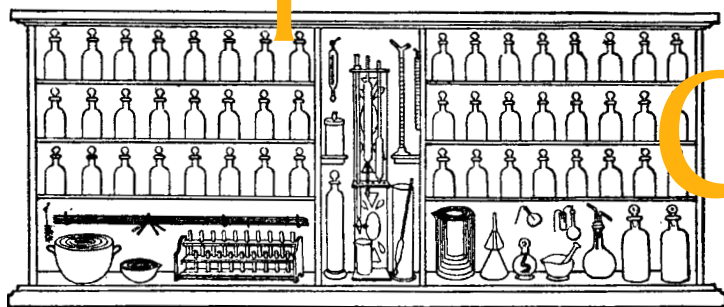


Apothecary's Cabinet



No. 6, Spring 2003

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

History of Pharmacy and the History of the South

by David L. Cowen

As a historian trained in general history, it has been a favorite theme of mine that the history of pharmacy has not developed *in vacuo*, that it has always been a significant part of the social milieu in which it was developing, and that the history of pharmacy is in itself a humanistic study that presents the history of all our civilization in microcosm. By the same token, the history of pharmacy offers to the general historian facts, events, relationships, and developments that illuminate general history.

On a broad scale, there are at least three lines of convergence between the history of pharmacy and the history of the South. One involves the impact of the search for drugs and the drug trade, with regard to both the exploration and settlement of the Southern colonies and the impetus given to the study of natural history in the South. Second were the limitations placed on the pharmaceutical activities of persons of color. Third is the

fact that the Southern states pioneered in the regulation of pharmacy. In the first, it was pharmacy that was influencing Southern history. In the second, it was Southern social conditions that were influencing pharmacy. The third is not so easy to categorize. Perhaps it indicates that there was a strong strain of Franco-Spanish influence moving into the rest of the South out of Louisiana. If so, this would again be a socio-political phenomenon influencing pharmacy. Let me expound on each of these three in turn.

I

"The country," wrote W. J. Cash, about the South, "is one of extravagant

colors, of proliferating foliage and bloom, of flooding yellow sunlight . . . of such sweet and inexorable opiates as the rich odors of hot earth and pinewood and the perfume of the magnolia in bloom." Cash, in his very beautiful prose, saw this Southern physical world as "a cosmic conspiracy against reality in favor of romance."¹ Be that as it may, the fact remains that this Southern physical world offered attractions to the explorer, the investor, and the settler too frequently disregarded in the usual historical accounts. For, even while sea hawks and merchant investors were thinking about gold and silver and later about tobacco, indigo, and naval stores, both the traditions of the Oriental drug and spice trade and the then current mercantilist doctrines had turned attention to

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.

*The Rho Chi Lecture, Crawford W. Long Day, 30 March 1967, sponsored by Alpha Kappa Chapter, University of Georgia, Athens, Georgia. Reprinted with permission from the *Report of Rho Chi*, vol. 33, November 1967.

drugs.² As early as 1585 Richard Hakluyt had placed “men skillful in all kinds of drugs” second only to “men skillful in all mineral causes” in a list of 31 sorts of men who were wanted for a forthcoming expedition to the Virginia coast. Over a century later, in 1707, Governor John Archdale of Carolina was asking that missionaries be sent who were “well skill’d in Chymestry, and some natural genius to see the vertues of Herbs, Nuts, and Minerals.” Indeed all the promotional literature, starting with that of the Gilberts in 1576 and ending with that of the trustees of the Georgia colony of 1730, seeking to interest adventurers, investors, and settlers in English North America, gave due stress to the availability of, or opportunity to transplant, medicinal plants.

A drug trade developed right from the very beginning. In 1602, for example, one of Raleigh’s ships returned with a cargo of timber, sassafras, China root, benjamin, sarsaparilla, cassia lignia, and an unknown strong bark. Of these, sassafras was, and was to remain, the most important. Raleigh found it extremely profitable and sought to protect his interests against the inroads of other adventurers. Sassafras was the first article to be furnished by Virginia to the home country, and between 1616 and 1619—with tobacco—the only commodity exported. Indeed the colony at Jamestown almost floundered because of what might be called a sassafras rush.

Interest soon went beyond sassafras, however. In 1610 instructions went out to Virginia for the gathering, preparation, and packaging not only of sassafras but of bay berry, poccone, galbanum, sarsaparilla and beaver “codds.” In 1621, too, the Virginia Company planned tests of earths, gums, roots, woods, and berries to determine their medicinal value. What came of these plans is not known, but there is in fact evidence that still other medicinal plants were being gathered or cultivated: snakeroot, black snake-root, dittany, turbith, mechoacan, Jamestown weed, and wild cherry bark among them.

Similar activity was of course taking place elsewhere than in Virginia. In South Carolina, for example, there are indications that senna, bindweed, and sesame were being grown. But it was in Virginia, again, that one of the most interesting efforts in the direction of producing drugs for export

was to take place. That was the work of the well-known William Byrd of Westover. A gentleman, educated in England, and a member of the Royal Society, Byrd, on his return to Virginia as head of the family (1706), continued his interest in natural history. It was not strange to find him, a friend of the physician Sir Hans Sloane and the apothecary, James Petiver, in London, exploring the commercial possibilities of certain medicinal plants. In 1708, Byrd sent over, with explanations of their purported virtues, specimens of poke-root, Jamestown weed, seeds of Jerusalem oak, stick-weed root, and, especially, snake-root and ipecacuanha. Byrd was especially anxious to promote snake-root but his London friends expressed their preference for ipecacuanha. His letter to Sir Hans Sloane about ipecacuanha points up his plans for commercial exploitation of indigenous plant drugs.

I had the favour of your kind letter of the 7th of December last [Byrd wrote on 10 June 1710] and by that have been encouraged to Search more narrowly for ipecacuanna [sic]. There is a tolerable Quantity at a great Distance up the Country.... I sent about 30 pounds of it last year: but it was stoppt at the Customs house. . . . I have now Sent you a Box . . . of it part of which I have caus’d to be cut into bits, as the Apothecarys Sell it, and the rest is in the pure root pickt clean from dirt & trash. Now I would beg the favour of you to dispose of this for me . . . and send me word whether it Sells best whole in the root, or else cut into pieces.³

The letter went on to ask Sloane if he could avoid customs duties, and offered him the usual “merchant Rate” of 2 1/2% commission. Altogether, Byrd was acting as a very serious business man, and asked for a response “by the first convenience.” Unfortunately we do not know the results of this venture, but I might add parenthetically that Byrd’s activity in this connection is worth close attention. It is a facet of the history of pharmacy in America that has not been fully explored.

Probably the most significant attempt at the development of North America as a source of medicinal plants took place in Georgia. It was most significant, not because there was any appreciable success, but because it represented the deliberate involvement of organized pharmacy, that is, of the Worshipful Society of Apothecaries of London.

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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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There is little question that economic motives joined the strategic and philanthropic motives envisioned by the founder, General George Oglethorpe, in the founding of Georgia. These economic motives embraced the cultivation of medicinal plants for export. Oglethorpe, like Haklyt and Archdale, asked that an "ingenious person" be sent to the colony to search out plants and roots. The financial backing of the Apothecaries Society was obtained and the project was soon expanded into a more ambitious program of procurement of specimens or seeds of various medicinal and other plants, especially in the Caribbean, for transplanting into Georgia. I need not recount here the attempts of the first William Houston and then Robert Miller to accomplish this. We do know that the trustees of the colony established a Garden at Savannah, but the Garden, intended as something of an experiment station, ceased operation in 1739. With the death of Miller in 1740, the Apothecaries Society ended its contributions and interest in the project.

It is not intended to suggest that the interest in drugs and medicinal plants was restricted to the South alone. But in the South there was undoubtedly a good deal more such activity stemming, particularly, from the climatic conditions and the hopes that in the South such products could be produced. This, it was hoped, would make it unnecessary for the home country to be dependent upon the Indies, East or West, that were in possession of other powers. For example, in 1770, John Ellis, member of the Royal Society, published an excellent *Catalogue of such plants as deserve the attention of our American colonies. . . in order to incite such persons as have it in their power to procure seeds or plants*. His *Catalogue* consisted mainly of medicinal plants—about 50 were listed—most of them from the Orient and the Tropics, considered appropriate for planting in the Southern colonies.

It was not a far cry from an interest in drugs to an interest in botany. The physical world of the South intrigued such men like Mark Catesby, John Clayton, John Bartram, William Bartram, and Alexander Garden. But a

host of other high-minded men, often physicians and apothecaries, sent a constant stream of correspondence to London and to Edinburgh in which they described the local flora and fauna and in which, frequently enough, the medicinal virtues of the local plants were discussed. It is clear, too, to anyone who has labored his way through the mountains of correspondence preserved in the British Museum and the Royal Society, that although there was a very considerable correspondence that emanated from the Northern colonies, a great bulk of correspondence in natural history originated in Maryland, Virginia, and the Carolinas.

From 1701 to 1706, for example, James Petiver persuaded his fellow apothecary, George Francklyn, to send him medicinal simples and insects from Carolina. In 1710 Joseph Lord, probably either a physician or an apothecary, and also a Carolinian, sent bindweed to London and wondered whether it might not be the same as scammony. In 1738 Dr. John Mitchell of Virginia sent to Dr. Charles Alston in Edinburgh a large variety of "curiosities" so that "this branch of medicine flourish." Similarly, in 1754, the noted South Carolina physician, John Lining, sent Alston numerous seeds and plants for all of which he duly noted the purported medicinal virtues. Lining, and Alexander Garden, the botanist, are credited with the introduction of Virginia pinkroot to medicine.

II

So much for the first point of convergence in the history of pharmacy and the history of the South. Let us proceed to the second point of convergence.⁴

In 1748 Virginia added to its slave act the provision that if "any Negro or other slave shall prepare or administer any medicines whatsoever [except upon order of the master] he or she . . . shall be adjudged guilty of a felony and suffer death." This was the first enactment of such purport, it was followed by a much more thoroughgoing act in South Carolina in 1751 and by one based on the South Carolina act in Georgia in 1770. The latter two, unlike the Virginia restriction on "any medicines whatsoever" pertained essentially to poisons. The

South Carolina statute provided the death penalty for any Negro, mulatto or mestizo, whether free or bond who (1) administered poison to any person; or (2) furnished, procured, or conveyed any poison; or (3) was privy to such administration, furnishing, procurement, or conveyance of any poison without revealing the same. Any slave was subject to the death penalty who taught or instructed another slave "in the knowledge of any poisonous Root, Plant, Herb, or other sort of poison whatever." The slave receiving such instruction was to receive punishment but "not extending to Life or Limb." Moreover, a slave who administered "any Medicine or pretended Medicine" except at the direction of a white person was subject to corporal punishment not exceeding 50 stripes.

In some measure one might say that this was the country's first legislation that placed a limitation of any kind on who might procure or prepare medicines. But the South Carolina act had a much more direct impact on pharmacy. One of its provisions prohibited the employment of any slave or slaves in the shops or places where medicines or drugs were kept by "any Physician, Apothecary, or Druggist." The penalty for each offense was set at £ 20. That such laws were not a casual and ephemeral kind of legislation is indicated by the fact that an 1835 Georgian statute forbade the employment of a "person of color," free or slave, in that part of an "apothecary shop or druggist's store" where poisons were handled (on pain of a penalty of \$100 for the first offense and \$500 for the second).⁵

This convergence of the history of pharmacy and the history of slavery in the United States has been but barely noted by the historian of slavery.⁶ Yet the motives behind this sort of legislation and the significance of it is of more importance to the general historian than to the historian of pharmacy.

The reason for the legislation is not hard to seek. The statute itself in its preamble states "that the detestable crime of poisoning had of late been frequently committed by many slaves of this province, and, notwithstanding the prosecution of several criminals for this offense, yet it has not been sufficient to deter others from being guilty of the

same.” Corroborative evidence of the prevalence of poisoning is to be found in a letter written early in 1753 by Alexander Garden in South Carolina to Charles Alston in Edinburgh:

I’ve so far presumed upon your goodness as to trouble you with the inclosed Botanical Descriptions....What made me think of giving you this trouble was indeed my eager desire to learn something of the Nature of the herbs, and their Names which the Aethiopians and Africans use for poison & the common method of cure, and as I Didn’t in the Least Doubt of your being acquaint with them & hearing of them, at the same time being well-persuaded of your benevolent Desire of promoting the generall good of mankind . . . I thought of asking the favour of any of your observations on this Subject, which . . . I would fain imagine, it will be no small obligation to the inhabitants of this province in generall. The Negroe slaves here seem to be but too well acquaint with the Vegetable poisons (whether they gain that knowledge in this province, or before they leave Africa I know not, tho I imagine the Latter) which they make use of to takeaway the Lives of their Masters, who they think uses them ill, or indeed the life of any of other person, for whom they Conceive any hatred or by whom they imagine themselves injured.

Although Garden wisely suspected that “poisoning” was too frequently the ready diagnosis of the ignorant physician, the concern of the whites was pointed up by his report of the slave who had been freed and given a “gratuity” by the Governor and Council, for disclosing an antidote. Moreover, Garden went on to tell Alston:

Yet Notwithstanding all this, most Certain it is, that poisons are administered frequently, which has been proved by the Negroe’s own confession at their tryals, and by their being discovered in the very act of commission, and I’ve likewise been informed by gentlemen of great Veracity & knowledge in the Physicall way that in severall patients they have observed Evident Symptoms of a Poisonous infection.⁷

Indeed the “hellish practice of poisoning,” as it was called by the South Carolina Gazette in 1761,⁸ perhaps evoked a more subtle kind of fear than that from armed riot and insurrection, and this legislation is worthy of more attention by the historian of slavery than usually accorded it.

Two other points of historical significance in this legislation remain. First, this legislation emphasizes that the

slave was, as Kenneth Stamp has termed, “a troublesome property” and the notion that slavery survived because the slave cheerfully accepted his status, is a myth.⁹ Secondly, disregarding any moral judgment that we can make on slavery, there seems to be very ample evidence that a basic fear of survival forced the whites to seek more stringent means of control.

Indeed this legislation in Virginia, South Carolina, and Georgia and the letter of Alexander Garden already mentioned, lent credence to the statement of the anonymous apologist for slavery who wrote in 1773 that “self-preservation, that first and ruling principle of human nature, alarming our fears, has made us jealous and perhaps severe in our threats against delinquents. Beside, if we pay attention to our penal laws relating to slaves, I believe we shall generally find that they took their rise from some very atrocious attempts made by the Negroes on the property of their masters or after some insurrection and commotion was struck at the very being of the colonies.”¹⁰ There are undertones to this statement to which many can take objection, but the fact is that enslavement begat threat and violence, that threat and violence begat repression and punishment, and that repression and punishment begat threat and violence in a continuous cycle which inexorably fixed slavery as the peculiar institution of the South.

Slavery, a historian has said, “for economic reasons as well as for those of social prestige, directs its re-investments along the same lines as the original investment—in slaves and land.”¹¹ Perhaps it is worth remembering that underlying economic and social motivations there was always a subconscious (and by virtue of a series of threats and insurrections, frequently a very conscious) biopsychological consideration motivating the actions of the dominating class in the society, and helping to add to the self-perpetuating character of slavery.

III.

Let us now proceed to the third point of convergence between the history of pharmacy and the history of the South.¹² There is the historical fact that

in the colonial period only one province attempted the regulation of pharmacy in any respect. That was Virginia. Moreover, in the period before the Civil War only four states required the examination and licensing of pharmacists on a state-wide basis. The states were Louisiana, South Carolina, Georgia, and Alabama. Before the Civil War also only three states regulated pharmacy in their metropolitan areas. One of these was Mississippi, for Adams County, another was the border state of Kentucky for Louisville, and the third was New York for New York City. The Louisiana legislation began in 1808 while that region was still under the jurisdiction of the Territory of Orleans. Louisiana became the first state to pass a pharmacy law in 1816 and its legislation remained in effect until 1852. The South Carolina statute was first passed in 1817. It was virtually repealed in 1838. The law in Georgia was first passed in 1825 and, although frequently amended, it continued in effect until the first modern pharmacy law was passed in Georgia in 1881. The Alabama law went into effect in 1852 and it, too, remained technically in effect until the first modern Alabama pharmacy law was passed in 1887. The New York statute was dated 1832, the Mississippi statute 1844, and the Kentucky statute 1851. It needs to be noted that it was only the regulation of pharmacy that was a Southern phenomenon; Northern states have a longer history of the regulation of medicine.

All of these laws essentially required the examination of pharmacists by state medical boards or by state or county medical societies. This means the first registered pharmacists under an American jurisdiction were to be found in Louisiana (François Grandchamp and Louis Dufhilo whose licenses date at least to 1816 have, at the moment, the distinction of being the first registered pharmacists in Louisiana while it was part of the United States). The first registered pharmacist in the former English colonies was one Richard Johnson who was granted a license to practice in South Carolina in 1818.¹³ The oldest extant pharmacist’s license I have seen is that of Abraham Solomons, issued in South Carolina in 1835. Dr. R. C. Wilson has pointed out that it was

this Abraham Solomons who founded the Solomons Drug Company in Savannah.¹⁴

It also needs to be noted here that there is an indication in each of the states that the licensing requirements were actually enforced. In Louisiana concerted campaigns by the medical board resulted in the licensing of a total of 124 apothecaries before 1852. In South Carolina, the researches of J. Hampton Hoch indicate that at least seven apothecaries were licensed by 1827, and that there were probably eight licensed apothecaries in Charleston in 1835.¹⁵ After the repeal of the penalty provisions of the South Carolina statute in 1838 a contemporary complained that "apothecary fancy stores have multiplied ad infinitum." In Georgia the earliest record I have been able to find is dated 1868 when it was reported that there were only five licentiates and that few people came forward for examination and licensing. In Alabama the only evidence we have that the statute was enforced is the fact that the legislature in three instances at least passed special laws exempting three individuals from the licensing requirement. In an interesting sidelight, Georgia was unique in one respect. In 1847 it passed a law licensing not only botanic practitioners of medicine but also botanic apothecaries. Whether actual licenses were issued I do not know.

It was not only in the licensing of pharmacists that the South led the way. So far as now known, legislation on sophisticated and adulterated drugs was first passed in Louisiana (1808) and Florida (1832) and legislation regulating the sale of poisons was first passed in Louisiana (1808), Georgia (1835), Missouri (1835), and Alabama (1835).

Clearly there is much of interest to the history of pharmacy in the history of this legislation in the South. We cannot here go into any further details. But, from the point of view of the historian we are faced with a considerable problem. What accounts for this phenomenon as an almost purely Southern phenomenon? It is easy enough to account for the developments in Louisiana since Louisiana had carried on a tradition of examining and licensing apothecaries that went back to the late 18th century under Spanish control. John Duffy's

Matas History of Medicine Louisiana makes this abundantly clear. But how to account for the laws in South Carolina, Georgia, and Alabama? It may be of course that South Carolina physicians tried to emulate the Louisiana experience, but there is nothing in the statutes themselves that shows that the South Carolina statute was derived from the Louisiana statute. (The Georgia statute was unquestionably derived from the Carolina statute and, in all likelihood, the addition to the Alabama code of 1852 reflected the Carolina and Georgia statutes.) One can think of several possible explanations, but, unfortunately, none of them is satisfactory. There is no reason to suppose, for example, that pharmacy was practiced so much more poorly in the South than in the North that licensing was necessary. Nor is there evidence that the apothecaries themselves were any more anxious to elevate their own status and to rid themselves of incompetent competition in the South than in the North. There was also no need to resort to the examination and licensing of pharmacists in order to keep slaves and freedmen out of the apothecary shop. They could be dealt with by other means and by such legislation as that previously discussed. Nor can this legislation be attributed to any Southern antipathy to individualism. W. J. Cash has amply demonstrated the fact that the antebellum Southerner was, if anything, even more ruggedly individualistic than the Yankee. I suspect myself that the answer must lie with some Carolinian yet unknown; one who perhaps trained in France, and had friends and connections in New Orleans. He was one who recognized the need for a separation of medicine and pharmacy and recognized also that if this separation were to be effective the pharmacist must be a competent professional. Was it this Carolinian whom I have imagined that perhaps succeeded in interesting the Medical Society and eventually the State legislature to include a provision concerning apothecaries in the medical act? Until we can find evidence of this or of some other considerations, I am afraid this phenomenon in the history of the South cannot be explained.

I do hope that I have helped you understand that the history of pharmacy is by no means a narrow and in-

significant part of the history of the whole society.

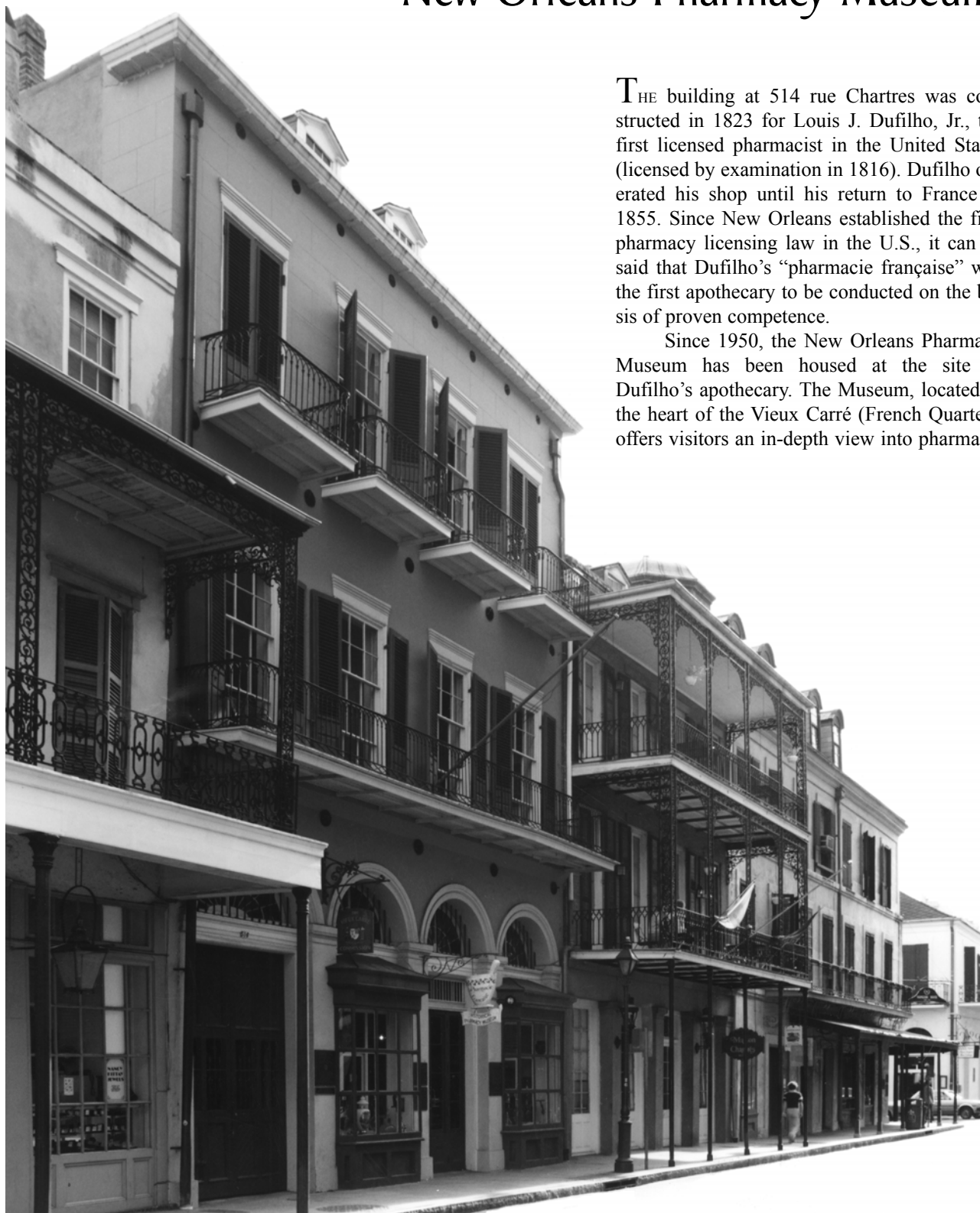
Notes and References

1. W. J. Cash, *The Mind of the South* (Garden City: Doubleday Anchor Books, 1941), pp. 58-59.
2. This section is derived from my "The British North American Colonies as a Source of Drugs," *Veröffentlichungen der Internationalen Gesellschaft für Geschichte der Pharmazie*, vol. 28 (Stuttgart, 1966), pp. 47-59.
3. The letter is in the British Museum, Sloane Mss., 4042, f. 143.
4. This section is derived from my "Colonial Laws Pertaining to Pharmacy," *J.A.Ph.A.* 23 (1934): 1236-1242.
5. See R. C. Wilson, *Drugs and Pharmacy in the Life of Georgia* (Atlanta, 1959), p. 283.
6. E.g., U. B. Phillips, *American Negro Slavery* (New York, 1918) mentions the crime of administering medicine (p. 456), poisoning in Virginia (p. 458), and a Richmond statute of 1859 of some pertinence (p. 498). H. Aptheker, *American Negro Slave Revolts* (New York, 1963) devotes a paragraph to poisoning, mentioning the South Carolina and Georgia statutes as they related to poisoning only (pp. 143-144). Aptheker also notes that slaves were not permitted "to practice or administer medicine" (p. 70). J. H. Franklin, *From Slavery to Freedom* (New York, 1947) comments only that "As early [italics added] as 1761 the Charleston Gazette remarked that the 'Negroes have begun the hellish art of poisoning.'" (p. 207) His error in timing derives from his omission of "again" between "have" and "begin."
7. The letter, dated Jan. 21, 1753, is in the University of Edinburgh Library.
8. Cited by Aptheker, *American Negro Slave Revolts* (n. 6), p. 143; Franklin, *From Slavery to Freedom* (n. 6), p. 207.
9. K. Stamp, *The Peculiar Institution* (New York, 1961), p. 140.
10. Cited by Phillips, *American Negro Slavery* (n. 6), p. 495.
11. E. Genovese, *The Political Economy of Slavery* (New York, 1966), p. 17.
12. This section is derived from my "America's First Pharmacy Laws," *J.A.Ph.A. (Pract. Pharm. Ed.)* 3 (1942): 162-169, 214-221; and "Louisiana, Pioneer in the Regulation of Pharmacy," *Louisiana Historical Quarterly* 26 (1943): 330-340.
13. J. H. Hoch, *The History of Pharmacy in South Carolina* (Charleston, 1951), p. 27.
14. Wilson, *Drugs and Pharmacy in the Life of Georgia* (n. 5), pp. 183-184.
15. Hoch, *History of Pharmacy in South Carolina* (n. 12), pp. 27, 28.

New Orleans Pharmacy Museum

THE building at 514 rue Chartres was constructed in 1823 for Louis J. Dufilho, Jr., the first licensed pharmacist in the United States (licensed by examination in 1816). Dufilho operated his shop until his return to France in 1855. Since New Orleans established the first pharmacy licensing law in the U.S., it can be said that Dufilho's "pharmacie française" was the first apothecary to be conducted on the basis of proven competence.

Since 1950, the New Orleans Pharmacy Museum has been housed at the site of Dufilho's apothecary. The Museum, located in the heart of the Vieux Carré (French Quarter), offers visitors an in-depth view into pharmacy,



medicine, and healthcare of the nineteenth century. First-floor displays include exhibits on pill-making, bloodletting techniques, Civil War surgery, patent medicines, and a rare 1855 Italian marble soda fountain. A focus on the connection between nineteenth-century pharmacy and voodoo, as well as medicinal uses of mercury and opium also highlight the first floor collection.

While heading up the Museum's winding staircase, visitors will pass the "entresol," a unique architectural element to this Creole townhouse. This "between floors" level was used for storage and could not be seen from the front of the building. The second floor houses temporary exhibits space, as well as the "Rosenthal Spectacles & Vision Aids" room, and a "Physician's Study," which



highlights noted nineteenth-century physicians of Louisiana. Our current temporary exhibits include, "Epidemics: Shaping the History of New Orleans," and "Pharmacy and Cocktails." The medicinal herb garden will be back this Spring and will be highlighted with exhibits, lectures, and workshops.

The New Orleans Pharmacy Museum is a self-guided experience; however, guided tours can be scheduled in advance. The Museum's education department offers outreach programs, school tours, projects, and lesson plans, as well as a monthly "e-feature fun fact" via email. The Museum is a non-profit public institution that relies on membership, grants, and corporate giving. Anyone interested in joining the Museum mailing list or becoming a member, please visit our website at www.pharmacymuseum.org.—*Museum Staff*

La Pharmacie Française

Framed Limited Edition Prints

The New Orleans Pharmacy Museum is pleased to offer a series of four limited edition prints commemorating the history of nineteenth-century pharmacy. *La Pharmacie Française*, located in the historic French Quarter of New Orleans, was home to America's first licensed pharmacist, Louis J. Dufilho, Jr. (licensed 1816).

The tastefully framed and matted prints (actual framed size: 20" x 25") are available for \$140 each (includes shipping). Funds go towards maintaining the New Orleans Pharmacy Museum and preserving the heritage of this important era of community pharmacy. The prints (full color) can be viewed on the Museum website: www.pharmacymuseum.org.

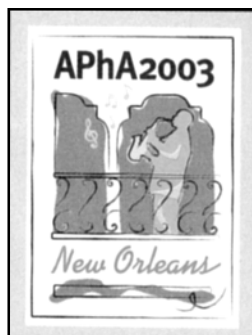
To order any of the prints, call (504)565-8027, fax (504)565-8028, or mail New Orleans Pharmacy Museum—514 Chartres St., New Orleans, LA 70130.



A black and white version of "The First Licensed Pharmacy in America," from the collection, is shown above.

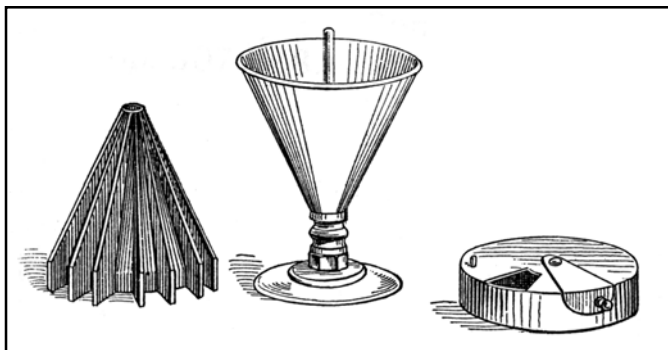
AIHP in New Orleans

Stop by the AIHP booth (#729) at the Exposition



Hall during the APhA meeting, pick up the **AIHP 2003 Historical Calendar**, and see our new publications. The Exposition Hall is open Sunday, 30 March and Monday, 31 March from 11-3, and Tuesday, 1 April from 11-2.

What Is It?



See page 13 for the answer.

Edwin W. Grove, Pharmacist, Entrepreneur, and Host to the Rich and Famous

by Monica Ali and Flynn Warren*

EDWIN W. Grove, the founder of the Grove Park Inn in Asheville, North Carolina, was born in Bolivar, a small town in southwestern Tennessee, on 23 December 1850. He grew up humbly on a small plantation with his parents, James and Elizabeth. While his father fought for the South during the Civil War, he and his mother worked the farm. After his father's return, he set off to seek his fortune and eventually settled in the town of Paris, located in Henry County, in northwestern Tennessee. There, Grove worked as a pharmacist for the owners of the local pharmacy, Dr. Samuel Caldwell, a surgeon, and A. B. Mitchum, a banker. Because both men were elderly, Grove was able to purchase the store within a few months. He renamed the store Grove's Pharmacy.

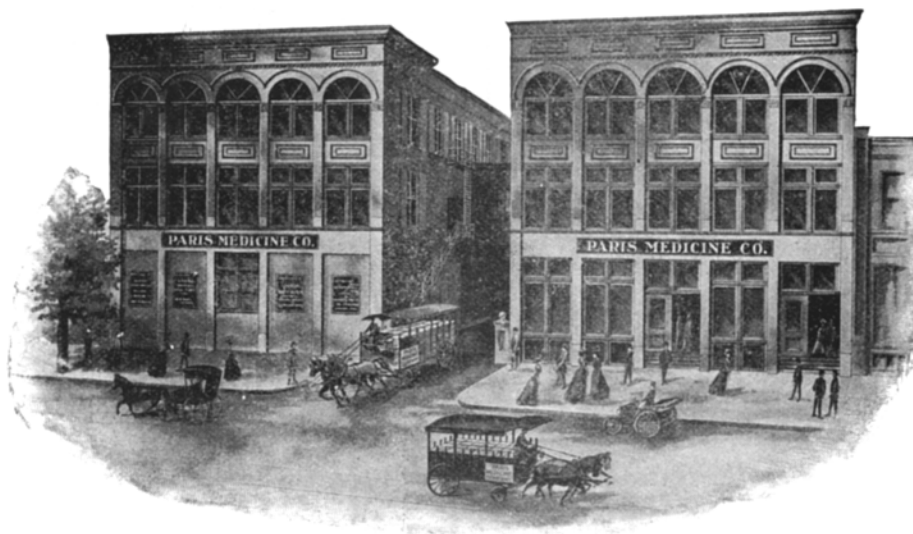
During this time period, malaria, a disease characterized by alternating periods of high fevers and cold chills, was common in the South. Quinine was the only medicine known to treat malaria. Quinine cannot kill all the malarial parasites, but quinine effectively decreases, and in some cases eliminates, the symptoms of malaria. However, quinine is a very bitter tasting substance and compliance in taking the medicine was low. Grove reasoned that whoever could make a tasteless quinine medicine would become a wealthy man. Grove's first attempt resulted in *Feberlin*, a liquid suspension with a fairly high quinine content.

This product was only slightly less bitter tasting than the original quinine. *Feberlin* was not well received.

Around 1878, Grove produced *Grove's Tasteless Chill Tonic*, a suspension with a lower percentage of quinine and mixed with sugar and lemon flavor. With the flavor of the quinine masked, *Grove's Tasteless Chill Tonic* sold very well, significantly reducing the symptoms of malaria. Grove's patients were told to

At this time, most medicines were available either as a liquid or as a powder. Grove produced a new formulation, the cold tablet, *Grove's Laxative Bromo Quinine* tablet, and he contracted with the Parke-Davis Company in Detroit to manufacture the tablet. During this time Grove met his future son-in-law and business partner, Fred Seely. Seely was an intelligent and energetic young man employed by Parke-Davis.

Grove's business interests had, for quite some time, expanded into other areas besides pharmaceuticals. He had purchased land in North Carolina, Georgia, Arkansas, and Florida and had developed a residential subdivision in the Atlanta, Georgia, area. Grove and Fred Seely founded a newspaper, the *Atlanta Georgian*, which they later sold, in 1912, to Will-



take four tablespoons (2 ounces or 60 mL) of the tonic a day during the malaria season. In addition, the tonic was marketed as a general promoter of good health. Business was excellent, and shortly Grove needed to expand his facilities. He chose to locate his business, the Paris Medicine Company, in Saint Louis, Missouri, in order to have better access to the railroads. Edwin W. Grove had, by the age of 44 in 1894, become a millionaire.

iam Randolph Hearst.

With the stress of business, however, by the age of 48 in 1898, Grove had developed insomnia and bronchitis, as well as hiccups which sometimes lasted several months at a time. Grove sought relief in the clean mountain air of Asheville, North Carolina. He hoped to find a physician, at one of the many tuberculosis clinics in the area, who could help him. Grove became enchanted with the area and decided to establish a home in Asheville.

*Oxford College of Emory University, and College of Pharmacy, University of Georgia.

Grove now expanded his business horizons to include an inn, one which was simple and home-like but on a large scale, to welcome many guests. The concept of the Grove Park Inn in Asheville, North Carolina, was developed in 1909 but actual groundbreaking did not take place until July 9, 1912. The Inn, designed by Fred Seely, in the style of the Old Faithful Inn in Yellowstone National Park, was to be constructed, 2500 feet above sea level, on the western slope of Sunset Mountain, slightly north of Asheville. Seely said that, "The idea was to build a big home where every modern convenience could be found, but with all the old fashioned qualities of genuineness with no sham. All attempts at the bizarre, the tawdry and flashily foolish were to be omitted."

Over 400 men from all the surrounding areas were eager to work for one of the best paying construction jobs to be found. Many had remained in the Asheville area after finishing work on the Vanderbilt mansion, Biltmore House, located outside the city. Construction materials had to be hauled up the side of the mountain by mules and an "automobile train," a group of fourteen or so wagons, connected in series and pulled by a Packard truck. Dining room furniture and lighting fixtures for the Inn, simple in design and of high quality, were supplied by The Roycroft Shops in East Aurora, New York. Roycroft, however, with its limited facilities, could not provide all the furniture needed for the guest rooms within the time period before the Inn opened. Fortunately, the White Furniture Company in Mebane, North Carolina, had sufficient stocks to furnish the guest room furniture within ten days. The Inn opened on 12 July 1913, one year after construction had begun, with Secretary of State William Jennings Bryan in attendance at the opening banquet. As guest of honor, Bryan gave a rousing speech praising the completion of the project. Grove

stated at the banquet that seeing the construction of the Inn was the realization of one of his great dreams.

The Inn was initially managed by Fred Seely and he incorporated his philosophy on the purpose of the Inn into its daily routine. The Inn catered to individuals seeking complete rest and relaxation away from the distractions and strain of life, such as noise and smoke. Emphasis was placed on the idea that the guests at the Inn were healthy individuals, since Asheville had many tuberculosis treatment centers. Fresh air, mountain pure water, excellently prepared food, refined entertainments and the finest of comfortable surroundings were available to guests at the Inn. No conventions could be held at the Inn because they would interrupt the peace and quiet of



the atmosphere there. After a stay at the Inn, individuals would be able to return normal life completely refreshed.

Over the years, many famous people visited the Grove Park Inn. A few included Woodrow Wilson, Herbert Hoover, Harvey Firestone, Sr. and Jr., Franklin D. Roosevelt, F. Scott Fitzgerald, and Dwight D. Eisenhower. During his time, Fred Seely would often personally provide such famous guests with a tour of the city, reaping the publicity advantage of their stays at the Inn.

Edwin Grove, who had moved on to other business interests after the

opening and establishment of the Inn, died on January 27, 1927, but remembering from whence he had come, endowed a public high school in Henry County, Tennessee. The school was named the E. W. Grove Henry County high school and its cornerstone contains a bottle of *Grove's Tasteless Chill Tonic*. This school was the first privately endowed public high school in the country.

The Grove Park Inn underwent many good and many sparse years. In 1941, when the United States joined World War II against Germany, Italy, and Japan, many of the foreign diplomats who were living in the United States were interned at several magnificent hotels in the United States, including the Grove Park Inn for a period of three months. During this time no other guests could stay at the Inn. However, after the diplomats had left to return home, the United States Navy leased the Inn for approximately one year to serve as a location providing rest and rehabilitation for naval officers in need of care.

Today, the Grove Park Inn is considered to be one of the finest hotels in the United States. Guests may see beautiful and expansive panoramas of the surrounding areas, enjoy the finest of accommodations in a simple unpretentious atmosphere, dine upon delicious food, and utilize the extensive recreational facilities. Change, however, has come to the Inn. The Inn has been expanded to accommodate a larger number of guests, a spa has been added and conventions are now held within its facilities. A small museum features a collection of medicine bottles dating back to the earliest days of the Grove pharmaceutical businesses. In 1973, the Inn was included on The National Register of Historical Places. As prophetically stated by William Jennings Bryan at the opening banquet in 1913, the Inn has been built "for the ages."

Historical Images of the Drug Market

by William H. Helfand

As if pharmacists 100 years ago did not have enough competitive problems from dispensing physicians, itinerant medicine show pitchmen, and other community pharmacists in their own vicinity; they also had to contend with mail order catalogs from huge national establishments including one of the largest of them all, Sear Roebuck and Co. In 1902, Sears issued the first edition of its Catalog of Drugs, a 242-page soft-bound pamphlet full of advertisements and claims for medicines and other specialties on which pharmacists normally made a substantial amount of their profits. Illustrated here is the attractive art nouveau titlepage of the catalog. Copy published by Sears was hard-hitting and verbose; the introduction promised that “. . . we offer you everything and more than you will find in the largest retail drug store in any city. You would find, almost without an exception, every article quoted in this catalog is offered at about one half the price charged by dealers generally, and in many instances, you will notice even a wider difference between our price and the price charged by others.” The catalog appeared four years before the passage of the first Federal Food and Drug Act and contained numerous examples of the type of flamboyant statement expected from propriety medicine promoters at the turn of the century. (Size of titlepage, 10 x 6 7/8 inches. Original in W. H. Helfand collection.)



Grants for Visiting Research in the History of Pharmacy

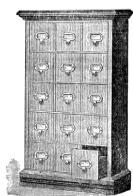
ASSISTANCE for short-term historical research related to the history of pharmacy (including the history of drugs) at the University of Wisconsin-Madison is available periodically. Historians, pharmacists, and other scholars working in the field (of any nationality) may apply for the next available Sonnedecker Grant for Visiting Research in the History of Pharmacy. The program provides assistance for travel, temporary residence in Madison, and research expenses associated with utilizing the collection.

A brochure is available on request that describes the pharmaco-historical collections, which have been developed in Madison. Printed sources emphasize pharmaceutical literature of Western Europe and the United States of America, from the Renaissance to the present day. Manuscript sources

represent mainly American pharmacy, from the late nineteenth century to the present day. These resources are reinforced by collections of comparable importance in the history of medicine and history of science.

At least \$2000 becomes available annually to defray expenses of a recipient, for whatever period of residence is appropriate. Grants are made throughout the year on the basis of the merit of previous historical work and on the appropriateness of historical resources on the University of Wisconsin campus to the research proposed.

For further information contact: Professor Gregory J. Higby, 777 Highland Ave., Madison, WI 53705, phone (608)262-5378.



COLLECTOR'S CORNER

WANTED: Philatelic items (U.S. and worldwide) related to pharmacy, drugs or medicinal plants. Interested in a wide range of philatelic items including postage stamps, advertising stamps, envelopes, postmarks/cancellations, philatelic literature relating to pharmacy. Contact Jack Chen, 7854 Calmcrest Drive, Downey, CA 90240; (909) 469-5602 or via email jackchen@msn.com.

WANTED: Surgical related items from the 18th and 19th century. Instruments, books, etchings, photos and anything of interest. Contact Dr. Alan Koslow at koslow@mchsi.com or (515) 267-1821.

FOR SALE: Extensive antique collection: Queen Anne balance with City of New York seals, pill roller, assorted pill bottles, stone mortar believed to be 15th or 16th century. A bronze mortar, as pictured in the *Pill Rollers* (p. 65), and 20 additional brass mortars of various ages. Pictures available or may be viewed in person at Boynton Beach, FL. Contact Herb Leonard (561) 364-8967.

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 to Ephraim Shaw Tyler by the Alumni Association of the Philadelphia College of Pharmacy in 1902. Both are well framed. Contact Charles R. Weiss at (330)633-4342 or CWEISS6@juno.com.

FOR SALE: Own a piece of the financial history of drug, chemical,

pharmaceutical, and health care companies. Stock/Bond certificates (cancelled) 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, Kandleek, 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) 546-3106, e-mail fasternad@iscweb.com

ANTIQUE TOY MUSEUM: Located in Baltimore, North of the Inner Harbor. Museum contains apothecary shop with hundreds of pharmaceutical antiques. Anne Smith, Director. Open Thurs., Fri. and Sat., 11:00-4:00. Call for special appointments. (410) 230-0580, 222 West Read Street, Baltimore, MD.

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. Contact Mart James, 487 Oakridge Rd., Dyersburg, TN 38024; (731) 286-2025; e-mail: kjames@cableone.net

WANTED: Books & journals on Pharmacy (pre-1920), Pharmacognosy, Herbal/Botanic Medicine, Eclectic & Thomsonian Medicine, Phytochemistry, and 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

THE SNAKE-OIL SYNDROME, by A. Walker Bingham; 196 pages oversized, more than 500 illustrations, 60 pages in full color. An in-depth reference work on patent medicine advertising in the context of efficacy and the selling images used. Cross-indexed by subject and product names, with notes, bibliography, and list of public collections. Hardcover, \$44.00 postpaid from the Christopher Publishing House, 24 Roackland Street, Hanover, MA 12339.

* * * * *

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.

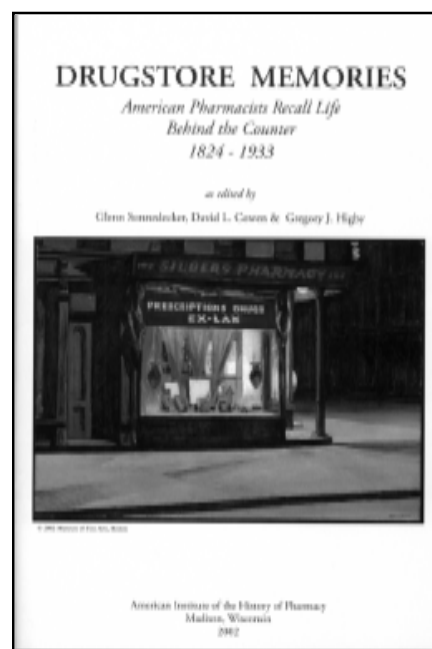
Voices from American Pharmacy's Past

How community pharmacists of other times recalled what life was like behind the counter is recaptured in *Drugstore Memories*, an anthology just published by the AIHP. The editors ransacked reminiscences, diaries, memoirs, letters, and publications now rare, to bring together first-hand accounts of personal experience scattered over more than a century.

This project produced a colorful mosaic of a work-day world now vanished . . . that makes enjoyable reading for today's practitioner.

—Gregory Higby

Drugstore Memories—American Pharmacists Recall Life Behind the Counter 1824-1933 (as edited by Glenn Sonnedecker, David L. Cowen, and Gregory J. Higby) may be ordered from the American Institute of the History of Pharmacy, 777 Highland Ave., Madison WI 53705 (\$15 + shipping), or on the AIHP website (www.aihp.org).



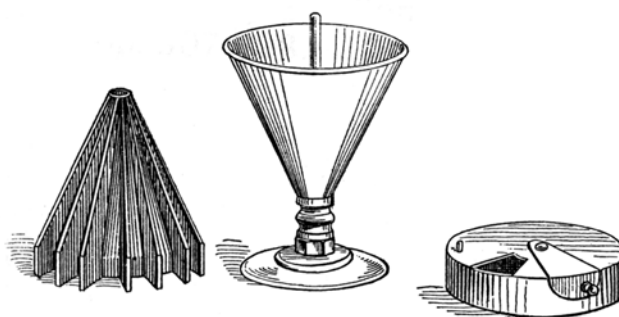
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Students can join the American Institute of the History of Pharmacy at the special rate of \$20, instead of the regular \$50. Even though the rates are reduced, the benefits are the same:

- 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.

What is it?



This is a Michael Powder Divider, a device designed to facilitate the production of powder papers. It consists of a tapering cup into which the mixed powder is poured and packed uniformly by gentle tapping. Into this is then inserted a special separator consisting of metal segments, which exactly divide the cup into the number of powders desired, thus equally dividing the powder into the desired portions. This being

done, the apparatus is covered with a tightly fitting cap, provided with one orifice, through which the contents of compartments of the divider can be poured off one at a time into a paper. By turning the cap so that the orifice changes from segment to segment, and inverting after each case, the contents of each segment can be emptied. (Henry V. Arny and Robert P. Fischelis, *Principles of Pharmacy*, 1937, pp. 307-308.)

Drachms & Scruples

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

Confections: Saccharine, soft solids, in which one or more medicinal substances are incorporated to provide an agreeable form of administration and a convenient method for preservation. In the thirteenth century, some apothecaries were called *confectionarii* from *confectio* meaning “a composition.” Confections are made by adding medicinal ingredients in either the form of a smooth paste, a fine powder, or a liquid to a basis of finely powdered sugar. Confection of Rose and Confection of Senna were official in the *National Formulary* through the 5th edition (1926).



Drops: Pharmaceutical mixtures meant to be given in small amounts. Before the twentieth century, the term applied to solutions used in small quantities expressed in “drops.” These were commonly strong medicines “dropped” into water, such as Vinegar of Opium or “black drop.” In modern pharmacy, the term became more associated with the need to get a medicine into an appropriately small amount of vehicle for application to the eye (ophthalmic), ear (otic), or passages of the nose (nasal). As a dosage unit, the drop is troublesome because it can vary greatly in size, depending on the

size of the dropper orifice and the surface tension of the liquid. The *United States Pharmacopeia IX* (1910) set the official dropper at 20 drops per gram of water at $15^{\circ}\text{C} \pm 10\%$.

Electuaries: Confections prepared from dried medicinal agents, especially powders, combined with syrup or honey in order to render them pleasant to the taste and convenient for internal use. The *United States Dispensatory* (1936) noted that electuaries “should not be so soft . . . as to allow the ingredients to separate, nor so firm . . . as to prevent them from being swallowed without mastication.” French writers recommend using brown sugar syrup to prepare electuaries, because it is less apt to crystallize than that made from refined sugar. The term comes from the Greek words, *ek*, meaning “out,” and *lechein*, “to lick.”

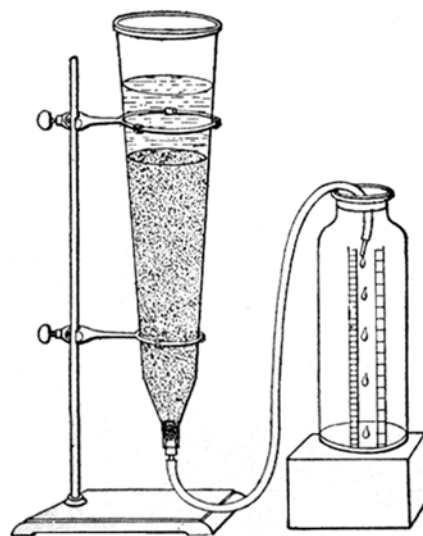
Emulsions: A preparation consisting of two immiscible liquids, usually water and oil, one of which is dispersed as small globules in the other. Before the late seventeenth century, the term only applied to natural emulsions, such as ground almonds and water, which resembled milk. In 1674, a physician named Grew reported the preparation of oils in egg yolk to the Royal Society of Great Britain. In the 1700s, other emulsions were made with acacia, honey, tragacanth, and other natural emulsifying agents. In the 1800s, the wet-gum (ca. 1850) and dry-gum (ca. 1879) methods were established as standard preparation techniques. Interest in medicinal emulsions peaked in the early to mid-twentieth century with

the development of several new emulsifying agents. Originally listed under “Mixtures” in the *United States Pharmacopeia*, they are a separate entry in the 7th revision (1890).

Fluidglycerates: A class of fluid extracts in which a mixture of glycerin and water is used as the primary menstruum during percolation instead of alcohol and water. The preparation of these extracts was suggested by Beringer in 1908. They were briefly official from the 5th-7th editions of the *National Formulary* (1926-1942).

Fomentions: Fomentations consist of an external application of cloths dampened with hot water or a medicinal decoction. Narcotic drugs were sometimes used. Dry fomentations were heated bricks wrapped in cloth and applied externally.

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



Percolation apparatus.



A Backward Glance at American Pharmacy

EDITED BY GREG HIGBY

100 Years Ago

"The coming of spring presents many opportunities to the retail pharmacist . . . The season brings with it a deluge of blood purifiers, nerve tonics, invigorators and similar goods, but it is not alone in the remedial lines that the possibilities for increased gain lie; for spring weather also brings with it an onset of house cleaning, which, while not the most pleasant of things to contemplate, appears to be a necessity in all households, and during its progress there are many articles contained in the average drug store which either are used or are available for use, and it will be greatly to the pharmacist's profit to have such goods prominently before the public during this time. . . There should be ammonia, spirit of turpentine, benzin, etc., in half-pint, pint and quart bottles. . . Wall-paper cleaners and caret cleaners should be featured at this season. Silver polishes . . . should be brought to the front." (*American Druggist*, volume 42, February 1903, p. 65)

75 Years Ago

"Druggists have sometimes complained of the habit of motorists driving up to the curb in front of their stores and honking their horns for someone to come out and serve them, the would-be soda fountain patron being a notable example . . . That the practice is a nuisance in many ways must be obvious to any pharmacist who has had experience with these kind of customers, especially if he is alone in his store and has relatively other more important duties to perform. How to rid himself of this annoyance and still retain the patronage of his locality is a problem which is not always easily solved. However, there is some reason for hope. News despatches from Jackson, Miss., report that the mayor of that city has recently announced that curb service at drug stores may be prohibited, for he has had many complaints from business men about the useless honking of automobile horns . . . The busy druggist who has a soda fountain will appreciate the mayor's remark that 'the city will not be made a bedlam because some one wants a glass of soda or an ice cream cone.'" (*Pharmaceutical Era*, volume 65, March 1928, p. 84)

50 Years Ago

"Despite a continued growth in voluntary health insurance, such insurance 'is still providing only a relatively small proportion of the insurance protection needed against illness in the U. S.' This is the opinion of the Social Security administration, expressed in a report just issued. The report shows that insurance benefits took care of 15.3% of all medical care expenses in 1951, compared with 8.3% in 1948. . . The Social Security Administration's report on voluntary health insurance benefits in relation to sickness costs is misleading, according to Dr. George Lull, secretary, American Medical Assn. Dr. Lull charged that figures in the report were juggled in such a way as to indicate a need for compulsory health insurance. In order to prove that voluntary health insurance accounts for only a very low percentage of total medical care costs, Dr. Lull charged, the SSA included in its list of medical costs expenses incurred by people who did not want to buy insurance." (*American Druggist*, volume 127, January 19, 1953, p. 8)

25 Years Ago

"Only 20 miles north of Detroit, the city of Pontiac is just as closely identified with the automobile . . . The smokestacks of the Pontiac car foundry tower over the skyline, and the city's downtown is dominated by the Pontiac plant . . . one of the city's largest employers. So it should come as no surprise that the first market in which a drug store has been combined with an auto supply outlet should be this very same Pontiac. An auto supply store and a drug store? That's exactly what Pontiac-based Perry Drug Stores has done, and it's beginning to look like this combination is one of the more natural—and more lucrative—possible for a chain drug store. . . For most drug chains, auto supplies are a frequently hot, always popular general merchandise category whose gross profits are more than welcome. The usual method of handling the category is to have large amounts of motor oil stacked in mass impact displays, along with some pegged items and perhaps a few accessories." (*Chain Store Age*, volume 53, January 1978, p. 33)



Walgreen's second store opened in Chicago, Illinois, in 1909. (AIHP Drug Topics Collection.)

*This publication supported by a grant from the Walgreen Company,
to educate pharmacists on the history of their profession.*

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