

DRUGSTORE MEMORIES

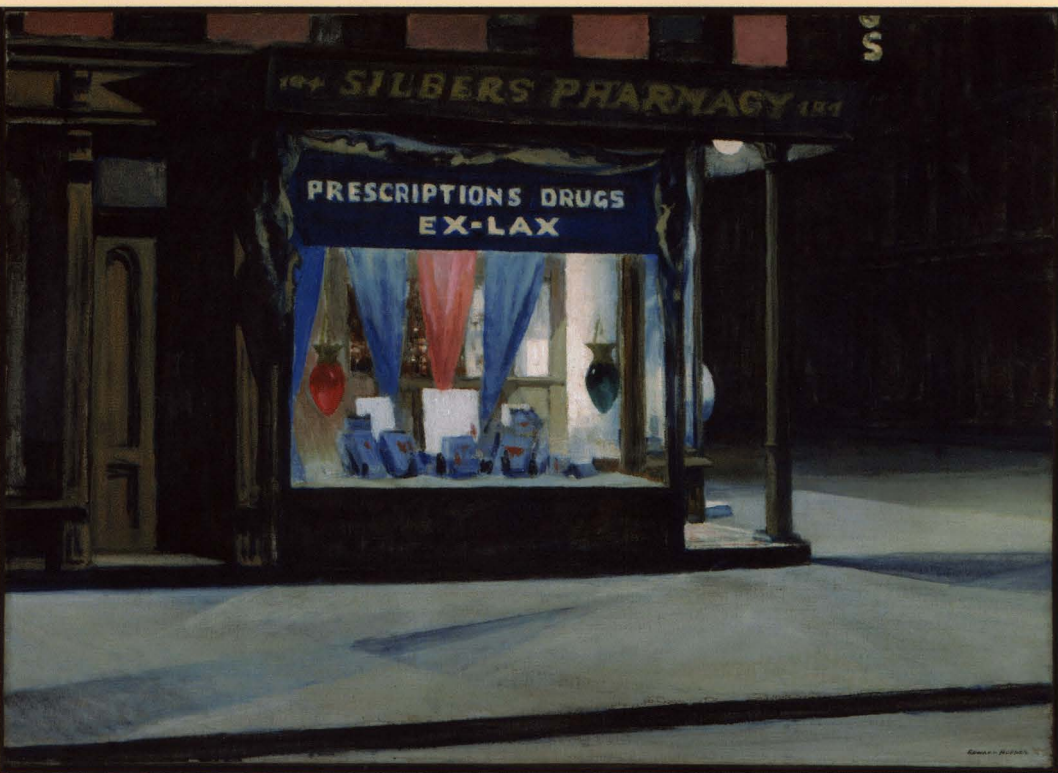
American Pharmacists Recall Life

Behind the Counter

1824 - 1933

as edited by

Glenn Sonnedecker, David L. Cowen & Gregory J. Higby



© 2002 Museum of Fine Arts, Boston

American Institute of the History of Pharmacy

Madison, Wisconsin

2002

DRUGSTORE MEMORIES

American Pharmacists Recall Life

Behind the Counter

1824 - 1933

as edited by

Glenn Sonnedecker

David L. Cowen

Gregory J. Higby



American Institute of the History of Pharmacy
Madison, Wisconsin

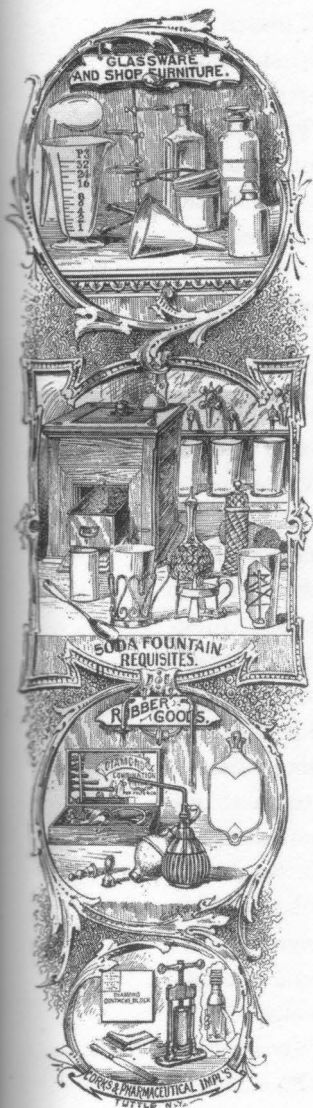
2002

Part I: 1824-1860

INTRODUCTION

AS THE APOTHECARIES, pharmacists, and physicians unfold their stories in the following pages, it becomes vividly evident that the history of pharmacy in the United States reflects in detail the history of the country. Pharmacy did not develop *in vacuo*. The sparse population in colonial times—a population spread over thirteen separate political jurisdictions—and the existence of but a handful of cities, was not conducive to attracting trained apothecaries to our shores. Although the need for men “skillful in all kinds of drugs” was noted by explorers of the New World as early as 1584, few came to British North America as practitioners of pharmacy. Perhaps the first trained apothecary who came to practice his profession and actually did so was Robert Cooke who arrived in Boston in 1638, but there were few like him in British and Dutch North America for many years to follow.

In the colonial period, and indeed throughout the antebellum period in the nineteenth century, the practice of pharmacy was in the hands of a variety of functionaries—the physician who, in addition to his diagnosing, compounded (or had his apprentice compound) and directly dispensed his medicines; the apothecary who, like his British counterpart, also diagnosed, prescribed, compounded and dispensed medicines; the druggist, who though a



wholesaler nevertheless also ran a retail pharmacy; the pharmacist, who ran a retail establishment concerned largely with compounding and dispensing drugs (increasingly upon a doctor's prescription) and with the sale of related and often unrelated items; and the general merchant who carried a line of medicines and sometimes evolved into a pharmacist. The appellations druggist and pharmacist were to be synonyms and lost any distinction.

This arrangement was becoming outmoded by 1860, under a variety of influences. A growing number of physicians prospered without also practicing as pharmacists, especially in heavily settled areas. Among physicians who abjured shop-keeping, many continued to dispense drugs from their medical offices and on their rounds through the countryside, but depended on independent druggists to maintain their drug stock. In urban centers, where highly skilled pharmacists were becoming common, an increasing number of physicians adopted the practice of writing prescriptions for a patient—perhaps welcoming the opportunity to give up what they tended to view as the inferior craft of the practice of pharmacy. But financial necessity frequently dictated the mode of practice.

The expansion of the country westward and the absence of regulatory requirements made the entrance into the practice of pharmacy a matter mainly of personal choice and enterprise. That is not to say that there were not spotty attempts to require the examination and licensing of pharmacists. In Louisiana such requirements went back to its time as a French colony and no fewer than 130 "registered" pharmacists can be counted by 1847. Even in Louisiana, however, all statutory requirements for regulating pharmacy (and medicine and dentistry) were repealed in 1852, bringing Louisiana into the mainstream of the American *laissez-faire* milieu. Three other states of the South, possibly following the Louisiana lead, attempted to regulate pharmacy. Although there are records of twenty-one licensed pharmacists in South Carolina and of five in Georgia before the Civil War (with only presumptive evidence of licensure in Alabama), the regulations "became dead letters upon the statute books." The *ad hominem* spirit of Jacksonian Democracy is illustrated by the pronouncement of a Mr. Day, a physician, to the Louisiana legislature in the debate over the repeal of regulatory legislation in 1852: After mentioning "a wild agrarian notion of our natural rights," Day went on to declaim, "If, Mr.

Speaker, men desired to dose themselves with medicine, at the hands of ignorant and unskilled persons, let them have that privilege."

Practitioners who had any training in pharmacy received that training, as *Drugstore Memories* so amply illustrates, through apprenticeship. The length of term varied, but the rigor of the indenture is obvious. The quality of the training depended upon the knowledge, abilities, and sense of responsibility of the preceptor. However, in 1821, the Philadelphia College of Pharmacy opened and began the education of the pharmacists theoretically as well as practically. By the Civil War four other such colleges were established, the Massachusetts College of Pharmacy in Boston, the College of Pharmacy of the City of New York, the Maryland College of Pharmacy in Baltimore, and the Chicago College of Pharmacy. The educational offerings of these local societies varied; they offered regular programs or, as in the case of the Boston school, only occasional lectures. Thus, although only occasional references to the colleges do turn up in these *Memories*, their importance is indicated by the fact that the Philadelphia College of Pharmacy listed just over 400 graduates between 1826 and 1860. In fact, by 1860 there was a total of 514 graduates throughout the country, out of a total of 11,000 pharmacists. The training received in the colleges was in addition to, and not a replacement for, apprenticeship or other practical experience in a pharmacy.

The "bible" of the pharmacist in the antebellum period, to quote one of the *Memories*, was the *Dispensatory of the United States*, the first edition of which appeared in 1833. It and the *United States Pharmacopoeia*, the first edition of which appeared in 1820, were both the work of physicians, an indication of the involvement of physicians in early American pharmacy. *Drugstore Memories* also reveals that along with these two authorities, chemistry texts were important to the practicing pharmacist. Not until 1849 did the American pharmacist have an American textbook as a guide. In that year William Procter put out an American edition of Theophilus Redwood's translation of Carl Friedrich Mohr's German work, under the title *Practical Pharmacy: The Arrangements, Apparatus, and Manipulations of the Pharmaceutical Shop and Laboratory*. In 1856 another Philadelphia pharmacist, Edward Parrish, issued his *Introduction to Practical Pharmacy*, intended for both physician and pharmacist. The pharmacist also had a professional journal after the Philadelphia College of Pharmacy began to is-

sue in 1825 what was later called the *American Journal of Pharmacy*.

Drugstore Memories includes little mention of botany, especially surprising since Thomsonian medicine, with its botanical basis, flourished during the antebellum period. The drugstore of the time—and for a long time to come—carried a full line of simples (mainly crude botanical drugs) and chemicals with which the pharmacist compounded and dispensed medicines with or without a prescription. Smith, Moore & Co. of New York, had advertised itself in 1784 as “A store, mixt, various, universal,” justifiably so, for its inventory came from all corners of the earth and covered the whole range of the *materia pharmaceutica*.

The antebellum pharmacist practiced *secundum artem*. He was an artisan who spread his own plasters and prepared pills, powders, tinctures, ointments, syrups, conserves, medicated waters, and perfumes. Economic necessity forced him to handle such commodities as confections, tobacco, paints and glass, groceries, spices, and liquor. He was thus commonly also a merchant; and pharmacists themselves—as evident in our collected testimonies—often differed as to whether theirs was a trade or a profession. Elias Durand, a Philadelphia pharmacist, installed in his shop about 1825 what was certainly one of the first soda fountains in the country. The soda fountain was to become a distinguishing feature of the drugstore for well into the twentieth century.

Slight inroads on the artisanal role of the pharmacist were evident by mid-nineteenth century. For example, in 1849 Hall, Merrick, and Haskell of New York introduced a series of powders “put up in 1 pound bottles in green paper that were hailed as a boon by [the pharmacist].” *Drugstore Memories* makes it clear that the wholesale drug dealer was often also a manufacturer, and the pharmacist had to rely on the chemical industry to provide him with the new alkaloids that were coming out of Europe. The burgeoning growth of proprietary (“patent”) medicines, flamboyantly advertised, forced the pharmacist to deal with them. Economic competition from department stores, groceries, and chain stores added to the pressure.

All of this can be gleaned from these *Memories*. Yet, one thing is missing in these memories of the early years: the characteristic fragrance of the American drugstore. Although the odors of drugs are cited, it is almost as if the writers took the fragrance of the drugstore

for granted. But the visitor guided into a shop blindfolded would recognize immediately that he was in a drugstore, a store "mixt, various and universal."



Note: The recollections excerpted in this booklet are wholly quotations from the original sources cited in the Bibliography.—The Editors

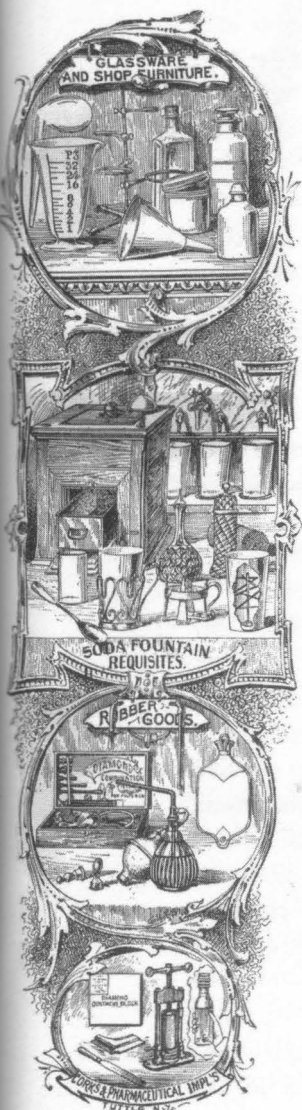
Part II: 1860-1933

INTRODUCTION

AS THE U.S. CIVIL WAR UNFOLDED, the specter of untold numbers of wounded (nearly 300,000 eventually on the Union side alone) implied a sudden and insatiable need for pharmaceutical supplies. One byproduct of this wartime experience was a technologic and financial foundation for the industrialization of drug-making for the nation at large. That meant fundamental change in the role of the “corner druggist”—a wrenching and uncontrollable change—of which echoes can be heard in the reminiscences of *Drugstore Memories*.

Firms like E. R. Squibb had grown rapidly to meet the military orders for ether and compounding ingredients. At war's end, the industry turned its increased capacity to the civilian manufacture of medicinals, many of which had been traditionally produced in-shop. The manufacturing aspect of pharmacy practice—an important distinction between the apothecary and ordinary merchants—disappeared during the decades following the war. A modern industry arose that became a force in day-to-day pharmacy practice.

The Civil War also brought about a cease-fire in the turf battle between pharmacists and physicians. After the war, however, the truce quickly ended. Many physicians went back to dispensing and many pharmacists still prescribed from behind



the counter. Moreover, physicians and the press began calling for the regulation of poison sales and pharmacy practice in general. Organized pharmacy, working with a model pharmacy law written by John Maisch, eventually cooperated in this effort, which led to mandatory requirements for licensure as a pharmacist and to the regulation of pharmacy practice via state laws passed in the 1870s, 80s, and 90s.

Physicians had pushed hard for pharmacy regulation, arguing that incompetence was rife. They had a point: As large firms increasingly took over the basic manufacturing of pharmaceuticals, the expertise of pharmacists narrowed. It took considerable skill to make a good quality fluidextract from a crude plant. It took no particular skill to buy that fluidextract from Squibb or Lilly and was usually less costly in time and money.

With manufacture disappearing, many pharmacists moved their prescription departments to the back of the store. Here the filling of prescriptions was done behind a screen. These changes were part of a trend, which also involved other types of retailers who had featured in-house fabrication of goods.

This remodeling opened up the front of shops for more elaborate soda fountains. Pharmacists had the chemical knowledge to operate the cranky carbonated water generators and had the pharmaceutical skills to make fresh flavorings and mix complicated confections. Along with the soda fountain, a particular mixture of goods—including tobacco, candy, magazines, soaps, flavorings, and patent medicines—came to be seen as the “sundries” that characterized one of America’s distinctive institutions, the drugstore.

From the late 19th century up through the 1940s, the mainstay of the American drugstore was the “out front” merchandise. A combination of factors—physician dispensing, the small number of effective drugs, and destructive competition among a surplus of pharmacies—kept the prescription practice from being more than a small fraction of the average store owner’s income. Yet, it was this special combination of the commercial and the professional that gave a special character to the life behind drugstore counters that practitioners recall on the following pages.

The march of technology during the late 19th and early 20th centuries heavily impacted pharmacy. Improved communications and transportation improved drug supply. New drugs began to appear

from chemical laboratories (e.g., antipyretics and hypnotics) and more popular dosage forms (e.g., capsules and compressed tablets) supplanted older, less palatable forms. Throughout the period, however, the old problems lingered—physician dispensing, price cutting, and patent-medicine quackery—while new ones arose. Drugstore chains had existed in the late nineteenth century but took off in the young twentieth. In 1909 Charles Walgreen opened his second store and by 1927 had acquired 116. The giant in this field, Louis K. Liggett, amassed a chain of nearly 700 drug-stores between 1907 and 1930. Department stores opened pharmacies as well. Mass marketers and discounters cut prices on many items that had been stable for decades. The young National Association of Retail Druggists (f. 1898) fought unsuccessfully for plans to sustain prices. Aggressive competition struck hard, causing a contraction in the number of drugstores relative to population.

Higher standards of education for pharmacists gradually improved their role in health care. The first pharmacy curriculum at a state university was offered in 1868 at the University of Michigan. Others soon followed at Wisconsin, Purdue, Iowa, Ohio State, and Kansas. Pharmacy education began its long climb from technical training to full academic status. In 1905 New York State passed a bellwether law requiring graduation from a pharmacy school course (2-year minimum) before licensure, which was soon emulated nationally. In 1928, the American Association of Colleges of Pharmacy adopted a four-year bachelor's degree as the requirement for all schools in good standing. By the early 1930s, pharmacy had laid the groundwork for full professional status, but the commercialized nature of day-to-day practice prevented this from occurring until after World War II. Only then did efforts toward educational reform, energized by the Pharmaceutical Survey of 1946-49, lead to a research-based profession.

Historians refer to the first two decades of the twentieth century as the Progressive Era for the efforts of Theodore Roosevelt, William Taft, and Woodrow Wilson to rein in the excesses of capitalism. This approach included the pioneering social legislation represented by the Food and Drugs Act in 1906 and the Harrison Narcotic Act in 1914. The Progressive movement ended in 1919 as the nation suffered under high inflation and disillusionment over the League of Nations and other postwar disappointments.

With the onset of national Prohibition (1920-1933), drugstore soda fountains replaced taverns as social gathering places. By 1929, roughly 60 percent of American drugstores had fountains. Sales of out-front merchandise improved as well. The majority of Americans now lived in cities and towns, and drugstores expanded their product lines to meet demand. With the advent of Prohibition, one demand arose from an epidemic of prescriptions for "medicinal" alcohol. While the physiologic effects of alcohol had given it some role in therapeutics for centuries, this new kind of American epidemic eventually made pharmacists and physicians the target of both regulators and humorists.

The Great Depression of the 1930s hit pharmacy hard but not as severely as some retail trades. Most pharmacists augmented their income by selling a variety of inexpensive necessities, such as toiletries, household chemicals, soaps, flavorings, and tobacco products. The soda-fountain delights continued to attract the populace to American drugstores during the 1930s. But during World War II the labor shortages made this major sideline more problem than benefit for many pharmacy owners. Coupled with the advantage to be gained by finding more profitable use for the space, this meant that fountains gradually disappeared in the ensuing years. Predatory price cutting among purveyors of drugstore products made survival problematic for many owners, although state laws on "fair trade" began, during the 1930s, to bring some relief.

In the early decades of the twentieth century, pharmacy practice was evolving. Physician dispensing continued to decline and physician's prescriptions became simpler. The "shotgun" recipes of previous generations (e.g., 3 to 5 active ingredients in a vehicle) were being replaced by single-entity dosage forms. Prescribing increased after effective synthetic drugs such as aspirin and arsphe-
namine emerged from laboratories in Europe. By the 1930s, about a third of prescriptions called for brand-named products. Still, the vast majority of medicines sold in drugstores throughout the period were either "druggists' preparations," i.e., standard remedies bearing the pharmacist's own store label, or were nostrums. Only after World War II did an influx of new drugs and greater access to healthcare make the prescription department the financial "engine" of the average American pharmacy.

The reminiscences in Part 2 reflect some of the frustrations connected with the odd position of the pharmacist between the Civil War and World War II. Pharmacists managed a general emporium of inexpensive goods and only occasionally filled prescription orders (6 to 12 times a day on average). Yet the professional aspect of the American drugstore was essential to its special niche in the community.

As one reads the tales from behind the counter, it may be tempting to be nostalgic for a time when pharmacists could have a leisurely visit with "customers" rather than urgently counsel "patients." The "corner druggist" was a fixture of American life and as a small businessman he believed enthusiastically in the American dream of success. Along his journey, the world within his shop was full of adventures, as the following pages attest.