

PROBING PHARMACY'S PAST AND PRESENT *

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All that Rho Chi Society signifies in pharmacy, and to me personally, infuses the recognition accorded here with a meaning that I shall cherish. Unfortunately for you, the recognition is contingent upon giving a lecture; so for about thirty minutes I want to talk about two fields of endeavor that remain largely unexplored and unexploited in American pharmacy. For the profession they hold a fascinating potential; for education, a challenging opportunity. Where could there be an audience better selected to understand and to foster bolder intellectual forays into those areas where the pharmacist hybridizes with the humanist and with the social scientist.

This idea of cross-fertilization, after our fine dinner, reminds me of an incident at the university, where an announcement came at a luncheon meeting for horticulturists: "After dessert and coffee," said the toastmaster, "George Blake and Mary Krumlin will demonstrate cross-fertilization on the lawn." The kind of hybridizing I have in mind conjures up a picture that is interesting in a different way. It asks for a scholarly quest into relatively undeveloped fields, which can enhance our self-identity and our self-understanding.

Is American pharmaceutical education standing on one leg, in its preoccupation with the scientific and technical? The limitations on what we aspire to do and what we can do with marvelous technical and scientific resources now at hand in pharmacy, hinge importantly on their non-scientific milieu, social and professional. Where but in pharmaceutical education can or will knowledge of this non-scientific sphere be created and structured so solidly that it will not billow and flap, perhaps collapse, with every strong new breeze of personal opinion or propaganda? Does anyone doubt that scholarly means and methods are at hand, across disciplinary boundaries, that will make a substantial contribution to the pharmaceutical enterprise? Conversely, does anyone believe that these tasks will be done adequately without the interest and participation of some qualified pharmaceutical educators?

The structure and traditions of pharmaceutical education mean, however, that these non-scientific fields of pharmaceutical knowledge are inter-disciplinary in a full, bold sense of the term. Some of my colleagues probably cringe when I call them non-scientific, but how judicious we look trying to label a science whatever engages our scholarly attention! That seems true in all three main fields of non-laboratory studies of pharmacy, where the distinctive body of knowledge concerned is still fragmentary and ill-shaped, where the methods and their limits often have not been fully worked out for pharmaceutical purposes, where the boundaries of such fields are still open to debate -- indeed, we are not sure even what to call them!

In this category, I include the two areas of my personal concern, and a third: Social Studies of Pharmacy, the History of Pharmacy, and also Pharmacy Administration. Before even the present audience, it may not be amiss to ask: What do we mean by these terms; and to what extent is what we mean found today in the reality of academia? Certainly these fields can be sharply distinguished conceptually; even though in practice they may overlap.

Of these hybrid or interdisciplinary programs for pharmacy graduates, Pharmacy Administration seems to have started earliest, through the degrees taken in schools

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of commerce and business administration. After the 1940's, the focus shifted more and more toward a distinctive postgraduate degree in pharmacy, truly hybrid rather than just grafting business administration as a second field onto an undergraduate training in pharmacy. Deans, teachers, and students alike saw this scholarly offspring of the old lectures in storekeeping in new terms of business, economic, and marketing aspects of the pharmaceutical field.

To fill a need equally practical -- in terms of a balanced, growing professional life and mood -- the History of Pharmacy first gained recognition as a full-fledged academic discipline when a chair was established at Wisconsin in 1947 to help determine what is meaningful from our past, and to help distinguish the roots and consequences of long-range trends. Before that and since, many schools have offered sequences of long-range trends. Before that and since, many schools have offered undergraduate courses or lecture series in pharmacy's history. But only the University of Texas has joined Wisconsin in taking the subject to the graduate level (first graduate student, 1965). It suggests how far we stand from fulfilling our responsibilities in this sphere when we notice that among those who have completed some kind of graduate program in the history of pharmacy, only six of fourteen were from the continental United States.

However unevenly the history of pharmacy and even pharmacy administration had developed, by the 1960's there was a recognized place in American pharmaceutical education for a scholarly enterprise in the economic and business-administrative life of the calling on the one side, and on the other in the humanistic and cultural aspect of pharmacy. Between these two there remained a wide gap, unfilled by any school of pharmacy and clearly open to significant academic study and instruction: the social aspects of contemporary pharmacy. When we enrolled our first graduate students in 1963 to attack this no-man's-land academically, I made conservative members of our faculty a bit uneasy to hear talk about "Social Pharmacy." So we hit upon another term, also somewhat dubious, "Social Studies of Pharmacy," to designate this new venture. Since it embraces both more and less than a specific example of "occupational sociology," the latter term has been avoided not merely out of deference to the sociologists.

One disadvantage of Social Studies of Pharmacy as a label is that history often is considered one of the social studies, even though traditionally it ranks among the humanities. So some apparently have been misled into thinking that Social Studies of Pharmacy either includes the History of Pharmacy, or even is just another name (with more "sex appeal") for the History of Pharmacy. There is almost no overlap, however, between the two graduate programs in the supporting course-work, and there is a stark contrast in the research projects -- the historical thesis emphasizing library research in primary documents over long time-stands, the social-studies thesis emphasizing field research on pharmacy in its social context of the present moment. At Ohio State University, the other college of pharmacy thus far to follow this concept to the level of graduate degrees, Professor David Knapp terms it Social Sciences in Pharmacy. At Ohio Northern University, which from another viewpoint is tilling one side of the same field, Professor Robert Fischelis terms it Contemporary Pharmacy. That term has its appeal, until we recognize that it does or could encompass additionality what we know as Pharmacy Administration, just as Social Studies of Pharmacy could (but does not) encompass the History of Pharmacy. This is no mere quibbling over terms, for we are dealing with three distinctive fields of knowledge, requiring well structured and distinctively different postgraduate training for each.

Pharmacy has depended upon, but has also contributed to, the basic sciences, such as chemistry and botany, in developing its primary role: the safe and effective supply of drugs to society. Similarly we can have a symbiotic relationship through strong links with the basic disciplines in the world of humanities, the world of business and economics, and the world of the social sciences. This, too, has a role to play in assuring the safe and effective supply of drugs from an occupation professionally vigorous.

be traced to the same circumstance that the great Henry Sigerist had in mind for medicine more broadly, when he remarked, "From a private relationship between two individuals, medicine is rapidly becoming a social institution. It is one link in a great chain of social welfare institutions. Medicine, usually regarded as a natural science, actually is a social science because its goal is social."⁶

Even so, it may be asked whether these practical affairs cannot be dealt with by our professional societies, as they have been in the past. But under the pressing onrush of current events, buffeted by demands for expedient action, where is the association executive who can make the intuitive technique of the conference table substitute adequately for the social-science techniques that can now be built into the organized life of an alert profession? Yet, the concept of integrating social-science resources as a regular part of organized endeavor in American pharmacy need not be limited to academic work. For example, it was conviction about the promise of this approach to professional issues that led the Council of the American Pharmaceutical Association to decide to try to fund "A Proposed National Study of Pharmacy as a Professionalized Occupation." Moreover, Resolution 7 (1966) of the House of Delegates authorized the Association to expand its research programs and plans to help the profession find solutions to its problems, discover new opportunities for service, and improve its present practices; and the explanatory comment indicated that the intent was to provide for such research studies "on a regular basis." Thus a confirmation has been given at least to the principle of utilizing social science to help provide greater insight and rationality to programmatic efforts of a modern profession.

To whatever extent this may be implemented eventually, such an office within the A. Ph. A. is not likely to replace the need for academic work, however. It can project studies needed by the profession, can organize, and direct, and then implement. Yet, the personnel, facilities, and intellectual climate that make research teams most creative is a combination still likely to occur most often within universities -- whether in a school of pharmacy buttressed from a sociology department, or the other way round.

What then can be seen as practicable goals for our schools of pharmacy within the next couple of decades?

First, I like to foresee a change of attitude among most of the deans and at least part of the faculties, which presently seem to give encouragement to both humanistic and social disciplines in pharmacy -- regarding them as desirable ornaments of education and of the profession as long as they are somewhere else. The time need not be far distant when schools -- let's say at least a third of them -- would show a shift from respect at a distance for such endeavor, toward a commitment to making it a meaningful part of education for pharmacy locally, out of conviction that science alone gives pharmacy only half an answer educationally.

This shift of attitude and objective can take full effect only when we have personnel to fulfill these more liberal expectations in the schools. We need in strong graduate programs more pharmacy graduates of keen mind and motivation. To me it can be a matter of expediency rather than principle whether such men consider as home base for their training a school of pharmacy or (for pharmaceutical history) a history of science department, or (for sociological pharmacy) a sociology department. In any case, it will be a thoroughly inter-disciplinary program; and in any case, pharmacy will take an important initiative and role.

When a distinctive work-sphere and significance is demonstrated for such specialists, it would no longer be beyond the reach of strong schools to envision a two-man department: one with a Ph. D. -major in the history of pharmacy; one with a Ph. D. in social studies of pharmacy. To be convinced that this is probably not being too liberal with someone's imaginary budget, look around at the small, esoteric, and often

cross-bred departments or programs in various fields that have recently sprung up in the country's vigorous universities.

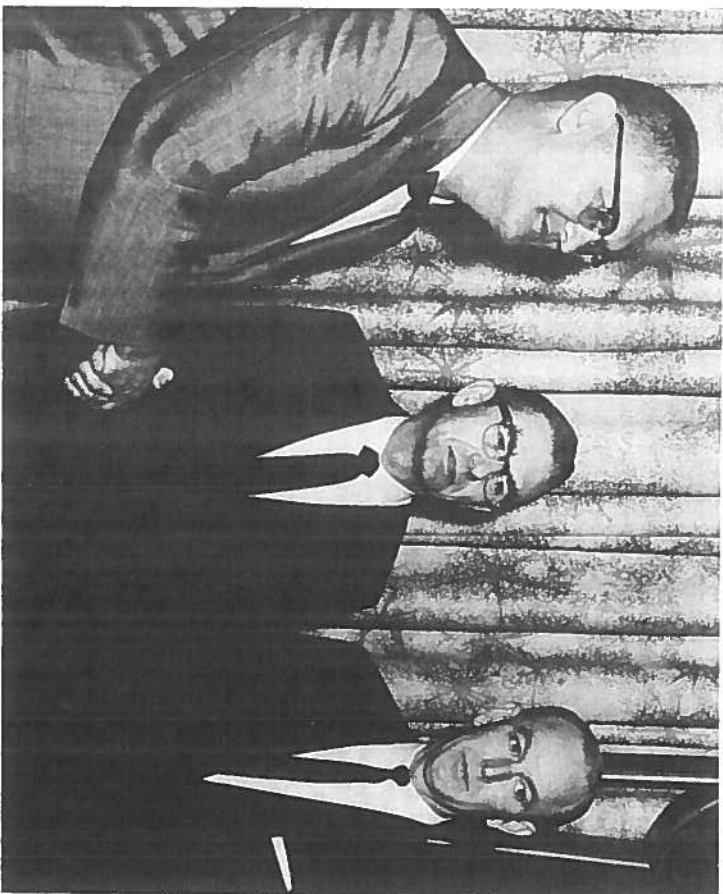
Another provocative answer to the question of personnel was proposed by David I. Cowen of Rutgers, in his address upon receiving the Kramers Award of the American Institute of the History of Pharmacy. While it is challenging enough for most of us to try to achieve sufficient insight and context to interpret the rich tapestry of pharmacy's past, he proposes that we produce a new kind of faculty man who would deal with both past and present, thereby placing these subjects within reach of schools having limited staff and budget. The subject area embraced by what Professor Cowen would call "The Social Aspects of Pharmacy" includes the history of pharmacy, the ethics and sociology of pharmacy, jurisprudence, and the orientation course. I demur from the suggestion, however, that we also include "public health" in such a chair -- if by public health we mean a technical course on the same level as the rest of the pharmaceutical curriculum, and not a course dealing mainly with the social philosophy and socio-professional structuring and relationships in the field of health care and disease prevention.

How should we react to such a radical proposal that our graduate students, while specializing more in this direction or that, would nevertheless comprehend in one mind and one degree both the humanistic and social approach to the field of pharmacy? Unfortunately, I have not been able to conceive a modified program that would yield an academically respectable product (Ph. D.) in the usual length of time. What I shall seek -- in response to Professor Cowen's ideas and with encouragement from my open-minded Dean, Arthur Uhl -- is University approval of a Ph. D. program requiring perhaps one additional calendar year. In effect, this would require a double major of course-work, in both humanistic and social studies, and would require the graduate student to decide in which field he wishes to learn the research methodology and undertake research for a dissertation. In this way we hope that the two fields would fructify each other; that research competence would not be compromised; and that education would be infused with its proper component of instruction seeking understanding of both the long-range trends and cultural perceptions of history and culminating in contemporary analysis, at the level of social science, concerning the profession's needs and opportunities.

Why do I take advantage of this captive and digesting audience to propagandize for an intellectual enterprise that now finds so little place among the traditional disciplines symbolized on your eight-sided Rho Chi Key? It is because I believe that within this audience particularly is an intellectual elite who can see that an important side of pharmacy is now missing from our learning; who can perceive that since pharmacy's future is unknowable, we must try to learn from the past and analyze the present, so to approach the future knowledgeably and purposefully. Historical and social studies are almost like different sides of the same coin; and what my remarkable predecessor, George Urdang, once said of the teacher of the history of the profession could be modified to apply as well to social studies. In this way, he said, on the professor's own ground, the teacher opens "for his students the main entrance to the edifice of general culture. Moreover, he has made it clear to them," said Professor Urdang, "that they have a legitimate claim at one wing of this edifice. The lesson pharmacists have to learn and, if they really have got it, will never forget in their life, is that it is within their profession and using the latter as a vantage ground that they can affiliate with the army of cultured people forming the intellectual elite of the world."⁷

FOOTNOTES

1. Glenn Sonnedecker, "A New Graduate Program: Social Studies of Pharmacy," *Amer. Jour. Pharm. Edu.*, 28 (1964), 35-37.
2. *Wesen und Bedeutung der Geschichte der Pharmazie; Drei Vortraege* (Berlin, 1927).
3. *Pharmaceutical Historiography: Proceedings of a Colloquium*. . . A. Berman, ed. (Madison, 1967).
4. Cf., Leslie A. Falk, "Medical Sociology: The Contributions of Dr. Henry E. Sigerist," *Jour. Hist. Med.*, 13 (1958), 214-228.
5. See, for example, Odin W. Anderson and Milvoy S. Seacat, "An Analysis of Personnel in Medical Sociology," Research Series, No. 21, Health Information Foundation (Chicago, 1962), 6 pp.; Anon., "The Sociology of Medicine; A Trend Report and Bibliography," *Current Sociology*, 3 (1963), 10-11; Howard E. Freeman and Leo G. Reeder, "Medical Sociology, a Review of the Literature," *Amer. Sociol. Rev.*, 22 (Feb. 1957), 73-81; and the *Inventory of Social and Economic Research in Health* (Health Information Foundation, Chicago), published annually since 1952 and notable for the paucity of pharmacy projects reported.
6. As quoted in *MD Magazine*, 10 (Sept. 1966), 223.
7. George Urdang and Glenn Sonnedecker, *Teaching History of Pharmacy* (Madison, 1950), p. 6.



Dr. Glenn Sonnedecker (center) Professor of History of Pharmacy, University of Wisconsin, recipient of the 1967 Rho Chi Award, is shown above with Dr. Joseph V. Swintosky (l.) Chairman of the Award Committee, and President John G. Adams (r.) at the Las Vegas meeting of Rho Chi Society.