In order to implement the entry level Doctor of Pharmacy program, the curriculum must become compacted. This pressure results in general reduction of professional electives allowed. This reduction leads to a loss of electives offered. Many new curricula are trying to use professional electives as substitutes for material formerly presented in required classes in order to create practice tracks: clinical, institutional, community, managed care, research, manufacturing, administrative, etc. I have yet to see a practice track entitled the humanities or esthetics. In a compacted curriculum there may be little room for formal courses in the history of pharmacy. Must such wisdom wither and die?

The answer is no. There is room for history of pharmacy in a curriculum, not as a formal course, but rather as material linked by the historical thread and disseminated throughout the curriculum.

In my chosen field of pharmaceutics, knowledge of the history of dosage forms and their administration form the basis for understanding the purpose, nature, and formulation of the various dosage forms in use today. Historical perspective provides the relevance for a given topic area and the beginning point for discussion of the topic in the present day. This is the method I have employed and will continue to employ to foster interest in the history of pharmacy in my classes. My students fold powder papers and are intrigued when I tell them that powder papers are still a popular dosage form in the Southern United States.
Until the mid-1970s, pharmacy classes at most institutions tended to be small and the students brought a certain personal motivation (history of family involvement, practical experience) for being in pharmacy that promoted pride in the profession and an interest in the history of pharmacy. Capitation funding, an interesting outgrowth of the Carter administration, produced an explosion in class size that may have diluted personal interest. Most of my classmates had little personal relationship with pharmacy prior to entry into the pharmacy program. This trend has continued to this day; few students have worked in a pharmacy prior to entry. Truly rare is the student from a family-owned pharmacy.

Is it surprising that there is not a clamor for learning of the history of pharmacy at many pharmacy schools? How many individuals are adequately trained to teach the history of pharmacy? In a time of limited resources, what can be done?

AIHP has been superb in its dedication to the production of first-class materials promoting the history of pharmacy. We need to find methods to disseminate these materials and entice students to want to learn more about pharmacy’s origins. Most major issues in pharmacy today are not new. Their historical basis would tend to enlighten individual understanding. Physician vs. pharmacist is not a new concept; its origins created American pharmacy as a separate, free-standing profession. The debate about pharmacy as a relevant profession was fueled by Chief Justice Burger’s analogy of pharmacy’s lack of standing as a profession to the service rendered by a clerk in a book store selling law books.

One method for fostering interest in the history of pharmacy may be to work closely with APhA’s Academy of Students of Pharmacy, NCPA/NARD student chapters, Rho Chi Honor Society, and pharmacy fraternities and sororities to promote history as being important to professional development. Teaching can take many forms, all fruitful as long as learning takes place.

Is there a future to teaching the history of pharmacy? The answer is yes. The format may be different, but learning the historical perspective is one of the keys to personal and professional development.