Before CPhA

Pharmacy had its beginning in Canada with the arrival of Louis Hébert at Port Royal, NS around 1604. Mr. Hébert was a second-generation French apothecary, and he is believed to be the first apothecary in North America.

In those early times, life was simple and unregulated. However, with the growth of the country, the increasing complexity of life and the need to define boundaries between similar occupations, such as medicine and pharmacy, came problems not dissimilar from those we face today. The emergence of quackery and the adulteration of medications, for example, led to a movement in 1831 to regulate druggists and others vending or distributing medicines and poisons by retail as well as the practices of healing, surgery and midwifery. Pharmacists were also concerned with the attempts by organized medicine to obtain the legal right to regulate the practice of pharmacy. However, it was only at the time of Confederation (1867) that pharmacists, mainly in the Toronto and Ottawa pharmaceutical societies, organized themselves to found the Canadian Pharmaceutical Society. A major accomplishment in 1868 was establishing the Canadian Pharmaceutical Journal (CPJ). Although CPJ was established as a result of the work of the Society, it was owned by private interests. This ownership remained until it was purchased by CPhA as a “house organ” in 1923.

The Society was also successful in preventing the Ontario Medical Council from gaining the right to train pharmacists. Accordingly, pharmaceutical legislation was passed in Quebec and Ontario in 1870 and 1871 respectively. The Society thought its work was done, and it was then disbanded. Little did these leaders realize that their pressing problems would only be replaced by others, giving rise to an ongoing need for a permanent national organization, which came into being some 36 years later.

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The Creation of the Canadian Pharmaceutical Association

A series of editorials in the *CPJ* caused Canadian pharmacists to believe that a federal pharmaceutical organization was the solution to many of the problems plaguing the profession. Some of the major concerns of pharmacists at that time included: 25% ownership of Canadian pharmacies by practising physicians; Sunday closing of pharmacies; prevalence of “quack” nostrums; the increasing multiplicity of pharmaceutical proprietaries and specialties along with the reduction in the “art of compounding”; and the threat that “cut-rate” pricing policies presented to the economic viability of pharmacy. This culminated in a proposal by Dean George A. Burbidge of Halifax, whereby delegates from all provinces would meet together to establish the national organization. This happened on September 3, 1907 in Toronto, and the Canadian Pharmaceutical Association (CPhA) was created. George E. Gibbard of Toronto became CPhA’s first President. While CPhA was now established, it did not receive its federal charter until 1924. The charter involved federal legislation, which moved very slowly, not all that different from today. The major source of funding of CPhA was the annual “per-capita” fee of $0.50 per member. CPhA was given the mandate to safeguard the public welfare and the interests of pharmacists. The officers of CPhA were all volunteers from across the country, and it was very much a volunteer-driven organization. This was incredible when one considers it took 5 days to travel by train from Vancouver to Toronto.

The mandate of the fledgling CPhA was carried out through its five committees, namely:

- The Progress of Pharmacy Committee reported annually on the value or interest of new pharmaceutical preparations, methods and discoveries.
- The Canadian Formulary Committee established Canadian pharmacopoeia standards.
- The Legislation Committee safeguarded public welfare and the legal interests of pharmacy.
- The Pharmaceutical Education Committee studied the varying educational standards among the provinces, with a view to adopting a uniform standard and establishing a national Board of Examinations.
- The Commercial Interests Committee studied matters affecting the trade interests of pharmacy.

The newly formed CPhA enjoyed considerable success in the early days. It was responsible for revising the Patent Medicine Act in 1908 and was a major influence in establishing the Anti-Cocaine Bill in Ontario that restricted the sale of cocaine and eucaine to pharmacies by including them in the Ontario Pharmacy Act.
George A. Burbidge was born in Carbonear, NL in 1871 and received his education in Halifax where he served his pharmacy apprenticeship and began his career as a practising pharmacist.

In 1908, he began his teaching career as a night class instructor. By 1922, he had sold his pharmacy interests to devote full time to the Maritime College of Pharmacy. He was appointed Dean in 1925 and held the position until his death in 1943.

Dean Burbidge attended the 1907 inaugural CPhA meeting and was appointed first Vice President. In 1911, he was elected to the CPhA Council and served until 1923 when he was elected President. He served as chair of the CPhA Council until 1931 when he was re-elected President. Following his second presidential term, Dean Burbidge returned to Council and served until just before his death.
The year 1910 marked the beginning of a new stage in CPhA’s evolvement. Mr. Gibbard was appointed to the unpaid position of Secretary, thereby formalizing the position in the hopes of ensuring better and timelier records and correspondence. It was also the beginning of a new era for pharmacy, as a result of Paul Ehrlich’s discovery of “Salvarson”, a pharmaceutical treatment for syphilis.

Even in those days, there were extensive debates among pharmacists regarding the potential conflict between their professional and commercial interests. President Evelyn Nesbitt argued that “the pharmacist of today should be more than a mixer of potions for the physician. He should be a chemist-in-ordinary and general scientific adviser to the public and his training should be such as to qualify him for the position.” At that time, there were only three provinces that required formal training in pharmacy (i.e., Québec, Ontario and Manitoba), but there was considerable variation in their academic standards. This gave rise to the call for uniform requirements for preliminary examinations, apprenticeship, collegiate training and qualifying examinations. This matter and the reciprocity of pharmacists within the Dominion of Canada was discussed at the 1911 CPhA Conference but was left unresolved for many years until CPhA was finally successful in establishing the Pharmacy Examining Board of Canada. While the desire for national reciprocity remained
I'll pay for them, dear

In some families Dad goes along on the week-end shopping to pay the cashier as well as help carry the parcels. In others, Mother manages the housekeeping money.

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Henry Watters was born in 1853 in Ottawa, then called Bytown, and was CPhA's second President serving from 1909–1910. His role in drafting the Patent Medicine Act, which passed in 1908, was important, and he was a promoter of the Canadian Formulary.

Mr. Watters was also active in civic politics and was elected mayor of Ottawa in 1924. He died shortly afterward from puerperal poisoning.

Unfortunately, the economic plight of pharmacists was not improving, and in 1912 CPhA decided to endorse an existing pharmaceutical product line and thus began the start of a very long relationship with the Drug Trading Co. (DT). This provided the members with economic benefits, including an exclusive line of pharmaceuticals. At that time, some 200 Ontario pharmacists had ownership of DT. Under the terms of the new agreement, election of members to the DT Board of Directors was subject to approval by CPhA.

During World War I, all meetings of CPhA were cancelled; however, it continued operation. Mr. Nesbitt of Winnipeg was President for the duration of the war, and he carried on...
Although born in Ontario, Robert Martin is considered one of the pioneer pharmacists of the Canadian West. Mr. Martin migrated to Regina, SK, at the age of 27 and subsequently opened his own pharmacy.

He helped to organize the Northwest Territories Pharmaceutical Association and served as its first President in 1892. Representing Saskatchewan at the first CPhA meeting in 1907, he served as CPhA’s President in 1910–1911.

Mr. Martin was instrumental in the organization of the Saskatchewan Pharmaceutical Association and served as its first Registrar from 1911–1921.
the formidable work of the Association, including additional protective legislation for the public and pharmacists and higher status for pharmacists serving in the armed forces.

In 1921, CPhA had a watershed year, as a new office was under construction on Church Street in Toronto, and the Secretary was finally given an annual budget of $5000 to $6000 to cover salary, office and travel expenses. Previously, these expenses were out of Mr. Gibbard’s own pocket.

The final step in the establishment of CPhA occurred in 1924, when the federal Government of Canada issued the Letters Patent and federal incorporation to CPhA. This granted CPhA authority to:

- advance the science and practice of pharmacy
- promote the mutual interests of its associations, societies and colleges and their members
- bring together its members in professional, commercial and social gatherings.

Finally, CPhA became the national pharmacy organization that was dreamed about by so many of the early leaders. While the structure of CPhA and the practice of pharmacy would evolve with the passage of time, the foundation upon which a vibrant and dynamic organization could be built was firmly established to lead the profession and protect public health.

About the Author
Leroy Fevang obtained his BSP from the University of British Columbia in 1958 and practised community pharmacy in Fort St. John, BC. He returned to the University of British Columbia to obtain his MBA in 1966. In 1971, he became Registrar of the College of Pharmacists of British Columbia. In 1978, he moved to Ottawa, ON, to become the Executive Director of CPhA, a position he held until his retirement in 1999. Leroy has been recognized for his many contributions to the profession of pharmacy with honorary life memberships from CPhA, Ontario Pharmacists’ Association, and British Columbia Pharmacy Association, as well as honorary memberships from the Pharmacy Association of Nova Scotia, Saskatchewan College of Pharmacists, College of Pharmacists of British Columbia, and American Pharmacists Association.