentists and pharmacists, thus increasing their mutual effectiveness in behalf of public health and public welfare.

May we rededicate ourselves to this most important responsibility.

Some of the more important remaining building blocks in the foundation of pharmacy, underlying retail pharmacy, are professional pride, desire to serve, desire to please, reliability, sustained industry, a conception of success based upon unselfish service, rather than material possessions, initiative and individuality, interest and activity in community affairs, and above all else, honesty.

It would be inappropriate for me to discuss these important factors in this address. We all realize, however, that it is our responsibility and duty to develop these qualities and character traits in our students. By so doing, we help to keep secure the foundation of retail pharmacy, promote the success of its practitioners and insure the continued operation of our colleges of pharmacy.

There should be little uncertainty as to the responsibility of our colleges of pharmacy in the immediate future, when such profound and fundamental problems, threatening the very existence of pharmacy as a profession, are awaiting our solution.

The question of how much practical drug store experience should be required of graduates of a four-year course in pharmacy in an approved college of pharmacy, and when this experience should be obtained, is again being agitated by a small but exceedingly aggressive group.

Our Association has never put itself on record in regard to this question. Inasmuch as it pertains to the training of a pharmacist, I feel that we should do so.

It is, I believe, very generally accepted that not more than one year of practical experience should be required of four-year college graduates. The question which has recently been reintroduced is whether or not this practical experience must be obtained following graduation. One state has recently passed legislation requiring at least one year of practical experience in an approved pharmacy, following graduation, as a prerequisite to the practical State Board of Pharmacy examination.

Some of the arguments put forth in favor of this requirement are as follows:

- I. Such apprenticeship would closely parallel the year of internship which has worked out successfully in the field of medicine.
- II. It would be obtained at a time when the apprentice would receive the most benefit from the training and would be of greatest value to his employer.
- III. It would greatly simplify the task of regulating practical experience by Boards of Pharmacy.

May we spend a few minutes critically reviewing these arguments?

We are, of course, aware of the fact that the medical internship could hardly be placed at any other time than following graduation. The practitioner of medicine has few, if any, non-professional responsibilities and hence the student of medicine is not qualified to perform safely any of the duties of the physician until the completion of his college course; nor is he permitted by law to do so. His period of internship is served at a time most advantageous for himself, for the profession of medicine, and for the patient as well.

It sounds quite logical, therefore, to state that pharmacy should capitalize the experiences of medicine and that the embryo pharmacist should also be required to serve a year of internship in an approved pharmacy following graduation, before he is qualified for the practical state board of pharmacy examinations. The two situations, however, are not as similar as they appear to be upon superficial examination. The parallel is apparent, rather than real.

The pharmacy student, during his college course, is well qualified to perform most of the duties and responsibilities of the pharmacists and to obtain such additional training as we wish him to receive, as a supplement to his college training. This can be done with profit to himself and his employer and with safety for all concerned. It is not further training in professional work which the graduate of a four-year course in a recognized college of pharmacy most needs. This is being adequately taken care of both from the practical and theoretical standpoints. He must become familiar with the drug store in all its various aspects and become acquainted with the atmosphere prevailing therein. He must learn to feel at ease in the store, develop poise, learn how to approach customers in a pleasing manner, and discover the most efficient way of presenting goods to the prospective buyer. These are some of the things which can best be learned in the store itself and which make one year of practical drug store experience desirable, if not essential.

There is no reason, however, why such experience should necessarily follow graduation. In fact, it can be obtained to best advantage during the four-year college course. The three months' vacation periods between the sessions of the four college years afford the best opportunity for this work.

When the suggestion of a year's apprenticeship, following graduation, was first made by Doctor Beal many years ago, and later advocated by Doctor Army in one of our pharmaceutical journals, it was far more appropriate than it is to-day. At that time many colleges were not giving the profound training in practical and dispensing pharmacy which they are to-day offering. Doctor Beal's suggestion was perhaps a good one at the time it was offered. It is unfortunate that it has become antiquated and impractical before being seriously promoted.

I fear it is also not generally clear just how the apprentice would prove more useful to his employer during the year following graduation. He would not be qualified legally to perform any additional professional services. He could not compound prescriptions, sell poison, etc., except under the immediate direction of a registered pharmacist. His usefulness would not be greatly increased. In fact, it is very likely that a college graduate would be less willing to perform certain menial tasks which are essential to his all around training as a pharmacist and which would enable him to be of greatest value to his employer.

The statement that it would be simpler for boards of pharmacy to control practical experience is not a matter of primary importance. Many state boards succeed in keeping an adequate check on practical experience at the present time, even though the task is not an easy one. It is quite possible that this particular responsibility of state boards of pharmacy would be simplified by the proposed change but this advantage is more than counter-balanced by the less favorable considerations which I have enumerated.

A careful study of this question has led me to the following conclusions:

- I. That the year of apprenticeship in a drug store following graduation is not analogous to the year of internship in medicine. The conditions are so different as to make it dangerous rather than wise for us to unthinkingly imitate medicine in this detail.
- II. More value would be received from the year of apprenticeship if it were synchronized with the college work, rather than following graduation. This has worked out very satisfactorily in the field of engineering and is in accord with the best thought in the field of pedagogy.

- III. The apprentice would be of little more value to the pharmacist than before graduation unless the illegal practice of pharmacy is indulged in. The college graduate would be prepared to safely compound prescriptions and would probably be called upon to do so. Do we wish to put ourselves in the position of encouraging such illegal practice?
- IV. An important responsibility of the boards of pharmacy might be somewhat simplified but at too great a risk to pharmacy and too great a hardship on the prospective pharmacist.
- V. It would lengthen the period of the pharmacist's training from four to five years with no legitimate advantage to anyone. We should favor as much time as may be necessary to train, educate and prepare the pharmacist for his greatest usefulness and no more than this should be required.

I bespeak serious consideration of this question, with a view to making the policy of the Association known at the earliest possible time.

In case the Association feels that it is not in a position to go on record in regard to this matter at this time, I recommend that the executive committee be requested to give the problem careful consideration and present a definite recommendation to the Association at its 1936 meeting.

You have all heard recommendations from some of our members that the minimum course in pharmacy be lengthened from four to five or even six years. Others are advocating one or two years of pre-pharmacy work which might be carried out in such a way as to accomplish the same objective.

These recommendations are, of course, based upon the belief that need exists for men of more profound training, both in pharmaceutical industry and in promoting the possibility of professional services in the field of retail pharmacy.

I wonder if these needs could not be met by encouraging the development of graduate work on the part of such colleges as are in a position to adequately render such services, rather than changing the minimum pharmacy college course at this time. It seems to me that such is the case.

I do not mean by this that there should be a hurried development of graduate work on the part of our member colleges. Rather it should be gone about in a cautious, conservative manner. It is difficult enough to build up a strong staff for undergraduate teaching. It is much more difficult to obtain the services of individuals who can at the same time direct graduate and research work as well. It is likely that there are but few member colleges who are in a position to assume any such responsibility at this time. However, our colleges of pharmacy at the Universities of Florida, Maryland, Wisconsin, Minnesota and Washington, are among those who have set the example as to how it can and should be done.

I suggest that the development of a sound, conservative program of graduate work be considered as the next step in enlarging our educational program.

Such programs should be announced and the work offered, only after adequate graduate facilities, both from a standpoint of teaching and equipment, have been made available.

Few things could be of greater importance in pharmaceutical education than that we should be offering the best possible curriculum to our students. I believe it would prove advantageous if our Committee on Curriculum and Teaching Methods would concern itself more particularly with curriculum problems during the next several years. I realize, of course, that we are represented on a committee whose re-

sponsibility it is to draw up a national Pharmaceutical Syllabus, and I certainly have no desire to reflect unfavorably upon the functioning of that committee.

Following up President Havenhill's suggestion of last year, I recommend that our Committee on Curriculum and Teaching Methods be requested to collect and study all available information bearing upon this important subject. Such material should include the findings and recommendations of the National Pharmaceutical Syllabus Committee and the various curricula as outlined in the catalogs of our colleges of pharmacy. With all this information before them, they should be able to draw up and present to us what might be called "An Ideal Pharmacy College Curriculum." Acceptance of this curriculum in its entirety would not be obligatory on the part of Association members. I am not aiming at greater standardization, but rather the crystallization, from the standpoint of pharmaceutical educators, of the various recommendations with which we are all more or less familiar.

Our committee might see fit to offer several curricula; one to prepare our graduates for retail pharmacy, curricula for various specialties in pharmaceutical industry, and perhaps for pre-medic training as well.

It is likely that after two or three years of operation along this line the report of this committee might become rather brief. I am certain, however, that there would always be something of a worth-while nature to report to us for our consideration.

I trust you will give close attention to the report of Dean Leigh's Committee on the Establishment of a Pharmaceutical Corps in the United States Army. Dean Leigh has given very conscientious and capable attention to the responsibilities of this committee during the past several years.

I am decidedly puzzled as to what the future activities of this committee should be. It might assume a more active, aggressive policy than it has been pursuing, but I believe there are many among us who feel that it would be unfortunate if we were forced to work at cross purposes with the Surgeon General of the United States Army.

I feel that the future policy of this committee should be based solely upon a consideration of the welfare of the enlisted men and the efficiency of the United States Army. Any coveted goal which we might achieve would, I fear, eventually prove disappointing unless we were prompted by the highest motives and objectives in achieving it, and unless we are prepared to render a real, vital, worth-while service, should we prove successful in our endeavor. I hope that Dean Leigh's report may greatly clarify the situation for us.

One of the most encouraging and comforting circumstances in the field of pharmaceutical education with which I am familiar, is the large number of capable, well-trained young men in our ranks who stand ready to assume their full share of responsibility; young men who, I believe, will make full use of our experiences of the past, but who may be possessed of greater freedom of action, due to the fact that they have somewhat less regard for the traditions of the past, than is found in the hearts of older men.

One of our most important responsibilities is to see that full use is made of these younger men. This, I believe, was one of the objectives which Dean Lyman had in mind when he requested the appointment of a "Problems and Plans Committee,"

of which he is now chairman. I see possibilities of this committee developing into one of our most vital and important committees.

As we endeavor to make greater use of the younger men, I trust that they, in turn, will retain an adequate appreciation of the vital need of older, more experienced individuals. I like to picture maturity and youth traveling life's highway hand in hand; the youth pointing enthusiastically to opportunities which only he can clearly see, while the older man skilfully and diplomatically guides him safely past many perils and pitfalls which have escaped his attention, blinded as he is by the brilliance of the opportunities upon which his attention is so keenly fixed.

May this picture represent the condition which is to exist in the A. A. C. P. in the years to come. No condition could be more ideal.

I recommend that the Association make available in inexpensive mimeograph form all of the past presidential addresses of this Association and that ten copies of this material be sent to each member college at the Association's expense.

It is true they are available in the Proceedings. My thought is to place them before our members in more available and convenient form.

I suggest that final decision on this recommendation be left to the Executive Committee after estimates of the cost involved have been obtained.

Your Association has been most active in matters pertaining to pure food and drug legislation during the past year. Our activities along this line have been guided by an exceedingly efficient legislative committee, consisting of Deans Rudd, DuMez and Dean Jordan, *Chairman*.

Dean Jordan and your president spoke before the Committee on Commerce of the United States Senate at a public hearing on Senate Bill S5, Print 3, the so-called Copeland Bill. This bill subsequently passed the Senate, in modified form, but unfortunately was not brought out of committee in the House of Representatives.

I shall refrain from giving more details pertaining to legislative matters at this time, for fear of encroaching on the report of Dean Jordan's Committee. I feel that this committee should be continued and that it should be instructed to play an active part in behalf of legislation intended to promote public health and welfare. I so recommend.

The Dean of one of our Eastern colleges has very emphatically expressed the opinion that the A. A. C. P. should concern itself solely with matters of pharmaceutical education, leaving pure food and drug legislation, pharmacy corps in the United States Army and similar problems to the A. P. H. A., N. A. B. P., N. A. R. D. and related pharmacy organizations.

I certainly agree that the major responsibilities of the A. A. C. P. are in the field of pharmaceutical education. I recognize the danger of spreading one's energies too thinly, but I also feel that it would be most unfortunate if we did not stand ready to lend a helping hand wherever possible in the general field of pharmacy. I do not feel that any organization should consider that its activities must be forever limited by the purposes set forth in its constitution.

It is only by properly coördinated and, not infrequently, by overlapping activities of these various organizations, that the greatest good can be accomplished in behalf of pharmacy.

I recommend the appointment of a professional relations committee whose

responsibility shall be to bring before our members the ways and means which are being employed in the various states, of increasing the professional services of the retail pharmacist and improving his contacts and relationships with physicians and dentists. The efficient functioning of such a committee should make it possible for our colleges of pharmacy to more effectively coöperate in increasing the professional services of our present and future retail pharmacists.

I am pleased to report to you that our Association has been admitted to membership as one of the affiliated organizations of the American Association for the Advancement of Science. Membership in this respected and influential organization gives a contact which will add to the dignity and prestige of our Association as a professional group. I feel that we should make the most of this new contact.

A most creditable pharmacy program was presented at the Minneapolis meeting, held June 27th of this year. This program was presented in conjunction with the division of Medical Sciences, under Section N, of the associated societies.

At the St. Louis meeting, to be held from December 30, 1935 to January 4, 1936, pharmacy will have the opportunity and decided responsibility of again presenting such a scientific program. This new venture will prove to be either a splendid asset or a decided liability to our Association and to the profession of pharmacy. It is most essential that the project succeed and that the A. A. C. P. play its full part in insuring such success.

I recommend that, for the ensuing year, the Executive Committee be made responsible for the A. A. C. P. activities in this scientific program and that at the 1936 annual meeting they recommend to us that, which in their judgment, is the best permanent policy for this Association to adopt in this connection.

I am sure we all agree that a joint meeting with the American Medical Association or American Dental Association would prove most helpful to pharmacy and to the medical and dental professions as well. I fear that many of you are already questioning the wisdom of spending even a few minutes discussing a recommendation which is so obviously impossible of attainment. The solution of any problem is made immeasurably more difficult if approached with an attitude of defeatism.

There never was a time when physicians and dentists were more willing and eager to coöperate with the pharmacist than they are to-day. I believe it is within the realm of possibility that such a meeting or meetings can be arranged.

I recommend that the incoming officers and members of the Executive Committee be directed to give serious thought to this proposed project and that they be requested to present a report of their deliberations at the 1936 meeting. This is one of several projects which might well be referred to a committee on professional relations.

If it seems impossible to arrange such a joint meeting, in the sense of sharing a half-day joint program with either one of these organizations, it is possible that permission would be given us to place a speaker on the program of one of their annual meetings. Such a speaker should be able to diplomatically and effectively point out the need for greater coöperation between these three professional groups and perhaps pave the way for a future joint meeting.

I have the very definite feeling that if this general problem is given careful consideration, the Executive Committee will be able to present to us a recommendation possible of attainment, which will prove an effective start in the right direction.

I wish to thank our secretary, the chairman of the Executive Committee, our vice-president, committee chairmen and the other officers and members of the Association for the really fine, helpful support and coöperation which has been accorded me during the past year. Without such coöperation but little of value could have been accomplished. With it, the past year has proved to be a most happy and prosperous one, at least so far as your president is concerned.

ADDRESS OF THE PRESIDENT OF THE NATIONAL ASSOCIATION OF BOARDS OF PHARMACY.

BY CHARLES HALL EVANS, PRESIDENT.

Mr. Chairman, Members of the National Association of Boards of Pharmacy and Guests:

In selecting "The City of Roses" as the meeting place for the thirty-second annual convention of the *National Association of Boards of Pharmacy*, we have chosen a section rich in historical tradition and one noted for its scenic beauty.

Only a short distance away is the Pacific Ocean. Mount Hood with its snow fields and glaciers, vast stands of forest, jewel-studded lakes, the beautiful Columbia River Highway, Bonneville Dam and Multnomah Falls are but a few of the many wonderful sights within easy reach of this beautiful city.

In coming to Portland, we are meeting for the first time in the history of the Association in the Great Pacific Northwest; in fact, it is the first time in twenty years that we have held a meeting west of the Rockies, the San Francisco meeting of 1915 being the last.

We who live in the densely populated sections of the country where most of the conventions are held can attend the meetings every year with little effort and expense. These meetings mean something to us beyond the formal program and the business transacted. There is the opportunity of getting acquainted with brother examiners from other states, who have the same interest and the same problems as we have, and a bond of common understanding results. It is on this spirit of mutual coöperation that confidence between boards rests; it is the very foundation of the Association itself.

I want to remind you that our Western friends have been denied this privilege because of certain economic and geographic barriers. We have broken the isolation this year by coming out here for the convention and they have responded most whole-heartedly by attending the sessions we have planned. At the most, we have only a few days together, so let us make the best possible use of them by getting acquainted immediately.



CHARLES HALL EVANS.