JOINT SESSION OF THE AMERICAN PHARMACEUTICAL ASSOCIATION, THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY AND THE NATIONAL ASSOCIATION BOARDS OF PHARMACY

The Joint Session was held in the Hotel Pennsylvania, New York City, on Tuesday forenoon, August 17th. In calling the session to order, President Moulton of the N. A. B. P. emphasized the value of this opportunity for the three closely related groups to annually discuss matters of mutual interest and the saving it effected in the programs of each association, and requested President Crockett of the A. A. C. P. to preside.

Dr. Eberle read the following report of the Committee on the Fairchild Scholarship.

"The Fairchild Scholarship Committee of this year is composed of George D. Beal, W. G. Crockett, George A. Moulton and E. G. Eberle, *Chairman*. The University of Florida, School of Pharmacy, presented no candidate for the examination and the Head of the Department of Pharmacy, Prof. B. V. Christensen, with the assistance of other members of the faculty, consented to prepare the questions for the examination and grade the answers.

Twenty-six candidates participated in the examination, representing twenty-one schools. Seven of these candidates averaged 75 per cent or more.

The examinations were given under three subjects: Pharmacy, Chemistry and Materia Medica. The highest general average was made in Pharmacy, 79.77; next in Materia Medica, 63.85; lowest in Chemistry, 63.32; general average, all subjects, 69.98. The highest per cent made in Pharmacy was, 91; in Chemistry, 84.5; in Materia Medica, 89. The lowest per cent in Pharmacy, 40; in Chemistry, 29; in Materia Medica, 16. The general average in Pharmacy was 79.77; fifteen made above that average; nineteen made 70 or over. The general average in Materia Medica was 68.98; twelve made above that average; twelve made 70 or over. The general average in Chemistry was 63.32; fifteen made above that average; ten made 70 or over. The general average of the general averages was 74.052; twelve made above that; twelve made 70 or over. Seheduled report of twelve candidates follows:

Candidate.	Pharmacy.	Chemistry.	Materia Medica.	Average.	
1	91	84.5	89.0	88.166	
2	83	81.5	83.5	82.666	
3	77	83.5	79 .0	79.833	
4	85	75.5	72.5	77.666	
5	89	66.5	75.0	76.833	
6	76	76.0	77.0	76.333	
7	85	69.5	72.5	75.666	
8	71	76.0	75.5	74.166	
9	73	72.5	73.0	72.833	
10	76	72.0	65.0	71.000	
11	72	66.0	73.5	70.500	
12	61	69.0	81.0	70.333	

The candidate making the highest average, 88.166, made the highest record in all branches; the next in line made 82.666.

The winning candidate's records were high as graduate of Beardstown, Illinois High School. His pre-pharmacy college year was taken at Illinois College, Jacksonville. His grade at the School of Pharmacy, University of Illinois, was "A" in every year, in all branches.

The report of the Grading Committee was submitted to the members of the Fairchild Scholarship Committee and all the members voted to accept the report of the Grading Committee.

The chairman desires to thank his colleagues for their support and the members of the Examining and Grading Committee for their helpfulness. It requires time on the part of the latter and thanks are extended.

The award is made on the basis of the highest general average of the candidate.

The winning candidate is Frank Thomas Maher, of the Illinois College of Pharmacy." 1034

The report was accepted.

Mr. Counts of Arkansas complimented Dr. Eberle on the report and Dean Day said that the winner of the scholarship, one of his pupils, is an unusually fine young man who will be a credit to the profession.

Chairman J. G. Beard read the following report of the Committee on Pharmaceutical Syllabus.

"At the Dallas meeting of the Syllabus Committee the writer was permitted to relinquish revision duties during his leave of absence and the members appointed Dr. H. M. Burlage as acting chairman of the Committee. He will present his report in conjunction with this one.

A year ago a cash balance of \$502.45 was reported. Receipts of \$100.00 from the A. A. C. P. and \$50.00 from the A. PH. A. have recently come in. Expenditures of \$20.00 for the luncheon meeting last year and \$3.98 for miscellaneous items leave a cash balance of \$478.47. Of the original sum (\$502.45) I turned over to Acting Chairman Burlage, \$150.00 for his uses. Remaining in the bank are \$328.47.

With real reluctance I shall present my formal resignation as Syllabus Chairman at the Luncheon Meeting of the Committee in New York on August 18th. All members were notified of this fact on July 14th in order that deliberate thought could be given to the choice of a new chairman. As I relinquish my duties permanently and render this final report I wish to thank the organizations and the individuals who have on the one hand imposed confidence in my ability and on the other have given generously of time and energy in the work involved during my administration as chairman. May my successor receive the same full measure of coöperation."

Retiring Chairman Beard has since filed the following final report as of November 1, 1937. "Since my annual report which was submitted at the New York meeting I have received \$50.00 from the National Association of Boards of Pharmacy. There has been paid out an expense item of \$17.00 for the luncheon meeting of the Syllabus in New York on October 18th. These figures properly incorporated leave a cash balance of \$511.47, which amount has been turned over to the new chairman, H. M. Burlage. This concludes my final report as chairman."

Acting Chairman Burlage read the following supplemental report.

"Due to unforeseen circumstances the work of the Committee was delayed until January 1937, at which time the acting chairman assumed his duties, and this portion of the report covers the activities accomplished since that time.

At the Dallas meeting the Committee decided, in compliance with the fact that the United States Pharmacopœia XI and the National Formulary VI had become official, and because of changes occurring simultaneously with the advent of the four-year requirement for graduation, that it seemed essential to undertake a revision of the Syllabus.

Accordingly the chairman was instructed to solicit comments from interested individuals, especially those qualified in certain subjects, by sending outlines of these subjects from the stock of unbound Syllabi on hand. This work was undertaken by the acting chairman. Notices were published in the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION and the *Journal on Pharmaceutical Education* inviting comments, letters were sent to each member of the Committee for suggestions as to procedure, and outlines were sent to more than two hundred and fifty persons. In the latter case the results have been most encouraging. Replies are still arriving and the responses indicate a surprisingly consentient interest in the Syllabus and constructive thought and suggestions for its revision, in spite of a belief to the contrary held by some individuals. These replies have been of such a character that when analyzed by the Committee should prove unusually helpful and are being turned over to the Committee which should make definite steps and procedures for the revision of the Syllabus at its meeting to-morrow."

The financial report of the Acting Chairman from January 1st to August 1st follows:

Receipts.		Disbursements.		
Received from Chairman Beard	\$150.00	Postage and Supplies	15.05	
From sales of Syllabi	20.00	Duplicating	12.97	
Total	\$170.00	Clerical	\$33.55	
	61.57	Total	61.57	
Cash Balance	\$108.43			

Both reports were accepted, and Chairman Beard was given a rising vote of thanks for the great amount of effective work he has done for the Syllabus.

The report of the American Council on Pharmaceutical Education was read by Secretary DuMez.

"The present membership of the Council is: Dean Townes R. Leigh, Dean C. B. Jordan, Dean A. G. DuMez, representing the American Association of Colleges of Pharmacy; Dr. A. C. Taylor, Dr. R. L. Swain, Dr. H. C. Christensen, representing the National Association of Boards of Pharmacy, Dr. H. A. B. Dunning, Dr. David F. Jones, Dr. E. F. Kelly, representing the AMERICAN PHARMACEUTICAL ASSOCIATION and Dr. David A. Robertson, representing the American Council on Education. Dr. R. L. Swain was appointed to succeed Mr. Russell B. Rothrock as a representative of the National Association of Boards of Pharmacy and Dean C. B. Jordan of Purdue University was appointed to fill the vacancy created by the death of Dean Theodore J. Bradley of the Massachusetts College of Pharmacy, who was one of the members representing the American Association of Colleges of Pharmacy.

The last report of the Council on Pharmaceutical Education to the groups here represented was made at the meeting held in Dallas, Texas on August 23, 1936. Following the meeting at which the report was made, there was held a symposium on the proposed draft of standards for the accreditment of colleges of pharmacy as a part of the program of the AMERICAN PHARMA-CBUTICAL ASSOCIATION meetings. While this symposium was not as well attended as expected, it, nevertheless, brought forth some valuable discussion.

Another meeting of the Council was held in Washington, D. C., on December 6, 1936. In addition to the members of the Council who were present, this meeting was attended by Mr. George A. Moulton, President of the National Association of Boards of Pharmacy, and Dean Ernest Little, Chairman of the Executive Committee of the American Association of Colleges of Pharmacy, both of whom were present on invitation.

At this meeting, the draft of standards as modified at the meeting of the Council held in Dallas, was reviewed in the light of the discussions emanating from the symposium and in the light of data subsequently assembled by the Council. As a result some 12 or more changes were made in the draft presented at Dallas. Revised copies of the draft of standards were sent to the secretaries of all of the state boards of pharmacy and to the deans of the schools of pharmacy.

At this meeting it was decided that the preparation of the final draft and action on its adoption should be withheld until after it had been given a practical test on 6 or more colleges of pharmacy representative of the different types now in operation. It was decided further that the inspection of these colleges for the purpose of demonstrating the practical worth of the standards should be made by a committee consisting of representatives of all four of the organizations represented on the Council.

There was also appointed at this time a committee, the members of which are E. F. Kelly, *Chairman*, Ernest Little, R. L. Swain and A. G. DuMez, *ex-officio*, to study existing standards for admission, promotion and graduation for the purpose of determining if these standards as set forth in the present draft cannot be improved upon.

Pursuant to the action taken by the Council on December 6, 1936, with regard to putting the standards to a practical test, seven colleges were selected for visitation and the following committee was appointed to make the inspections: R. L. Swain and H. C. Christensen for the National Association of Boards of Pharmacy, C. B. Jordan and A. G. DuMez for the American Association of Colleges of Pharmacy, E. F. Kelly and H. A. B. Dunning for the AMERICAN PHARMACEUTICAL ASSOCIATION and David A. Robertson for the American Council on Education. The seven colleges selected for the practical test were inspected during the last week in April and the first week in May. The committee of inspection was accompanied on all but one visitation by Mr. George A. Moulton, President of the National Association of Boards of Pharmacy, whose interest in these trial inspections was very much appreciated by the Council.

All of the seven colleges visited coöperated whole-heartedly with the Committee and a great deal of practical information was obtained which should be of real help to the Council in formulating the final phases of the program looking toward the actual accreditment of the colleges. On the whole, the revised draft of standards prepared on December 6th, was found to be satisfactory and to require only a few minor changes. These changes were made at the meeting held on

Sunday, August 15, 1937, and will be mailed to the secretaries of the boards of pharmacy and the deans of the colleges of pharmacy shortly.

The Council has finally adopted a set of standards which it proposes to make operative at this time. Within the very near future, it will have the application and questionnaire forms in shape for printing and it will then be ready to receive applications from the colleges which desire accreditment. The colleges will be sent formal notice of the time when the Council is ready to begin the work of inspection. For the present, at least, inspections will be made by a committee composed of at least one member of the Council. Since the Council has at its disposal only sufficient funds to pay clerical and office expenses, it will be necessary for the colleges desiring accreditment to pay the cost of inspection unless otherwise provided for.

It is the intention of the Council to complete the formal inspection of colleges of pharmacy by the first of July 1939 and to publish the first list of accredited colleges on or about September 1, 1939."

The attached financial statement constitutes the report of the Treasurer for the year August 20, 1936, to August 15, 1937.

FINANCIAL STATEMENT

American Council on Pharmaceutical Education

FOR 1936-1937.

Receipts:

August 20, 1936	Balance on Hand\$457.89	
June 1, 1937	A. PH. A. Contribution 200.00	
June 1, 1937	N. A. B. P. Contribution 200.00	
June 1, 1937	A. A. C. P. Contribution 200.00	\$1057.89

Expenditures:

September 16, 1936	Com. Printing and Letter Service Company \$1	1.90	
April 4, 1937 University of Maryland, Postage		7.41	
May 13, 1937	American Pharmaceutical Association,		
	Reprints	4.68	
June 1, 1937	H. C. Christensen, Travel Expenses 13	3.61	
June 1, 1937	A. G. DuMez, Travel Expenses	81.85	
June 1, 1937	E. F. Kelly, Travel Expenses	2.90	
June 1, 1937	C. B. Jordan, Travel Expenses 11	4.20	
June 1, 1937	R. L. Swain, Travel Expenses	9.85	
August 10, 1937	A. G. DuMez (Stationery, envelopes, office sup-		
	plies, etc.)	7.55	\$ 483.95
	Balance		\$ 573.94

After Dean DuMez had stated in reply to a question that the Council expected to begin inspections early in 1938, the report was accepted.

Chairman R. L. Swain read the report of the A. PH. A. Committee on "The Modernization of Pharmacy Laws."

"The Committee was made up as follows during the year: Robert L. Swain, *Chairman*, Baltimore, Maryland; H. C. Christensen, Chicago, Illinois; Robert C. Wilson, Athens, Georgia; J. Lester Hayman, Morgantown, West Virginia; Arthur D. Baker, Denver, Colorado; Henry DeHaven, West Chester, Pennsylvania.

The work of this Committee is to study existing pharmaceutical legislation in the light of current conditions which have come about in pharmacy and the drug industry, as well as in the public health field, and in time to correlate its provisions in a draft of a new pharmacy law to be submitted to the various states for consideration. The work of the Committee was the subject of extended correspondence during the months immediately following the adjournment of the Association last year and an attempt was made to elicit a consensus of opinion upon the various principles and subjects which demand consideration in the work with which the Committee is confronted. It developed, however, that this was not a satisfactory course of procedure and, therefore, the Committee as a whole was assembled in Washington on January 17th, for a study of the field and for a preliminary discussion of the various approaches to the subject.

Simply as a basis for discussion, the following agenda was submitted to the members a few weeks in advance of the meeting and each of the various points was the subject of consideration and extended discussion at the meeting itself:

1. What should be the scope of the proposed legislation? For instance, should it be confined to definitions, educational standards, conditions of practice, requirements for Board membership, penalties, etc., or should it include such related matters as substitution of drug products, restrictions upon the sale of barbiturates, exempt narcotics, etc.?

2. Should an attempt be made to extend the powers of Boards of Pharmacy?

(a) Will this purpose be better served by setting up a Department of Pharmacy in each state, or

(b) By extending the powers of Boards of Pharmacy as now constituted?

(c) Should the Department of Pharmacy or the Board of Pharmacy provide for lay membership?

3. Requirements for Board of Pharmacy membership—Educational, experience, competitive examination, etc.

4. How should practical experience be approached?

- (a) Before and/or after college graduation
- (b) During college course
- (c) Vacation months
- (d) Interne basis
- (e) Supervised experience

(f) Five years' experience after registration before legally qualified to manage or conduct a drug store.

5. Confining the sale of drugs and medicines to pharmacists.

(a) Should the Board of Pharmacy be empowered to designate those drug products which may be handled by others than pharmacists?

(b) Exempt narcotics, household and domestic remedies, simple remedies, non-poisonous proprietary preparations, deterioration, etc.

6. Should the sale of drugs and medicines be confined to registered pharmacists alone as distinguished from unregistered clerks?

(a) Should pharmacists be held responsible for the quality of all drug products which they handle?

Mr. Arthur D. Baker of Denver, Colorado, presented a written comment expressing his views and his paper is presented in full as an addendum to this report.

At the meeting several basic questions were discussed. It was recognized that pharmacy legislation is, on the whole, far from satisfactory. It is too limited in scope, and is not expressive of the great advances in pharmaceutical education, nor of the current concept of public health. These acts do not, so it is believed, throw adequate safeguards around the practice of pharmacy, nor do they deal properly with the distribution of drugs and medicines. They express no definite philosophy, nor do they adhere to any well-conceived principle or plan. They do not follow any carefully conceived policy but have developed in a more or less haphazard fashion.

In order to meet this situation the underlying concept of pharmaceutical legislation must be modernized, systematized and carried through. In doing this, major questions of policy must be settled. Should the Committee proceed to formulate a law based upon what is theoretically desirable, or upon what is practically obtainable? The mere statement of this question precipi-

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tates other questions equally difficult. It will be seen at once that the problems which the Committee seeks to solve have come from a deference to expediency. As soon as matters of trade enter in, or just so long as our pharmacy laws are expressive of public convenience of fifty years ago, just so long must we be content with the patchwork pattern which pharmaceutical legislation now presents.

It was recognized, too, that while this Committee might devise a law which, to it, might be a model law, there were certain to be differences of opinion when this act sought to run the gauntlet of professional criticism. In addition to this, it is common experience that nothing is predictable when a bill is forced to contend with the vicissitudes of legislation. Even a model act is not immune from amendment or change once it begins the always perilous legislative journey.

While there are many theoretical advantages from uniform state legislation, it is known that little legislation is actually uniform. Even the so-called Uniform State Narcotic Acts, now in effect in about forty states, do not conform, in many important respects, to the act as written by the Commissioners on Uniform State Laws. Attempts to make uniform the law on sales, partnership, bills and notes, etc., have been frustrated by differing and divergent interpretations at the hands of the courts of the several states. So, the Committee was compelled to recognize the obvious fact that there is a vast difference between writing a so-called model law and the achievement of uniformity in the laws themselves.

Faced with these several situations, the decision was reached that it would be fruitless to attempt to devise specific and definite legislation until there had been opportunity to discuss the venture philosophically, theoretically and practically. The principles, which to the Committee it seemed wise to adopt, should be subjected to close and critical scrutiny. The objectives should be dissected and torn apart so that defects and deficiencies might be apprehended. If pharmacy laws are to be broadly rewritten, they must of necessity be broadly expanded, and this will precipitate much broadened matters of administration and enforcement.

This being the situation, the Committee will attempt to do no more in this report than to submit basic principles for discussion, comment and criticism. Once there can be unanimity, or at least majority of opinion in respect to basic concepts of philosophy and objectives, the actual vehicle in which these are combined, would seem a matter of little difficulty.

1. WHAT SHOULD BE THE SCOPE OF THE PROPOSED LEGISLATION?

It was accepted as a guiding principle that the pharmacy acts as now written are much too limited in their field of activity. With few exceptions, the pharmacy acts are concerned only with conditions met with in the retail drug store, notwithstanding the fact that the practice of pharmacy is engaged in throughout the whole drug industry. It, therefore, would seem to follow that if the public is to receive the proper protection in the matter of drugs and medicines, that protection should begin with the conditions surrounding the manufacture of drug products, should also be observed in wholesale drug houses, and finally work in the manifold operations of the retail drug store.

A modernized pharmacy act should apply to the practice of pharmacy throughout the entire drug industry. It should control manufacturing operations, personnel and other conditions entering into the large scale production of drugs and medicines. It should also control those operations within wholesale drug establishments which call for professional knowledge and skill, and should be given still greater authority in the practice of pharmacy and the many related activities of the retail drug store. It should, of course, also provide basically sound definitions for the subject matter of the act, deal with educational standards, conditions of practice, requirements for Board membership, penalities for violations, the granting of permits to manufacturers, wholesalers and retailers, and other matters having a bearing upon pharmaceutical practice.

There is some question whether the pharmacy act itself should be so comprehensive as to deal with matters of substitution, restrictions upon the sale of barbiturates, exempt narcotics, poisons and other closely related matters. This particular phase of the subject will be dealt with in later portions of this report.

2. SHOULD AN ATTEMPT BE MADE TO EXTEND THE POWERS OF BOARDS OF PHARMACY?

(a) Will this purpose be better served by setting up a Department of Pharmacy in each state?

Admitting, for the purposes of this report, that the state pharmacy acts are too limited in their scope, and that they should be expanded to encompass all branches of pharmacy and the drug industry, then what agency or type of agency should be set up for their administration?

First of all, it is believed that the Board of Pharmacy, as now constituted, is not well suited for this enlarged administrative function. The members are all engaged in the operation of retail drug stores, and could not give their time to the work even if they had the broad grasp of the conditions which would necessarily be required. Few Boards are adequately financed for their present work and thus could not, under existing conditions, assume these greatly expanded duties. Then, too, many of the new duties contemplated would be substantially different from those which ordinarily are performed by boards of pharmacy and would require much expert knowledge and general information which is not now demanded of the examining boards.

For this reason, the Committee has given some thought to the desirability and practicability of setting up a Department of Pharmacy, to embrace the existing Board of Pharmacy as the examining agency, and to assume full authority and responsibility for the sound administration of the law. This Department would serve in the drug industry much as the State Roads Commission, the Public Service Commission, State Accident Commission and the State Banking Commission do in theirs. It would be the policy making body, as well as the agency vested with wide discretionary powers in the administration of the law. The Department would issue permits to engage in manufacturing or wholesaling of drugs and medicines, and for the operation of retail drug stores. It would have jurisdiction over pharmaceutical education, and would be the fountain head of pharmaceutical legislation. It would have power to revoke or suspend for cause, all permits, licenses or certificates. It would have authority to prescribe standards of manufacturing equipment and personnel, and supervision over the premises and facilities used in the production of drugs and medicines. It would have authority over wholesaling, in so far as this was necessary for the protection of the public. It would have authority over the technical and professional work of the drug store, including technical and professional equipment, sanitation, location, professional personnel, as well as all other factors having a bearing upon professional pharmaceutical practice.

The Department of Pharmacy should be made up of practicing pharmacists, pharmaceutical educators, representatives of the drug industry and members of the public. Inasmuch as the Department would formulate matters of policy and originate matters of legislation, it should be fully representative of pharmacy and the drug industry. The public should be given a place in the Department and a voice in its affairs.

It will be observed at once that any such Department of Pharmacy to be in position to really do the work expected of it and to be in a comparable position, with other branches of the state government, will require financing far beyond that now given to the usual state board of pharmacy. It is believed, however, that some such agency must be set up if there is to be the proper administration of pharmacy in its many phases.

(b) By extending the powers of Boards of Pharmacy as now constituted?

Certainly, if the limits of the present pharmacy acts are to be extended and it is considered inadvisable or impractical to set up an agency similar to the Department of Pharmacy discussed above, it would seem necessary to expand the powers of Boards of Pharmacy as now constituted. Necessarily, if the pharmacy act is to include the operation of the drug industry as a whole, additional powers of inspection must be conferred, an adequate inspection service built up and consistent contacts maintained in all parts of the field. Also, this broadened scope of the pharmacy law, as observed above, calls for knowledge of a more or less expert character which may or may not be possessed by the average Board of Pharmacy membership.

Then, too, in many states there is some doubt as to the powers of the boards as now maintained. The view is sometimes held that the Board is purely an examining body and in those instances where the law itself does not specify the duties of the Board, there is some question as to the right of the Board to engage in enforcement work as such. In most of the states drug stores may operate only under permits granted by the Board and there is some doubt as to the actual powers of the Board in the performance of this function. The question arises, is it vested with discretionary powers or must it grant the permit as a matter of course?

There is some evidence and much logic on the side that the power to grant a permit carries with it the right to refuse, but in order that this might be settled, the powers of Boards of Pharmacy should be extended to specifically grant it discretionary powers in this respect. Necessarily, the powers of the Board of Pharmacy must be broad enough to enable it to meet any and all of the conditions which are met with in the administration and enforcement of the law.

(c) Should the Department of Pharmacy or the Board of Pharmacy provide for lay membership?

There is bound to be diversity of opinion in this respect and there is no precedent so far as this Committee knows, for the appointment of lay members to professional licensing boards. In the event, however, that it should be considered desirable to establish a Department of Pharmacy in the various states, which Department would be vested with powers far beyond those now enjoyed by the Board of Pharmacy, it would seem highly desirable to provide for lay membership.

The question of lay membership, however, should not be idly dismissed because it is becoming more and more desirable for the public to have an understanding of the problems with which the various public health professions are confronted. The proper kind of lay membership might form a much desired contact with the public and serve as the medium for interpreting professional problems to the lay mind. Then again, the lay membership would serve to reduce the criticism that Boards of Pharmacy, due to their peculiar makeup, are acting in their self interest when they propose legislation which, in the surface at any rate, would seem to be of particular benefit to pharmacists themselves.

It has been said that pharmaceutical programs could be more satisfactorily interpreted to the legislatures by interested members of the public rather than by members of the profession itself. The question is, of course, debatable and the Committee has come to no conclusion regarding it, but it should be considered and discussed simply because of the practical benefits which might accrue from having this tie-up with the public.

The American public is much more public health conscious than ever before and this fact underlies much of the progress which has been made in the field of public health administration. Consumer groups are much more alert to the significance of public health regulation and control and have done much to advance this field of activity to its present high plane. It might be wise to enlist the support of this great body of influence and opinion in moves looking to the betterment of pharmaceutical legislation and control.

3. REQUIREMENTS FOR BOARDS OF PHARMACY MEMBERSHIP.

(Educational, experience, competitive examinations, etc.)

A discussion of these points must embrace the many diversified conditions which go to make up the practice of pharmacy in the various branches of the drug industry and particularly is this true if there is to be a modernization of pharmacy laws in the real sense of the term.

The question of requirements becomes of greater significance when seen in contrast with the great advances which are taking place in pharmaceutical education, as well as in the various other sciences which underlie the drug industry. The matter of educational qualifications, professional experience, particular aptitude, interest in educational progress, familiarity with trade and industrial developments in the field, these, and many more questions must have consideration when attempting to set up the basic legal qualifications which a Board member should possess.

The view has been expressed that it might be well to select Board members on a competitive basis similar to the plan followed in the civil service and in those states where there are departments of employment and registration. The advantages of such a system are manifest.

One of the major defects in the Board of Pharmacy set-up at present is the fact that in many states Board membership is given as a reward for political activity or activity of various kinds within the State Pharmaceutical Association, or on the basis of personal popularity. Certainly, none of these methods has a place in the picture and many of them are bound to be detrimental to the purposes which the Board of Pharmacy is designed to serve. If possible, effort should be made to make the Boards free from political control and free from the control of pharmacists themselves.

Boards of Pharmacy frequently are called upon to act in a semi-judicial capacity and they have the benefit of the general rule of law applicable to administrative boards, that their conclusions are final in matters under their jurisdiction except in those cases where the Boards have acted arbitrarily or where fraud can be shown. It is believed that in those states where there are agencies set up to pass upon the qualifications of those entering the service of the state it would be well to require prospective board members to file a complete statement regarding their education, experience and other qualifications, so that they might be selected on the basis of merit such as is done in the state service as a whole. The Committee particularly desires to stress the necessity of building board membership upon a sound foundation so that the members themselves may be reasonably qualified to perform the very important duties with which they are already burdened and the more expanded duties which they are likely to be asked to undertake.

4. HOW SHOULD PRACTICAL EXPERIENCE BE APPROACHED?

(a) Before and / or after college graduation?

The question of drug store experience has always been a very live one and in spite of all that has been said and written about it, it still enjoys an unsatisfactory status as one of the important constituents entering into the training of pharmacists. As the period of pharmaceutical education has lengthened, there has been a proportionate drop in the amount of practical experience required. Before college graduation became compulsory, four years of drug store experience was the legal requirement for admittance to the examination. When the two-year course was established, the practical experience requirement was dropped to three years. With the three-year college course, the experience requirement was dropped to two years, and with the four-year course, the practical experience requirement has been reduced to one year.

While there is complete agreement on the proposition that the period of preparation should not be unduly prolonged, nevertheless it must be admitted that the great retail drug group has not been altogether satisfied with the drastic reduction in the amount of practical experience underlying registration and it is because of this dissatisfaction that the question of practical experience remains as much alive as ever. The Committee gave consideration, however, to the various phases of this subject which are now more or less in the forefront of pharmaceutical discussion and which have a real part in any discussion of the modernization of pharmacy laws.

The Committee seemed to feel that a student would be better qualified for pharmaceutical studies if he had had some period of worth-while drug store experience prior to matriculation, although it was pointed out that several prominent pharmaceutical educators have expressed the view that they would much prefer students with no drug store experience at all.

(b) During the college course.

If there was any real virtue in the old two-year system of pharmaceutical education during which a student was in college on alternate days and working in a drug store on the other days, it was, in theory at any rate, that the student was able to interpret his college training in the light of his activities in the drug store. A similar system is now in effect in other fields, particularly engineering, under which the student spends a certain amount of time in college and then a certain amount of time in the field.

However, it is believed that the demands upon the present college of pharmacy student are so heavy that it would be most unwise to place upon him the further burden of gaining drug store experience while in college. There is probably no great objection to his doing so in the event that he finds it possible to do so without too great a sacrifice of the time which his technical and scientific studies demand, but it should not be made a requirement of the law.

A study of employment among students in other professional pursuits will show that the pharmacy student, certainly in our larger cities, devotes much greater time to extra curricular activities than is generally the case. This fact has not been given the importance that it deserves because undoubtedly it has a bearing upon low standard of scholarship and it undoubtedly has a bearing upon the much higher percentage of college of Pharmacy graduates failing State Board examinations than is true in other professional fields.

(c) Vacation months.

There is a growing opinion that students should be required to secure drug store employment during vacation months. Of course, this is open to objection on the ground that after eight months of a heavy college load a real vacation should be had. However, giving credit for experience obtained during vacation months will stimulate students to secure drug store employment and will serve in a sense as an orientation course.

Such a plan also has the advantage of permitting the student to obtain the requisite one year of drug store experience within the four-year college period.

(d) Interne basis.

Recognizing the inadequacy of drug store experience obtained prior to college matriculation for the most part, and the disadvantages of requiring drug store experience to be obtained concurrent with college training, there is some belief that drug store experience is best obtained after college graduation, similar to the interne system now in effect in medicine. One objection to this, of course, is that it is simply an extra requirement beyond the four years of college training. However, it would seem to be clear that practical drug store experience obtained after college graduation would be of far greater value because the student would have finished his educational preparation and thus would be more mature in his point of view and thus able to obtain more real benefit from drug store experience than at any other time.

(e) Supervised experience.

The Committee is aware that drug store experience as now obtainable has been the subject of severe criticism as a worth-while factor in the educational training of a pharmacist. The drug store has become largely commercial, many of its activities having no relationship to the practice of pharmacy nor to the subject matter of the college of pharmacy curriculum.

For this reason, the view has been expressed that unless drug store experience can be standardized and supervised, it should not be required as one of the bases for registration. The idea is not altogether new because for some years in various parts of the country, attempts have been made to develop a system of supervised experience.

At the University of Nebraska some years ago, drug store experience was made a credit course in the college of pharmacy curriculum and an attempt was made to make it of real value in the educational program.

In New Jersey a valuable experiment is now being made under which drug store experience may be obtained only after college graduation and in drug stores particularly approved for that purpose, the student being at all times under the supervision of the Board of Pharmacy.

(f) Five years' experience after registration before legally qualified to manage or conduct a drug store.

Recognizing the inadequacy of one year of drug store experience now in effect as affording an understanding of retail conditions actually desired, there has for some time been impressive opinion in support of the proposition that at least five years of real drug store experience should be demanded before the newly registered pharmacist should be permitted to qualify for the ownership or the managership of a retail drug store. Those who subscribe to this view would admit the college graduate to the State Board examination immediately upon graduation and would give him a certificate of registration but requiring that he obtain five years of additional drug store experience before being fully qualified. To many, this will seem an extreme view and as an arbitrary and unnecessary burden.

However, it must be admitted that such a procedure would insure a much higher type of drug store proprietor and would, at the same time, produce a type of pharmacist much more familiar with economic conditions and thus much more able to make a place for himself in the intensive competitive situation which has developed.

Whether this latter phase is within the purview of pharmaceutical legislation as such, is open to question. However, all of these various aspects of practical drug store experience, and perhaps several others, should be given close study and consideration before they are included as a legal requirement in the training of the pharmacist.

5. CONFINING THE SALE OF DRUGS AND MEDICINES TO PHARMACISTS.

One of the objects of a modern pharmacy act should be to confine the distribution of drugs, medicines and medical supplies to pharmacists. The present situation under which medicinal preparations may be sold by any and every kind of person, in any and every kind of establishment, under any and all conditions, is fast becoming intolerable. It is detrimental to the interests of pharmacy on the one hand, and detrimental to the public welfare on the other. The most elementary conception of the purposes for which drugs and medicines are required is sufficient to warrant placing their exclusive distribution in the hands of persons technically and professionally competent. In this connection it is interesting to note that public health agencies, entirely free from pharmaceutical bias or control are coming to the same point of view. The *New Hampshire Health News*, the official publication of the Board of Health of that state, takes this position in its July 1937, issue: "The curtailment of the promiscuous sale of drugs by those not trained in the science of pharmacy can be put down as a definite public health need." This topic was also the consideration of the Committee on the Costs of Medical Care and its conclusion on the subject is presented in the following quotation from its final report:

"Drugs and medicines and medical supplies are essential to an adequate medical service, both therapeutic and preventive. Most of them are dangerous if unwisely employed. The preparation, standardization and distribution of drugs, medicines and medical supplies should be limited as far as possible to pharmacists who are prepared by education and training to render this responsible service and to protect the public against abuse."

The following plans and methods for confining the distribution of drugs and medicines to pharmacists are suggested for study, consideration and debate:

1. Legislation authorizing the State Board of Pharmacy, or the Department of Pharmacy to designate those medicinal preparations which may be sold by others than registered pharmacists. Of course, this might be open to attack on the ground that it constitutes an unlawful delegation of legislative authority. However, it is believed that this legal objection might be overcome by a clear statement of the purpose for which the authority is granted, with an equally clear statement of policy laid down by the legislature itself.

Aside from the authority conferred in the foregoing paragraph, the legislature itself might confine the distribution of drugs and medicines to pharmacists on any or all of the following grounds:

(a) Drugs and medicines which are prone to deterioration, and which deterioration can be controlled and retarded by proper conditions of storage.

(b) Drugs and medicines containing opium, its compounds or derivatives in any proportion whatsoever.

(c) All drugs and medicines which are poisonous, habit forming or deleterious, together with all compounds and preparations which contain them in any proportion whatsoever.

(d) Drugs and medicines having hypnotic properties, such as the barbituric acid compounds, chloral, formaldehyde, acetanilid, bromides and many others coming within this broad classification.

(e) All medicinal preparations recognized in the United Stated Pharmacopœia and National Formulary, as the makeup and formulas of these products are unknown to the rank and file of merchants, but are quite familiar to pharmacists.

(f) All drugs, medicines and medicinal compounds, whether proprietary or not, that are used mostly by physicians in the treatment of disease, which are not safe or suitable for self medication in the absence of medical advice, and which are never advertised to the public by the manufacturer for self medication.

(g) Drugs and medicines which while not dangerous in the ordinary conditions of use, but which are potentially dangerous when used for purposes other than for which they are primarily intended.

(h) A clear, concise differentiation between "proprietary" and "patent" when applied to medicinal preparations. Proprietary should be restricted to those medicinal preparations which are proprietary in character; are used largely by physicians in the treatment of disease; which are not intended for self medication, which are never advertised direct to the public by the manufacturers for self medication; and which are not in fact suited for self medication in the absence of competent medical advice. At the present time "patent" and "proprietary" are synonymous terms, both in all pharmacy acts, as well as in judicial opinions in which the terms have been construed. Simply as an illustration of the absurdity of the existing conditions, let me state that while many Boards of Pharmacy have been advising pharmacists to confine the distribution of sulfanilamide to physicians' prescriptions, this drug may be sold by grocers, hardware dealers, etc., in most states, if indeed not all, without the slightest legal restraint or restriction.

(i) Confining the sale of designated drugs, their compounds, derivatives or preparations to physicians' prescriptions. While this method is always effective in confining the sale and distribution of drug products to pharmacists it is on the whole considered unsatisfactory as there are many drug products which may be safely distributed to the public through the hands of pharmacists themselves.

No doubt there could be other means or methods suggested for confining the distribution of drugs and medicines of pharmacists, but those above set out, it is believed, could be sustained as a valid exercise of the police power of the state, and thus not open to objection on constitutional grounds.

SHOULD THE SALE OF DRUGS AND MEDICINES BE CONFINED TO REGISTERED PHARMACISTS ALONE AS DISTINGUISHED FROM UNREGISTERED CLERKS?

One of the major objections raised to restricting the sale of drugs and medicines to pharmacists has been that these products would not be sold by registered pharmacists exclusively but in many instances would be sold by the same type of unregistered personnel which is employed in grocery stores and similar establishments.

It is not believed that there is much validity to this contention because the drug store employee, whether registered or not, is at all times accessible to the registered pharmacist and during the course of his employment is certain to obtain much valuable information with respect to the products which the drug store sells. However, it is believed that there are many types of drug products which should be handled by the registered pharmacist only, such as poisons, preparations containing exempt narcotics and other potent and potentially dangerous drugs. In some states legislation to this effect has been enacted.

• Some thought should be given to the matter, because one of the provisions of many of the state pharmacy acts is one which makes the pharmacist responsible for the quality of drugs and medicines handled by him, except those sold in the manufacturer's original packages and those of patent and proprietary character, and in at least one instance, this provision has resulted in having the pharmacy acts declared unconstitutional.

It would seem that if pharmacists are to be vested with exclusive control over the distribution of drugs and medicines, then the public should have the right to demand that the pharmacist should exercise his professional skill and judgment in the products which he distributes.

During the year the Committee gave close study to pharmaceutical legislation enacted in the various states and to the cases involving provisions of pharmacy acts which were decided during the year in the state courts. For the most part there was no major pharmaceutical legislation enacted and none, so far as the Committee could learn, which dealt with new and original features. Many state pharmacy acts were amended in some important particulars but none of these went so far as to change the existing pattern. There were, however, a number of important Supreme Court decisions involving various features of existing pharmacy laws.

The Supreme Court of Indiana decided a case involving the legal significance of the term "drug store." The term is not defined in the Indiana Pharmacy Act and thus the Court was compelled to define it in the light of common usage and common experience.

The complainant was the State Board of Pharmacy and the defendant was a perfume shop of the more or less routine kind. The Court held that the perfume shop was a pharmacy under the law of that state and as such, was subject to all the provisions of the pharmacy act.

This case should certainly be helpful as it will aid in controlling these borderline types of retail institutions.

In New Jersey, an important case was decided which will be useful in distinguishing patent medicines from those officially recognized. The case involved the legal status of a preparation known as Duke's Citro-Tartrate of Magnesia and the contention was made that this was a proprietary medicine and thus could be sold under the exempt provisions of the pharmacy act. The Court sustained the contention of the New Jersey Board of Pharmacy that the product was an adulterated Citrate of Magnesia and thus its sale was not within the exemptions so claimed.

Another very important case was decided by the Supreme Court of Massachusetts and involved a petition of a department store and a chain drug store for a permit to maintain an eating establishment in that state. The licensing authorities refused the permit on the ground that the type of business carried on by the applicants resulted in underselling competitors, thus causing a lessening of the quality of the food sold by competitors.

One of the provisions of the statute involved was to the effect that the licensing authorities need not issue the permit if, in its judgment, the public convenience did not require it.

In the opinion the Court pointed out the historical background of innkeepers, stating that such a business has always been regarded as a public business and thus was subject to public regulation and control. The Court, however, sustained the licensing authority in full and this case is of interest because it may be that the principles enunciated may be applicable to the law under which Boards of Pharmacy are required to grant permits for the operation of retail drug stores.

Another case was decided by the United States Supreme Court in which the "open formula" law applicable to the constituents of fertilizers sold in the State of South Carolina was construed. This act required the manufacturer of fertilizers to state his formula on the container of his product.

This Act was bitterly contested by fertilizer manufacturers on the ground that it was a violation of the due process clause of the constitution and thus was invalid. The Act was sustained by the United States Supreme Court and in the course of the opinion, Mr. Justice McReynolds, speaking for the Court said:

"The right of a manufacturer to maintain secrecy as to his compounds and processes must be held subject to the right of the State, in the exercise of its police power and in promotion of fair dealing, to require that the nature of the product be fairly set forth."

The principles laid down in this opinion are undoubtedly a precedent for legislation requiring the disclosure of ingredients of medicinal preparations in the event that the legislatures of the several states were to enact legislation leading to that end.

The decision of the United States Supreme Court, upholding the validity of the California Fair Trade Act made some far-reaching statements regarding property rights and trade-marks and this too, it is believed, may be helpful in solving some of our most pressing problems.

In the course of the decision the Court said:

"We are here dealing not with a commodity alone, but with a commodity plus the brand or trade-mark which it bears as evidence of its origin and of the quality of the commodity for which the brand or trade-mark stands. Appellants own the commodity: they do not own the mark or the good-will that the mark symbolizes. And good-will is property in a very real sense, injury to which, like injury to any other species of property, is a proper subject for legislation. Goodwill is a valuable contributing aid to business—sometimes the most valuable contributing asset of the producer or distributor of commodities. And distinctive trade-marks, labels and brands are legitimate aids to the creation or enlargement of such good-will. It is well settled that the proprietor of the good-will is entitled to protection as against one who attempts to deprive him of the benefits resulting from the same, by using his labels and trade-mark without his consent and authority."

The point has already been made that this decision might be seized upon by manufacturers, were they so disposed, to prevent the sale of their products by persons acting without their consent and under conditions which might result in injuring their good-will.

Second only to the requirements of the law itself, are the means of administration and enforcement. Inasmuch as pharmacy is a public health profession, it would seem desirable to place the administration and enforcement of pharmacy laws under some public health group, such as the State Department of Health or some similar agency.

There are bound to be differences of opinion on this point which should be debated and thoroughly understood. Of course, this question will be of academic interest only in the event that a Department of Pharmacy as above discussed is set up. At any rate, there are decided advantages to pharmacy in having its program pushed ahead as a part of the general public health scheme.

In order to expedite this movement as well as to gain other advantages to such a course, provision should be made for giving pharmacy representation in public health agencies of the several states. This would give pharmacy a voice in the public health program and would be of material aid and assistance in raising the prestige of the profession itself.

The Committee had this under consideration as it feels that it involves principles basic to the success of any attempt to bring pharmaceutical legislation abreast of the time.

The Committee wishes to express its appreciation to the various State Pharmaceutical Associations and State Boards of Pharmacy for their help and coöperation.

Copies of existing pharmacy laws were obtained from them and all of this material, together with comments, many of which were very helpful, were given careful study and served as a basis for much of the work which the Committee carried on."

AN ADDENDUM TO THE REPORT.

BY ARTHUR D. BAKER.*

I have deemed it best to submit my ideas concerning the ideal uniform pharmacy law in the form of a written address. During the eight years I have been secretary of the Colorado State Board of Pharmacy, it has been my privilege to be able to devote some of my time to thought on the ideal pharmacy law.

1. In my opinion, the uniform pharmacy law should provide that the State Pharmaceutical Association of each state shall every two years nominate five to fifteen men, members of the Association and registered pharmacists in such state for a period of at least ten years, from which list the Governor shall be directed to appoint vacancies on the State Board of Pharmacy. This provision protects, so far as it is possible, the drug trade from the lax methods of thinking of professional politicians.

2. The uniform pharmacy law should define a "wholesale druggist" and should set forth certain conditions upon which a license as a wholesaler should be granted. The main condition should be that the wholesaler should stock a representative assortment of pharmaceutical merchandise and medicinal room equipment sufficient to satisfy the daily requirements of the retail drug trade. I make this suggestion as to wholesalers because of the fact that recently in Denver a surgical supply house stocked one line of pharmaceuticals and sold them wholesale to the medical profession with whom they have dealt for years in satisfying their surgical supply needs. This resulted in an extremely unsatisfactory state of affairs.

3. The uniform pharmacy law should provide for apprentice registration, even though states now have college graduation laws. This apprentice registration should make it compulsory upon the students in universities to register as apprentices at the time they matriculate in the university so that the State Board of Pharmacy would have a tabulated record of the places in which their practical experience was obtained. The apprentice section should be so worded that the apprentice would be required to declare his intention of pursuing a pharmaceutical education before his apprenticeship registration is granted. This provision would prevent abuses of our existing apprenticeship laws because of the practice of some of our large mass merchandising drug concerns of utilizing apprenticeship registration for the purpose of evading the employment of more than one registered pharmacist.

4. The uniform pharmacy law should, in addition to the apprenticeship provision, require that no direct sale of drugs, medicines or poisons be made except by a registered pharmacist personally. We have not sought such a provision in our Colorado laws to date because of the immense territorial extent of our state and our relatively small population. This provision, however, should be included as rapidly as possible in the uniform pharmacy law to be passed by the several states.

5. The uniform pharmacy law should require that the Board of Pharmacy include in the subjects of its examinations Pharmaceutical Jurisprudence, defining that term as the subject involving a knowledge of all the state laws applying to the conduct of a pharmacy in that state. By this I mean the laws of the various Boards of Health, Pure Food and Drug Laws, laws relating to the sale of contraceptives, laws relating to reports of physicians as to persons afflicted with venereal diseases, etc. It has been my experience that knowledge of the laws is the most necessary part of the successful conducting of a modern pharmacy, and that it is a subject least known by the applicants for a license as a registered pharmacist.

6. The uniform pharmacy law, of course, should embrace a comprehensive poison law, sufficiently flexible so that the list of the poisons enumerated therein could be enlarged or reduced as certain exigencies demand.

For illustration: In Colorado during the past year, several cases of poisoning by the use of Dinitrophenol were reported. Under the authority granted to the Board of Pharmacy by our Poison Law, the Colorado State Board of Pharmacy added Dinitrophenol to the list of poisons, and this condition was speedily remedied. I might add that the confidence of the people in the state of Colorado in the efficacy of our Pharmacy Laws was enormously strengthened by this exercise of the authority granted to the Colorado Board by our Poison Law.

* Denver, Colo.

7. The uniform pharmacy law should provide that no license be issued to conduct a pharmacy unless such pharmacy is properly equipped to supply the daily drug and medical supply needs of the inhabitants of the community in which the place of business sought to be licensed is intended to be conducted. Such a provision prevents the springing up of the so-called "fly-by-night" drug store, and impresses upon the proprietor of the place of business licensed the realization that the law insists that he be able to conduct a public service institution in the event that a license is granted him.

8. A uniform Hypnotic Drug Law and a uniform Narcotic Law well might be included in the uniform pharmacy law. It has gradually become by conviction that all regulatory laws concerning drugs, hypnotic, narcotic, poisonous or otherwise, should be administered by the one authority, the State Board of Pharmacy.

In conclusion, I would like to emphasize that a uniform pharmacy law will not solve our problems unless as much attention is devoted to the education of our various Boards of Pharmacy to the problems of law enforcement as is given by us to the actual language utilized in the law. The education of the public to the need for pharmacy law enforcement is extremely important. Patience on the part of the inspectors for the various Boards of Pharmacy in educating the licensed pharmacist and pharmacies as to the new regulations is very important. It is my firm conviction that this ASSOCIATION, should it succeed in securing the enactment of uniform pharmacy laws, should devote its earnest consideration to a comprehensive program of educating Boards of Pharmacy in proper methods of law enforcement.

In response to an inquiry, it was stated that this valuable report would be published in the October issue of the *Journal of Pharmaceutical Education* and in the Proceedings Number, November issue, of the JOURNAL OF THE A. PH. A.

Mr. Debus of New Jersey inquired if the Committee had given consideration to what body would select candidates for the Board of Pharmacy under the plan suggested by the Committee. Chairman Swain replied that the Committee had not gone into that problem, first desiring to have the suggestion studied by a larger number of pharmacists; he called attention, however, to the fact that the Board of Pharmacy is a judicial body, that in most states there is an organization known usually as a Department of Personnel which could act. It was voted that the Committee be continued and it was given a rising vote of thanks.

At the request of President Crockett, President Beal of the A. PH. A. presided during the remainder of the session. President Beal explained that the paper on the Proposed Popular Publication by Secretary Kelly would, by request of the Council, be presented with other important reports to which it is related, at the session of the House of Delegates on Wednesday forenoon.

Chairman Jordan then read the following report for the Joint Committee on Degrees.

"At our last annual meeting there was considerable discussion regarding the degrees offered for courses in pharmacy and there seemed to be a feeling that pharmacy should have a specific professional degree. This committee was appointed for the purpose of studying the question and was asked to report their findings at this joint session. "Shall pharmacy have a specific professional degree?" is the question that the committee has studied.

"During the year there was considerable correspondence between the chairmen, and the committee held a meeting in this Hotel last Sunday. Present at the committee meeting were Mr. Mac Childs, Chairman of the Sub-Committee for the N. A. B. P., Professor Ernest Little and Chairman Jordan of the A. A. C. P. committee. Mr. H. C. Christensen, who happened to be present, was requested to join in the discussion. The committee has some specific recommendations which will be presented at the close of this report.

"You are all familiar with the fact that medicine started with its M.D. degree for an abbreviated three-year course or less and that medicine has continued to use this degree throughout the years. The medical course has increased from three to seven years and yet the same degree has been granted for the completion of it. With the increased collegiate requirement for this degree it has been placed on a very high plane and is recognized as one of our best professional degrees.

"Dentistry did the same. It started with its Doctor of Dental Surgery given for a short course, and the degree has been retained during all the years that dentistry has been advancing its professional standing, and is now given for the completion of the six-year course, placing this degree on a high plane in the minds of professionally educated individuals.

"Veterinary Science has done a similar thing, starting with the degree of Doctor of Veterinary Science and retaining the degree as the requirements for it increased.

"In the case of pharmacy, the history of the degrees is quite different. Many schools began with a one- or two-year course based upon less than high school training and granted the degree of Graduate in Pharmacy for the completion of the course. Other schools have used the degree of Pharmaceutical Chemist for similar courses. Your committee believes that neither of these degrees is suitable as a professional degree for pharmacy and that the use of them should be discontinued. Later the four-year course in pharmacy based on high school training for entrance went into effect and the degree of Bachelor of Science in Pharmacy for the completion of this course was adopted. It was necessary to use this degree in order to give pharmacy a standing in academic circles and in the minds of educated people.

"Your Committee believes that this was the right thing to do and that the degree of Bachelor of Science in Pharmacy should be retained for our four-year course. We are happy to say that work in pharmacy has secured standing in academic circles and the degree is now recognized as equivalent to any other bachelor's degree. Your Committee believes that the degrees of Master of Science and Doctor of Philosophy, as now being offered in accordance with the rules and regulations of the American Association of Colleges of Pharmacy, should be retained. In other words, there is no thought in the minds of the committee that any change should be made in these degrees as specified by the regulations of the American Association of Colleges of Pharmacy.

"However, this still leaves us without a specific professional degree for pharmacy. Your Committee is convinced that pharmacy will develop more rapidly from the professional standpoint if a specific professional degree is adopted, and further your Committee believes that the degree of Doctor of Pharmacy is the one that should be chosen. You know as well as we do the history of the Doctor of Pharmacy degree. It has been very irregular, having been offered for course work of one or more collegiate years and as an honorary degree. In the minds of some this degree does not have good standing but your Committee believes that it is possible to place this degree on a footing that will make it representative of pharmacy as our professional pharmacy degree, and that in a few years it will secure an enviable standing. We fully realize that it will take time for academic circles and educated individuals to accept it. Your Committee feels very keenly the fact that the Bachelor of Science degree has been accepted as the equivalent of any baccalaureate degree. We are proud of this fact and we believe that a similar thing can be done for the Doctor of Pharmacy degree provided we decide to do it. With these thoughts in mind, the Committee offers the following resolutions:

"'First: That pharmacy adopt a specific professional degree and that this degree be Doctor of Pharmacy.'

"'Second: That the degrees and requirements for the same, as specified in the present Bylaws of the American Association of Colleges of Pharmacy, except in so far as reference made to the degree of Doctor of Pharmacy is concerned, be retained."

"May I explain that in the By-laws of the American Association of Colleges of Pharmacy, the statement is made that the Doctor of Pharmacy degree cannot be granted for work in courses. We are trying to eliminate that clause in order to make way for a specific degree. Therefore, this last resolution reads this way, if I may read it again, 'That the degrees and requirements for the same, as specified in the present By-laws of the American Association of Colleges of Pharmacy, except in so far as reference made to the degree of Doctor of Pharmacy is concerned, be retained.'

"We are offering the third recommendation for discussion, and this is the recommendation:

" 'That colleges of pharmacy be permitted and urged to offer a carefully planned curriculum of five or more collegiate years' duration, and that the degree of Doctor of Pharmacy be granted for the successful completion of such a curriculum."

"These recommendations are signed by Messrs. Childs, Little and Jordan of the Committee."

Mr. Childs strongly supported the proposal for a postgraduate professional degree based on the completion of the four-year course and urged that action be taken promptly in the interest of pharmacy. President Beal granted the merit of the proposal but felt that it should have careful consideration or else the very purpose might be defeated to the detriment of pharmacy.

Dean Lyman supported Mr. Childs' position but urged that the advance in the academic recognition of pharmacy not be jeopardized by hasty action which might make us look ridiculous.

Mr. Childs still felt that the proposal should be promptly submitted to university authorities and promised to discuss it with Chancellor Lindley of the University of Kansas.

Dr. Kremers suggested that the time will come for a professional degree in pharmacy when pharmacy itself is so changed that the degree will mean something to the public. To give the degree on any other than an appropriate basis will cheapen it. Pharmacy must stand on its own and no number of degrees will help it unless it has the background for that degree.

Chairman Jordan emphasized the recommendation that the colleges of pharmacy be permitted and urged to offer a carefully planned curriculum of five or more years' duration upon the successful completion of which the Doctor of Pharmacy is to be awarded. He moved that the Committee be continued and the recommendations referred to the three associations for thorough study, and the motion was carried.

Chairman Kendig read the following report of the Committee on the Status of Pharmacists in the Government Service.

"This Committee is not able to report such a spectacular accomplishment as it did at the meeting last year. It can, however, report steady progress during the year toward gaining its objectives and that plans are being developed toward legislation placing pharmacy on a more satisfactory basis in the Navy.

"In order that the pharmacists of the nation may more fully appreciate what has been accomplished during the last decade toward improving pharmaceutical service in and toward securing a more satisfactory status for pharmacy and for pharmacists in the government service, the accomplishments, for which this Committee and its predecessors deserve only part of the credit, should be briefly reviewed. Ten years ago, pharmacy was still listed as a sub-profession; pharmacists were still classified solely in the sub-professional group, with only a few commissioned; and the schools and colleges of pharmacy were not included among other institutions of higher learning, in so far as the Federal government was officially concerned. To-day, pharmacy is recognized fully as a profession; pharmacists are classified in the professional as well as the sub-professional groups under the Civil Service; pharmacists are commissioned in all three of the military services, the Army, Navy and Public Health Service; schools and colleges of pharmacy are listed as institutions of higher learning; and the A. PH. A. and the N. A. B. P. which associations have coöperated in all of these accomplishments, are listed among the educational, civic and learned associations of the nation.

"The successive steps were to secure recognition of our educational institutions and of our professional organizations; to have pharmacy and pharmacists classified in the professional and scientific group under the Civil Service; to obtain commissions for pharmacists in the Public Health Service and in the Army (they were already commissioned in the Navy); and to secure recognition of pharmacy as a profession under the codes and in connection with food and drug, narcotic, labor and other Federal legislation.

"And while we may take satisfaction in what has been done during this period and although these basic changes are the most difficult to bring about, the results only indicate what may be done in the future to improve and extend pharmaceutical service and to open greater opportunities for well-qualified pharmacists in the government services, state as well as national.

"As an example, only a few pharmacists and all of them classified in the sub-professional group, were then employed in the Veterans Administration while now there are 106, of whom 92 are classified as professional and 14 as sub-professional, with a pharmacist of the professional rating in charge of the pharmacy in every Veterans Hospital. As their work is extended into the laboratories and other services for which the graduates of the present course are qualified, this group of pharmacists can be further advanced and increased. A careful study of other governmental services in which pharmacists are eligible under Civil Service, such as the Alcohol Administration, the Narcotic Bureau and others, will bring about similarly satisfactory results.

"Improvement and expansion are somewhat more difficult in the commissioned services because of the conditions and forms of organization under which they must operate, although the results are even more encouraging.

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"The quota of 26 pharmacists in the Public Health Service, 10 of whom were commissioned under the Parker Bill, are being reasonably maintained and this number could be increased with improvement to the Service.

"About 110 Chief Pharmacists are commissioned in the Navy and rank with but after an Ensign, and 10 Pharmacists are Warrant Officers. Although the pay of these groups is in advance of their rank, the situation is not satisfactory since they cannot advance beyond the rank of Chief Pharmacist to which Pharmacists are eligible after six years of satisfactory service and passing an examination.

"Eight vacancies existed when the legislation was enacted last year limiting commissions in the Medical Administrative Corps of the Army to pharmacists and an examination to fill them was held in December. Sixty-four of the applicants met the requirements and were admitted to the examinations. Of these, 41 failed the physical examination, 21 failed the other examinations and 2¹ passed all of the examinations. The latter were later commissioned as second lieutenants and stationed in general hospitals at San Francisco and Denver. It was expected that examinations to fill the six remaining, and any vacancies that have occurred since that time, would be held in September of this year but under the recent economy order, they will not be held until December and possibly later."

President Beal complimented the Committee and expressed the belief that it had accomplished a great deal through its willingness to compromise. On motion the report was accepted and the Committee continued.

Dr. B. V. Christensen read the following paper, "Recruiting for the Profession," which he had read before the recent meeting of District No. 2 and which had recommended that the paper be presented here.

"Every profession is accepted at its own evaluation and no profession can be evaluated more highly than the personalities of its membership. Before we as pharmacists can prove our worth to the outside world we must prove our worth to ourselves. We cannot expect from society that respect and confidence which we feel a profession should have until we have respect and confidence within the profession. We must recognize also that there are innate attributes which the personnel of our profession must possess to prove even to ourselves that we are worthy of that respect and confidence. Does meeting legal requirements alone prove to ourselves that the public should place in us that implicit confidence which Pharmacy traditionally deserves? It appears, therefore, that what Pharmacy needs is careful introspection followed by action. Our primary hope is to build for the future and the foundation is within our youth of to-day. This means that we must carefully select only those of our youth who possess the attributes which are deemed essential for this profession.

"In 'Basic Material for a Pharmaceutical Curriculum' it is pointed out that one of the important duties of a pharmacist is 'to recruit young men of character for the profession.' It is evident that this indicates that every pharmacist should be interested not only in the perpetuation of the profession but in the progress and improvement of the profession.

"This is a charge to every pharmacist and it is a charge filled with deep significance. It is a charge not only filled with deep significance but with broad significance. It is a charge the full import of which cannot be realized in a moment. It is one of those things that grows and enlarges and sends out strands and tentacles that grip in many directions. Is this, therefore, not worthy of careful study and consideration?

"Pharmaceutical educators should be vitally interested in this because they not only recruit but prepare young men for this profession. Board members should also be just as vitally interested because as board members they must examine the product of the colleges and admit them to practice, that is, they must pass on the job of the educator and either approve or disapprove. The practical pharmacist should be interested because after the colleges have graduated these prospective recruits and the Boards have placed the stamp of approval on them, the practical pharmacist takes them in his pharmacy and polishes them off to varying degrees of satisfaction and practical efficiency. The general public should be deeply concerned because it is these same recruits that

¹Glenn K. Smith, State College of Washington, Leatherman General Hospital, San Francisco. Howard Nelson, Univ. of Idaho, Fitzsimmons Hospital, Denver. the public must look to for a safe and satisfactory pharmaceutical service. Consequently, it is evident that 'Recruiting for the Profession of Pharmacy' is a problem which extends down into the very roots of society and covers the length and breadth of the United States.

"While this problem of selection of recruits for the profession of pharmacy could be considered from several angles it is evident that there are two aspects which are of extreme importance namely, *character* and *ability*. It is these two qualities which are considered herewith.

"You will note that in the statement of this duty of the practicing pharmacist that young men of *character* are to be sought for this profession. While it is difficult to exactly define character, nevertheless I believe most of us have a general understanding of its implications at least. Most of us probably would agree that character includes such attributes as honesty, truthfulness, sobriety, integrity, accuracy and even neatness and cleanliness. However, is it not possible that an individual could possess all of those attributes and still be only neutral in character? Consequently, does not character imply in addition to the above qualities a definitely positive personality, that is, that these qualities are not only possessed but that they are radiated? Does it not imply that these attributes are a part of the very nature of the individual and that they are not only a part of the individual but are promulgated as well? How important is character and in what position should it rank in the list of requisites of a professional man or woman?

"Many colleges list as a prerequisite for entrance 'good moral character.' Many colleges also listed 'good moral character' as a condition for graduation and even as a requirement for continuation on the college rolls. State Pharmacy laws include moral character as a requirement for certification as a registered pharmacist. State laws also provide that a breach of character may be considered a just cause for revocation of license to practice pharmacy. It is plainly evident, therefore, that character is generally recognized and considered an essential attribute of the pharmacist.

"In this connection, therefore, it appears there is another very important aspect to be considered. How can character be determined? How can colleges determine the character of applicants for admission? How can boards determine the character of applicants for registration? Should Boards expect the pharmacist preceptor of the candidate for registration to certify to the character of the candidate as well as length of experience? Should Boards expect the Colleges to certify to the character of the applicant as well as education? It is evident that it is difficult for colleges and State Boards to get reliable information concerning the character of applicants. How seriously do colleges and boards consider this requirement and how much emphasis is placed on this attribute? What methods are followed to determine character? It has been suggested that prospective pharmacy students be required to take a series of predictive tests to include questions which would examine an individual's *knowledge* of ethics and thus serve as an indication as to the individual's point of view and thus indicate to some extent his character.

"If Boards find it impossible to emphasize this requirement, should the colleges assume the primary responsibility in determining the character of the student while he is in college? Should the colleges assume this responsibility to the extent of refusing to graduate students who do not possess the attributes of character considered essential? How can colleges determine the character sof students?

"In recuiting for the profession it is essential not only to select young men of character but young men of *ability* as well. The student should have the abilities necessary for a successful pharmacist. He should be adapted by disposition and ability to satisfactorily master the fundamental and professional knowledge required and to profit by the educational process deemed essential. Pharmacy is based on the three fundamental sciences of biology, botany and chemistry. Hence, successful students of pharmacy must possess aptitude and ability for the natural sciences. How can we determine whether or not an applicant for admission to a college possesses the abilities mentioned?

"If there are no means according to which it may be determined whether an applicant for admission to college has the desired ability, is it possible for the colleges to do this early enough and intelligently enough in the college course to prevent injustice to individuals? If it can be done, how is it to be done?

"If the colleges find it impossible to make careful selections on the basis of ability and adaptation for the profession, can this be done by the Boards? Whose responsibility is it? Is it a responsibility of anyone?

"What about the responsibility of the pharmacist who takes the recruit into his pharmacy

to give him practical experience? Does he have any responsibility in judging character and ability? Should he be expected to certify to character and ability as well as length of experience?

"As a basis for discussion in connection with the responsibilities of a pharmacist toward the recruit it might be advisable to summarize briefly the three plans which are now in operation in various states pertaining to practical experience as a prerequisite for registration.

"The first plan is the one which has been in operation for many years and grants recognition to drug store experience obtained at any time previous to the examination and in any type of drug store as long as the experience is gained under the direction of a registered pharmacist. As is well known, there has been some dissatisfaction and some criticism of this plan. The claim has been made that a recruit may obtain all of his experience in non-professional aspects of the drug store and thus has gained little, if any, practical professional experience. It has been suggested that drug stores, therefore, be classified and that only such pharmacies as will provide the essential professional experience be recognized as meeting the requirements of the state board. This plan has also been criticized for the reason that in many cases the pharmacist in charge does not seem to feel that he should be regarded as a teacher and, therefore, takes little or no interest in attempting to serve as a preceptor to the apprentice. It has been claimed that in many cases the pharmacist is more interested in results as measured by cash receipts than he is in inculcating in the apprentice a professional and ethical interest and attitude. Since this is the plan which is still in practice in most states would it not be pertinent to bring up the question as to how much responsibility the pharmacist could be expected to assume with reference to instruction and guidance of the apprentice, and to what extent might state boards look to the pharmacist for assistance and advice in evaluation of the professional attitude, moral character and ability of the recruit when an applicant for registration?

"Second, because of the lack of uniformity of experience obtained by recruits according to the first plan it has been suggested that colleges of pharmacy also provide facilities for gaining practical experience in the professional aspects by establishing campus dispensing departments. While this has been done by a number of colleges, state boards apparently have been reluctant to recognize this type of experience as equivalent to that obtained in the drug store. Should state boards accept this kind of apprenticeship it would place the responsibility for judging character, ability and professional attitude on the colleges. Would this prove more satisfactory than the first plan? Could the judgment of college authorities be considered as reliable and dependable as that of the practicing pharmacist? Would there be greater uniformity in the type of experience gained by the recruit in the college dispensary and could it be made as practical in nature as that gained in the average drug store?

"The third plan, while it has been under discussion for several years in a general way, has only recently been inaugurated in a single state. This plan provides for a system of drug store interneship and provides that one year of practical experience must be obtained subsequent to graduation from college in a pharmacy approved by the state board for such purpose. This plan, therefore, places upon the state board the responsibility of selecting the approved pharmacics in which the recruit may gain acceptable practical experience which will satisfy the requirements of the state board. The board of this state has provided regulations which make it necessary for both the pharmacist, who is considered to be the preceptor, and the pharmacy interne to keep an accurate record of the interneship to be presented to the board and supported by affidavit of both pharmacist and interne. In addition the board has prescribed the type of training contemplated by this law and has made it incumbent upon both the 'master and apprentice' to regard their responsibilities with an appreciation of their obligations to the profession, to the public which both must serve, and to each other. The pharmacists selected by the state board are also required to signify their willingness to cooperate with the board of pharmacy in developing this type of training and to report to the board from time to time on the progress and *aptitude* of any interne under their supervision. Hence, it is evident that according to this plan the board of pharmacy takes the position that it is a definite responsibility of the pharmacist to offer instruction of a professional nature and of professional value to the interne. It is also his responsibility to judge whether or not the interne could be considered a desirable recruit to the profession of pharmacy. How successful this plan will prove to be remains to be seen.

"In a discussion of the points previously raised it might be well to consider briefly this question. In determining the aptitude and adaptability of a recruit for the profession of phar-

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macy, who is entitled to primary consideration-the recruit as an individual or the society which he is to serve? In discussions of many similar problems in the past it appears that the emphasis has been placed upon the individual. It has been noted many times that there seems to have been a great deal of emotional sentiment expressed with reference to giving the 'poor boy' an opportunity. Has this not been over-emphasized and as a result have we not permitted too many 'poor boys,' not poor in finances but poor in ability, character and professional attitude, to enter the profession of pharmacy? On the other hand, is it not true that many boys poor from a financial standpoint but with plenty of ability, determination and ambition have surmounted all difficulties in securing adequate preparation and must be considered not only a credit to themselves but a credit to the profession? Should we not, therefore, consider these questions primarily from the standpoint of the profession of pharmacy in general and the welfare of the society that is to be served by this profession rather than from the standpoint of a particular individual concerned? Can we deny that we have been careless and even indifferent in regard to the character as well as the ability of those admitted to the practice of pharmacy? Can we deny that the good name of Pharmacy has been capitalized upon by undesirable individuals and groups concerned only with material gains and personal profits? If pharmacy is to properly discharge its responsibility for dependable health service to the public, is it not imperative that we more carefully select those who are admitted to its ranks? If pharmacy is to protect and safeguard its good name for proper character and type of service, must we not more carefully define the attributes of character and arrive at a fuller realization of our responsibilities in the careful selection of our membership? If pharmacy is to be accepted at its true professional worth, is it not essential that we recruit young men of character to the profession?"

The paper was received with applause. As the program had been completed, the Session adjourned.
