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Historical determinants of the development of the legal basis of pharmacy in Poland

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This paper aims to present the historical determinants of the development of the legal basis of pharmacy in Poland from the tenth century until the nationalization of pharmacies in 1951. Specifically, the paper describes how major historical events, including the partitions, influenced the healthcare system and pharmacies. A literature review was conducted using the PubMed database from its inception to September 2022, as well as Google Scholar. The Online Legal Database (ISAP) was also used in these studies. Following the Third Partition of Poland, Polish territories were divided among Russia, Prussia, and Austria. Foreign legal regimes were introduced in Poland, and pharmacies were subject to the jurisdiction of the partitioning powers. After Poland regained independence in 1918, the partition laws were not abolished while a new organizational structure for the healthcare system was being established. Poland inherited three pharmacy systems after the partitions, all of which were based on a concession system. Although government bills were prepared to create a unified pharmacy system, the Second World War halted these efforts. During the war, the health service was reorganized according to current German laws. In the early postwar years, the pharmaceutical service was reorganized as the foundations of the new health service were constructed. The pharmacy network expanded, and pharmacy chambers were established. The nationalization of pharmacies and the subsequent collapse of individual pharmacies was a turning point in the history of Polish pharmacy. This change in regulation altered the image of Polish pharmacies and reduced the prestige of the profession. Following Poland's political transformation in 1989, key legislation shaping today's pharmacies took effect. A period of dynamic socioeconomic changes also began in pharmacies and continues to this day. The results presented in the manuscript demonstrate that Poland's lack of independence and World War II played an important role in shaping pharmacy ownership and operation in subsequent years.

INTRODUCTION

The manuscript aims to demonstrate the social anthropology behind the creation of an independent pharmacy profession, as well as the impact of pharmaceutical law reform on the functioning of Polish pharmacies throughout history. Modern pharmacy is the result of centuries of the cultural evolution of European civilization. Before secular pharmacy was established, however, clergy of religious orders were responsible for healing. The earliest records of monastery pharmacies date back to the time of Charlemagne in the

second half of the eighth century. Monks cultivated medicinal herbs and practiced healing. As pharmacy chambers complemented patient rooms in monasteries, monastery pharmacies soon followed. When the Benedictine monks arrived in Poland at the turn of the tenth and eleventh centuries, they established gardens of medicinal herbs from which they produced medicines. Subsequently, other orders that had come to Poland took over these services [1]. In Western Europe, cities developed and craft production and trade flourished. With the growth of production, cities became increasingly important economically and culturally [2,3]. Furthermore, the diversification of trade and

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craft establishments progressed. Subsequently, pharmacies were established, and the pharmacy profession developed. However, until the 12th century, there was no legislation defining pharmacies as healthcare establishments [4]. The formation of community pharmacies and the lack of apparent separation between the competencies of pharmacists and physicians necessitated legislation to regulate the conduct of these two professions. At the time, the customary reality was that the same people were involved in both the treatment of patients and the manufacturing of medicines. A clear separation of the responsibilities of these professions was necessary to ensure that physicians would not benefit from recommending a specific medicine. Consequently, physicians could prescribe the best drug for a given patient based on their expertise while taking the patient's well-being into consideration. A landmark document in this regard was the Constitutions of Melfi, issued in 1231 by Emperor Frederick II of Hohenstaufen, which were in force throughout the Kingdom of Sicily [5]. The act established a clear distinction between physicians and pharmacists and defined the role of pharmacies as the only healthcare facilities where medicines could be manufactured and dispensed. It was also the first pharmacy law in Europe to place pharmacies under legal protection, leading to the establishment of numerous new pharmacies. This document also served as a model for later pharmacy profession regulations. However, due to the general shortage of qualified medical staff, people still sought a physician and a pharmacist in one person [6].

MATERIALS AND METHODS

A literature review was conducted using the PubMed database from its inception to September 2022, as well as Google Scholar. The following keywords were used in various combinations: "pharmaceutical law", "Polish pharmaceutical law", "history of pharmacy in Poland", and "historical determinants of pharmacy law". Legal acts and regulations were obtained from the Online Legal Database (ISAP).

RESULTS AND DISCUSSION

The evaluation of bibliographic data and statutory acts regarding the establishment of pharmacies in Poland suggests that several centuries passed between the inception of Polish pharmacy in the 10th century and the formation of the modern pharmacy framework. In fact, it is difficult to determine when the development of pharmacy in Poland began with certainty. Based on the information provided by Głowacki [9], we can assume that the beginnings of Polish pharmacy took place in the mid-13th century. However, Prof. Roeske did not share this opinion, estimating this date to be in the 14th century [10]. Historically, the early period of Polish pharmacy development primarily occurred in Silesia. The Silesian dukes maintained close contacts with Western European countries and supported the education of their descendants by regularly inviting scholars to Silesia and sending their children to study in Western Europe. Silesia, with its capital city of Wrocław, was a leading Polish region in terms of trade, economic development, and culture, which

undoubtedly impacted the prosperity of its inhabitants. As Silesian cities developed, more merchants and craftsmen arrived, including physicians and pharmacists. The Silesian dukes granted them privileges, allowing them to conduct their professional activities in more favorable conditions than elsewhere. According to available literature, the Silesian dukes' chancellery, where royal documents were produced, was the most developed. Therefore, evidence of decisions made regarding the Silesian lands is easily found. However, similar acts could have been undertaken in other parts of Poland at the same time. For example, documents concerning Świdnica mention a pharmacy from 1248 and another from 1264. Documents related to Wrocław, dated 1270 and 1287, mention representatives of the Heyso pharmaceutical family [9]. The data proves the existence of pharmacies in Silesia as early as the 13th century and suggests that medieval Silesia was a model for Polish pharmacy [11].

During these early days, state authorities did not interfere with the affairs of the pharmacy profession. There were two categories of pharmacists: ordinary and royal. Ordinary pharmacists were under the jurisdiction of municipal and guild authorities, which supervised trade and crafts. The royal pharmacist title, on the other hand, was associated with many honors, distinctions, and privileges. The most important privilege was the exclusive power and protection of the court marshal over royal pharmacists. Royal pharmacists were exempt from all local laws and guild regulations, and they could open a pharmacy in any city. Furthermore, they were often granted exclusivity rights in a given town. Royal pharmacists were also exempt from paying customs duties imposed by municipal authorities. Many were granted the privilege of displaying the royal emblem on their pharmacies and houses. Royal pharmacists held high social positions, and they undoubtedly contributed to raising the prestige of the pharmacy profession in Poland [4]. To maintain the profession's high quality and social prestige, state authorities began introducing regulations concerning pharmacy practice in 1523, during King Sigismund the Old's reign. Due to frequent irregularities, annual inspections of pharmacies by physicians in Polish cities were introduced. In 1633, during the reign of Władysław IV Vasa, the 1523 legal regulation was extended. According to the act introduced at the Coronation Sejm, pharmacies in Kraków and, later, in other cities in Lesser Poland were placed under the supervision of the Jagiellonian University in Kraków. In addition to the guild qualification, it was decided that opening a pharmacy would require passing an exam at the Academy's Faculty of Medicine. As the highest scientific authority in the country, the Kraków Academy scholars were responsible for verifying the preparedness and professional skills of pharmacists and their support staff, as well as inspecting their work.

At the end of the 18th century, the Austrian Empire, the Kingdom of Prussia, and the Russian Empire progressively divided the lands of the Polish-Lithuanian Commonwealth among themselves through territorial seizures and annexations. This brought an end to the sovereignty of Poland and Lithuania for 123 years, during which time foreign legal systems were adopted in Polish territories. Pharmacy was also subject to the partitioners' jurisdiction. In the

territories that constituted the Congress Kingdom of Poland, a semi-autonomous Polish state under Russian control, the Pharmacists and Pharmacies Act (issued October 21, 1844) regulated pharmacy in Poland. The act defined the qualifications of pharmacy staff, the rights and duties of pharmacists, rules for dispensing medicine, and procedures for setting up, selling, leasing, and supervising and inspecting pharmacies. Furthermore, it detailed how pharmacies should be organized and equipped. According to the Act, qualified pharmacists in the Congress Kingdom of Poland were those who had university diplomas or officially approved degrees as pharmacists. Despite the increased Russification of the country following the failure of the January Uprising in 1864, as well as the partitioners' renunciation of maintaining a separate administrative and legal structure for the Congress Kingdom of Poland, this act was neither amended nor abolished. Since 1905, the Russian Medical Act was in force in some eastern voivodeships of the Congress Kingdom of Poland. It regulated pharmacy affairs differently than the 1844 Act. Several years later, in independent Poland, it became problematic to determine whether the 1844 Act had ever taken effect. Due to its considerable length and anticipation of further amendments, the document was never printed in the official Journal of Laws of the Congress Kingdom of Poland. A law's validity is determined by its promulgation, and the text of the Act for pharmacists and pharmacies was never properly announced or made public. Only the Administrative Council's resolution approving the Act was promulgated. Nevertheless, the Act's validity was recognized until 1939 [6].

In the former areas of the Prussian Partition, pharmacies operated under Prussian legislation. The medical edict issued in 1725 by Frederick William I regulated medical and pharmacy affairs, as well as the competencies of physicians and pharmacists. In 1801, this edict was supplemented with a special pharmacy decree [6-8]. This document specified the conditions for owning a pharmacy and practicing the profession of pharmacy in Prussia. Pharmacists had to obtain a privilege and confirmation of the patent, which verified their training and admission to practice. As a result of these legal provisions, privileged, real, and personal pharmacies were established in Prussia. According to the Act of 1801, only a privilege granted by the head of state entitled an individual to own a pharmacy. The privilege was inheritable and subject to sale. If it passed into the hands of a nonprofessional, the pharmacy had to be sold to a professional, *i.e.*, an approved pharmacist, within a year. A widow, however, was entitled to run the pharmacy for the duration of her widowhood. According to the Industrial Act of 1810, the concept of a privilege was replaced by the legal concept of a concession. Consequently, privileges for opening pharmacies were discontinued, and concessions became the primary official authorization to operate a pharmacy. A concession could be obtained by someone with the appropriate professional background to manage a pharmacy, and the number of concession-based pharmacies steadily increased. In the Austrian Partition, Austro-Hungarian monarchy legislation was in force. Only individuals with the appropriate training and practical background could run pharmacies. In 1906, the Act of Pharmacies was introduced throughout

the territory of the Austrian Partition to regulate the ownership and operation of pharmacies [4].

Following the collapse of the Central Powers and the Russian Empire after World War I, Poland regained independence in 1918. However, the partition laws were not abolished when a new organizational structure for the health service was introduced. At the same time, there were three pharmacy systems in Poland, all of which were based on the previously introduced concession system [12]. An important legal act concerning pharmacy affairs, among other things, was the Basic Sanitary Act, adopted on July 19, 1919 [13], and the regulations issued as executive acts by the Ministers of Public Health and Internal Affairs, published in subsequent years. The law specified that the Minister of Public Health held supreme supervisory authority over all health matters in the state. This included supervision of the marketing authorization of medicinal products, serums, and vaccines, as well as the regulation of their manufacturing and dispensing. Furthermore, the ministry supervised the licensing of pharmacies, pharmacy warehouses, and other establishments involved in manufacturing and distributing medicinal products. Supervision of the pharmacopoeia, pharmacy taxes, and the cultivation and sale of medicinal plants was also granted to the Ministry of Public Health. The first executive acts to the aforementioned law were published as early as 1920. On January 15, the Minister of Public Health issued a regulation stipulating that the wholesale of medicinal products could only be carried out on the basis of a separate concession granted by the Ministry [14]. Retail traders involved in wholesale trade before the law's introduction had to acquire a wholesale concession. However, these provisions were only in force on the territory of the former Russian Partition. On March 31, 1920, a regulation on the sale of cocaine in pharmacies and warehouses of pharmaceutical "materials" was issued [15]. The law contained provisions related to the storage, dispensing, and registration of income and expenditures related to narcotic drugs. The law applied to the territories of the former Russian and Austrian partitions. An important aspect of pharmacies was the pricing of pharmaceutical products and pharmacists' fees. Another regulation, dated April 3, 1920, aimed to ensure that impoverished people could purchase essential medicines [16]. The regulation specified twelve products that could be purchased by impoverished individuals for three to four Polish marks. According to the regulation, poverty had to be certified by a physician, and a poor person was defined as someone who could not afford to support themselves or their immediate family if they had to purchase medicine at regular price.

On May 11, 1920, another regulation was issued that regulated pharmacists' fees and the dispensing of medicines [17]. The reasons for introducing this act were the state's economic instability, monetary inflation, and speculation. The act listed the prices of medicinal product packages, as well as the fees for preparing compounded medicines at pharmacies operating within the former Austrian and Russian partitions. The price list for pharmaceutical packages was amended on August 14, 1920 [18]. On July 10, 1920, the Minister of Public Health published the first regulation on granting concessions for opening a pharmacy

[19], which contained only three articles and was binding within the territory of the former Russian Partition. In 1926, the Minister of the Interior – who, after the abolition of the Ministry of Public Health, held responsibility for pharmacy affairs in Poland, issued three important regulations. These included a regulation on the inspection of pharmacies [20], a regulation on the manufacturing process and marketing of pharmaceutical products [21], and a regulation on the dispensing of medicinal products from pharmacies and the calculation of their prices [22]. The latter act defined how owners, lessees, or pharmacy managers should calculate the price of a given compounded drug, determine the order in which prescriptions should be filled, and label the prescriptions according to how the medicine was to be dispensed. It specified prices for materials and utensils, as well as maximum fees for preparing compounded medicines. However, it was possible to charge lower prices for both compounded medicines and over-the-counter drugs. The regulation also specified how prices for medicines not covered by the pharmacist's fee should be set in detail. Lower prices were to be charged for medicines and dressings dispensed at the expense of state and local government institutions. Advertisements offering prices lower than those specified by the pharmacist's fee were prohibited. Furthermore, medicinal products dispensed from pharmacies were to be labeled with the pharmacy's name and address, as well as the name of the dispensed medicinal product. This regulation was in force throughout Poland.

According to the pharmacy inspection regulation, all pharmacies were subject to thorough inspections by a pharmaceutical inspector at least once every two years. These inspections could occur at any time and without prior notification. Furthermore, extraordinary inspections could be carried out at any time by delegates of the Ministry of the Interior. Inspections should have taken place during the pharmacy's operating hours and should not have interfered with its normal operations. An inspection should be carried out in the presence of the pharmacy manager or a designated deputy manager. The inspection could also be carried out in the presence of police authorities or be postponed; however, the pharmacy should remain closed until then. The appendix to this regulation contained templates of the pharmacy inspection protocol and instructions for carrying out inspections in each room of the pharmacy.

The regulation defined pharmaceutical products and their manufacturing conditions, as well as the process for marketing them. Manufacturers were licensed by the Minister of the Interior. The manufacturer generally could not set the retail price of a given product to exceed the price calculated according to the applicable pharmacist's fee. The manufacturer was also obliged to notify the Ministry of the Interior of any price change within seven days. If the price calculated according to the pharmacist's fee increased, the new price had to be submitted to the Ministry of the Interior for approval. Only pharmaceutical preparations that could be manufactured or marketed with the Minister of the Interior's permission could be advertised to the public, and the advertisement must contain truthful and accurate information. Prescription-only drugs could only be advertised in medical, veterinary, and pharmaceutical journals.

Registered pharmaceutical preparations were subject to an annual review by the State Pharmaceutical Institute in Warsaw.

The above legal acts, together with the principles for establishing a pharmacy adopted from the countries that had previously been partitioned, formed the legal basis for Polish pharmacy during the interwar period (1918-1939). However, the consequences of the lack of uniform national pharmacy legislation were recognized. The idea of creating its own legislation was not neglected; drafts of a new pharmaceutical law were prepared. Still, the initial proposals met resistance from conservative pharmacy owner circles who perceived them as limiting their rights, *e.g.*, regarding selling or inheriting pharmacies. On March 25, 1938, legal regulations underwent thorough changes with the passing of the Act on the Practice of the Pharmacy Profession [23], which legally and economically consolidated the pharmacy profession. The law clarified the activities included in pharmacists' professional scope, who was allowed to perform specific tasks, how pharmacy management licenses were acquired and revoked, and how pharmacist licenses could be revoked. On June 15, 1939, the Pharmaceutical Chambers Act [24] was passed, allowing the establishment of the Supreme Pharmacy Chamber and its subordinate District Chambers, as well as standardized membership rules. However, due to the outbreak of World War II in September 1939, the act did not take effect [6].

After the establishment of the General Government for the occupied Polish region during the war, the health service was reorganized in accordance with the October 12, 1939 decree issued by Chancellor Adolf Hitler on the administration of the occupied Polish territories. Aside from the healthcare system, the act regulated the entire economic, social, and political life in the occupied territories. On February 28, 1940, Hans Frank, the governor of the General Government, issued a regulation to establish the Health Chamber, which incorporated the Pharmaceutical Chamber. The latter organization's regulation was issued by the governor on May 4, 1940 [1]. Poles in the General Government were treated as the second social category after the German population, so supplying them with drugs was not considered a priority. Pharmacies were divided into categories based on nationality. Those managed by Germans and dedicated exclusively to the German population received the best provisions. These pharmacies were further subdivided into hospital and public pharmacies. Physicians and pharmacists were obliged to ration the most essential pharmaceutical products since, during the war, the German army was prioritized in terms of the supply of medicinal products. Due to medicine shortages and subsequent limitations and restrictions, pharmacists were granted broad authorization to alter the amount of medicine and dressings prescribed by physicians.

In the early years of post-war Poland, the nature of the healthcare system and its social functions changed. The Ministry of Health, established on April 11, 1945, just before the war ended, issued permits to open pharmacies. For the first time, the Department of Pharmacy was created within the Ministry of Health, dealing with all affairs related to the manufacturing and distribution of medicinal products. Furthermore, the department oversaw

pharmaceutical inspections of drug identity and quality, the supply of medical equipment, and the control of disproportionate increases in drug prices in pharmacies. One of the most important challenges at that time was expanding the pharmacy network to provide access to health services as quickly as possible. Due to the occupation, few pharmacies remained undamaged or undestroyed. Additionally, pharmacies were stripped of equipment and medicine and needed to be resupplied to resume activity. Due to population losses during the war, most pharmacies were deprived of staff. In order to supply the population with necessary medicines, new personnel had to be trained. Additionally, the appropriate functioning of pharmacies required proper legal regulation. Both individuals and the community of pharmacists undertook many initiatives within the legal framework they were accustomed to, *i.e.* that defined by the law binding in Poland between 1918 and 1945, during the period of the Second Polish Republic. As such, pharmacists began establishing District Pharmaceutical Chambers themselves, anticipating the Ministry of Health's regulation on establishing District Pharmaceutical Chambers, issued on December 21, 1946 [25]. From July 1944 to August 1945, 14 District Pharmaceutical Chambers were established as a result of an independent initiative by local pharmacists or with the participation of government authorities at various levels. Initially, the District Pharmaceutical Chambers focused on organizational and technical aspects, legal prospects, and self-help. Pharmacists aimed to secure abandoned pharmacies and remaining drug stocks, organize a fair distribution and supply chain based on these stocks and newly acquired supplies, and protect pharmacies from looting. They also helped set up new pharmacies, pharmaceutical facilities, and analytical laboratories. Legal activities aimed to develop a fixed fee for pharmacists, arrange a network of pharmacies, set convenient working hours and fair salaries for employees, and set up new registers for pharmacies and pharmacists. The pharmacy community also helped returning pharmacists find vacant positions via the newly established job placement sections in the Pharmaceutical Chambers. Returning pharmacists were offered emergency aid and other training. Local district pharmaceutical chambers also participated in reconstructing, equipping, and creating pharmaceutical faculties at universities in their respective areas [12].

In June 1945, the Minister of Health, Dr. Franciszek Litwin, participated in a congress of the self-established District Pharmaceutical Chambers in Warsaw. One of the most significant outcomes of the congress was the formation of the Supreme Pharmaceutical Chamber and the definition of its responsibilities. These duties included designating the responsibilities of District Pharmaceutical Chambers, representing the pharmacy profession and protecting its interests, cooperating with local and state authorities regarding professional affairs, preparing opinions on draft legal acts related to pharmaceutical matters, promoting and guarding professional ethical principles, providing care and material assistance to impoverished self-government members and their families, supporting scientific institutions, and establishing disciplinary and arbitration courts [12].

In the years following World War II, the state authorities' stance on Polish pharmacies gradually evolved. Between 1945 and 1947, the state seemingly did not interfere with pharmacy matters at all, except for general supervision, of course. Since this was a private sector activity, the initiative to open new pharmacies after the war was left to individual pharmacists. Considering the disastrous state of the war-damaged infrastructure, this solution was beneficial since private entrepreneurs took on the main burden of rebuilding and setting up new pharmacies. The state only regulated the formal and legal aspects of opening and operating pharmacies by granting concessions to individuals. The relevant local authorities, *i.e.*, the Supreme and District Pharmaceutical Chambers, exercised direct supervision over private pharmacies. The Ministry of Health's Department of Pharmacy dealt with general pharmacy-related affairs, such as registering medicinal products, maintaining a list of registered products, and overseeing pharmacy employment and efforts to provide new staff. The department also supervised the proper distribution of pharmacies in a given area. However, it later became apparent that the state's apparent passivity was deceptive and obscured its future plans for private pharmacies [26].

The profound social transformations that took place in Poland after 1945 impacted the organization of the pharmacy profession. Marxist visions of communism and "real socialism" were based on the idea of a natural harmony of social interests. Furthermore, Lenin postulated that this harmony was at risk due to the emergence of private property. Consequently, a return to social harmony was possible only through the abolition of private ownership. By aiming to eradicate private property as the source of social conflict, the leadership of the Communist Party supposedly acted in the interests of society as a whole. Since 1945, the communist doctrine has also been imposed on countries politically dominated by the USSR [27]. Running pharmacies by private owners on the basis of concessions granted by administrative authorities was contrary to the principles of a socialist economy. The management of pharmacies had to adapt to the needs of social healthcare and comply with the goal of increasing the accessibility of pharmaceuticals to society. Due to the nationalization of many private companies in various industries, rumors spread about the imminent nationalization of pharmacies, which the authorities strongly denied. Furthermore, pharmaceutical journals described the nationalization of pharmacies as inadvisable since it could lead to increased drug prices and be unfavorable for the state [28].

As early as 1947, the first attempts were made to restructure pharmacies in Poland and establish state-operated pharmacy institutions [29]. "Zjednoczone Apteki Społeczne" (United Social Pharmacies), a company overseen by the Minister of Health, was founded in Warsaw. The company's activities mainly involved setting up, acquiring, and running pharmacies. Initially, the company operated in the Katowice Voivodeship, where it took over post-German pharmacies owned by the State Treasury. The following year, the company was renamed "Biuro Aptek Społecznych" (Office of Social Pharmacies), maintaining the same goals and operating policies [26]. In 1949, the Pharmaceutical and Sanitary

Trade Center, "Centrosan", was created [12]. It was granted the exclusive right to purchase all pharmaceuticals manufactured by the Central Board of the Chemical Industry. Social pharmacies were incorporated into this unit, and the Office of Social Pharmacies began organizing and managing them. Thus, Centrosan continued to take over leased post-German pharmacies for the benefit of the State Treasury [26]. State entities prioritized supplying products, especially scarce ones, to Centrosan pharmacies, deliberately neglecting the needs of private pharmacies. As a result, private pharmacies could not meet patient demand due to a lack of necessary products. Faced with unfair competition, the first pharmacists who leased pharmacies began handing them over to newly established state units.

On January 1, 1951, "Centrosan" transformed into a new entity, the Central Office of Social Pharmacies, which took over all the pharmacies previously run by "Centrosan". The new enterprise began opening regional offices [30]. In addition to the Central Office of Social Pharmacies, two independent enterprises were established: "Centrofarm" (the Commercial and Pharmaceutical Central Office) and "Centrosprzet" (the Central Office of Medical and Sanitary Equipment) [12]. This was the final step in the process of nationalizing all pharmacies in Poland, particularly the private ones. The goal was to communize all aspects of life in Poland, meaning everything had to be socially owned. In the case of pharmacies, this meant not only changing their status from private to state-owned, but also reforming the entire system for supplying the population with medicine through the social health service, which was supposed to be accessible to every citizen. The social health service was defined by the Act on Social Health Care Institutions and Planned Management in the Health Care System, issued on October 28, 1948 [31]. The Act subordinated all specialist and ordinary medical treatment, as well as training of professional staff, to the central state authorities. Moreover, according to the Act, the location of pharmacies depended on the plan set by the Minister of Health, and placement of non-public pharmacies, was supposed to be consulted with the relevant ministers. Pharmacies were one of the last forms of private capital existing in Poland, since other enterprises and shops had been nationalized much earlier. The fact that pharmacies were left until the very end of the reforms was due to the fact that the government was well aware of the attachment of pharmacists to pharmacies they had run very often for many generations. It was assumed that pharmacists would bear the costs of rebuilding their pharmacies with maximum effort after war damage. Thus, the authorities waited until pharmacies were rebuilt, renovated and equipped, and until the moment when the infrastructure related to drug distribution began to function properly. It was a then advantageous for the state to take over this branch of economy. Pharmacy owners began to face more and more problems, including draconian taxes or harassment with confusing official correspondence. In the press, which at that time presented biased information, a campaign against pharmacists was organized. It was claimed that medicines were widely available and cheap, but pharmacists deliberately were inflated their prices. Pharmacists were depicted as a professional group that

took advantage of patients illnesses, and were accused of being incompetent in running pharmacies and improperly supplying them despite the surplus of medicines. In this situation, the "caring" authorities had no choice but to take over pharmacies into the ownership of the state, the socialist state [6].

The unanimous adoption of four acts by parliament on January 8, 1951, marked a turning point in the history of Polish pharmacy. These acts included the Act on Taking Over Pharmacies into State Ownership [32], the Act on Pharmacies [33], the Act on the Abolition of Pharmaceutical Chambers [34], and the Act on Pharmaceuticals, Narcotics, and Sanitary Products [35]. These acts radically changed the image of Polish pharmacy, significantly lowering its status and prestige. The nationalization of pharmacies meant the end of individual pharmacies in Poland, negatively impacting thousands of pharmacists and their families. The manuscript extensively describes the implications of legislation in other countries during the period when our country was under partition or occupation. After World War II, from 1951 onward, there were no private pharmacies in Poland, and legislation in our country was under the control of one ruling communist party.

CONCLUSIONS

Analysis of the data source revealed that the country's lack of independence and sovereignty greatly impacted the development of Polish pharmacy. For over 120 years, the Polish nation was under the legal systems of Russia, Austria, and Prussia. This is why unified proceedings in the field of pharmaceutical law became necessary. The history of Polish pharmaceutical legislation shows that, due to the importance of the work of pharmacists and their responsibilities, legal supervision of pharmacies was systematically and consistently introduced. Therefore, it can be concluded that political and economic conditions fundamentally influenced the development of pharmaceutical legislation in Poland. The Act on Taking Over Pharmacies into State Ownership, as well as the Act on the Abolition of Pharmaceutical Chambers, lost their relevance once they were fulfilled. The other two acts (*i.e.*, the Act on Pharmacies and the Act on Pharmaceuticals, Narcotics, and Sanitary Articles) remained in force in subsequent years, albeit with some changes and additions [12]. Between 1951 and 1991, there was no private ownership of pharmacies in the Polish legal system. In 1991, two of the most important acts affecting the system came into force: the Act on Pharmaceuticals, Medical Materials, Pharmacies, Wholesalers, and Pharmaceutical Supervision [36] and the Act on Pharmaceutical Chambers [37]. A decade later, on September 6, 2001, the Pharmaceutical Law was announced [38]. These legal acts ushered in a new period of dynamic socioeconomic changes in pharmacies that we continue to observe today. The history of Polish pharmacy from 1991 to 2022 will be explored in a separate article.

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