

History of Pharmacy SIG

Pharmacy Chronicles: Past, Present, and Future

CHAIR'S MESSAGE

HISTORY OF PHARMACY SPECIAL INTEREST GROUP

The Power of Reflection

As we enter 2026, the 250th anniversary of the founding of the United States of America, I find myself thinking about the power of reflection. Although students often respond to reflective assignments with a predictable eye-roll, reflection remains an underrated and deeply valuable exercise. It allows us to revisit the past through new contexts and experiences. As we grow professionally and personally, our understanding of historical events deepens. While the major dates, names, and events of history remain unchanged, the context through which we interpret their meaning continues to evolve.

The United States' 250th anniversary offers a meaningful opportunity to reflect on the unique and colorful history of pharmacy. I hope you have

had the opportunity this year to engage with our peer-reviewed newsletter, attend our webinar programming, or deepen your own learning through teaching and scholarship in the history of pharmacy. If not, I encourage you to take advantage of these opportunities. My own professional perspectives have expanded in ways I could not have imagined before undertaking the humble task of studying and reflecting on our profession's history.

As we look back on 2026 thus far, several exciting initiatives have emerged within our SIG:

- Strengthening Resources for Scholarship. In April, we hosted a webinar featuring resources from the American Institute of the History of Pharmacy (AIHP) and Executive Director Lucas Richert. If you

were unable to attend but remain interested in the materials shared, webinar information is available on the AACP Connect SIG community page.

- Celebrating Leadership and Service: At our upcoming annual business meeting in June, we will install newly elected SIG officers and present our inaugural SIG awards: the Innovations in Teaching and Learning Award and the Distinguished Service Award. Our incoming leadership team includes Eric Welch as Chair-Elect, Wesley Sparkmon as Chair, and Tracey Mersfelder as Secretary of Knowledge Management. Special thanks to Karen Nagel-Edwards for stepping into the role of Immediate Past-Chair following Jessica Mercerhill's departure.

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Meet the Editors

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THANK YOU!

The Editors would like to thank the volunteers who performed the peer reviews and editing for this issue.

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Message from the Editor

Welcome!

We are pleased to present the 20th issue in our 13th year of publishing, of the History of Pharmacy SIG Newsletter *Pharmacy Chronicles: Past, Present, and Future*. This is our first issue for 2026, and our seventh year of providing two issues per

year thanks to the interest of our readers and to the authors who work to produce such captivating articles. Also a big Thank You to our peer reviewers who respond quickly and with constructive comments to the authors, resulting in a

higher quality publication. We always welcome volunteers to be peer reviewers; we appreciate your efforts and the burden is light.

Our peer-reviewers have had a selection of topics these past few months, so we gratefully acknowledge

the authors who have taken the time to provide insightful and interesting stories to better trace our professional history through vignettes of the recent and distant past. We encourage our faculty and preceptor readers to enlist the aid of your

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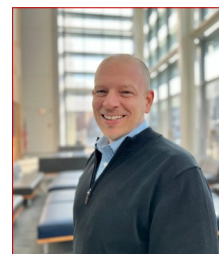
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ANNOUNCEMENTS

Chair's Message. . .
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ture last fall.

Our SIG also remains committed to strengthening partnerships with AIHP and advancing collaborative initiatives. In that spirit, stay tuned for an exciting announcement this June from AIHP and the American Pharmacists Association (APhA) about a new digital timeline project commemorating pharmacy's history alongside America's semiquincentennial.

The Newsletter Committee, co-chaired by Bernie and Megan, will continue producing peer-reviewed issues while evaluating next steps toward a potential transition to a digital platform. Recently approved budget support will allow the committee to begin exploring options aimed at improving accessibility, creating a searchable archive of past content, and expanding member engagement.

If you plan to attend the AACP Annual Meeting in Texas, we hope you will join our programming on Tuesday July 21, "125 Years of Success: Historical Context for Current Issues in Pharmacy Education," featuring speaker Lucinda Maine and discussant Wesley Sparkmon. We also encourage you to attend our networking session on Monday, July 20, 2026.

As I transition from Chair duties on August 1, I look forward to continuing collaboration and supporting scholarship and teaching in the history of pharmacy. If you are new to the SIG, I encourage you to respond to future calls for committee involvement and seek opportunities to become engaged. Our continued success depends on the energy, curiosity, and contributions of our members.

Reflection reminds us that the study of history is not simply about revisiting the past, but about informing the future. In this milestone year, I encourage each of us to continue exploring the lessons of the past as we help shape the next chapter of pharmacy history.

Sincerely,
Andrea Kjos, SIG Chair

Editor Message...
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students to add to our pages. A number of our articles have both teacher and student authors and they do a great job!

Travel back to 1901 as we examine handwritten prescriptions from an Oregon drugstore ledger, offering a rare glimpse into the medications, ailments, and documentation practices of a bygone era. We also revisit a significant regulatory challenge in pharmaceutical history with the story of Panalba®, the drug combination that helped redefine how the FDA evaluates combination products.

History takes center stage in other ways as well, including a feature on Mother Theodore Guerin, founder of one of Indiana's earliest faith-based pharmacies, and an engaging conversation with bestselling author and pharmacist Sarah Sundin, who shares her passion for bringing history to life through fiction.

And for those who enjoy seeing pharmacy reflected in popular culture, *Pharmacy Through the Hollywood Lens* returns with "Don't Shoot the Pharmacist" exploring how the profession has been portrayed on screen.

Whether uncovering forgotten prescription records, examining landmark drug regulation decisions, or celebrating the stories of pharmacists past and present, this issue highlights the rich and unexpected connections between pharmacy's history and its future.

Please note that we welcome a short, newsy piece of trivia or a full article for peer review (1500-2000 words). Pictures are always good! To volunteer, contribute as author or peer reviewer or just have a question or suggestion, please feel free to contact either Megan Undeberg or Bernie Olin. We are always happy to hear from you.

—Bernie Olin, PharmD.,
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—Megan Undeberg, PharmD, BCACP
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DISPATCH FROM THE AMERICAN INSTITUTE OF THE HISTORY OF PHARMACY

As the United States approaches its Semiquincentennial in 2026, AIHP encourages participation in the America250 celebration. We urge colleagues to consider ways to highlight the role of pharmacy and pharmaceuticals in American history—whether through teaching, programming, research, or public engagement. One way to get involved is by exploring or contributing to AIHP's Atlas of Pharmacy and Pharmaceuticals, an expanding digital resource that helps document and share stories about pharmacy's past. We welcome ideas and participation from across the SIG as we contribute to this national commemoration.

AIHP has recently welcomed several new team members. Samantha Popek has joined as Communications Coordinator, and Anna Lee as Archives Assistant after successfully completing a practicum with us last semester. We are also pleased to be working with a new practicum student, Genevieve, a Master of Library and Information Science student completing a 120-hour practicum requirement for her degree—the fourth such practicum student AIHP has trained. Over the last semester, we also hosted three interns. These additions support our continued efforts to expand access to collections, develop new content, and advance research initiatives.

The History of Pharmacy Working Group, developed in partnership with the Consortium of the History of Science, Technology, and Medicine, brought together scholars and practitioners for regular discussion and presentations on a wide range of topics in pharmacy history. Over the past year, the group has hosted engaging talks and fostered an interdisciplinary community of participants. We welcome new members and encourage colleagues to propose presentations, workshops, book clubs, or share works in progress. The working group meets monthly from September through May and is currently seeking speakers for the coming year—those interested may learn more through our website or contact us at aihp@aihp.org.

We look forward to continued collaboration within AACCP and beyond. As always, we welcome your ideas, participation, and engagement as we work to support and grow the field of pharmacy history.

AIHP has reinvigorated its internship program! Our interns have helped us expand our social media presence—including launching a TikTok account (@aihp1941)—and create new content for our *Dose of History* series. Do you have students interested in pharmacy history? Internships are no longer limited to Madison—we offer remote opportunities! Contact us at aihp@aihp.org for details.

Also, it's never too late to become a member and get *HoPP* delivered to your door or access it online. A *HoPP* subscription is one of the many benefits of an AIHP membership. Support scholarship in the history of pharmacy, teaching the history of pharmacy, and preserving the history of pharmacy by [purchasing a membership today](#).

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THE DRUG COMBINATION THAT CHALLENGED THE FDA

BY ALEXIS R. CARRIERE, PHARMD CANDIDATE 2028, CHASE A. KIRIAZIS, PHARMD, AND TRACEY L. MERSFELDER, PHARMD, BCPS

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The Humble Beginnings of a Globally Recognized Manufacturing Company

The story of the Upjohn Company begins much like many great inventions, and the companies that follow them, born from a curious mind and an eagerness to tinker. Once W. E. Upjohn graduated from the University of Michigan medical school in 1875, he joined his uncle's practice in Hastings, Michigan. During this time, W.E. felt there was a better way to manufacture pills. Many of the pills available were so hard that they passed through the body without dissolving, rendering them ineffective. Determined to improve this, W.E. started experimenting in his attic using a simple pan, powdered formulas, and a spray device. His success led him to set up a small operation in an old mill in Hastings. Demand grew quickly and in 1885 he secured a patent for his innovative pill-making process. That same year, W.E. moved to Kalamazoo to obtain assistance from his family members. W.E. needed help, he was broke and in debt.¹

With their support, The Upjohn Pill and Granule Company was formally established in 1886 according to available records. The first year, the company had 186 pill formulas, each sold for half the price of the old-style hard pills.¹

Like so many companies, Upjohn faced its share of challenges and breakthroughs. They were continuously looking for the next new product to keep the company open and growing. After World War II, there were several pharmaceutical companies that produced antibiotics. In 1952, it was stated that "antibiotic prices hit the skids."² To make a profit, many introduced fixed-dose antibiotic combinations. In 1956, there were 61 such combinations available from various companies.³ The Upjohn Company, a year later launched Panalba™, a combination of tetracycline

and novobiocin (approved in 1954 and 1956, respectively).⁴⁻⁶ Sales took off and Upjohn had to stop manufacturing other antibiotics to meet supply demands.⁴

Panalba™ Efficacy

A 1962 advertisement for Panalba™ described it as providing "broader antibacterial coverage," for infections involving "the formidable and ubiquitous *Staphylococcus aureus*."⁷ Tetracycline, a protein synthesis inhibitor, provided broad-spectrum antibiotic coverage while novobiocin, a DNA gyrase inhibitor, provided more narrow-spectrum coverage.^{8,9} Their different mechanisms of action were thought to help in treating a wide range of bacteria. Early clinical evidence appeared promising, and the combination was initially touted as a potential strategy to combat the development of antimicrobial resistance. Two case series published in 1957, followed by a third in 1959, supported the clinical utility of this antimicrobial combination.¹⁰⁻¹²

The first case series evaluated 128 patients with skin and soft tissue infections using two separate dosing schedules. All patients experienced favorable clinical outcomes which included complete resolution of infection or partial resolution of infection to allow for less invasive source control. There were no reported adverse effects.¹⁰ The second case series included 61 patients with a broad range of dermatological infections, along with an additional 59 cases evaluated for adverse effects. Approximately 90% of patients experienced good to excellent therapeutic outcomes. A total of two adverse effects were reported, with one patient experiencing headache and the other urticaria.¹¹ The third series included 95 patients with common ear, nose, and throat infections. Of

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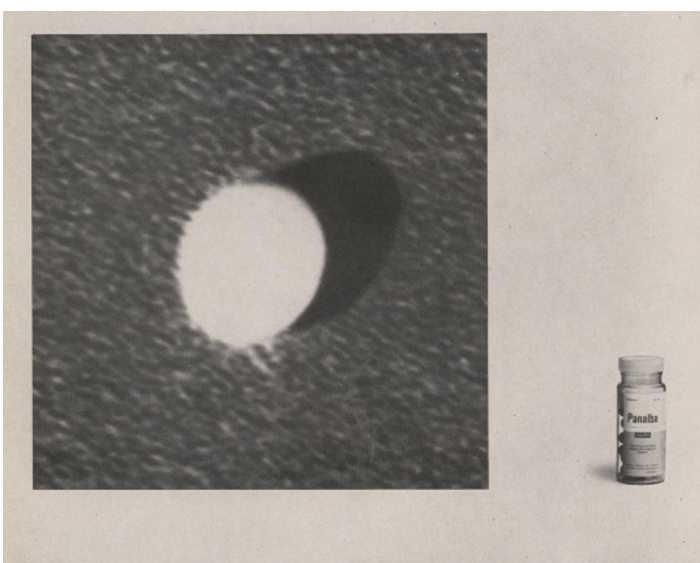
“The Drug Combo that Challenged the FDA”

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these, 90 patients achieved positive results where the infection showed clinical improvement as well as symptom improvement. There were only five patients that reported experiencing mild adverse reactions which included diarrhea (N=2), abdominal pain and urticaria (N=2), and nausea (N=1). Each of these adverse reactions resolved after discontinuation of the medication. The authors concluded that patients treated with combination therapy exhibited a more rapid clinical response compared to tetracycline monotherapy.¹²

Despite these favorable findings, subsequent studies evaluating Panalba™ demonstrated variable activity against different Staphylococcus strains. One in vitro study assessed the efficacy of the combination against *S. aureus* and it appeared that the combination slowed antibiotic resistance more effectively than either agent alone. The investigators used a 2.5:1 ratio, similar to concentrations observed in human blood after Panalba™ administration.¹³ Additional in vitro studies generally showed additive or synergistic antibacterial effects; however, antagonistic activity was observed against certain microbial strains, particularly regarding *S. aureus*.¹⁴

Given the inconsistent findings, an in vivo study was conducted to further evaluate for synergy. In this crossover study using serial serum samples, eight healthy male participants received novobiocin and tetracycline in either a 2:1 or 1:2 ratio. Each participant completed four phases, each separated by five days, with varying doses. Serum samples were drawn and analyzed for antibacterial activity. The investigators concluded that there was no evidence of synergistic effects against four tested organisms that included Staphylococcus and Streptococcus species; however, the effect could be considered additive or indifferent. The tested organisms varied in their susceptibility to novobiocin and tetracycline, including tetracycline-resistant and novobiocin-resistant strains.¹⁴



Goliath **David**

Against the formidable and ubiquitous *Staphylococcus aureus*, PANALBA* gives you a powerful weapon. PANALBA is a selective combination of novobiocin (for its unique effectiveness against staph) and tetracycline (for its breadth of coverage). From the outset, your treatment has broader antibacterial coverage resulting from the simultaneous administration of two antibiotics that complement each other. They were carefully chosen for this purpose.

That is why PANALBA offers excellent chances for therapeutic success.

Upjohn
THE UPJOHN COMPANY
KALAMAZOO, MICHIGAN

Reminder advertisement. Please see package insert for detailed product information.

*TETRACYCLINE, RES. S.A. PAT. OPT. COPYRIGHT 1962, THE UPJOHN COMPANY

Figure 1. Upjohn Company advertisement for Panalba published in the Southern Medical Journal, 1962. Image courtesy of the University of Wisconsin–Madison Libraries. Available from: <https://search.library.wisc.edu/digital/AD4DTW5CQWC2DB8N>

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PREScribing FROM THE PAST: ANALYZING PRESCRIPTIONS FROM 1901

BY PHAN VU, ALANIS MORALES
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Abstract:

Objective: To interpret handwritten prescriptions from 1901, identify commonly prescribed substances, classify therapeutic intent, and examine documentation practices in early twentieth-century community pharmacy.

Background: This study analyzes early twentieth-century prescription practices using records from Linn's Drug Store in Eugene, Oregon (June 17-July 5, 1901), as part of Oregon State University's Pharmacy Artifact Sorting Team (PAST). The first 100 prescriptions were evaluated to identify medications, treated conditions, and prescribing patterns. Many prescriptions involved Latin terminology and compounded formulations, requiring interpretation through historical references and modern tools. Common conditions included pain, gastrointestinal disorders, respiratory illnesses, and infections, often treated with substances now considered outdated or unsafe.

Methods: A total of 100 handwritten prescriptions from a 1901 prescription ledger were transcribed and analyzed. Prescriptions written partially or entirely in Latin were translated into modern English. Active ingredients and therapeutic uses were identified using historical pharmaceutical references, including Remington's Practice of Pharmacy and contemporary materia medica texts. Artificial intelligence-assisted transcription tools, including ChatGPT (OpenAI, San Francisco, CA), were used to support interpretation of ornate handwriting and conversion of scanned records into searchable text.

Results: The analyzed prescriptions represented 5–6 prescriptions dispensed daily over the 18-day study period. Gastrointestinal preparations represented the largest therapeutic category (24%), with laxatives and digestive tonics comprising approximately half of the

gastrointestinal formulations. Antiseptic preparations accounted for 21% of prescriptions, followed by analgesic, anti-inflammatory, and antipyretic agents (13%). Frequently encountered substances included mercury compounds, arsenic derivatives, strychnine, opium, codeine, botanical therapies, and proprietary patent medicines. Many prescriptions contained multiple compounded ingredients and were written partially or entirely in Latin.

Conclusions: The prescription ledger documents a transitional period in pharmacy practice characterized by individualized compounding, widespread use of botanical and chemically active agents, and limited regulatory oversight preceding the Pure Food and Drug Act of 1906. These findings illustrate the evolving role of pharmacists in medication preparation and provide historical perspective on the development of modern medication safety standards and pharmaceutical care.

Background

Prescription practices during the early twentieth century provide valuable insight into the evolution of pharmacy and medical treatment in the United States. Historical prescription ledgers serve as important primary-source documents that record dispensed medications, therapeutic approaches, and prescribing habits prior to the development of modern pharmaceutical regulation and standardized drug manufacturing. Community pharmacies during this period frequently prepared individualized compounded formulations containing botanical agents, chemical compounds, and proprietary medicines that differ substantially from contemporary therapeutic practices.

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PHARMACY THROUGH THE HOLLYWOOD LENS: PART IX:

“DON'T SHOOT THE PHARMACIST”

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The ninth in our leading role pharmacist character movie articles from a 2000s movie, the 2008 film, Don't Shoot the Pharmacist, is unique amongst all that have been reviewed in that the writer, director, producer, and one of the actors was an actual pharmacist. That individual was David Broitman, who based the story on his own experiences working in a Connecticut pharmacy. In addition, this movie was actually filmed in an independent pharmacy located in Brooklyn, New York; which unfortunately was bought and closed by a chain pharmacy after the movie was produced.^{1,3,4}

Release date: June 2, 2008

Playing time: 79 minutes

Availability: Available in DVD and Blu-ray formats; and on various online streaming services.

Production Company: So Real? Entertainment; So Real? Films; and New York Short Stories

Distributed by: So Real? Entertainment

Rated: Not Rated (Graphic Language, Sex, Condoms)

Director: David Broitman

Producer: David Broitman (executive producer)

Writer: David Broitman (screenplay)

Cast:

Ben Bailey - Zack Wright, R.Ph.

Godfrey - Kevin

Steve Byrne - Alex the Comic

Jayson Simba - Phil Freeman (as Jayson Vades)

Roger Anthony - Sai Wuah

Erik Davies - Dmitri

Emily Sproch – Janet

Alla Broitman - Sexy Blonde

David Broitman - Russ Maiden, RPh.

Zack Broitman - Max

Marisa Brown - Robber's Bitch

Veronika Dash - Tall Hot Blonde

Gretchen DeMatera - Juicy

Kimberly Dullaghan - Ellen

Greg Evelkin - Herschel the vomit man/Pico's friend

Ardie Fuqua - Robber

Sean Harding - Sean

Roman Itkin - Dylan

Ted Kastenbaum - Priest Holmes

Sabin Lomac - Jeff

Myles MacVane - Johnson

Vadim Mantelzak - Scott

Edwin Matos - Ty Jackman, Pharmacy Technician

Steve Montague - Mr. Braun

Catherine Munden - Society Babe

Bruce Ross - Mr. Evelkin

Gina Savage - Rachel

Shaun Taylor-Corbett - Pico the Shitter

Eric Vargas - Pepe

Daniel Werzinger - Jock Itcher^{4,5}

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Figure 1: Zack Wright (Ben Bailey), standing behind the pharmacy dispensing counter, talking to his pharmacy technician, Ty Jackman (Edwin Matos), who is standing behind the front pharmacy counter with pharmacy cash register.²

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Movie Summary

Don't Shoot the Pharmacist is classified as a comedy – that is not an exaggeration, it is from beginning to end. The movie consists of comedic situations, primarily depicted in an independent community pharmacy, which are often exaggerations of patient-pharmacy staff interactions that occur in typical community pharmacy settings. Whether one finds all of the different comedic situations presented in the pharmacy setting funny will depend upon one's individual comedic tastes; however, assuredly there will be some that anyone who has worked in a community pharmacy will find relatable and/or funny.¹

The opening scene of *Don't Shoot the Pharmacist* shows Zack Wright, the pharmacist, sitting on a toilet listening to Alex the Comic describe a joke. Zack's response to the joke is not appropriate to quote, so you will have to watch the movie to find out. Immediately after that scene, the movie title and credits are shown, i.e., a listing of the main actors, writer, producer, and director, written on paper prescription blanks. Each prescription lists a different individual with bizarre directions like "May cause extreme flatulence." In addition, all of the prescriptions are signed by various "doctors," the most notable and legible being Dr. Kevorkian.¹

In the next scene, Zack is seen sitting on a couch, with a roulette wheel and betting mat in front of him, and Alex sitting at the end of the coffee table. A nearby landline telephone begins to ring, and Zack tells Alex not to answer it, but he does anyway. The result: the phone call is from the pharmacy owner's son (another pharmacist) telling Zack that he needs to come in to substitute for him. After traveling by car through Brooklyn, Zack enters sometime after 9:14 PM, after standing in front of the pharmacy (exterior sign on roof: Rx), putting his nametag on his shirt.¹

The first scene inside the pharmacy involves a female customer complaining about the lack of insurance coverage for her prescription. The pharmacist and technician are standing behind the counter as the pharmacist explains that he cannot contact the insurance company until Monday. The customer responds by yelling she will file a complaint and throwing a packet of toilet paper at the two, hitting the technician in the back of the head. The pharmacist

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“The Drug Combo that Challenged the FDA”

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The Panalba™ Case: Upjohn, the FDA, and Drug Efficacy Regulation

Although published research on the tetracycline/novobiocin combination was largely positive, Panalba™ would be subsequently reviewed following the passage of the 1962 Kefauver-Harris Amendment. This legislation introduced a requirement that medications demonstrate efficacy in addition to safety and ultimately led to the Drug Efficacy Study Implementation (DESI) project, which reviewed medications approved prior to 1962 for efficacy.³

Medication reviews began in the late 1960s by the U.S. Food and Drug Administration (FDA). This was a large-scale effort targeting previously approved medications with assistance from the National Academy of Sciences–National Research Council (NAS-NRC). Expert panels examined thousands of drug formulations and evaluated whether sufficient evidence supported the therapeutic claims made in product labeling.^{15,16}

Among the products reviewed were several fixed-dose combinations of antimicrobial agents. NAS-NRC panels concluded that a number of these products lacked evidence demonstrating that each component contributed meaningfully to clinical effectiveness. In particular, Panalba™ was judged to lack adequate evidence supporting its effectiveness as a fixed combination for indications listed in the labeling. FDA officials subsequently indicated their agreement with the panel’s assessment and moved to amend antibiotic certification regulations. This meant that Panalba™ would no longer qualify for continued marketing.^{17,18}

The FDA’s proposed action against Panalba™ led to a legal challenge by the Upjohn Company. In 1969, the drug manufacturer filed suit in the United States District Court for the Western District of Michigan seeking declaratory and injunctive relief against the Secretary of Health, Education and Welfare and the Commissioner of Food and Drugs. The company argued that the FDA acted beyond its statutory authority and failed to follow proper procedures when attempting to revoke certification of the product. Specifically, Upjohn contended that it was entitled to an evidentiary hearing before the agency could remove Panalba™ from the market.^{15,17,18}

The dispute centered on the amended antibiotic certification regulations to eliminate approval for Panalba™. As a result, previously issued certifications for Panalba™ were revoked, and Upjohn was informed that additional batches of the drug would no longer be approved. Upjohn maintained that the FDA’s action threatened significant and immediate economic harm and argued that the agency’s procedures deprived the company of its right to challenge the decision before the product was withdrawn. The company therefore asked the court to block enforcement of the order and require the FDA to continue certifying batches of the drug while the dispute was resolved.^{15,17,18}

In July 1969, Chief Judge W. Wallace Kent issued his decision in *Upjohn Company v. Finch*. The court rejected the company’s argument that it was automatically entitled to an administrative hearing before regulatory action could proceed. At the same time, the ruling also required the FDA to address the company’s objections before the final withdrawal of the drug from the market could occur. Once the FDA Commissioner responded to Upjohn’s objections, the agency could proceed with decertification after an additional period during which further judicial review could be sought.^{15,16,18} Upjohn subsequently petitioned the United States Court of Appeals for the Sixth Circuit. The Sixth Circuit ultimately upheld the agency’s action, concluding that Upjohn had not demonstrated the “substantial evidence” of efficacy required to warrant an evidentiary hearing.¹⁵

The Panalba™ litigation attracted attention at the time because it was described as a test case of the FDA’s authority to enforce efficacy standards introduced by the 1962 Drug Amendments. The case highlighted broader tensions surrounding the evolving regulatory framework for pharmaceuticals, including questions about the evidentiary standards required for continued marketing of older drugs and the procedures by which such determinations should be implemented. Beyond the immediate dispute over Panalba™, the decision had broader implications for the FDA’s ongoing review of previously approved drugs during implementation of the NAS–NRC Drug Efficacy Study. The Sixth Circuit affirmed that manufacturers could be required to demonstrate drug efficacy through adequate and well-controlled investigations. drugs during implementation of the

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“The Drug Combo that Challenged the FDA”

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Figure 2: Physician sample bottles of Panalba and Panalba KM.
 Image used with permission from Jeremy Winkworth.

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“The Drug Combo that Challenged the FDA”

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NAS–NRC Drug Efficacy Study. The Sixth Circuit affirmed that manufacturers could be required to demonstrate drug efficacy through adequate and well-controlled investigations. The decision reflected the FDA’s ability to move forward with withdrawing products that lacked such evidence once manufacturers had been given an opportunity to submit objections and seek review of the agency’s decision.¹⁵

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“Pharmacy Through the Hollywood Lens”

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The pharmacist stops the technician from throwing the toilet paper back, makes an obscene hand gesture towards the leaving customer's back, and says, “We’re so sorry.” As the customer is almost out of the pharmacy, Zack is seen entering. Then, after conversing with the day-shift pharmacist, Russ Maiden, he starts the night shift. Working with him is Ty Jackman, the pharmacy technician, who unlike both pharmacists, is wearing a white coat with a gold name tag.¹

From that point till the end, each scene inside the pharmacy involves customers with all sorts of unusual issues. Examples of some of these issues: an old man seeking a fitting room to try on condoms and then trying some on in the middle of the main aisle; a female customer seeking the morning-after pill and then later, confronting her lover with his wife in the pharmacy; and a male obsessive-compulsive customer waiting in the pharmacy all through the night for his doctor to call in a new prescription during the night shift hours. Typically, after scenarios involving screaming or yelling, the exterior of the pharmacy is shown with someone either walking or running past the entranceway. After each series of scenarios, an analog clock or a title is also shown with what time it currently is during the night shift.¹

A few scenes occur outside of the community pharmacy. For example, one scene involves the pharmacy technician delivering the correct medication to a patient's apartment to correct a prior incorrect dispensing. Besides waking up the customer at home, the technician also inadvertently kicks him in the groin. In another scene, Zack, the pharmacist-on-duty, leaves the pharmacy to confront the pharmacist he was working in relief for, who was allegedly in the hospital, but who is actually on a date with Zack's girlfriend. In the process, Zack leaves the pharmacy technician by himself in charge in the pharmacy – an unlikely, if not illegal, scenario in a community pharmacy.¹

What is common to each scenario is some basis in actuality what can and/or does occur in or involving a community pharmacy; although, each is taken to the extreme and exaggerated for comedic purposes. The scenarios even continue throughout the showing of the final credits, several of which are obvious outtakes which did not make it into the final movie. As stated

in the beginning of this review, this is a comedy movie based loosely on community pharmacy practice situations which will amuse some and offend others.¹

Pharmacy Depiction

Most of the movie was actually filmed in an existing (at that time) independent community pharmacy located in Brooklyn, New York. The filming was done during the night hours, when the real pharmacy was closed. In a late scene in the movie, when Zack, the pharmacist, answers the phone, he delivers the greeting, “Goodyear Pharmacy.” Coincidentally, that was the name of the actual pharmacy in which the filming was done, and it was an operating independent community pharmacy in Brooklyn from 1984 till 2008.^{6,7} Accordingly, the pharmacy depiction is accurate for a small inner-city independent community pharmacy; however, the pharmacy design in the film was probably designed and created in the 1980s, and updated little since then. There are several things present in the store that point to that decade for its pharmacy design.

First, the storefront consisted of only three aisles, running from the front to the back: two available to anyone with open shelving, and one for staff only, situated between enclosed glass cabinets with countertops and high open shelving.¹ By the 1980s and 1990s, enclosed glass cabinets began to disappear.⁸ Second, the pharmacy area consisted of the classic two-counter configuration, with the lower front counter bearing the cash register and product displays and the higher back counter having the pharmacy computer and dispensing area. Interestingly, all of the drugs are maintained in cabinets with doors behind the second counter. Even in the 1980s, more pharmacies were adopting open shelving in the pharmacy area for drug storage, due to the significant increase in available prescription drugs and generics in the 1960s and 1970s. In addition, in the 1990s and 2000s, many pharmacies adopted the single counter system with windows or counter bays for customer access.⁸ Third, the narrow storefront with three long aisles, of which only two are open to customers,

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THE FOUNDER OF AN EARLY INDIANA PHARMACY: SAINT MOTHER THEODORE

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Photograph Courtesy of
Tracey L. Mersfelder

Background

Anne-Thérèse Guérin was born on October 2, 1798, in the small town of Etables, France.¹ From an early age, she felt the call to religious life; however, this vocation was delayed by significant family circumstances. The death of her father when she was fifteen and her mother's subsequent refusal to permit her entry into religious life postponed her pursuit of that calling until 1823.² She entered the Sisters of Providence in Ruillé-su-Loir seventeen years after the congregation's founding as the Little Providence and would be now known as Sister Theodore.³

In 1834, Sister Theodore was assigned to Soullaines, France where her knowledge in medicine and pharmacy began to take root.⁴ Visiting and taking care of the sick became part of her regular duties. At the direction of her Superior, she undertook a course of study in medicine and gained practical instruction from a physician (Dr. Lecacheur) in disease, treatment, and the foundational principles of pharmacy.^{4,6} This training enabled her to prepare various remedies and equipped her to take care of the sick in her region.

During this period, pharmacy and medicine were not yet clearly delineated professions. In Western Europe, efforts to separate the two fields began in the 1200s under the Holy Roman Emperor Frederick II.⁷ Further reforms followed with the Law of 21 Germinal Year XI (1803), which theoretically distinguished the duties of medicine and pharmacy.⁸ In practice, however, considerable overlap between the professions persisted.

In rural France, "country doctors" were regarded a second-class provider because many often lacked the education from the larger universities compared to the first-class doctors. Apprenticeships played a significant role in their training.⁹ Due to the scarcity of practitioners, the country doctor frequently served multiple roles, including those of physician, surgeon, obstetrician, ophthalmologist, dentist, and pharmacist.

A comparable two-tiered system existed for pharmacists.^{10,11} The first-class pharmacists received a formal education from one of six schools of pharmacy, while

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“Saint Mother Theodore”

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while institutions provided an examination for the second-class pharmacists. The second-class pharmacists were restricted to practicing in the district where the examination was passed. The dual system mirrored that of the medical profession and stemmed from similar societal and educational constraints.

Thus, in the 1830s, when Sister Theodore was serving in Soulaines, the fields of medicine and pharmacy remained closely intertwined within a two-tiered professional structure. Therefore, the training she received naturally encompassed both disciplines. However, without a formal pharmaceutical education, Sister Theodore would have required two to four more years of apprenticeship to qualify for the French pharmacy boards of that time.¹²

Journey to Indiana

In 1839, Sister Theodore was chosen among her congregation in France to lead a mission to Saint Mary-of-the-Woods, Indiana, USA. Indiana became a state in 1816, and the settlement of Saint Mary-of-the-Woods was founded in 1825.^{13,14} In 1835, Joseph Thralls acquired a portion of the land in this community, and three years later the Catholic Diocese of Vincennes, under Bishop Simon Bruté, purchased part of that property with the intention of founding a Catholic mission for the area.^{14,15}



Sketch 1: “Pharmacy: This is the old bake house brought here in 1854.” From Archives of Sisters of Providence of Saint Mary-of-the-Woods

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“The Drug Combo that Challenged the FDA”

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16. The FDA: cleaning out the medicine chest. Time. 1969 Jul 25.

17. Mintz M. FDA and Panalba: a conflict of commercial, therapeutic goals? Science. 1969 Aug 29;165(3896):875-881.

18. Upjohn Co. v Finch, 303 F. Supp. 241 (W.D. Mich. 1969).



Figure 3. Current view of a manufacturing building at the former Upjohn Company industrial site in Portage, Michigan. Photograph courtesy of Tracey L. Mersfelder.

“Prescribing From the Past”

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Background (*continued*)

Prescription practices during the early twentieth century provide valuable insight into the evolution of pharmacy and medical treatment in the United States. Historical prescription ledgers serve as important primary-source documents that record dispensed medications, therapeutic approaches, and prescribing habits prior to the development of modern pharmaceutical regulation and standardized drug manufacturing. Community pharmacies during this period frequently prepared individualized compounded formulations containing botanical agents, chemical compounds, and proprietary medicines that differ substantially from contemporary therapeutic practices.

Handwritten prescription records from local pharmacies also illustrate the expanded responsibilities of pharmacists during this era. In addition to dispensing medications, pharmacists routinely interpreted prescriptions written in Latin, prepared compounded formulations, and applied pharmacognosy and materia medica knowledge to medication preparation. Examination of these records provides historical perspective on therapeutic priorities of the period and the professional evolu-

tion of pharmacy practice.

The Pharmacy Artifact Sorting Team (PAST) at Oregon State University College of Pharmacy is a student- and faculty-led initiative dedicated to preserving and cataloging historical pharmacy artifacts from across Oregon. PAST has curated a collection of more than 5,000 pharmacy-related artifacts through photography, electronic documentation, and archival organization efforts, including historical prescription record books from community pharmacies throughout the Pacific Northwest, as shown in Figure 1.

The focus of this study was a handwritten prescription ledger from Linn’s Drug Store in Eugene, Oregon, containing prescriptions dispensed between June 17 and July 5, 1901. Many prescriptions were written partially or entirely in Latin and frequently incorporated multi-ingredient compounded formulations, requiring

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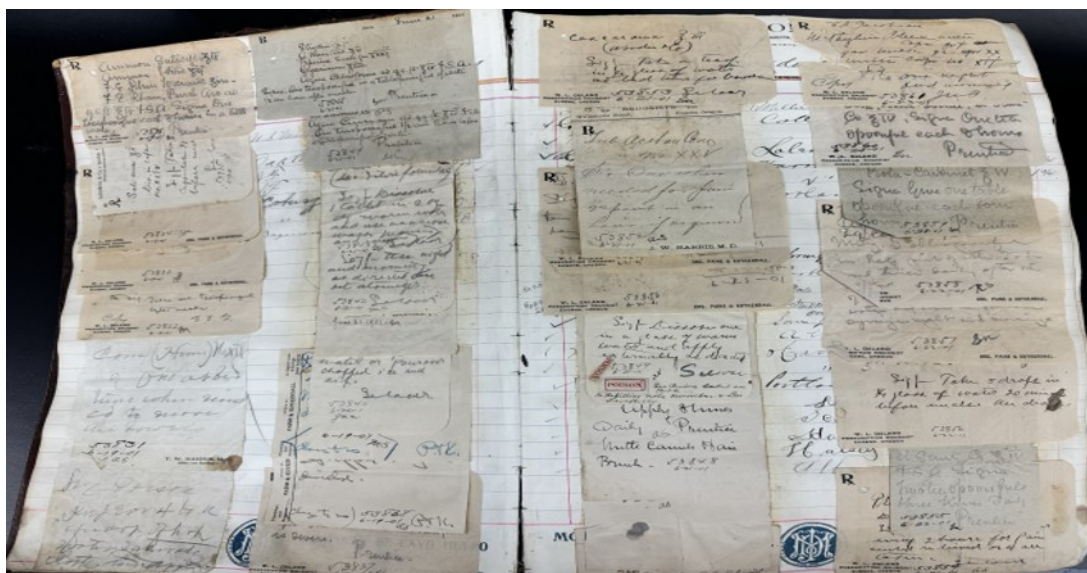


Figure 1: Prescription ledger from Linn’s Drug Store (1901) used for analysis in this study.

“Prescribing From the Past”

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interpretation through historical pharmaceutical references and modern transcription tools. By examining the first 100 prescriptions from the ledger, investigators identified commonly prescribed substances, categorized probable therapeutic indications, and analyzed prescription-writing practices characteristic of early twentieth-century community pharmacy.

Commonly treated conditions identified within the ledger included gastrointestinal disorders, pain, respiratory illnesses, infections, and dermatologic conditions. Many formulations contained substances later associated with significant toxicity, including mercury compounds, arsenic derivatives, and strychnine, reflecting therapeutic practices that preceded modern medication safety standards and federal drug regulation.

The goal of this project was to interpret and catalog prescriptions from a 1901 pharmacy record book in Eugene, Oregon, to better understand pharmaceutical practice at the beginning of the twentieth century. By identifying active ingredients, therapeutic indications, and prescription formats used during this period, this analysis highlights the historical context of medication use and the transformation of pharmacy practice over the past century.

Methods

The Pharmacy Artifact Sorting Team (PAST) at Oregon State University College of Pharmacy examined a handwritten prescription ledger originating from Linn’s Drug Store, a community pharmacy located in Eugene, Oregon. The analyzed section of the ledger contained 100 prescriptions dispensed between June 17 and July 5, 1901. Each prescription was transcribed directly from the original handwritten record. Prescriptions written partially or entirely in Latin were translated into modern English, while prescriptions containing difficult-to-read handwriting underwent additional review and interpretation.

Active ingredients and compounded formulations were identified and verified using historical pharmaceutical references, including Remington’s Practice of Pharmacy, Materia Medica and Pharmacology, and Materia Medica and Therapeutics.^{2–4} Obsolete or unfamiliar substances were further investigated through historical pharmaceutical literature to confirm ingredient identity and probable therapeutic use.

Prescriptions were categorized by probable therapeutic indication based on listed ingredients, formulation type, and accompanying directions for use. Therapeutic categories included gastrointestinal, antiseptic, analgesic/anti-inflammatory/antipyretic, respiratory, dermatologic, tonic/anemia-related, and other indications. Prescription data were organized into a spreadsheet database for analysis, as shown in Table 1.

Artificial intelligence-assisted transcription tools, including ChatGPT (OpenAI, San Francisco, CA), were used to support interpretation of ornate handwriting and conversion of scanned prescription records into searchable text. All transcriptions and interpretations were manually reviewed and verified by investigators using historical pharmaceutical references. These tools facilitated organization, transcription efficiency, and comparative review of the prescription data.

Results

A total of 100 prescriptions dispensed between June 17 and July 5, 1901 (18 calendar days), were analyzed. This corresponded to an average of approximately 5–6 prescriptions filled daily. This dispensing volume is consistent with historical accounts of community pharmacy practice during

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“Prescribing From the Past”

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fully identifiable: ___ of 101

Item number	Item Number ¹ and Date	Druggist (or druggist's office)	Prescriber [?]	Compound(s), as written	Compound(s), potential translation	Dose / Quantity	Signa (Sig.)	Inferred Use or Indication	Source	Category
1	1-1 6-17-1901	WLD	Dr. S	Camphor-Menthhol 3 percent in Geoline	3% camphor-menthol in geoline	2 ounces (960 grains)	Use ?? atomizer as directed	Dermatitis, eczema Link	Link	Respiratory
2	1-2 6-17-1901	WLD	Dr. S	Alkaline antiseptic Tablets (Dr. Seleri formula) 1 bot.	Dr. Seleri's alkaline antiseptic tablets	1 bottle	Dissolve one tablet in 2 oz of warm water and use as a ___ wash	Sinus inflammation Link	Link	Respiratory
3	1-3 6-17-1901	WLD	Prentice	Sp. Ammon Aromat Mx4vij Aqua Chlorophormi ad q.s. ft. 3ij F.S.A.	Spirit of aromatic ammonia Chloroform	7 minims (x4 [?]) As needed to make 2 ounces	Two teaspoonfuls each 15 minutes until stomach is relieved	Dyspepsia Link	Link	Gastrointestinal
4	1-4 6-17-1	WLD		Listerine 3iv	Listerine™	4 ounces	Four teaspoons in <u>glass</u> of	oral hygiene and Link	Link	Antiseptic

¹ [Page number]-[Number on page]: Numbered from left column to right, top to bottom

Table 1: Sample spreadsheet of selected prescriptions and researcher notes from Linn's Drug Store, Eugene, Oregon (June 17–July 5, 1901).²⁻⁴ [Note: highlighted links above are internal references and not available for viewing.]

the late nineteenth and early twentieth centuries, when pharmacists reportedly filled approximately 6–12 prescriptions daily on average.⁵

Gastrointestinal preparations represented the largest therapeutic category, accounting for 24% of analyzed prescriptions. Antiseptic preparations comprised 21%, followed by analgesic, anti-inflammatory, or antipyretic agents (13%). Prescriptions categorized as tonics or anemia-related treatments and respiratory therapies each accounted for 12%, while dermatologic treatments represented 6%. The remaining prescriptions were classified as other therapeutic indications. Within the gastrointestinal category, laxatives accounted for approximately half of formulations,

with additional prescriptions targeting dyspepsia and diarrheal conditions.

A broad range of pharmacologically active substances commonly used in early twentieth-century therapeutics were identified. These included mercury compounds, arsenic derivatives, and strychnine, as well as opioids such as opium and codeine. Botanical and plant-derived therapies were also frequently observed, including saw palmetto, goldenseal, rhubarb, aloe, and cascara. Many prescriptions incorporated multiple active ingredients, reflecting the compounded and individualized nature of therapy during this period.

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“Pharmacy Through the Hollywood Lens”

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is also classic of inner-city store fronts dating back to the 1930s and 1940s.

Evidence of the development of larger pharmacies with greatly expanded storefronts is obvious one street away from the store in which Goodyear Pharmacy existed – it is a normal-sized Walgreen’s Pharmacy.⁹

In summary, since the movie was actually filmed in an independent community pharmacy that was still in operation at the time, the pharmacy “depiction” is obviously accurate for that pharmacy, albeit a little dated in its design and size. By watching *Don’t Shoot the Pharmacist*, one can gain an appreciation for independent community pharmacies created inside existing inner-city storefronts.

Final Analysis

Overall, the movie provides an accurate representation of an inner-city independent community pharmacy designed in the 1980s. Despite being quite small, having only two public aisles, and having an older styled dispensing area, the overall pharmacy presentation was appropriate for such a pharmacy, even in the 2000s. Unfortunately, the same cannot be said for the pharmacists or pharmacy technician depicted, most of whom were very self-absorbed, only showing concern for customer-patients when it was to their advantage. All in all, a comedy movie to watch for classic pharmacy scenarios developed out of proportion to reality in order to create laughs, and not to promote the profession of pharmacy or its practitioners as public health servants.

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Figure 2: Interior of the pharmacy showing the one large public aisle in the store and the pharmacy dispensing area in the back with its sign, “PLEASE DON’T SHOOT THE PHARMACISTS – WE’RE COUNTING AS FAST AS WE CAN.”²

tague, Catherine Munden, Bruce Ross, Gina Savage, Shaun Taylor-Corbett, Eric Vargas, and Daniel Werzinger. Directed by David Broitman. Production Company - So Real? Entertainment, 2008. Film.

2. *Don’t Shoot the Pharmacist*. Performed by Ben Bailey, Godfrey, Steve Byrne, Jayson Simba (as Jayson Vades), Roger Anthony, Erik Davies, Emily Sproch, Alla Broitman, David Broitman, Zack Broitman, Marisa Brown, Veronika Dash, Gretchen DeMatera, Kimberly Dullaghan, Greg Evelkin, Ardie Fuqua, Sean Harding, Roman Itkin, Ted Kastenbaum, Sabin Lomac, Myles MacVane, Vadim Mantelzak, Edwin Matos, Steve Montague, Catherine Munden, Bruce Ross, Gina Savage, Shaun Taylor-Corbett, Eric Vargas, and Daniel Werzinger. Directed by David Broitman. Production Company - So Real? Entertainment, 2008. Film. Screenshots from YouTube video. Accessed October 21, 2025. Available from: <https://www.youtube.com/watch?v=LrUINQcEZEc>.
3. Broitman, David (Producer, Director, Writer). (2008). *Don’t Shoot the Pharmacist* (DVD). Short: “Interview with Director Dave & co-Star Myles,” Indie Sessions with Kimbra Eberly for The Directors Chair TV website (2008).
4. David Broitman - director, actor, writer, producer, editor [Internet]. Kinorium. Accessed October 21, 2025. Available from: <https://en.kinorium.com/name/1268393/>.

Footnotes:

1. *Don’t Shoot the Pharmacist*. Performed by Ben Bailey, Godfrey, Steve Byrne, Jayson Simba (as Jayson Vades), Roger Anthony, Erik Davies, Emily Sproch, Alla Broitman, David Broitman, Zack Broitman, Marisa Brown, Veronika Dash, Gretchen DeMatera, Kimberly Dullaghan, Greg Evelkin, Ardie Fuqua, Sean Harding, Roman Itkin, Ted Kastenbaum, Sabin Lomac, Myles MacVane, Vadim Mantelzak, Edwin Matos, Steve Mon-

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5. “Don’t Shoot the Pharmacist (2008): [Internet]. Internet Movie Database (IMDb). Accessed October 21, 2025. Available from: https://www.imdb.com/title/tt0847211/?ref_=ttpl_ov_bk.
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9. 2584-coney-island-ave-brooklyn-ny listing on CityFeet.com [Internet]. Street view search on CityFeet.com. Accessed 11/16/2025. Available from: <https://www.cityfeet.com/cont/listing/2584-coney-island-ave-brooklyn-ny-11223/cs31355069>.



Figure 3: Exterior photograph of the film’s independent community pharmacy, as seen in the movie.²

“Saint Mother Theodore”

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In 1840, the Bishop of Vincennes requested that one of the sisters assigned to the Indiana mission possess knowledge of pharmacy.¹⁶ Later that year, a small group of the sisters arrived in Indiana under the leadership of Sister Theodore.¹⁷ She was appointed the Superior General of the newly founded Mother House at Saint Mary-of-the-Woods, as well as any future establishments obtaining the title “Mother”. Upon their arrival, the sisters were temporarily housed by the Thralls family as construction of their own living quarters had not yet been completed.

Pharmacy in Indiana and the Work of the Sisters of Providence

Indiana did not establish a state pharmacy association until 1882, and it was not until 1899 that the State Board of Pharmacy was created with the passage of the state’s first pharmacy law.¹⁸ The state’s first school of pharmacy was subsequently founded at Purdue University in 1884.¹⁹

Before these developments, no legal requirements governed who could practice pharmacy or who was permitted to own and operate an apothecary. By virtue of her training and experience, Sister Mother Theodore would have been qualified to do both. In fact, she and the Sisters of Providence were required to. The congregation followed a Rule that guided their endeavors, which required them to “have knowledge of the elements of pharmacy and know how to prepare common remedies, that they may be able to render service when needed”. In addition, they were charged with dispensing remedies free of charge to the poor.^{20,21} Sister Mother Theodore was deeply committed to ensuring that the congregation adhered faithfully to the Rule.²²

Within their first days at Saint Mary-of-the-Woods, the sisters discovered an abundance of medicinal plants growing throughout the surrounding forest.²³ Using these native remedies and other products, they established their first pharmacy on May

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“Prescribing From the Past”

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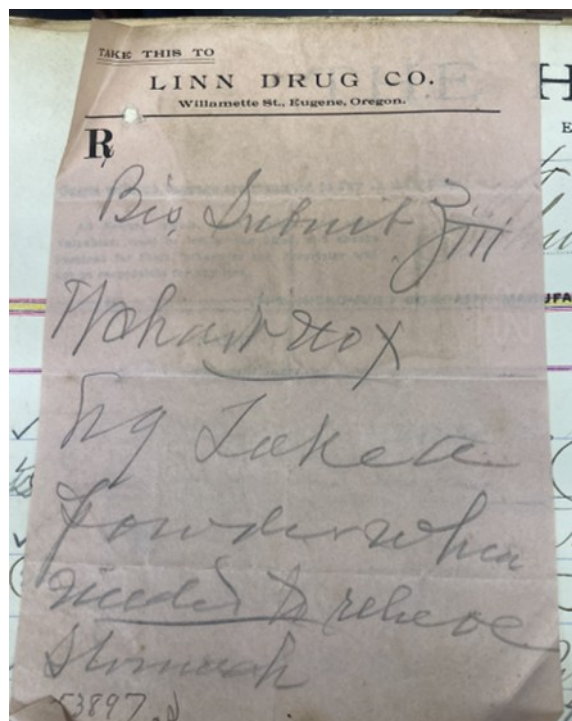


Figure 3: Handwritten prescription from Linn Drug Co., Eugene, Oregon (1901), illustrating cursive notation and limited legibility characteristics of early twentieth-century pharmacy records.

Several recognizable products and ingredients that remain in modern therapeutic use were identified, including Listerine, zinc ointment, codeine, morphine, camphor/menthol preparations, Phillips' Milk of Magnesia, boric acid, and opium-derived formulations. In addition, several prescriptions referenced proprietary or trade-name patent medicines of the era, including Dr. Seleri's Antiseptic Tablets, Wampole's Antiseptic, Geoline, and Kola-Cardinette.

Prescriptions were frequently written partially or entirely in Latin and commonly contained complex, multi-ingredient compounded formulations requiring pharmacist interpretation and preparation, as shown in Figures 2 and 3. Standardized dosing formats and patient identifiers were largely absent throughout the ledger.

Discussion

The findings from this analysis provide insight into prescribing patterns and pharmaceutical practice in community pharmacies at the beginning of the twentieth century. Gastrointestinal preparations represented the largest therapeutic category identified within the prescription ledger. This pattern is consistent with public health conditions of the era, when infectious and gastrointestinal illnesses were common because of limited sanitation infrastructure and contaminated water supplies. For example, a typhoid epidemic occurred in Corvallis, Oregon, approximately 45 miles from Eugene, in 1898 after untreated water drawn from the Willamette River was identified as the source of infection.¹ Such conditions likely contributed to the frequent prescribing of laxatives, digestive tonics, and other gastrointestinal remedies observed within the ledger.

Antiseptic preparations also represented a substantial proportion of prescriptions identified in the analysis. At the turn of the twentieth century, antiseptic agents were commonly used for treatment of infections affecting the skin, oral cavity, respiratory tract, and gastrointestinal system. Compounded preparations containing boric acid, zinc salts, and proprietary antiseptic formulations were frequently prescribed before the widespread availability of modern antimicrobial agents. Their prevalence within the ledger further illustrates the important role pharmacists played in preparing individualized topical and antiseptic therapies for local treatment of infectious and inflammatory conditions.

The analysis additionally highlights the widespread use of substances later associated with significant toxicity or safety concerns, as shown in Figure 4. Mercury compounds, arsenic derivatives, and strychnine appeared in multiple prescriptions and were commonly incorporated into tonics, stimulants, and antiseptic preparations during the early twentieth century. Their presence reflects a therapeutic philosophy that relied heavily on empirical observation and traditional *materia medica* practices prior to the establishment of modern pharmacologic safety standards and federal drug regulation.

Another notable characteristic of the prescriptions was the frequent use of complex, multi-ingredient compounded formulations. Pharmacists routinely prepared individualized medications according to prescriber instructions, requiring substantial knowledge of compounding techniques, *materia medica*, and apothecary

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measurement systems. Many prescriptions were written partially or entirely in Latin and contained abbreviated terminology that required pharmacist interpretation before preparation and dispensing. These findings illustrate the broader technical and interpretive responsibilities of pharmacists before the widespread adoption of commercially manufactured pharmaceuticals.

This prescription ledger also documents a transitional period in pharmacy practice characterized by coexistence of botanical therapies, chemically active compounds, and emerging proprietary medicines. The presence of patent medicines and recognizable commercial products alongside traditional compounded formulations reflects broader changes occurring within pharmaceutical manufacturing and distribution during the early twentieth century.

This study has several limitations. Therapeutic indications were inferred from ingredient composition and historical references because patient diagnoses were not documented within the ledger. Interpretation of ornate handwriting and abbreviated terminology may also have introduced transcription bias despite manual review and verification using historical pharmaceutical references. Additionally, the findings reflect prescribing practices from a single pharmacy over a limited 18-day period and may not be generalizable to other pharmacies or geographic regions during the same era.

Overall, the prescription ledger provides a valuable historical record of pharmaceutical care in the Pacific Northwest during a period preceding modern drug regulation. These records illustrate a time when compounding expertise, pharmacognosy knowledge, and prescription interpretation were essential components of pharmacy practice. Historical prescription analyses such as this study may also serve as valuable educational tools for understanding the evolution of pharmacy practice,

therapeutic decision-making, and medication safety standards. Future studies comparing prescription ledgers from different decades or geographic regions may further clarify changes in prescribing patterns, pharmaceutical compounding practices, and therapeutic trends over time.

Conclusion

Analysis of a 1901 prescription ledger from Eugene, Oregon, provides a detailed view of pharmaceutical practice at the beginning of the twentieth century. Gastrointestinal treatments and antiseptic preparations accounted for the majority of prescriptions identified, reflecting the prevalence of infectious and digestive illnesses during this period. Many formulations contained multiple ingredients that showed the role the pharmacist played in preparing individualized medications.

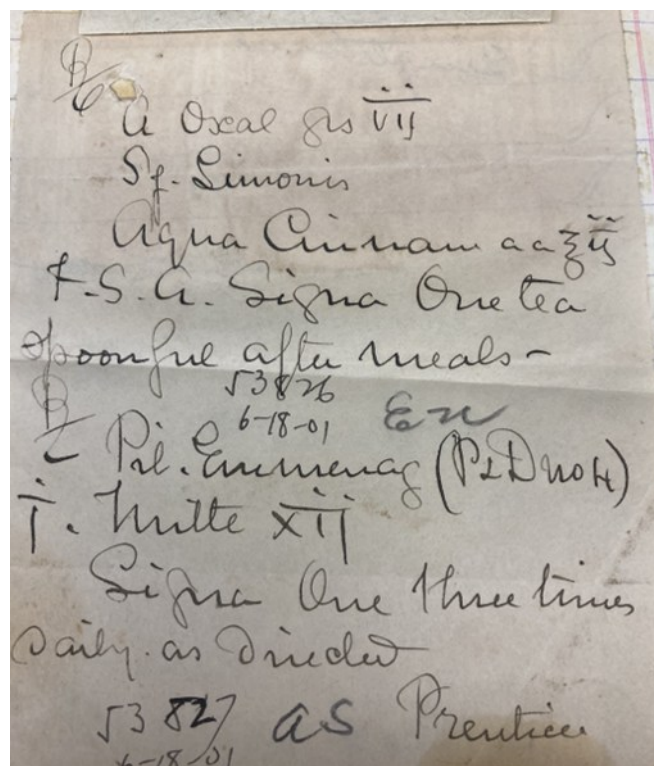


Figure 4: Handwritten prescription containing Latin terminology and dosing instructions, reflecting the use of compounded formulations and standardized sig codes in early twentieth-century pharmacy practice.

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“Prescribing From the Past”

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Several substances frequently encountered in prescriptions, including mercury compounds, arsenic derivatives, and strychnine, illustrate the evolving understanding of medication safety before the establishment of modern regulatory standards such as the Pure Food and Drug Act of 1906. These findings highlight the significant transformation of pharmacy practice from a compounding-focused profession to one centered on the dispensing of standardized pharmaceutical products.

Historical prescription records, therefore, provide important insight into the development of pharmacy practice, therapeutic approaches, and medication safety standards. The preservation and analysis of these records contribute to a broader understanding of how pharmacy practice has evolved and how advances in regulation, pharmacology, and public health have shaped modern pharmaceutical care.

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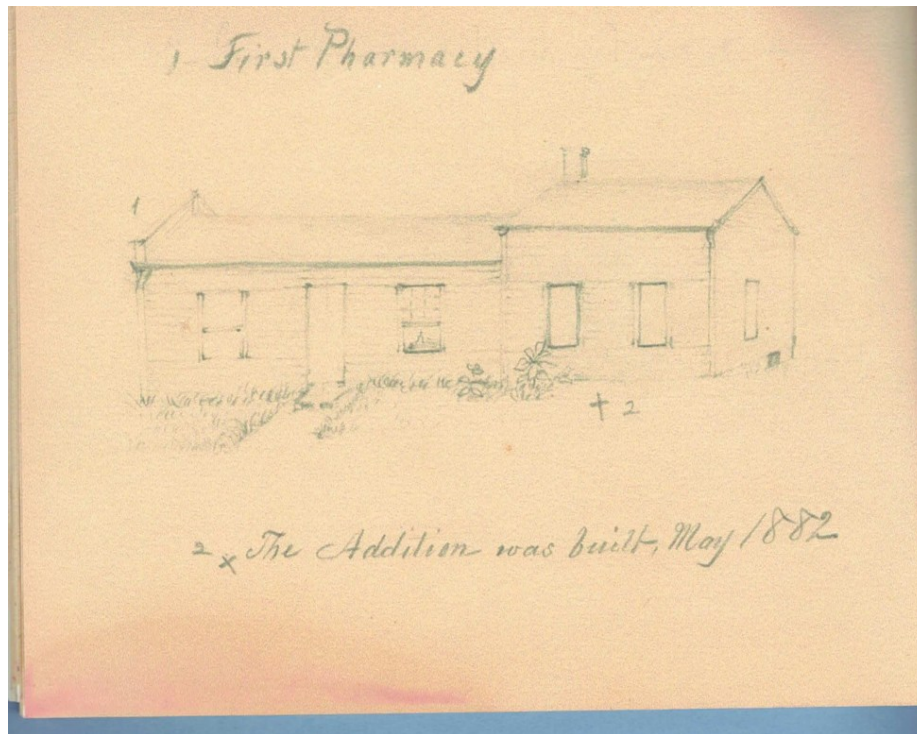
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Sketch 2: “First Pharmacy: The addition was built May 1882.” From Archives of Sisters of Providence of Saint Mary-of-the-Woods

24, 1844, that provided treatments for those living in the surrounding community.²⁴⁻²⁷

Boarders at the school established by the Sisters of Providence could obtain these therapies at the “apothecaries’ rate.”²⁸

Sister Olympiade, who had been placed in charge of the pharmacy, originally housed in a log cabin perched on the edge of a ravine, learned from the pioneers how to use the region’s native healing herbs.^{26,28,29} She received her training in pharmacy from Sister Mother Theodore, who also trained Sister Lucy Doyle.^{30,31} Bundles of herbs such as mullein, pokeroor, calomel, mint, horehound, senna, pennyroyal, elder, and sassafras hung from the beams of the rustic log pharmacy to dry. In the late 1840’s, the Sisters of Providence expanded their work by opening a second pharmacy in Vinennes, where they continued their mission of providing free remedies to the poor.

Honor

In recognition of Sister Mother Theodore’s lifelong commitment to religious life and the verified miracles attributed to her intercession, the Roman Catholic Church formally affirmed her sanctity through a three-stage process.³² She was first declared Venerable on July 22, 1992, by Pope John Paul II, in acknowledgment of her virtuous and heroic life. She was subsequently beautified on October 25, 1998, when Pope John Paul II proclaimed she had lived a life of extraordinary love. This process culminated in her canonization on October 15, 2006, when Pope Benedict XVI declared her a saint, affirming her as model of Christian life.

Conclusion

Saint Mother Theodore made significant contributions to the field of pharmacy during a time when

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“Saint Mary Theodore”...

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the United States was rapidly expanding into new territories. Her formal medical training in France, coupled with hands-on instruction of the principles of pharmacy, equipped her with the skills needed to care for the physical as well as the spiritual needs of the frontier communities they served. A notable achievement was the establishment of one of the earliest known pharmacies in Indiana, a vital resource in an era where professional medical services were scarce and largely unregulated.

Note: The 1844 pharmacy location and description is available on the AIHP Historical Markers website. <https://www.aihp.org/historicalmarkers/>. Accessed February 13, 2026.

Acknowledgements: Sister Janet Gilligan and Cassie Reddick for assistance with research in the Sisters of Providence archives

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PHARMACY, HISTORY, AND STORYTELLING: A CONVERSATION WITH AUTHOR AND PHARMACIST

SARAH SUNDIN

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Historical fiction readers know Sarah Sundin as an award-winning author of historical fiction set during World War II. Fewer know that on her journey to becoming a best-selling novelist, Sundin was trained and practiced as a pharmacist. During a recent conversation with Pharmacy Chronicles: Past, Present, and Future co-editor Megan Undeberg, she reflected on how her pharmacy education, professional experiences, and passion for history became the foundation for a successful writing career that has introduced thousands of readers to lesser-known stories from both military and pharmacy history.

A graduate of UCLA (Chemistry, 1987) and the University of California San Francisco (UCSF) College of Pharmacy in 1991, Sundin completed residency training through the Veterans Affairs system in California before entering practice. While science and chemistry intrigued her and influenced her education and professional choice, she also harbored another dream: becoming a writer. Following completion of her residency, Sundin blended working as a hospital pharmacist in northern California while raising her three children with her husband. Around 2000, she had a particularly compelling dream that she had to get down on paper; this was her first start in authorship. As a Christian, she believed God was telling her to write, to bring stories of the human experience to life. As she explained, “When you are in health care, you *are* part of the human experience.” Adding to her background knowledge was her love of history, particularly that of WWII. Stories from her grandfather Frederick Stewart’s service in the US Navy in WWII as a

pharmacist’s mate, and her great uncle Roderick Stewart’s adventures flying a B-17 Flying Fortress in England and Australia added an unique element to weave into her novels. After her vivid dream, she devoted more time to learning the craft of storytelling and writing, a pursuit that ultimately led to publication of her first novel in 2010, “A Distant Melody,” the first historical fiction work in her initial trilogy, *Wings of Nightingales*. Looking back, she sees strong parallels between pharmacy and writing. Her years in healthcare, caring for patients and hearing their stories, gave her a rich understanding of the complexity, resilience, and struggles that ultimately shape memorable characters.

One thing that emerged repeatedly throughout our discussion was Sundin's fascination with lesser-known stories from pharmacy history, including those of military and civilian pharmacists during World War II. While researching “On Distant Shores”, part of her *Wings of the Nightingale* series, she discovered a chapter of pharmacy history unfamiliar even to many pharmacists today: Army pharmacists served as enlisted personnel rather than commissioned officers. As a college graduate, pharmacists would qualify for officer training and could be an officer. However, despite their professional education and expertise, there was no officer opportunity for a pharmacist, and if you wanted to practice as a pharmacist, you had to be an enlisted man. Pharmacists,

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more frequently referred to as “druggists” during this time, often lacked the status afforded to physicians and nurses, leading to significant frustration within the profession and efforts to establish a commissioned Pharmacy Corps.

When Sundin shared this with her husband, who is also a pharmacist, he was outraged. This history, along with a patronizing attitude by the US Congress at this time, provided more than background information. It became the central conflict driving one of the novel's primary characters, Sgt. John Hutchinson (“Hutch”). Through Hutch's experiences, readers witness both the professional challenges faced by military pharmacists and the personal consequences of bitterness, disappointment, and unmet expectations. Rather than portraying Hutch simply as a victim of historical circumstance, Sundin explores a deeper message: the importance of finding meaning and purpose in service, even when recognition fails to arrive.

As those of us interested in the history of pharmacy often appreciate, some of the profession's most meaningful stories are those that remain largely untold. Sundin noted that she initially struggled to find information about pharmacists' military service during World War II before discovering historical accounts and resources detailing their experiences. Coupled with background information that unfolded in Dennis Worthen's "Pharmacy in World War II,"¹ multiple discoveries allowed her to introduce readers not only to the logistical realities of operating pharmacies in frontline evacuation hospitals, but also to the broader professional debates surrounding pharmacists' status in the military. For example, she tapped into her technical training from her bachelor's degree in chemistry to read manuals for the operation of bombers. At one time Sundin was deeply intrigued by a picture from a WWII field hospital in Italy. She wanted to write a story because she simply couldn't find anything that brought this image to life. In another instance, her son guided her through astronomy and stargazing, and they researched which constellations would be visible during certain times of the year and seasons, as well as geographical locations

from battle sites to be historically and scientifically accurate in her descriptions. Through historical fiction, she has helped bring an overlooked chapter of pharmacy history to audiences who otherwise may never have encountered it.

Perhaps the strongest insight from the interview was Sundin's belief that pharmacy and storytelling are not nearly as different as they might appear. Both are ultimately rooted in understanding people. In Sundin's novels, those worlds converge, preserving important stories from pharmacy history and WWII while reminding readers that the profession's greatest contributions have always been about serving others.

Watch for upcoming series of reviews of this pharmacist-author's works, particularly those that include pharmacists and their work in WWII.

Sarah Sundin's Works:

Wings of Glory Trilogy

A Distant Melody
A Memory Between Us
Blue Skies Tomorrow

Wings of the Nightingale Trilogy

With Every Letter
On Distant Shores
In Perfect Time

Waves of Freedom Trilogy

Through Waters Deep
Anchor in the Storm
When Tides Turn

Sunrise at Normandy Trilogy

The Sea Before Us
The Sky Above Us
The Land Beneath Us

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Stand Alone Novels

When Twilight Breaks
Until Leaves Fall in Paris
The Sound of Light
Embers in the London Sky
Midnight on the Scottish Shore
Mists Over the Channel Islands
Twelve Days and Twelfth Night
The Refuge of Le Chambon (release 2027)

Megan R. Undeberg, PharmD, BCACP
Professor of Pharmacotherapy,
Washington State University College of Pharmacy
and Pharmaceutical Sciences

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UPCOMING EVENTS AT AACP ANNUAL MEETING!

**“125 Years of Success:
Historical Context for Current Issues in
Pharmacy Education”**

Speakers: Lucinda Maine

Moderator/Discussant: Wesley Sparkmon

Tuesday, July 21, 2026

10:15-11:15 AM

Texas Ballroom 4-6, Convention Center/Level 3

HISTORY OF PHARMACY SIG NETWORKING SESSION

Monday, July 20, 2026

12:00-1:00 PM

Fort Worth 4, Convention Center/Level 3

RECOGNIZE YOUR STUDENTS FOR THEIR ACTIVITIES RELATING TO THE HISTORY OF PHARMACY!

The American Institute of the History of Pharmacy offers certificates to students to recognize their achievements in the area of History of Pharmacy. Nominate deserving students at the link below. The certificates could be sent directly to the students or to the schools for presentation at an awards ceremony.

Link: [#AIHP/ Student recognition certificate](#)

We are pleased to announce that **Eric Welch** (University of Kentucky) has been elected Chair-Elect and **Tracey Mersfelder** (Ferris State University) has been elected Secretary of Knowledge Management of the History of Pharmacy SIG. Both will be installed at our June business meeting or at the upcoming Annual Meeting in Grapevine, TX. Their terms of office begin August 1, 2026 .

**Congratulations,
Eric and Tracey!**



American Association of
Colleges of Pharmacy **AACP**

About the History of Pharmacy SIG

The academic year (2025–2026) marks the eighteenth year since the History of Pharmacy Special Interest Group (SIG) was formalized as an AACP SIG.

As an open academic forum, the SIG strives to facilitate the exchange of ideas and innovation among pharmacy faculty across disciplines; to serve broadly as an accurate information resource for teaching, learning, and scholarship pertaining to the evolution and history of the pharmacy profession; to develop and maintain historical collections of artifacts and school or college museums; and to ensure the lessons, the message, and the legacy of the pharmacy profession is preserved to educate future generations of pharmacy students.

The SIG's mission rests on the premise that the history and legacy of the pharmacy profession will always be relevant to all pharmacy practice areas, including current and future scopes of practice. The History of Pharmacy SIG is relevant to you too! Join the History of Pharmacy SIG!

"THE HISTORY OF PHARMACY LIVES HERE...

...THE FUTURE OF PHARMACY BEGINS HERE."

—UNIVERSITY OF KANSAS, AT LAWRENCE, SCHOOL OF PHARMACY
MUSEUM

HISTORY OF PHARMACY SIG NEWSLETTER

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