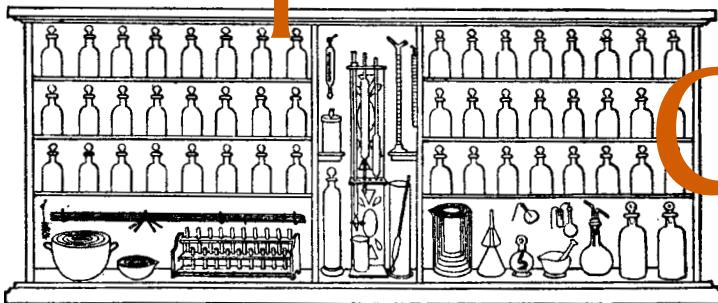


Apothecary's Cabinet



No.4, Spring 2002

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

eAuctions and Pharmaceutical Antique Collecting—eCaveat Emptor

by Anthony Palmieri III

Introduction

A relatively new phenomenon for pharmaceutical antique collectors is the availability of Internet auctions and sales. This ability has had a dramatic affect on the hobby of collecting. Obviously there are a wide range of opportunities on the Web with the primary one being eBay. In some ways it has made the ability of collectors to obtain rare pieces easier yet it has also become more competitive. There has also been an expected rise in fakes, forgeries and reproductions. As in live auctions, one must be cautious and view these items for sale with a critical eye. The reputation of the seller and buyer in both instances is critical. If you do not trust the other party be cautious or do not deal with them. What

may seem like a unique item often is not. What seems old, desirable and rare may not be. Many pharmaceutical companies have numerous reproductions that may appear authentic in a photo or the seller may not recognize it as a new piece. On the Internet one does not have the ability to hold, to feel, or to examine the object. With certain items the ability to examine the composition, to see the wood, to inspect a painting under an ul-

traviolet light, to feel the metal of the object, indeed to smell the artifact is critical in an exact evaluation. One must be careful to not let desire for an object cloud judgment. Although there are many downsides to Internet collecting, it is a wonderful opportunity to search the world for an object that is not readily available in a certain geographic area. Good examples of this type of object are druggist tools such as pill tiles, pill rollers,

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

capsule machines, cachet makers and the like. Since the demand for these artifacts is limited so is the potential market often limited by geography. There is also a high volume of more ubiquitous objects such as bottles and trade cards.

Internet Auction Sites

There is a plethora of Internet sites for the pharmaceutical collector. Most large auction houses such as Sotheby's now also have an Internet "office." Ephemera catalogues have also proliferated on-line and a search using keywords easily identifies many sites—although most have limited stock. Of course the premier site is eBay. Originally started as a site to buy and sell PEZ dispensers, eBay.com has become a gigantic business and without a doubt the best and most well-stocked site. eBay is simply a broker service bringing buyers and sellers together and does not vet buyers or sellers except in the case of abuse reported by others. Founded in September 1995, eBay is the world's largest on-line marketplace. According to eBay press releases it transacted over five billion dollars in gross sales in 2000. There are approximately 30 million registered users in the eBay "community." There are millions of items in thousands of categories listed at a time on the site. With this vast size there are the usual advantages and disadvantages. At times items are difficult to locate and in any search false drops and items missed are common. One simply obtains a user name on eBay and then can bid. As in traditional auc-

tions, many items, especially higher priced items have a reserve price, which means it has a minimal acceptable bid known only to the seller. Most sellers will not disclose the minimum bid even if asked by a potential buyer. Like local live auctions one sees familiar names bidding often on select objects. For this reason some buyers will use an alias so that their real name is not recognized or will often use an alias to ward off other bidders who may bid simply knowing that a well known collector is interested in the item and as such it must be a highly valued item. There are also those who will not bid against one another. For example two collectors may be friends and have determined they will not bid against each other.

Advantages of Internet Collecting

Given the previously mentioned cautions, there are numerous advantages of collecting on the Internet. Primarily, there is a greater opportunity to see rare items especially drug jars, druggist tools, patent medicine advertisements, apothecary chests and ephemera. Like live sales, sellers who have such rare items are usually aware of their value and often place reserve prices unknown to the potential buyer on such desirable items. The Internet auctions also attract a wider selection of buyers than do live auctions. Competitive bidding is the norm rather than the exception on especially rare items and authentic apothecary tools as well as early, high quality advertising pieces. Be cautious if you

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are the only bidder on an item that appears to be highly desirable as it may be a reproduction. Another advantage is the ability to often see a seller's history concerning feedback from previous buyers. Especially on eBay, one can easily ask the seller a question and look at feedback for the seller from previous customers. This feedback is essentially the equivalent of a recommendation. Avoid sellers with a poor feedback rating or deal with them at your own risk.

Inventory on eAuctions

One can initially be overwhelmed by the inventory at eBay. Other sites are woefully inadequate for the pharmaceutical collector. At eBay one can find a wide assortment of items to collect, and the wise collector quickly learns that hours can be spent chasing false leads. The collector must quickly decide what to collect and the proper search terms. For example if one searched for "mortars" and desired *pharmaceutical* mortars they would find many more references to ammunition mortars while a search for "pestle" would result in significantly fewer false positive hits. One must also be aware that there are some misspellings on the sites. The author is amazed at how many variations there are on the spelling of mortar and pestle.

Balances, scales, show globes, pharmacy tools such as pill rollers, advertising items, and apothecary chests as well as a few fine art objects with a

pharmacy theme are among the more expensive items and as such are also the more reproduced objects found on Internet auction sites. Making many of these articles appear aged and distressed is an easy task. To the novice these are also the objects that are more difficult to authenticate unless they are seen in person and viewed with a critical eye. In the category of high-end specialty collecting, the Internet auctions have the advantage of allowing a greater geographic area to the seller, and for the potential purchaser the opportunity to view, bid and ultimately purchase a rare object that may elude a collector limited by geography.

There are of course many less expensive items available through Internet auctions such as the ubiquitous bottles, trade cards, mortars, and prescriptions. One must be ever cautious with bottles and advertising since the reproductions are numerous. With bottles the reproductions are difficult to spot since many were made by companies intended as a give-away to pharmacists. Another concern is that while one can view pictures on-line the flaws in the object may not be as readily apparent to the potential purchaser. This is why a return policy and a truthful seller are critical. Another potential pitfall is that many sellers will charge a high packing and shipping cost. Be certain to include the packing and shipping cost in any potential purchase price. One could pay a reasonable amount for a trade card or another easily shipped item and be surprised by the

packing and shipping cost charged by the seller.

Items by search terms on eBay on October 3, 2001:

Pharmacy	1078
Drugstore	506
Druggist	194
Pharmacist	322
Apothecary	735
Trade card	101
Mortar	1922
Pestle	287
Mortar + pestle	243
Apothecary + chest	9
Drugstore + sign	16
Drugstore + bottle	47
Pharmacy + bottle	187
Bottle	52164

By using Boolean logic one can reduce the number of incorrect hits on the site. However the buyer is dependent on the knowledge, honesty, and expertise of the seller in describing the item. As in live auctions and sales the age of the object is often not as important as the number of collectors who desire the item. For example, the commemorative tiles and mortars that companies gave away in the 1970s are very popular.

Auction sites

Obviously, eBay is the premier site for collecting. However there are a few others worthy of mention especially if the collector desires a specific item or has a specific area of interest. For fine art, prints or pharmaceutical furniture the traditional auction houses usually also have an Internet site. Sotheby's for example regularly schedules

Internet auctions involving medical art, prints, or fine apothecary chests.

Earlyamerican.com has numerous auctions per year on line or by FAX where one can find encased postage relating to drug-store items, obsolete advertising currency, ephemera, and patent medicine advertising. One great advantage of these sites is that a potential buyer or seller can search completed auctions to determine what previous items have made and get a feel for a fair price realizing that condition is critical in determining price and that comparisons are tenuous.

Payment may be made by check, a range of electronic means, or cash. For smaller transactions this writer has had no negative experiences using and sending cash through the mail. He has never used a credit card to pay an on-line seller. Payment by check is usually slower since most sellers will require that the buyer's check clears before sending. In most instances, while insurance is offered as a rather expensive option, I believe it to be unnecessary.

Helpful Hints

First, as with a live auction one must view the object, and ask questions of the seller. Do not fall in love with an object; it may not love you back. Be critical. Ask yourself questions such as has this item been reproduced? Why am I purchasing the item? If for my personal collection I can pay a premium over what I could pay if I

wanted to resell the item. What is the condition of the item? What is the maximum amount I am willing to pay for the piece? Ask is the seller credible? How does the piece fit into the other parts of my collection? Lastly, will I be devastated if I do not obtain the piece?

A significant difference concerning eAuctions is that since the bidder is usually not on-line at the time of closing one can be a victim of a "sniper." This is a bidder who places a last minute bid a few cents above your highest bid and if you were not on-line you would lose the item. Because of this one should place the absolute highest bid that one is willing to pay for the piece and realize that if the other bidder is successful another item will come along some day. Another approach is to note the time that the auction ends and be on-line at that time following the activity. Be aware that the ending time for eBay is Pacific Time, often in the middle of the night for anyone on the east coast. One must also be alert for a "shill." A "shill" is a fake bid usually by the seller to inflate the final selling price of the item or to determine how much a potential buyer is willing to pay for an item. Be cautious, as there are very few unique items in the world of collecting.

Conclusion

There are a variety of advantages and disadvantages of eAuctions. One can spend countless hours enjoying the ex-

perience or become an eAuction addict if not careful.

As in live, in-person auctions, one must view the item with open eyes and a clear mind. Internet auctions have allowed the pharmaceutical collecting community a great opportunity to obtain items that may not be readily available in one's geographic area but it does take away some of the "thrill of the hunt," the finding of an object one has been seeking for years or even a lifetime. Remember if something appears to be too good to be true it probably is too good to be true. View items with your eyes and bid with your wallet not your heart. Have fun, enjoy the experience but remember *eCaveat Emptor*.

About the author:

Anthony Palmieri III, Ph.D. is Assistant Director, Office of Technology Licensing, University of Florida. He is a registered pharmacist and has published and presented extensively on local pharmacy history, patent medicine advertising, and frontier pharmacy. In the spirit of full disclosure, as of this writing, his eBay name is Apal50.



NOT IN THEIR SET

"See him go past with his nose in the air!"

"Yes, just because he's a pharmaceutical graduate, he feels above us ordinary tumblers."

(from *Harper's Weekly*, 14 August 1897,
available on HarpWeek.com)

At the end of the 19th century few pharmacists finished a formal education—most had to learn their skills through an apprenticeship. As this cartoon by Herbert Merill Wilder, published in *Harper's Weekly* points out, there was undoubtedly some tension between pharmacists with and without formal educational training.

Approximate Measures

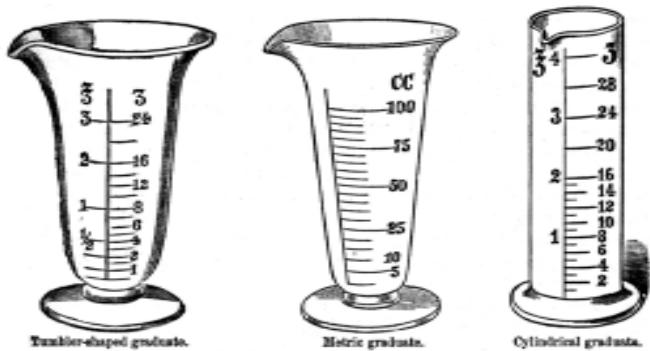
from Joseph Remington, *The Practice of Pharmacy. A Treatise* (1893)

"In apportioning doses for a patient, the practitioner is usually compelled to order the liquid medicine to be administered in certain quantities that have been established by custom, and estimated as follows:

A tumblerful.....foz.viii. [8 fluid ounces]
 A teacupful.....foz iv. [4 fluid ounces]
 a wineglassful.....foz ii.[2 fluid ounces]
 a tablespoonful.....f drachm iv.[4 drachms]
 a dessertspoonful.....f drachm ii.[2 drachms]
 a teaspoonful.....f drachm i.[1 drachm]
 a drop, through a popular error, is considered to be 1 minim.

In almost all cases the modern teacups, tablespoons, dessertspoons, and teaspoons, after careful

tests by the author, were found to average twenty-five per cent. greater capacity than the theoretical quantities given above; and the use of accurately graduated medicine-glasses, which may be had now at a trifling cost, should be insisted upon."



Swallowing the Pill

by David L. Cowen

OVER one hundred years ago, on June 24, 1884 to be exact, Dr. Paul G. Unna, a dermatologist of Hamburg, Germany, dramatically passed among the audience at a meeting of the Hamburg Medical Society four reagent glasses. Perhaps he had an inkling that he was ushering in a new age of drug therapy as he did so. In two of the reagent glasses Unna had placed salicylic acid pills coated with *Hornstuff* (keratin); in the other two, *keratinirte* (keratinized) iron chloride pills. He demonstrated to his colleagues that these pills were impervious to a mixture that simulated stomach fluids but that they were highly activated and broken up by fluids simulating those of the small intestine. He suggested that in the healthy human being such keratinized pills would pass through the stomach unchanged and not release their medication until they reached the intestine.

Earlier pill coatings, going back to Arabic times, included gold, silver, gum, sugar, and other substances and were essentially intended mainly to make the pill easier and more palatable to swallow; enteric coating went beyond these purposes. Unna, who had been interested in the problem of enteric coating for six years, did not claim to originate the concept. Others had earlier sug-



gested coatings of sodium salicylate and of collodion. The former proved ineffective and the latter apparently had some success; Unna himself used it before hitting upon keratin.

What made Unna's work truly revolutionary was the concept that the *form* of a medication could be used to influence, if not determine, its substantive effects. From Unna's concept eventually grew the multitude of time-release dosage forms that created a whole new drug delivery system. Conventional

methods of drug delivery have been described as being "like shipping drugs from Basle to Rotterdam by pouring them into the Rhine." Proper coating of pills made it possible to maintain drug concentration at demonstrable and controllable therapeutic levels; it envisioned a rational pharmacology.



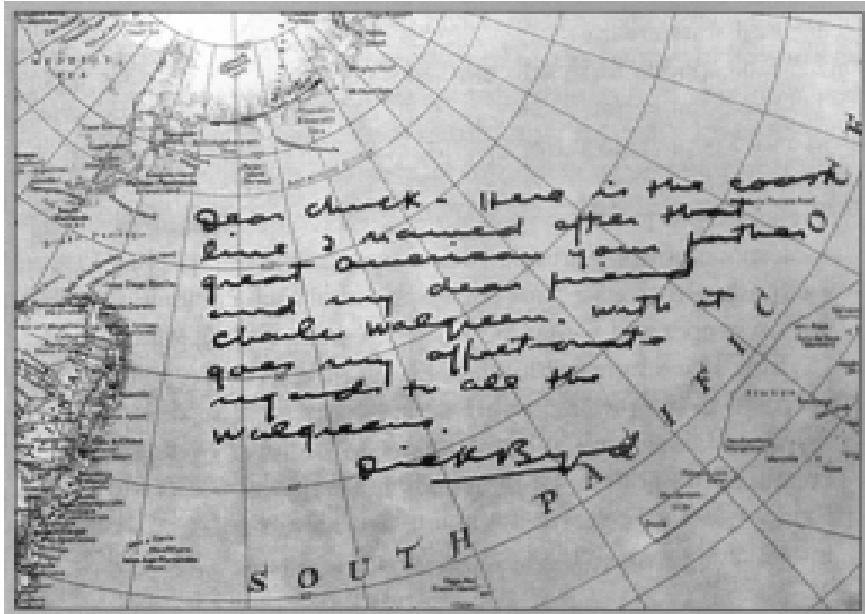
Pharmacy and Exploration

by Elaine Stroud

WHEREVER explorers travel, they need to make some provision for tending to their health or wounds in the unknown territory. For the Chicago Century of Progress Exposition in 1934, Burroughs Wellcome and Co. published *The Romance of Exploration and Emergency First-Aid from Stanley to Bird*, intended to tell the stories of "pioneer heroes of Africa," "Heroes of Polar Exploration," and "Pioneers of Air Travel," with a focus on the particular "Tabloid" medicine chests that were taken on these trips. The "Tabloid" name was a registered trademark of Burroughs Wellcome & Co. that referred to the medicine cases as well as the individual drug products.

Burroughs Wellcome's connection with exploration seems to have begun with H. M. Stanley and his travels in Africa. After Stanley returned from Africa he began an association with Burroughs Wellcome to help solve medical problems he had encountered on his expeditions. The explanation for his choice—as told in this promotional publication—was that:

This firm, impressed by the sufferings of early explorers, the lack of knowledge of tropical diseases and the impossibility of carrying adequate medical supplies, owing to the bulk of the medicines hitherto available, had instituted scientific research into the



The coast of Antarctica bears the name of pharmacist Charles Walgreen, whose friendship and support the explorer Richard Byrd enjoyed. (Photo courtesy Walgreens.)

causes and treatment of tropical ailments and had made special studies of the problem of medical supplies and equipment for travellers. As a result, they were able, not only to supply compact medicine cases fitted with compressed medicaments which were impervious to climatic influences, but also to give intending travellers and explorers expert advice as to the character and quantities of the medicines they would need in accordance with the part of the world in which they proposed to travel, and the diseases by which they would be liable to be attacked. Stanley was one of the first to avail himself of the results of this specialised research. In

his later expeditions, he was always equipped with "Tabloid" Medical Outfits, and since that time Burroughs Wellcome & Co. have supplied the medical equipments of practically every important expedition.¹

Burroughs Wellcome also worked with Byrd's Antarctic Expedition. The Byrd expedition was well-outfitted with supplies, as was the base camp in the Bay of Whales, called "Little America."



"Tabloid" medicine case carried by Captain Scott to the South Pole and found in the tent in which he died.

It was here that a small pharmacy, named the "Wellcome Dispensary" by Byrd, was set up. This pharmacy—the farthest south in the world—dispensed medicines and treated injuries, as well as equipping the exploring parties.

Pharmacy has another connection with the Antarctic expeditions—1000 miles of coastline on the Amundsen Sea was named the "Walgreen Coast." Charles Walgreen, founder of the well-known drugstore chain, donated one ton of malted milk tablets for Byrd's second expedition in 1933, and Admiral Byrd named the coastline and a mountain in honor of this benefactor. Charles Walgreen and Richard Byrd had a personal relationship as well, developed after Myrtle Walgreen (Charles' wife) invited the Ad-



The Wellcome Dispensary at "Little America," Antarctica, was named in appreciation of the assistance given to Byrd by Sir Henry Wellcome.

miral to their home in 1938, when the two men became close friends. Byrd presented a map of Antarctica to Chuck Walgreen (Charles' son) with the inscription: "Dear Chuck, Here is the coast line I named after that great American your father, and my dear friend Charles Walgreen. With it goes my affectionate regards to all the Walgreens. Dick Byrd."² At the age of 89 Chuck Walgreen traveled to Antarctica, taking the trip his father had always wanted to make.

Pharmacy and its leaders have played an important role in assuring the safety and success of a number of famous expeditions.

Finally, on November 28, 1929, Commander Byrd, with Bernt Balchen and Harold June at the controls and McKinley as camera operator, took off and reached the high Polar Plateau, flying up the dangerous Liv Glacier to an elevation of 12,000 feet. At 1.14 pm,



Tabloid medicine chests and reserve medical stores of Tabloid medicines, bandages, and dressings that were supplied by Burroughs Wellcome & Co. to the Mount Everest Expedition, 1933.

Greenwich time, on November 29, he flew over the South Pole, made a complete circuit and returned to his base, without the slightest discomfort. Thus, 'Tabloid' Equipments have a unique record. They were first at the North Pole with Peary, second with Byrd, and third with Amundsen and Ellsworth, as well as first at the South Pole with Amundsen, second with Scott and third with Byrd.³

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1. *The Romance of Exploration and Emergency First-Aid from Stanley to Byrd* (NY: Burroughs Wellcome & Co., 1934), pp. 11-12.
2. *Walgreens: Celebrating 100 years as the Pharmacy America Trusts* (Walgreens, 2001), p. 8
3. *Romance of Exploration*, p. 76.

Pharmacy Over the Moon

*by Christiane Staiger**

As the millennium draws near, it is a good time to reflect on the achievements of the past century. From the human point of view, escaping from the planet earth was certainly a remarkable event.

After President Kennedy's announcement in 1961 of his goal, "before this decade is out, of landing a man on the Moon and returning him safely to the Earth," NASA launched the Apollo Program, an early example of manned space flight.

*This article appeared previously in the journal of the Australian Academy of the History of Pharmacy, *Pharmacy History, Australia*.



Medical Kit for the first lunar orbit mission, Apollo 8. (Photo: NASA)

Apollo 8 was the first manned space craft that left earth orbit. In July 1969, Apollo 11 landed the first men on the moon.

To seek a pharmaceutical connection with the success of one of the greatest challenges mankind has met, we can look to the medical accessory kit that also made that momentous journey. In order to cope with the unique requirements in weightlessness, specific drugs and the proper dosage forms have been developed and used.

The Apollo 11 medical accessory kit in the command module "Columbia" measured 5x5x8 inches and contained three 45 mg cyclizine hydrochloride injectors for motion sickness, three 100 mg meperidine hydrochloride injectors for pain suppression, one two-ounce bottle of first aid ointment, two one-ounce bottles of methylcellulose eye drops, three nasal sprays, two compress bandages, 12 adhesive bandages, one oral thermometer and four spare crew biomedical harnesses for the three astronauts.

In addition, there were oral dosage forms in the medical kit. NASA took the antibiotics

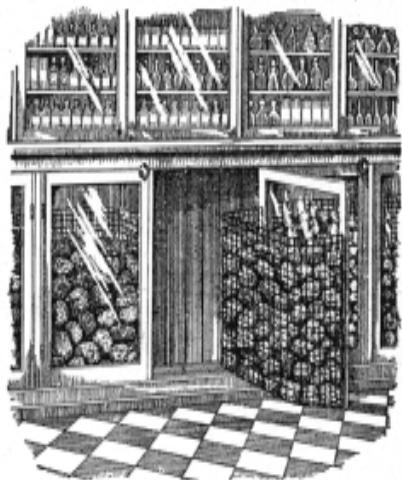
ampicillin sodium and tetracycline hydrochloride (both 250 mg), 12 cyclizine hydrochloride 50 mg for nausea, 12 dextroamphetamine sulfate 5 mg as a stimulant, 18 meperidine hydrochloride 100 mg as a pain killer, 60 decongestants (2.5 mg triprolidine hydrochloride + 60 mg pseudoephedrine hydrochloride), 24 anti-diarrhoeals (2.5 mg diphenoxylate hydrochloride + 0.25 mg atropine sulfate), 21 secobarbital sodium 100 mg for sleeping, and 72 aspirin tablets.

The lunar module "Eagle," carried a second small medical kit which contained four stimulants, eight anti-diarrhoeals, two sleeping and four pain-killer pills, 12 aspirin tablets, one bottle of eye drops, and two compress bandages.

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What Is It?



See page 13 for the answer.



Nineteenth-Century Manufacturing Promotion

by William H. Helfand

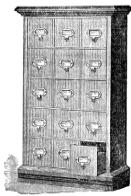
WHILE St. Jacob's Oil was the product bringing in the revenue to the Vogeler Company, advertising was the driving force in its success. Like many similar nineteenth-century firms, Vogeler spent more on promotion than it did on manufacturing. One entire floor in its four-story building on West Lombard Street in Baltimore housed the advertising offices, and there was a special 90 x 50 foot area totally devoted to the filing and control of newspapers. This room contained 10,000 pigeon-holes, each noting the name of the paper. Every issue of each newspaper in which advertisements appeared was examined, marked, entered, and filed.

As an illustrated article in the 26 March 1881 issue of *Scientific American* noted, "A corps of lady clerks are engaged in this special service, under the supervision of a gentleman of long experience in such

matters. All derelictions on the part of the advertising papers are reported to the manager, who at once presents his complaint to the paper in fault." Obviously, the Vogeler firm felt such detail to be important, for they devoted the same meticulous attention to all their commercial correspondence. They kept a set of twenty-two large books containing data on more than 12,000 accounts, in a specially constructed safe. And they prided themselves on the

fact that every letter and every contract was dictated to stenographers by the manager, thus keeping all the vast correspondence under the control of a single executive. "In its magnitude, conception, system and originality, it is vastly superior to anything of the kind in America," was the conclusion of a Chicago publication, but other proprietary medicine companies engaged in similar activities if not in precisely the same style.





COLLECTOR'S CORNER

WANTED: Pfizer products. Contact Rich DiCicco at Technology Catalysts International Pharmacy Museum, (703)531-0244.

FOR SALE: Great Moments in Pharmacy prints (with descriptions). Parke-Davis, 1967, \$40.00. *Pharmacy: An Illustrated History*, Cowen and Helfand, \$50.00. Contact Paul Wherry, 20 West North Street, Worthington, OH 43085.

FOR SALE: Pharmacy Museum Memorabilia, late 18th Century through mid 20th Century. Includes 20 gallon Red Wing crock used at Stricker's Drug Store (Latrobe, PA), soda fountain (David Stricker created the Banana Split), and a pestle used on the Peary Expedition when the North Pole was discovered. Elegant fixtures (1850) from a Scotland pharmacy. \$95,000 or a reasonable offer. Will sell memorabilia and fixtures separately but memorabilia must go first. Jacob L. Grimm, 209 S. Market St., Ligonier, PA 15658 (724) 238-6893; e-mail grimm209@helicon.net

FOR SALE: Paracelsus (1490-1541), *The Hermetic and Alchemical (Works) Writings of Paracelsus*, ed. Arthur Edward Waite (London: J. Elliott & Co., 1894). 2 vols. Kathleen Grange (562) 424-0900.

FOR SALE: One-hundred-year-old historical pharmacy documents containing historical signatures. A Doctor in Pharmacy certificate issued to Ephraim Shaw Tyler in 1902 and signed by Joseph P. Remington and Henry Kraemer and others, and issued by the Philadelphia College of Pharmacy. Also available is a certificate of election issued to Ephraim Shaw Tyler by the Alumni Association of the

Philadelphia College of Pharmacy in 1902. Both are well-framed. Charles R. Weiss at (330)633-4342 or CWEISS@juno.com.

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, Jontee, 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) 546-3106, e-mail fasternad@iscweb.com

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: 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. Gimel, 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.

* * * * *

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, 777 Highland Ave, Madison, WI 53705, or NOTES@aihp.org.

Commentary

Editor's Note: The following essay by William Zellmer appeared in the March 1984 issue of the *American Journal of Hospital Pharmacy*. Recently a selection of Zellmer's editorials were collated into the volume, *The Conscience of a Pharmacist: Essays on Vision and Leadership for a Profession* (Bethesda: American Society of Health-System Pharmacists, 2002). These short pieces provide an honest assessment of the state of the profession during the 1980s and 1990s. The essay reprinted below (with minor editing) captures well Zellmer's frank and optimistic style.

HISTORY

March 1984

Yes. They'll forget. For such is our fate; there's no help for it. That which to us seems serious, significant, of the utmost importance—the time will come, and it will be forgotten, or will seem of no importance whatsoever. And—this is interesting—we can't at all tell now just what, precisely, will be considered exalted, important, and what will be considered pathetic, ludicrous. For instance, didn't the discoveries of Copernicus or, let's say, of Columbus, seem at first unnecessary, ludicrous, while some empty-headed twaddle, written by some crackpot or other, seemed to be the eternal truth? And it can come to pass that our life today, to which we reconcile ourselves so, will in time seem strange, cumbersome, stupid, far from clean—even sinful, perhaps—

—Chechov, *The Three Sisters*

MUCH can be gained from a study of the past, including an appreciation for how quickly "truth" may turn to twaddle. If we reflect on our own lives, we can probably recall once-cherished notions or objects that are utterly unimportant today. Looking at our profession, we can wonder which of its sacrosanct philosophies and practices will still be revered by pharmacists two or three generations hence. And does pharmacy have its counterparts to Copernicus and Columbus, reviled now only to be extolled at a later time?

In the evolution of human endeavors such as the profession of pharmacy, there are important stories to tell. When these stories filter the time-tested from the trivial, they help explain why things are as they are. They tell us what blend of fate and willful deeds of men and women brought us to our current state. In this knowledge, we take comfort, find purpose for ourselves, and are inspired to build on the best of what has gone before.

Amidst the pressures and details of daily existence, we all yearn for those precious moments of reflection on the life's course we follow. When pharmacists search for deeper meanings in their professional lives, the work of the pharmacy historian can be of immense value. As Glenn Sonnedecker has written, "A natural bridge between the humanistic and the technical is formed by the profession's own history, which seems essential to an adequate understanding and philosophy of the pharmacist's role in society."¹

Documenting early events, assessing their importance, and putting the present in perspective with the past—the tasks of the

historian—are no less important for pharmacy than for the rest of society. Many issues relevant to contemporary pharmacists cannot be fully understood without historical perspective. Solutions to many of the problems pharmacy faces may remain elusive without knowing the critical events or trends that shaped them.

History shows us how the broad sweep of thinking and developments in the world at large have affected fields like pharmacy. For example, in [his article, "Pharmacy and Freedom"], David Cowen presents a superb treatise on how the concept of individual liberty has shaped the character of pharmacy practice in Western civilization.²

More parochial examples of the value of history can be cited. For instance, if we understand the factors that precipitated the large influx of pharmacists into hospital practice over the past 15 years or so, we might be able to project more intelligently what effects current economic and technologic changes in health care may have on where and how pharmacists practice in the future. By under-

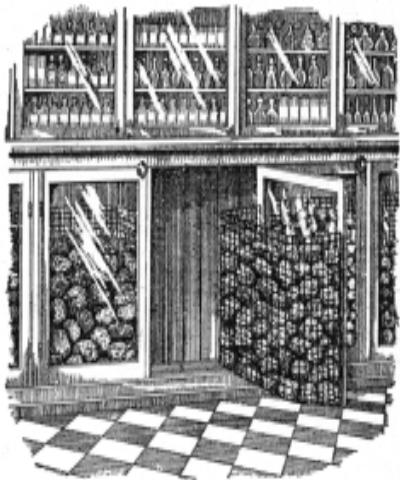
standing the transformation of hospitals from almshouses to health-care centers, we might better appreciate the scope of changes that could be brought about by the current pressures for out-of-hospital treatment. Indeed, might "hospital pharmacist" become a misnomer for our professional descendants who may find themselves applying their best drug-control and clinical skills in a variety of settings only remotely related to hospitals as we know them today?

We are fortunate to have an organization that is devoted to preserving and interpreting the heritage of pharmacy in the United States. Founded in 1941, the American Institute of the History of Pharmacy (AIHP) has an active program of publications (including an excellent quarterly journal), meetings, and other activities designed to stimulate historical work and to preserve the records of American pharmacy. An individual membership organization comprising

practicing pharmacists and historians alike, AIHP merits wider support from all segments of the profession, including hospital pharmacy. . . . Pharmacy has a rich heritage that merits preservation and thoughtful analysis. We who have been blessed with a home in pharmacy have an obligation to support this work, including the efforts of the American Institute of the History of Pharmacy.

1. Glenn Sonnedecker, rev., *Kremers and Urdang's History of Pharmacy* (Philadelphia: Lippincott, 1976), p. vii.
2. David L. Cowen, "Pharmacy and Freedom," *American Journal of Hospital Pharmacy* 41 (1984): 459-467.

What is it?



A Practical Sponge Holder

"How properly to keep and display the stock of sponges in a drug store has always been one of those unsolved questions which perennially rise up to perplex the

tradesman. Many devices have been proposed, but none seems to possess the elements of practicability as the one here pictured and which has lately been proposed by Mr. Theodore Doench in the *Monatsblatt des New Yorker Deutschen Apotheker-Vereins*. The accompanying illustration readily speaks for itself. The wire-baskets, easily attached to any closet door, are completely out of the way; the goods, while fully displayed through the glass fronts, are protected from dust, and can be conveniently got at when making sales. It is evident that for smaller sponges several tiers of baskets could be attached to one door. Mr. W. K. Forsyth of Chicago has in use an almost similar arrangement." (*Western Druggist*, August 1895, p. 320.)

AIHP Student Membership

- Students can join the American Institute of the History of Pharmacy at the special rate of \$20, instead of the regular \$50. Even though the rates are reduced, the benefits are the same:

- subscription to *Pharmacy in History*, with research articles placing pharmacy in historical perspective
- *Apothecary's Cabinet*, with information for collectors as well as compact articles covering broad historical topics, and interesting anecdotes
- pharmaco-historical calendar to put on the wall in your office
- 40% discount on materials in our publications catalog—some of which are books used in pharmacy courses
- the benefits of understanding the long and respected history of your profession

- Join today by sending a check to: AIHP, 777 Highland Ave., Madison, WI 53705, or calling to place a credit card order (608)262-5378.
- Don't forget to include your shipping address and year of graduation.

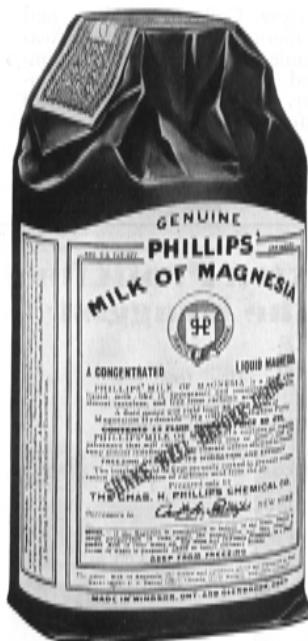
Drachms & Scruples

Terms according to the Encyclopedia of Pharmaceutical Technology, Dekker, 2001*

[A few common words used uncommonly within the field of pharmacy.]

Pearls. Round or oval capsules made by enclosing liquids, solids, or tablets in a shell of glycerogelatin material. Pearls are less elastic than soft capsules and contain no air space, the glycerogelatin shell being completely filled with the medicinal substance. Pharmacists made pearls extemporaneously by laying a softened sheet of glycerogelatin over a warmed molding plate containing a specified number of semicircular (or other shaped) depressions. The sheet was covered with a measured quantity of medicinal liquid, and the liquid with a second sheet of glycerogelatin to exclude air. The whole assembly was covered with a matching molding plate, and compressed with a mechanical press to form the pearls, an exacting and time-consuming process requiring special apparatus. This process has been superseded in industry by a continuous automated process in which a liquid is injected between two ribbons of gelatin while passing between revolving dies.

Milks. Historically, any liquid that possesses the outward appearance of milk, such as milk of magnesia. Legend holds that the class of beauty preparations called toilet milks may have arisen from Cleopatra and her milk baths. The modern milks are oil-in-water emulsions, named for their appearance and use as additives to baths. Moreover, actual milk was used and modified, especially with the addition of malt, as a medicinal beverage. Fermented Milk, or *kumyss*, is fresh cow's milk, to which sugar and yeast are added for fermentation. Fermented milk was official in the 3rd through the 5th edition of the *National Formulary* (1906–1926). Humanized Milk was a combination of cow's milk and fresh cream, plus Humanizing Milk Powder, which contained a small amount of Compound Pancreatic Powder and lactose, made official in *National Formulary* III (1906).



Magmas. In modern pharmacy, an aqueous preparation containing precipitated inorganic material in a fine state of subdivision. Magma Bismuthi and Magma Magnesiae (milk of magnesia) were the first official magmas in the *United States Pharmacopoeia* IX (1916). In the 19th century and previous eras, this term referred to the residue obtained after expressing organic substances to extract their fluid parts, usually referred to as a marc.

Pencils. Cylinders used in dermatologic practice to apply medicinal agents directly to the skin. The medicinal agent is incorporated into a paste consisting of starch, dextrin, tragacanth, and sucrose with sufficient water to form a plastic mass, which is rolled into cylinders about 5 mm in diameter, cut into sections about 5 cm long, dried on parchment paper at room temperature, and wrapped in tinfoil. Medicated pencils intended as a caustic application, such as sticks of silver nitrate, are sometimes referred to as escharotica. Salicylic Acid Pencils, the last official medicated pencils, appeared in the *National Formulary* V (1926); also known as Antiseptic, Astringent, Caustic, Salve, or Styptic Pencils.

*Robert A. Buerki and Gregory J. Higby, "History of Dosage Forms and Basic Preparations," *Encyclopedia of Pharmaceutical Technology*, Dekker, 2001.



A Backward Glance at American Pharmacy

EDITED BY GREG HIGBY

100 Years Ago

“Aspirin, or acetyl salicylic acid, is prepared by the action of acetic anhydride on salicylic acid. Floeckiger (*Jour. Am. Med. Assoc.*) finds it a reliable substitute for salicylate of soda, being more agreeable to take and disturbing the stomach less, while its effects are not less marked. It is not split up into its components until it reaches the intestines, except in cases of extreme gastric acidity. In physiologic doses the uncomfortable effects of salicylate of soda, such as tinnitus, etc., do not occur. He gives it preferably in 15 grain [975 mg.] doses, in wafers, and he has had excellent results in dry pleurisy, acute rheumatism, and polyarthritis. He concludes that aspirin is a valuable substitute for salicylate of sodium for the following reasons: Its agreeable taste; its freedom from irritating effects on the stomach; the absence of tinnitus aurium after administration of physiologic doses; the absence of cardiac depression; the fact that it does not impair the appetite, even during prolonged use.” (*Western Druggist*, March 1901, p. 132.)

75 Years Ago

“A few years ago, a deplorable situation existed, when a number of supposed pharmacies were simply a blind for the bootlegging activities of their proprietors. At that time the medical profession joined with the reputable pharmacists to procure legislative relief, and the bootleg drug store, as it was called, has disappeared. The bootlegging doctor and druggist have not entirely passed, however, and it is up to the better element in both professions to exert every possible pressure to bring the recalcitrants to account. The co-operation of the medical and pharmaceutical professions for the abolition of the bootleg drug store suggests another field where the influence of our two groups might profitably be joined in the interests of the general welfare. Most of the legislation introduced which is inimical to the physicians of the state would also strike a blow at the druggists. Certainly it is as important to the pharmacists as to the doctors that the drugless healers be defeated in their attempts to obtain licensure. When these measures come up, pharmacists should not sit back disinterestedly and let the entire burden fall on medical shoulders. You would suffer from such legislation as well as the doctors and public at large, and it is up to you to help fight it.” (*American Druggist*, January 1927, p. 23.)

50 Years Ago

“Out of 51,747 drug stores in the United States, exactly 484 are operated on a completely self-service basis. Representing the first accurate nation-wide picture of self-service in the retail drug trade, this figure of 484 stores was established in a survey just completed by *American Druggist*. The survey covered the entire country, and was conducted with the help of wholesalers, chains, state pharmaceutical association secretaries, and state pharmacy board secretaries. For purposes of the survey, a self-service drug store was defined as one in which practically all merchandise—except, of course, for the prescription department and the fountain—is sold on a self-service basis. In a few of the stores included among the 484, self-service does not apply to high priced cosmetics and gift items, or to Rx and the fountain. Of the nation’s 484 self-service drug stores, more than half are located in the three Pacific coast states of California, Oregon and Washington.” (*American Druggist*, February 18, 1952, p. 5.)

25 Years Ago

“Congress has been asked by the Carter administration to decriminalize possession of marijuana. Such a move had been expected—but it came as something of a surprise that, at the same time, Peter G. Bourne, head of the White House Office of Drug Abuse Policy, told a special House narcotics committee the administration is “reexamining” its stand on cocaine. This could mean asking Congress to remove criminal penalties from possession of cocaine as well as marijuana. So far, all the government is specifically asking is that possession of small amounts of marijuana be made a civil offense, subject only to a fine rather than harsher criminal sanctions.” (*American Druggist*, May 1977, p. 10.)



AIHP and APhA Plan Historic Meeting

The American Pharmaceutical Association is celebrating its 150th anniversary in 2002, and the AIHP is helping to add a healthy dose of history to an already historic meeting that takes place in Philadelphia this year (March 15-19). Mark your calendars to not miss the historical menu for this meeting, including:

- "Trends and Events in American Pharmacy, 1852-2002" (one of the 4 Sesquicentennial Symposia, this one sponsored by AIHP) Sunday from 2-5 pm.
- AIHP Contributed Papers podium session, Saturday (March 16) from 2-4:30 pm, and Tuesday (March 19) from 8-11 am, both at the Philadelphia Marriott.
- Historical Poster Showcase, showing contributions to pharmacy over the past 150 years, located in the Exposition Hall (which is open Sunday, 17 March, 11-3; Monday 11-3, and Tuesday 8-11 am).
- Full registrants for the APhA meeting will receive their Sesquicentennial gift from APhA, *150 Years of Caring: A Pictorial History of the American Pharmaceutical Association*, a 312-page commemorative volume, as well as a copy of the sesquicentennial video tracing the pharmacist's historical caring role from 1853 to the present, which will be shown at the Sesquicentennial Plenary Session on Saturday, 10 am to noon.

from a unique agency of pharmacy
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