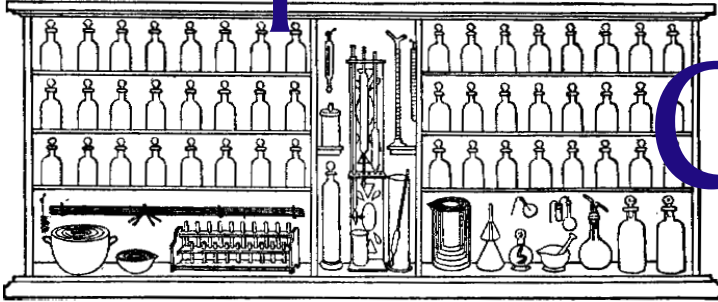


Apothecary's Cabinet



No. 1, Fall 2000

News and Notes from the American Institute of the History of Pharmacy

Pharmacy in the American Century

ONE hundred years ago people walked into drug stores and asked “Doc” for “cures” for their ailments. Today, patients are again putting their faith in pharmacists to be responsible for proper drug use. A century ago, armed with a handful of effective drugs, pharmacists could do little but ease discomfort. Today, pharmacists control the distribution of hundreds of potent and effective medicines, and desire to play a much larger role in the healthcare enterprise.

A century ago, almost all pharmacists had received their training via apprenticeship, sometimes supplemented with a semester or two of formal schooling. After working with a drugstore owner for four or so years and studying a few basic texts, a young man would take a state board examination. Upon passing, this fellow could place “R.Ph.” after his name. No state required a pharmacy

school diploma until New York in 1910.

Few women practiced pharmacy a century ago. Pharmacy was a business and therefore in the sphere of men. Most of the few women pharmacists in 1900 worked in hospitals.

General Emporium

One hundred years ago, the average drugstore was a general emporium, containing the sort of merchandise that we associate with community pharmacies today: Cosmetics, magazines, tobacco

products, stationery, candy, over-the-counter remedies, surgical supplies, and small, inexpensive items. In addition, stores in rural areas often carried paints and oils, as well as flavorings and canning supplies.

The prescription business was a small part of the activities of most stores, yet essential to provide the special ambiance of the “drugstore.” Most prescriptions called for some compounding; the manufacturing of ingredients had passed on to large-scale companies a generation before.

As much as prescription fill-

The American Institute of the History of Pharmacy is a unique agency dedicated to the preservation of pharmacy's heritage. *The Apothecary's Cabinet* is a new publication from AIHP that takes a popular look at the history of pharmacy in its many facets. We welcome your comments and submissions.



Kriger's drugstore in Baltimore (c. 1929) carried all the essentials: cigars, candy, toiletries, and a prescription department.

ing, pharmacists were called upon to practice a fair bit of low level “doctoring,” selling cough medicines, laxatives, pain relievers, and the like to customers. In a time when paper credentials (diplomas and certificates) were less important, each pharmacy owner built his reputation on individual achievement.

The Era of Academic Reform (1910-1965)

In the midst of the Progressive Era (1900-1920), the state of New York passed a law requiring that all pharmacists registered after 1910 possess a pharmacy school diploma. The standard course at the time took two years. Initially, pharmacists opposed these laws. However, when educational reformer Abraham Flexner in 1915 called pharmacy a non-profession and then the War Department refused to routinely commission pharmacists as officers in

the Great War, the profession changed its approach. The leaders of pharmacy helped to push through education requirements in states during the 1920s and 1930s. In addition, leaders pinned their hopes on educational reform. By 1928, the colleges of pharmacy agreed to institute a mandatory 4-year B.S. minimum for graduation.

Start of Compounding Decline

When the students entered the four-year programs they learned the art and science of compounding, even though this skill was being taken over by mass manufacturing. Beginning at the turn of the century with new drugs like aspirin, pharmaceutical companies introduced more synthetic, crystalline entities. Easily compounded into tablets, these medicines supplanted older liquid mixtures of botanical fluid extracts and tinctures. Just as manufacturing

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THE AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY is incorporated under Wisconsin statute 180 as a non-profit organization devoted to advancing knowledge and understanding of the place of pharmacy in history. It publishes *Pharmacy in History*, *Apothecary's Cabinet*, occasional monographs, and pamphlets; it fosters humanistic teaching in pharmaceutical education; confers awards for outstanding achievement in its field; sponsors historical meetings and exhibits; collects and preserves source materials; and serves as a center for research and information.

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had gradually disappeared from pharmacies after the Civil War, compounding began its slow decline in pharmacy practice.

Prohibition

If pharmacists in the 1920s were compounding fewer prescriptions, they were making up more chocolate milkshakes and other soda fountain specialties. With the passage of national prohibition, the drugstore fountain replaced the tavern as the new, socially acceptable gathering place. Beverage alcohol disappeared from legal commerce, except in pharmacies where, because it was official in the United States Pharmacopoeia, one could still get whisky by prescription.

Students at the University of Wisconsin School of Pharmacy in 1915, as shown in this photograph, learned the proper manufacture of suppositories by compression.

Depression

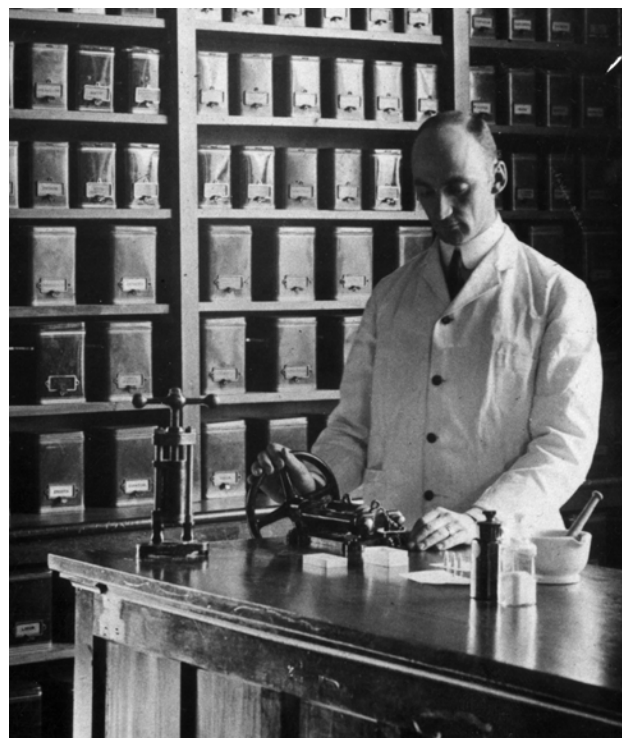
When the Depression of the 1930s hit, the pharmacy business suffered but was less damaged than others. First of all, people still got sick and needed medicines. Second, drugstores had a stock of durable, low cost items, such as soap, cosmetics, and candy that customers desired to buy. Third, no matter how bad things got, people still wanted their cigarettes and cigars. And fourth, when prohibition was repealed in 1933, pharmacies had liquor to sell (and the reputation as legitimate outlets).

World War II

In 1941, the United States entered the conflict of World War Two. As was the case a generation before, the War Department decided not to commission pharmacists as officers. Again they cited the low professional status of pharmacists. It angered the leaders of the profession to see nurses routinely commissioned as officers, even though they had less education than pharmacists.

Pharmaceutical Survey

At the conclusion of the war, the leaders of pharmacy decided that some action was necessary to combat the low stature of the profession. Working with the American Council on Education, the profession united in a major self study called the Pharmaceutical Survey, which began in 1946. Every major aspect of pharmacy was studied. Considering the large numbers of educators involved, it is not sur-



prising that academics received special scrutiny. The Survey concluded that the adoption of a standard 6-year, Doctor of Pharmacy curriculum would make pharmacy a true profession in the eyes of the public.

1950s

Ironically, the call for more education came at just the time when developments within the pharmaceutical industry and the legislative realm would reduce the scope of practice. After World War Two, American drug companies raced to produce new medicines in convenient dosage forms. Prescription volume rose dramatically and compounding all but disappeared during the decade of the 1950s.

The role of the pharmacist was limited by custom and law to dispensing only. The Durham-

Humphrey Amendment to the 1938 Food Drug and Cosmetic Act came into effect in 1952 and restricted the discretionary powers of the pharmacist through its codification of the prescription drug legend and limits on refills. Furthermore, anti-substitution laws passed by most states restricted practice even more.

Pharmacists were discouraged to counsel about drugs. As the Code of Ethics for the American Pharmaceutical Association (1952) stated clearly: "The pharmacist does not discuss the therapeutic effects or composition of a prescription with a patient. When such questions are asked, he suggests that the qualified practitioner [physician or dentist] is the proper person with whom such matters should be discussed."

During this period of count and pour pharmacy practice, educators debated the length of the professional curriculum. The chain store industry wanted to keep the 4-year standard, mainly to keep labor costs down. Reform minded leaders favored the 6-year program suggested by the Survey. A compromise 5-year B.S. program was adopted to begin as the standard in 1960.

The 1950s were a boom era for community pharmacy, especially for chains expanding into the burgeoning suburbs. Independent owners spent much of the decade in a losing battle trying to keep Fair Trade laws in place. In the hospital sector, the new hospitals built under the Hill-Burton Act stimulated the field of institutional pharmacy. The American Society of Hospital Pharmacists, which had begun in 1942, succeeded in its efforts to further professionalize hospital practice.

And no historical discussion of health in the 1950s should fail to mention the achievement of Salk and Sabin to develop vaccines against polio. With this great advancement, plus the introduction of several new and effective medicines, the public

gained confidence in the ability of medical science to find cures for disease. The pharmacy, which once only offered palliation, now contained true remedies.

The Clinical Pharmacy Era (1965-1990)

Looking back we tend to romanticize the 1960s as a decade of rebellion. For pharmacy, important evolutionary steps were taken. In 1960, a pharmacist from Berryville, Virginia, Eugene V. White, pulled out all the commercial fixtures from his drugstore and set up an office practice. Rather than selling some traditional drugstore items as others had tried in similar practices, White relied completely on prescription business. Among his innovations was the patient profile card.

In the institutional area, a team of pharmacists lead by Don Francke surveyed hospital pharmacy in the United States. The resulting book, *Mirror to Hospital Pharmacy* (1964), served as a jumping off point for the new concept of "clinical pharmacy."

White had shown that the setting of pharmacy practice need not be tied to a general emporium, and *Mirror* set out the mechanics of advanced control of drug use through unit packaging, pharmacy technicians, drug information centers, and patient profiles. Thinking in pharmacy had shifted. As Donald Brodie proclaimed in 1965: "The ultimate goal of the services of pharmacy must be the safe use of drugs by the public. In this context, the mainstream function of pharmacy is clinical in nature, one that may be identified accurately as drug-use control." The clinical pharmacy movement was born. Many in the late 1960s and early 70s espoused different definitions of what "clinical pharmacy" meant. Above all else, it meant that pharmacists started seeing the person across the counter as a patient rather than as a customer.

The mid-1960s also brought the passage of



Medicaid and Medicare. Various national health schemes had been debated for decades in Washington. President Johnson pushed healthcare for the poor and elderly as a cornerstone of his Great Society. The hospital pharmacy sector benefited directly from Medicare and cooperated with its implementation. In retail pharmacy, however, third-party payment for prescription service, whether from Medicaid or from companies like PAID and PCS, was viewed with suspicion.

The third-party programs of the 1960s did inspire pharmacists to improve their record keeping, usually adopting some sort of profile system. As the concept of clinical pharmacy spread out through the profession during the late 1960s and the 1970s, pharmacists began counseling their patients to various degrees about proper drug use.

The shift that had occurred from the early 1950s to the late 1960s is exemplified by the 1969 revision of the APhA Code of Ethics. The old prohibition on sharing information was gone. Instead, the new Code began, "A pharmacist should hold the

of practicing pharmacists. During the 1970s, women became a majority of most pharmacy school classes, and should be a majority of all pharmacists a few years into the 21st century.

During the 1980s, as pharmacists expanded services, their compensation from insurance companies declined. The strategies for the containment of costs called managed care came to dominate the healthcare marketplace. In 1980, less than one in ten healthcare dollars was spent under managed care; by 1990 it grew to more than seven in ten.

Pharmaceutical Care and the Future

The question for pharmacy at century's end is whether the future lies with managed care or with the pharmaceutical care model of Hepler and Strand. The clinical pharmacy era (1965-1990) is probably best viewed as transitional between the period of dispensing-only practice (1945-1965) and that of pharmaceutical care (1990-). For the two decades following World War Two, pharmacists were limited

"A pharmacist should hold the health and safety of patients to be of first consideration."

health and safety of patients to be of first consideration; he should render to each patient the full measure of his ability as an essential health practitioner."

The 1970s were critical to pharmacy. Schools of pharmacy, which had been generally cool to the idea of clinical pharmacy during the 1960s, revised their curricula in the mid-1970s under pressure from the American Council on Pharmaceutical Education (ACPE) and to meet Federal guidelines. The consumer movement pushed states to repeal anti-substitution laws, which further encouraged pharmacists to market themselves as drug consultants. The incredible growth of third-party drug programs stimulated pharmacists to install computer equipment to handle billing. These systems also allowed pharmacists to better track drug use among patients and to search for dangerous interactions.

Women

The 1970s also witnessed the entrance of women into the profession in large numbers. Before the 1970s, women had generally made up about 5%

by law, regulation, and custom to the dispensing function. With the tremendous growth in new drugs and drug products, they had little time for much else. With computer technology and other automation, pharmacists during the 1970s and 1980s had a bit more time to provide some degree of counseling to patients about drug use. The critical factor during these years was not so much the service provided, but the paradigm shift from "customer" to "patient." As technology holds out the promise of greatly reducing the distributive function of pharmacists, the leadership of the profession has universally adopted the concept of pharmaceutical care as the key to pharmacy's future. Only time will tell if the rank and file practitioners will accept this high level of responsibility for proper drug use without adequate compensation or societal expectation.

— Gregory J. Higby*

*Director, American Institute of the History of Pharmacy. This article was originally published in *Pharmacy Times* vol. 63 (1997): 16-24.)

Philatelic Recognition for History of Pharmacy

by George Griffenhagen*

Philatelic recognition of both national and international organizations and their meetings have gained favor during the past quarter century. For international congresses, such recognition includes the host country issuing commemorative postage stamps, stamped envelopes or postal cards, and more frequently the use of pictorial postmarks.

Such philatelic commemoration has been obtained by the International Society for the History of Pharmacy which was founded in 1926 in Innsbruck, Austria, as the Gesellschaft für Geschichte der Pharmazie. Three years after its founding, the society held its first international congress in Berlin, Germany, May 2-5, 1929.

Early congresses were held variously in Austria, Germany, and Switzerland until World War II when operations had to be suspended until 1949. The first International Congress for the History of Pharmacy in Italy was held in 1954; later congresses were held in Yugoslavia in 1959, in The Netherlands in 1963, in England in 1965, in Greece in 1966, and in Luxembourg in 1969. But there is no evidence that there was any philatelic recognition given to these congresses.

For the first time ever, the profession of pharmacy was honored with the simultaneous issuance of six different postage stamps by a single country. The set was issued by Czecho-



slovakia to commemorate the International Congress of the History of Pharmacy held in Prague, September 20-25, 1971. In addition, a pictorial postmark depicting an apothecary jar was used on first day of issue covers.

The 30 haleru denomination stamp pictures coltsfoot (*Tussilago farfara*) used as a cough linctus, and three 18th century boxwood or linden apothecary containers from the Kuks Castle Pharmacy. The containers feature hand-painted labels using a combination of alchemical symbols and Latin abbreviations.



The 60 haleru value stamp pictures dog rose (*Rosa canina*), which is rich in vitamin C. The ceramic apothecary jar in the center from Dalovice is labeled Conserves of Rose; while the German

glass bottle on the right is labeled in alchemical symbols and Latin for Sweet Spirits of Nitre.

Spring adonis (*Adonis vernalis*) was introduced into medicine in 1879 as a heart tonic. To emphasize the fact that potent drugs like Adonis must be measured accurately, the one Koruna stamp also pictures a balance and double-ended spoon, circa 18th century.

The 1.20 koruna denomination illustrates valerian (*Valeriana officinalis*), which has been used since the 10th century in European home remedies for "nervous diseases peculiar to women." The covered metal mortar and pestle in the center is dated 1743, while the one on the right was made in 1752 for Prague apothecary A. F. Geyer.

The designers of the 1.80 koruna stamp

*2501 Drexel St., Vienna, Virginia 22180.

went a little afield by featuring common chicory (*Cichorium intybus*); it is not used in medicine but as a coffee substitute. More closely related to pharmacy are the retorts, cucurbites, circulatories, and alembics used in the process of distillation.

The highest value (2.40 koruna) depicts henbane (*Hyoscyamus niger*) which has been used as an anodyne and sedative from earliest times. The apothecary equipment featured on this stamp includes a 19th-century drug grinder and a Wedgwood-type mortar and pestle.

On To Paris

Some 350 persons from 32 countries gathered in Paris, France, September 24-29, 1973, for the International Congress of History of Pharmacy. The host was the French Society for the History of Pharmacy, which was marking its 60th anniversary. The philatelic recognition was a pictorial cancel depicting the 17th-century coat-of-arms for the Parisian apothecaries and spicers guild.

For the first time since 1957, the International Congress of History of Pharmacy returned to Germany for a meeting in Bremen, September 29 to October 5, 1975. Some 300 persons from 21 countries attended a special art exhibit on the allegory of "Christ as Apothecary," which opened at the Focke Museum in conjunction with the Congress. The philatelic recognition was a pictorial depicting the logo of the society.

There is no evidence that philatelic recognition was provided at the 1977 Congress held June 7-11 in Innsbruck, Austria, but a notable pharmacist was recognized on the postmark developed for the International



Congress of the History of Pharmacy held June 13 to 16 in Basel, Switzerland. The keynote address by Lydia Mez-Mangold at the session sponsored by the honorary Academy was devoted to the life and times of Josef Anton Häfliger (1873-1954), whose portrait appears on the postmark for the Congress. Häfliger was professor of pharmacy at the University of Basel, creator of the pharmaceutico-historical museum in Basel, and author of *Pharmazeutische Altertumskunde* (Basel, Switzerland, 1931).

Once again, there was no special philatelic recognition accorded the 1981 International Congress held in Budapest, Hungary, September 29 to October 5.

Most memorable to this author (and perhaps to Glenn Sonnedecker) is the time we spent promoting attendance at the 1983 Congress in Washington, D.C. A jazz band signaled the festive opening of the 26th International Congress for the History of Pharmacy in Washington, D.C., September 21-25, 1983, the first on American soil.

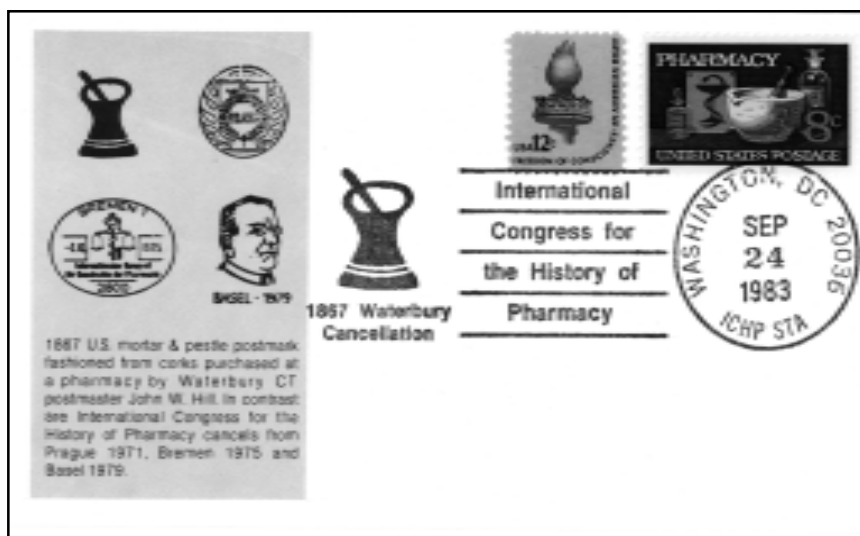
Some 200 participants from 20 countries attended a welcoming reception with a decor of the Old West; enjoyed a concert at the Kennedy Center; and attended a reception in the rotunda of the Smithsonian Institution's National Museum of American History. The philatelic recognition consisted of a cancel recreating a rare 1867 mortar and pestle postmark; the die was fashioned from cork purchased at a pharmacy in Waterbury, Connecticut, by postmaster John W. Hill. The cachet on the envelope also depicted Congress cancels from Prague 1971, Bremen 1975, and Basel 1979.

The historic city of Grenada, Spain, provided an ideal setting for the 27th Inter-



national Congress for the History of Pharmacy, held September 25-29, 1985. Some 230 persons from 20 countries attended the Congress which was dedicated to George Urdang (1882-1960). The philatelic recognition was a pictorial postmark depicting the official logo of the International Society for the History of Pharmacy.

The last philatelic recognition (of which we are aware) for the international history of pharmacy group was for the 30th International Congress for the



History of Pharmacy held in Prague, Czechoslovakia, April 15-19, 1991. The pictorial postmark depicts the bowl of Hygeia and pharmaceutical balance surrounded by the outline of a retort.

Any reader who has one or more examples of philatelic recognition for International Congresses for the History of Pharmacy not described in this article is asked to send photocopies to the author.

Student Membership

AIHP offers a special membership to students. Instead of the regular \$50, students pay only \$20 for a year's membership. This membership in the American Institute of the History of Pharmacy brings you the journal *Pharmacy in History*, a historical calendar, *Apothecary's Cabinet*, and at least one other publication or monograph for the year. Consider joining, to learn about the past and future of your profession. Send a check or credit card information (including the card number, MC or Visa, and expiration date), along with your intended date of graduation to: AIHP, 425 N. Charter St., Madison, WI 53706.



News & Notes

The lovely small city of Lucerne, Switzerland, will be the site of the **35th International Congress for the History of Pharmacy**, 19-22 September 2001. Sponsored by the International Society for the History of Pharmacy, the Congress will include podium presentations, poster sessions, and symposia. A special event will celebrate the 75th anniversary of the Society. For more information, write: SGGP, c/o Schweizerischer Apothekerverein, Stationsstrasse 12, 3097 Bern-Liebefeld, Switzerland.

A conference entitled, "Writing the Past, Claiming the Future: **Women and Gender in Science, Medicine, and Technology**," will take place 12-15 October 2000 in St. Louis, Missouri. Conference themes will include, but not be limited to, factors that empower or inhibit women's participation in the scientific, medical, and technological disciplines. "Writing the Past, Claiming the Future," is designed to further conversations begun at previous conferences among historians of science, medicine, and technology. For more information, see the website at <http://womeninscience.slu.edu>.

The Greenies at Home

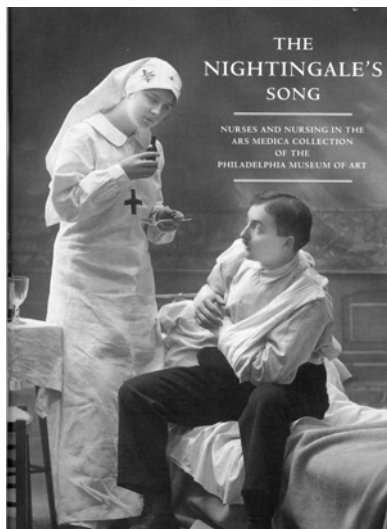
by William H. Helfand

PALMER COX (1840-1924) had a successful career as a cartoonist in San Francisco and New York before beginning work for the New York Daily Graphic in the 1870s. He contributed political cartoons, wild slapstick, and delicate satire, but in 1883 he developed a group of small figures that he called the “Brownies,” and their immediate success changed his career completely. Not only did additional cartoons of the Brownies follow, but so also did commissions for children’s books and magazines, and for commercial publications.



For the G. G. Green Company, of Woodbury, New Jersey, and their chief products, August Flower, German Syrup, and Ague Conqueror, Cox developed an analogous group of diminutive figures that he naturally called the “Greenies,” and their foreign adventures were detailed in the Green’s August Flower and German Syrup almanac of 1890. Further exploits of the Greenies were chronicled in almanacs issued in 1896 and 1897. The Green firm then published Cox’s drawings separately in an 1890 booklet of “Wit and wisdom well worth reading, containing the Greenies at home.” More than a dozen illustrations show the Greenies in various activities, going to school, sailing a boat, playing baseball, and one even has them studying the “materia medica” where “from choicest root and herb and flower, extracting all their wondrous power, which they by processes profound, in famous medicines compound.” But the Green booklet was intended to show more than Cox’s drawings alone, for a note under one of the illustrations admonishes the reader that “while entertained by the pictures, remember that the rest of the book is interesting too, though it does talk about medicine.”

Pharmacy in the Museum World



Philadelphia Museum of Art

William Helfand of New York has selected 80 prints, drawings, and photographs from the Ars Medica Collection at the Philadelphia Museum of Art for the third of a series of exhibitions. Mr. Helfand prepared an illustrated and authoritatively annotated catalog to the exhibit, entitled “The Nightingale’s Song.” Publication was underwritten by Bayada Nurses in association with the Center for the Study of the History of Nursing at the University of Pennsylvania. The exhibit will be shown from August 26 to October 29, 2000.

Salk Exhibit at University of Pittsburgh Pharmacy Museum

IN 1996 The University of Pittsburgh School of Pharmacy dedicated their new **Elmer H. Grimm Pharmacy Museum**, located in historic Salk Hall. Members of the Grimm family were instrumental



throughout the development of the museum, named after Grimm, a 1919 alumnus of the school.

The pharmacy features a replica of a turn-of-the-century drugstore, and explores the history of the pharmacy profession. Alumni and friends of the School of Pharmacy generously established the museum and continue to contribute artifacts and financial support.

A virtual museum as well as other interesting information from the history of pharmacy can be seen on their developing web site: <http://rxweb.pharmacy.pitt.edu/museum/>.

“The Shot Heard ‘Round the World:” The Development of the Salk Polio Vaccine 1947-1955 is a new exhibit that opened on April 15, 2000. A pictorial and textual timeline documents the development of the vaccine at University of Pittsburgh, telling the story of this important scientific advance. Where paralytic poliomyelitis claimed 57,628 lives in 1952—the worst recorded polio epidemic in U.S. history—the incidence of polio dropped by nearly 90% by 1958, three years after the vaccine was released. Much of the research for the vaccine took place in Salk Hall, and the exhibit honors in particular the Pittsburgh team led by Dr. Jonas Salk. Members of the Salk family attended the dedication.



Glass Label Bottles in Pharmacy

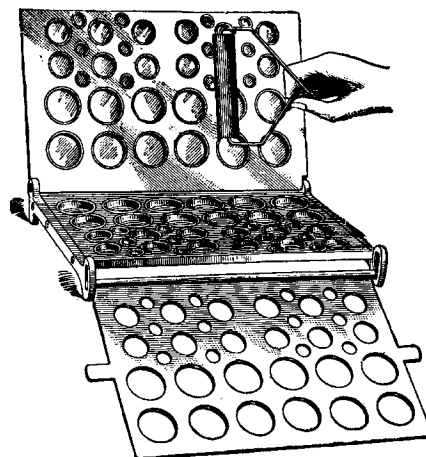
A significant change in the labeling of glass shelfware came in the 1850s when glass labels replaced paper labels formerly in use. The glass label consisted of a curved piece of glass cemented over the paper label to keep it from discoloring and subsequently deteriorating under use. From the time when the glass label was introduced, until its demise with the advent of standard light-resistant shelf bottles, the label and the bottle that held it underwent many changes.

The goal of the glass label was to provide permanence and durability. The inscription on a bottle could be damaged by liquids being poured from the bottle, and the glass label was designed to prevent this. Glass labels were patented in England in the 1850s, but in the United States, the 1860s saw a number of patented variations. In 1867 the original U.S. patent was reissued as two separate patents: one for the label and one for the bottle. By this time glass labels were well known in the pharmacy. Through

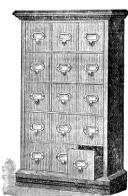
the 1870s improved designs and methods for making the label and the bottle were developed. Originally the glass label was as fragile as the inscription it was made to protect, and production was expensive. Economy and durability were eventually achieved by improved methods for securing the label to the glass, and advances in molding a recess on the bottle to hold the label.

According to Griffenhagen and Bogard, “More permanent than the paper label, and less expensive than custom gold lettering, the glass label enhanced the uniform rows of tinctures and salt mouths that lined pharmacy shelves until the 1920s.” The eventual demise of the artistic and practical glass label resulted from changes in the practice of pharmacy. **The full story of these bottles appears in George Griffenhagen and Mary Bogard’s book: *History of Drug Containers and Their Labels*.** The 150-page illustrated book is available from the American Institute of the History of Pharmacy, 425 N. Charter St., Madison, WI 53706 (608-262-5378, email books@aihph.org) for \$19.95 (\$11.95 for AIHP members).

What Is It?



See page 14 for the answer.



COLLECTOR'S CORNER

FOR SALE: 1920s era hardwood McCourt Label Cabinet Co. (Bradford, PA) label cabinet. 16"H x 28"L x 7"D. Four rows hold a total of 62 labels (labels included). Contact Clarke Ridgway, 1046 Koontz Ave., Morgantown, WV 26505.

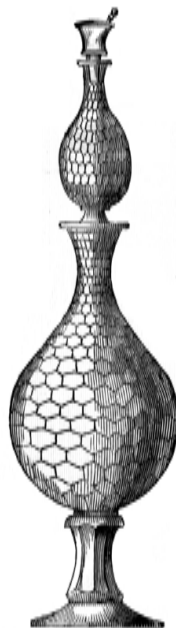
WANTED: Apothecary jars, mortars & pestles and pharmacy memorabilia including advertising cards, displays, cabinets, etc. Please call (602) 443-9358, fax (602) 443-0185 or write Edward Saksenhaus, 8430 E. Appaloosa Tr., Scottsdale, AZ 85258.

FOR SALE: Own a piece of the financial history of the drug, chemical, pharmaceutical and health care companies. Stock/Bond certificates (canceled) are both history and an artform. Most priced under \$7.00 each. Send SASE for list. Interested in buying similar items. Wayne Segal, Box 181, Runnemede, NJ 08078. e-mail WaynePharm@aol.com

GOOD HEALTH TO ALL FROM REXALL! I collect anything made for The Rexall Store. Especially want early consumer products and pharmacy items manufactured by the United Drug Company (1903-46, Boston). Also Rexall AD-VANTAGES magazines, calendars, almanacs, photos, and other franchise and advertising materials. United Drug brands: Puretest, Firstaid, Elkay, Kantleek, Jonteel, Liggett's, Fenway, Harmony (cosmetics), Electrex (appliances), Old Colony (inks), Klenzo, etc. What have you? Frank Sternad, P.O. Box 560, Fulton, CA 95439; (707) 578-6382.

FOR SALE: Apothecary Antiques including drug jars, apothecary bottles,

manufacturing tools, medical instruments including leech jar and various dental items; books dealing with the above subjects available, catalogues issued. Always buying similar items or collections. John S. Gimesh, MD., 202 Stedman St., Fayetteville, NC 28305; (910) 484-2219.



WANTED: Show globes, fancy apothecary bottles, porcelain jars, trade catalogs, window pieces, patent medicines, and advertising. Mart James, 487 Oakridge Rd., Dyersburg, TN 38024; (901) 286-2025; e-mail: kjames@usit.net

WANTED: Books & journals on Pharmacy (pre-1920), Pharmacognosy, Herbal/Botanic Medicine, Eclectic & Thomsonian Medicine, Phytochemistry, & Ethnobotany. I will purchase one title or entire libraries. David Winston, Herbalist & Alchemist

Books, P.O. Box 553, Broadway, NJ 08808, (908) 835-0822, fax: (908) 835-0824, e-mail: dwherbal@nac.net

WANTED: Pharmacy antiques 1950s and before. Old medicine bottles Rx or OTC, tins, vials and related items. USP 1990 with NF. Contact Dr. Earl Mindell (310) 550-0161 or fax (310) 550-1150.

FOR SALE: E.R. Squibb antique pharmaceutical medicine bottles, tins, vials, and related items. I have approx. 400 items (1900-1960). Also have antique clock, signs, and magazines. Would like to sell custom made oak cabinet. Prefer to sell collection as a whole. Call Dennis Bailey (847) 451-0283.

AIHP WILL BE MOVING— Back issues of *Pharmacy in History* **FOR SALE**, \$2.50 per issues (that's \$5 off the cover price). For a complete list of available issues, see our website (www.aihp.org) or call (608)262-5378.



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The AIHP brings together those who wish to buy, sell, or trade artifacts or books related to the history of pharmacy. Free classified advertising is available to members (\$5.00 a line to non-members). Send copy to Apothecary's Cabinet, AIHP, 425 N. Charter St., Madison, WI 53706, or NOTES@aihp.org.

Le Coquetier

by David L. Cowen

The pharmacist's knowledge of leaves, roots, berries, flavors, syrups, and carbonation had an impact on society that went quite beyond pharmaceutical services. Out of the American pharmacy came "soft drinks," the "soda," and the "pop" that were to affect the drinking habits of men and women worldwide.

In 1875 Charles E. Hires, a pharmacist in Philadelphia, created a concoction of sarsaparilla and other herbs called "Hire's Root Beer." It was the first soft drink to achieve national popularity. But it was the cola drinks that fulfilled the prediction, in 1883, that when the kola nut was "once introduced as a beverage in civilized societies, the demand for it would soon become enormous." In the 1880s the physician-pharmacist, John S. Pemberton, sold a popular drink he called "Pemberton's French Wine Coca" in his drugstore in Atlanta, Georgia. Originally composed of the extract of coca leaf,



This Dispenser mixes ROCHESTER ROOT BEER just right. One pull of the lever instantly measures the syrup and carbonated water into the stein and mixes them perfectly. It can be attached to any fountain.

pharmacy; among them, "Dr. Pepper," the creation of a young Charles Alderton working in Morrison's Old Corner Drug Stores in Waco, Texas. It entered a wider market in 1885. And there was "Canada Dry Pale Dry Ginger Ale," which originated as "McLaughlin's" in 1904, the work of John J. McLaughlin, a Toronto pharmacist.

What is less well known, however, is that pharmacy has been credited with introducing more than "soft" drinks. The introduction of the ubiquitous American cocktail has also been credited to pharmacy. Antoine Peychaud, a late eighteenth-century New Orleans apothecary dispensed tonics of cognac and his own Peychaud bitters. The concoction was served in a *coquetier*—an egg cup. This, it is believed, was at least the etymological origin of the "cocktail."

CARBONATED GINGER ALES

Prices include federal tax. In the event that the Government withdraws the tax, 10% may be deducted from the prices. These are the brands that people know and call for.



wine, and kola nut, it was renamed "Coca Cola" (with syrup replacing the wine). In the 1890s Caleb D. Bradham, a pharmacist in New Bern, North Carolina, offered his soda fountain patrons "Brad's drink," trade-marked in 1902 as "Pepsi-Cola." Other beverages originated in the



Drachms & Scruples

Pharmaceutical terms according to the Oxford English Dictionary

apothecary (n.) 1. orig. One who kept a store or shop of non-perishable commodities, spices, drugs, comfits, preserves, etc. (This passed at an early period to the next: in 1617 the Apothecaries' Company of London was separated from the Grocers' Company.) 2. spec. The earlier name for: One who prepared and sold drugs for medicinal purposes--the business now (since about 1800) conducted by a druggist or pharmaceutical chemist. From about 1700 apothecaries gradually took a place as general medical practitioners, and the modern apothecary holds this status legally, by examination and license of the Apothecaries' Company, but in popular usage the term is archaic.

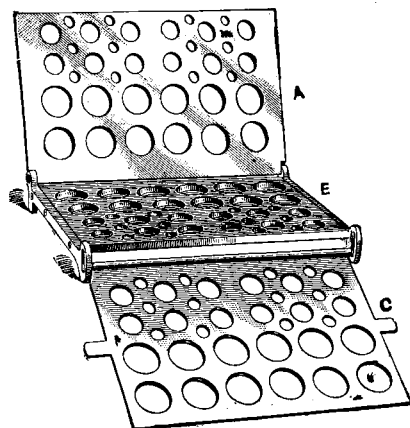
drachm (n.) 2. A weight approximately equivalent to that of the Greek coin. Hence, in Apothecaries' weight = 60 grains, or 1/8 of an ounce, in Avoirdupois weight = 27 1/3 grains or 1/16 of an ounce. (Spelt drachm or dram.)

drug (n.) 1a. An original, simple, medicinal substance, organic or inorganic, whether used by itself in its natural condition or prepared by art, or as an ingredient in a medicine or medicament. Formerly used more widely to include all ingredients used in chemistry, pharmacy, dyeing, and the arts generally, as still in French. In early use always in the plural.

pharmacist (n.) A person skilled or engaged in pharmacy; one who prepares or dispenses medicines; a druggist or pharmaceutical chemist.

scruple (n.) 1. A unit of weight = 20 grains, 1/3 drachm, 1/24 oz. Apothecaries' weight.

What is it?



This is a Kenseal apparatus, sold by the J. M Grosvenor Company of Boston beginning in the 1880s. In the 1870s, the French pharmacist Stanislas Limousin (1831-1887) invented cachets—small spoon-shaped rimmed disks of rice-paper. (Cachet is from the French *acher*—“to hide.”) Nasty tasting powdered drugs were placed inside one concave cachet, water applied to the rim and another cachet was placed on top, sealing the medicine within. This oral dosage form had a brief period of popularity before the general availability of gelatin capsules supplanted it.

The Kenseal apparatus consisted of three perforated, nickel-plated metal plates, hinged together to form a cover plate, a base plate, and a shield plate. Saucer-shaped rice-flour Kenseals (brand-named cachets) were pressed into the perforations on the cover (A) and base plates (E), while the shield plate (C) was folded back to protect the sealing edges of the Kenseals in the base plate. The Kenseals in the base plate are filled with the help of special funnels, and are tamped down with thimble compressors. The shield plate is lifted, and a moistened roller is passed over the edges of the empty Kenseals in the cover plate (as shown on page 11), which is closed over the base plate, sealing the Kenseals.

Although cachets are all but forgotten today, Limousin secured his enduring fame as the inventor of the ampul (1886).



A Backward Glance at American Pharmacy

EDITED BY GREG HIGBY

100 Years Ago

“The committee on coinage, weights and measures of the House of Representatives is again considering the subject of the adoption of the metric system of weights and measures as the legal system of the United States. . . . Probably no class of persons would be more benefited by the adoption of this measure than the pharmacists of this country, hampered and annoyed as they now are by being compelled to use avoirdupois and apothecaries’ weight, wine measure, and, in some sections, imperial measure, as well as the metric system. Since the foundation of the Republic there probably has never been a time when the importance of this subject was more apparent than it is at present. With the acquirement of new territory in distant parts of the world, and the increase of our commerce with foreign nations, a universal system of weights and measures become more than ever desirable.” (*American Druggist*, vol. 36 (February 10, 1900): 71.)

75 Years Ago

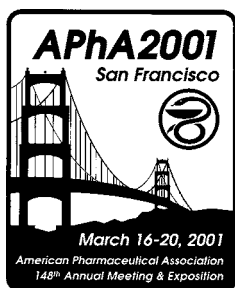
“Duquesne University, Pittsburgh, Pa., will add a School of Pharmacy to its departments in September of this year. The number of students will be limited. Three and four year courses will be offered. The three-year course, leading to the degree of Graduate in Pharmacy, will train men as prescriptionists, for store management and for hospital dispensing as well as for the general work of the retail pharmacy. Due consideration will be given to both professional and commercial aspects of pharmacy. The four-year courses, leading to the degrees of Pharmaceutical Chemist and Bachelor of Science in Pharmacy, will give additional training in pharmaceutical and chemical manufacturing and control work, analytical chemistry, bacteriology, and in food, drug and water analysis. . . . An adequate faculty is now being organized.” (*American Druggist*, vol. 73 (June 1925): 43.)

50 Years Ago

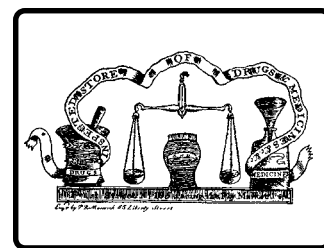
“The first industrial installation of an electron accelerator--popularly called an atom smasher--has just been completed in the research laboratories of The Upjohn Company, Kalamazoo, Mich. Because the high-energy radiations of the instrument can penetrate thick sections of steel, the Upjohn equipment is enclosed in five tons of iron bricks to protect personnel. Its potential usefulness in the sterilization of drugs led the Upjohn Company to undertake this tremendous and expensive installation. It is possible that the usefulness of high-speed electrons may go far beyond mere sterilization, perhaps increase antibiotic yields through mutation of antibiotic-producing molds. Upjohn’s Research Division, however, has made it very plain that all this is still in the research stage.” (*Journal of the American Pharmaceutical Association*, PPE, vol. 11 (1950): 450, 452.)

25 Years Ago

“The U. S. has enough pharmacists ‘to serve effectively the current demand for traditional pharmaceutical services.’ But new kinds of pharmaceutical services are becoming important to the nation’s health, and an increase in manpower may be needed to provide them. These are among the highlights of a formal statement on health manpower policy just issued by the American Association of Colleges of Pharmacy. The statement is intended to make clear the position against which AACP will measure the many health manpower proposals coming out of Congress and regulatory agencies.” (*American Druggist*, vol. 171 (April 1, 1975): 24.)



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