

REPORT OF THE COMMITTEE ON PREREQUISITE ARGUMENTS.*

WILLIAM B. DAY, CHAIRMAN.

INTRODUCTORY.

The dictionary informs us that "prerequisite" means "something previously required or necessary for an end proposed." In pharmacy the term represents a more or less definite preliminary and professional training required of the candidate for the pharmacist's license. In this sense, the meaning of prerequisite is two-fold; it includes not only the professional training in a college of pharmacy, but also the high school preparation which necessarily precedes it.

HISTORY AND PRESENT STATUS.

While the subject of requiring college graduation has been under discussion for many years, it has been only during the last decade that sentiment crystallized to such an extent as to bring about the enactment of prerequisite laws. The first law of the kind went into effect in New York in 1905 and its operation was watched with the greatest interest by the pharmaceutical profession of the country. Pennsylvania followed soon after; then Rhode Island fell into line and, more recently, North Dakota and Ohio have joined the ranks of prerequisite states, while North Carolina, as a compromise, secured a law requiring one year of professional training.

Disappointed in not passing laws framed along these lines, the pharmacists of New Jersey and the State of Washington have obtained the same results through the rulings of their respective state boards of pharmacy, which have, in effect, established the prerequisite in these states. Indeed, as Dr. Wulling pointed out in his presidential address last year, it seems likely that every board of pharmacy has the inherent power of making such regulations as shall insure the proper training of the candidates for license and thus of putting the prerequisite into immediate effect.

In the territory of Porto Rico and the Republic of Cuba the prerequisite is also established by law.

In Illinois, Indiana, Michigan, New Jersey, Virginia and Louisiana, the state pharmaceutical associations have not only endorsed but secured the introduction of prerequisite bills into the law-making bodies, although for various reasons these efforts were not successful. In the last-named State the bill passed the legislature but was vetoed by the governor because of an objection in no way connected with the prerequisite feature. Opposition, not unlooked for, was encountered not only from private quiz schools and correspondence schools but also in some instances from druggists themselves, who failed to grasp the real intent and importance of the proposed legislation.

Frequently the mistake has been made of including in one bill several amendments to the state pharmacy law, each amendment having a different object and each entailing a certain amount of opposition; the opponents of these various amendments were thus able to combine and defeat the bill. Prerequisite amendments should be introduced as such, considered independently and accepted or rejected on their merits.

It is worthy of note that where a referendum vote of the pharmacists of the state has been taken, to secure an impression on prerequisite legislation, the result has been overwhelmingly favorable.

In the Illinois referendum on the prerequisite in 1912, the vote stood 965 for, to 247 against a referendum vote, while in Minnesota, on the same issue, a very recent voting resulted in over eighty percent for the prerequisite.

In addition to the states above mentioned and where prerequisite legislation will again be presented at the coming legislative sessions, the state associations of Colorado, Minnesota, North Carolina and South Carolina have indorsed the prerequisite and will stand sponsor for bills having this for their object at the next meeting of their state legislatures.

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Turning now to the other phase of prerequisite legislation, the preliminary education, we find that professional training has been linked with a minimum of secondary school preparation in the prerequisite laws of all the states. The New York law, the pioneer in this field, originally required one year of high school or its equivalent as determined by regents' examinations. This was amended at the last legislature so as to increase the high school preparation to two years. Ohio also requires two years, Pennsylvania one, while North Dakota insists upon the full four years of secondary schooling. In Cuba and Porto Rico graduation from high school is required.

In many states where the *professional* training is *not* demanded, the amount of high school preparation is either fixed by law or by the regulations of the board of pharmacy, thus South Dakota and Oklahoma require graduation from high school, Florida, Iowa and Michigan, two years of secondary instruction, and Illinois, Kansas, Missouri, New Mexico, Oregon, Texas, West Virginia and Wisconsin, one year of high school before admittance to the licensing examination.

It is unfortunate that, in practically all cases, the proof of high school training is not required until the candidate completes his drug store experience and is ready for the state examination for qualified pharmacist. In justice to the young men themselves, the high school training should be truly a preliminary requirement and the practical experience required by law should date from the satisfaction of this requirement, preferably by having a system of apprentice registration such as is already in effect in a few states.

The deteriorating effect of low preliminary requirements is now made evident through the action of certain high schools in offering courses in pharmacy, a condition that never would be tolerated in medicine, dentistry or law where the preliminary preparation is a complete high school course or better.

ARGUMENTS FOR THE PREREQUISITE.

1. The strongest argument for prerequisite legislation is that the public welfare demands it. Who would think of employing a physician who is not a college graduate? Yet the knowledge and skill of the trained physician may be nullified by entrusting his prescriptions to an ill-trained pharmacist. The laity are sufficiently informed regarding these dangers but the impression is general that when the state certifies to the training of the pharmacist by granting him a license, he, of course, must be a college-trained man. It is no answer to these arguments to say that self-prepared applicants must pass the same examination as the college man. We know that this does not imply equal proficiency. One has been prepared for life, the other for the examination merely. The college-trained man is a much safer one than is the self-trained. Experience in a drug store is a variable factor, it may mean much or little, but a college course means something definite, or which can be definitely determined by investigating the college. Theory and practical experience are both necessary to make a capable and well-equipped pharmacist. One is not more necessary than the other. Pharmacy laws everywhere require practical experience. It is certainly as important to insist just as strongly on college training. Laws are for the benefit of the people, and their welfare should be the first consideration.

2. It is better for the pharmacist himself that he be a college graduate; in fact, it is an injustice to the young man entering pharmacy not to require it. Both physicians and patrons will have more confidence in the college-trained man; he will have more confidence in himself.

He will have a better appreciation of the value of accuracy and of the importance of seemingly small things. He will be capable of determining the strength and purity of the medicines which he handles. He will understand the importance of having his preparations come up to the standard requirements and will know how to keep them from deteriorating.

3. The general establishment of the prerequisite of college training would add greatly to the professional standing of pharmacists. We all recognize the desirability of legislation that shall restrict the sale of drugs to those whose education and experience fit them for this responsibility. But it will be impossible to secure such legislation until we can demonstrate that the pharmacist is really an educated man. The only means of combating the *dispensing evil* is through the better training of pharmacists themselves. When pharmacists

can show that they are trained specialists in dispensing, *then* they can successfully demand that dispensing be made their exclusive privilege.

4. The prerequisite would lessen to a considerable extent the present ruinous over-competition and would ultimately enable druggists to have enough business in drugs so that they would have a chance to practise real pharmacy and not be threatened with degeneration into mere dispensers of soda water, candies and sandwiches. There are already a sufficient number of drug stores to satisfy the demand for drugs and medicines until the population is doubled. Why should we add largely to this number by making it easy to enter pharmacy? The newcomers who lack college training have seldom been impressed with professional ideals and are the first to demoralize the business in their efforts to keep going; price-cutting and deterioration of quality, both of drugs and service, follow as a natural consequence. No form of restriction is feasible except that based on higher educational attainments.

5. The prerequisite would result in bringing into pharmacy a better educated and more desirable class of young men and women who would be attracted by its professional character. It can scarcely be expected that high school graduates will enter a calling where they must start on the same footing as boys from the grades. They will naturally give preference to a vocation where their high school education counts for something.

6. The present and future advancement of pharmacy require a better preparation and professional preparation. The sciences underlying pharmacy, notably chemistry, physics, botany and physiology have developed with wonderful rapidity during the last decade. Medicine has also made great forward strides. Pharmacy must keep up the pace, in a measure at least, or lose entirely its identity and its professional status.

7. Prerequisite legislation is bound to come. It is now established by law in five states, including the two largest in population. Nowhere has any serious effort been made to repeal a prerequisite law. Pharmacists in other states are awakening to the fact that public sentiment will eventually demand such laws. Is it not better that pharmacists themselves should initiate laws affecting pharmacy rather than to leave this to outsiders? Let pharmacists have the honor of bringing about the new and better conditions.

ARGUMENTS AGAINST THE PREREQUISITE ANSWERED.

Answering now the arguments that have been advanced against the prerequisite at various times, these are, in general:

1. *That the prerequisite would impose a hardship on those clerks who have already entered pharmacy and have spent some years in learning it.* This argument is based on a misconception. All prerequisite laws have allowed a reasonable time for those already in the business to qualify and in most instances this allowance has been exceptionally liberal.

2. *That it would greatly increase the wages of drug clerks.* The operation of the prerequisite laws in New York, Pennsylvania and Rhode Island has not borne out this contention. There has been some increase in wages, comparable to the general increase in living cost, but this has not been proportionately more in New York with a prerequisite law than in Illinois without one.

3. *That it would subordinate the boards of pharmacy to the colleges.* Some opponents of the prerequisite have made much fuss about the fearful results of turning over the boards of pharmacy to the colleges. Of course this is mere claptrap. Where prerequisite laws are in effect, the boards effectively control the schools and check upon their work.

4. *That the prerequisite is urged by the professors and does not represent the views of retail druggists.* This has already been answered in another part of this report. Referendum votes in Illinois and Minnesota, the only states where such votes have been taken, show that four-fifths of the druggists favor it.

5. *That it would keep the "poor boy" out of pharmacy.* At the present time, when the opportunities for education are so numerous, there is no excuse for a poor boy being kept out, if he is made of the right kind of stuff. Not only are scholarships offered in several schools, but in practically all schools, and especially those in the large cities, there are many opportunities for employment and self-support. Young men of reasonable "grit" and good health need not be kept from attending a school of pharmacy through lack of money.

6. *That it would cause a shortage of druggists.* As already stated, there are enough druggists now qualified to care for all drug work for ten years to come. Illinois has six

thousand registered pharmacists and three thousand drug stores. A third of that number would suffice to supply the strictly drug service for its six million people.

7. *That college courses are too theoretical.* If this is true the objector has in mind the wrong kind of a college. Here is where the boards of pharmacy could exercise supervision. Laboratory instruction of the most practical kind has been greatly increased during recent years and college courses in pharmacy are better than ever before.

8. *In country towns and thinly-settled districts professional knowledge and skill are seldom required.* True, possibly, but human life is as valuable in the country as in the city and the dangers of error just as great. Small communities are entitled to safe and efficient pharmaceutical service as much as are populous centers.

9. *That while the prerequisite is coming, the time is not yet ripe for it.* The time is ripe for the pharmaceutical prerequisite. Already other medical branches are leaving pharmacy far behind. The popular estimate of pharmacy has fallen so low that it is considered a fit subject for a high school course. No other branch of medicine would submit to such humiliation. Unless action is taken soon, there will be little left of pharmacy to save; it will have been engulfed in the rising tide of commercialism.

SUMMARY.

1. Prerequisite legislation has had a fair test. It has been in operation in New York for eleven years. During this period four other states have adopted it by law and two by state board regulations. No serious efforts have been made to repeal these laws or regulations. The results have been satisfactory to the pharmacists of these states. There has been no shortage of clerks, nor have clerks' wages been unduly advanced. Entrance requirements to the colleges have been increased with the result that a better educated class of young men are entering pharmacy.

2. Public welfare demands that the pharmacist be well trained. This training is not unduly expensive. Ambitious and energetic young men may be self-supporting, or nearly so, while attending the schools of pharmacy. Quiz courses and courses by mail do not give the right training. Self-trained men are unlikely to be well trained.

3. The present and future welfare of pharmacy demand better preparation, both preliminary and professional, on the part of the young men entering its ranks. The underlying sciences and the related medical branches are developing rapidly: pharmacy must keep up or lose caste altogether.

4. Prerequisite legislation is coming. It is better that pharmacists should direct it and adjust it to their conditions rather than to have it framed by outsiders. Properly drawn prerequisite laws will work no hardship on anyone.

RECOMMENDATIONS.

The slow progress of prerequisite legislation in some of the states is due to the indifference and the lack of information on the part of druggists, rather than to any feeling of hostility. In correspondence with the state association secretaries, a common expression is: "The prerequisite is coming but the time is not yet ripe for it." The druggists must be informed regarding prerequisite education and what it aims to accomplish. They must be frequently reminded of its bearing upon pharmaceutical progress. In short, they must be educated to an appreciation of its importance. Publicity must be sought, not only through the pharmaceutical journals, but also in the medical journals and in the newspapers.

As a first step in the education of druggists the legislative committee of this joint body should get into communication with the legislative committees of the state associations and should supply them with copies of this report or of such parts of it as may seem desirable. The request might be made that when the state legislative committee reports to its state association, a copy of this report be included.

A joint committee of the National Association of Boards of Pharmacy and the American Conference of Pharmaceutical Faculties should be appointed with instructions to secure as much publicity as possible for the prerequisite movement.

The support of physicians individually, as well as of the state medical societies, should be sought. As a rule, physicians are quick to appreciate the importance of professional training based on adequate high school preparation.

REPORT OF THE COMMITTEE ON THE PRESIDENT'S ADDRESS.

The Committee on the President's Address, consisting of Messrs. Wm. B. Day, J. W. Sturmer and E. L. Newcomb, reported favorably on section (a) of the first recommendation, and relative to section (b), the committee recommended the "high school courses of pharmacy" be investigated and a report thereon be made at the next annual meeting.

Recommendation No. 2 was reported favorably; the Conference, however, changed the mandatory requirement to a recommendatory provision until 1918.

Recommendation No. 3 was adopted after striking out the words "postal card," inserting the word "proposed" before "referendum postal card," and omitting the last sentence of the recommendation.

Recommendation No. 4 was disapproved, so that the President may appoint a member of any institution, holding membership in the Conference, on committees.

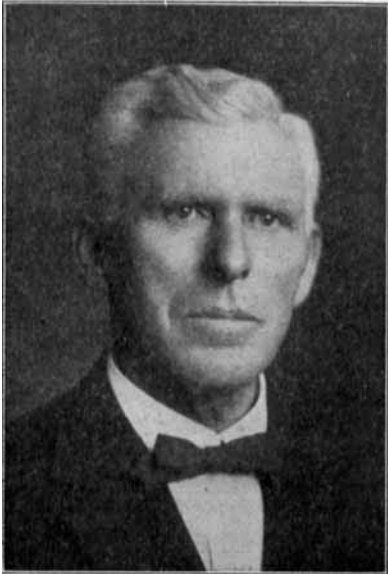
Recommendation No. 5 was changed, placing the duties involved in the hands of the Executive Committee instead of the President.

Recommendation No. 6 was disapproved and the seventh recommendation approved.

R. A. Lyman was chosen president, Theodore J. Bradley, vice-president, and Wilbur J. Teeters re-elected secretary-treasurer. Messrs. Julius A. Koch, H. V. Arny and Wm. B. Day were elected to serve as the Executive Committee and C. M. Snow was elected as a Conference member of the Syllabus Committee.

The American Pharmaceutical Association was requested to print the report of the Committee on Prerequisite Arguments in an early issue of the JOURNAL, and that reprints be made for distribution.

Chairman Henry Kraemer reported for the Advisory Commission on Examinations, and on his suggestion it was ordered that six sections of the Committee be appointed, so constituted that the different branches, for which examinations are held and taught in the Colleges of Pharmacy, will be represented.



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