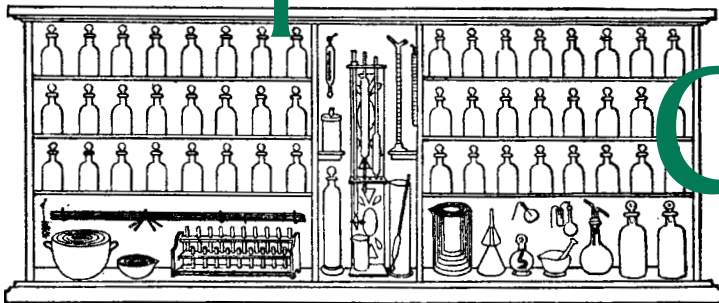


# Apothecary's Cabinet



No. 3, Fall 2001

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

**Editor's Note:** *With the increased interest in collecting pharmaceutical objects via the World Wide Web, we thought it would be worthwhile to revisit basic considerations when starting your historical collection. The next issue of Apothecary's Cabinet will include an article on using the Web for collecting.*

## Collecting Pharmaceutical Antiques

by Michael Harris and Charles Richardson\*

\*Excerpted from *Historical Hobbies for the Pharmacist*, ed. Gregory J. Higby and Elaine C. Stroud (Madison: American Institute of the History of Pharmacy, 1994).

### Getting Started

Selecting parameters for collecting [such as glassware, patent medicines, soda fountain items, etc.] make a collection more manageable than collecting all categories, unless of course the object is to recreate a period pharmacy setting.

Even with selected parameters, collectors usually branch out and add a few other items to complement their collection. For example, advertising trade cards or medical almanacs could complement a collection of pill-making devices. A mortar and pestle or show globe

could complement any type of pharmaceutical collection.

People who have limited space to display a collection can still enjoy the hobby. A collector has many small items to select from: medicine glasses, medicine spoons, powders, pill boxes, spatulas, patent medicine vials, pill finishers, pill

silverers, and many others.

A collection can be based on (a) a particular historical period, (b) artifacts made of a particular material such as brass, (c) items from a specific locality, or (d) all the various examples of an object such as all pill-coating devices.

After determining the type

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

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of collection, how does the collector get started? Try to make as many contacts as possible with other collectors with similar interests. Peruse the classified ads in collectors' publications and contact the collectors. Let them know you have similar interest, perhaps asking if they have duplicate items for sale or trade. You may find some who look upon you as competition and offer little assistance, but most collectors share information and welcome contact with their fellow collectors. Place your own classified ad in collectors' publications.

Auctions of pharmaceutical collections take place infrequently, perhaps only once or twice a year, but they offer the best opportunity to add to a collection. These auctions usually accept absentee bidding through a catalog issued prior to the auction. The auctions are usually advertised in all major antique publications.

Make contact with people in the pharmacies in your area, and let them know you are a collector of pharmaceutical items. Have calling cards made and imprinted with your collecting interest, and distribute them liberally. This will prove productive even though it might be months or years before you have the

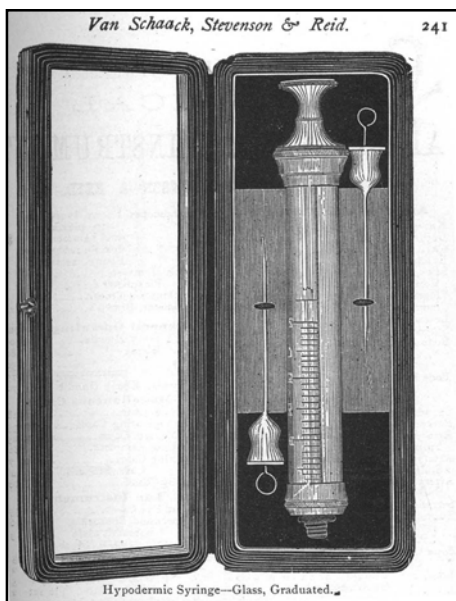
first response from some of these contacts.

Contact all of the antique shops and antique malls in your area. Tell them of your interests, and leave your calling card. Dealers do save these cards and some also maintain their own list of items wanted by local collectors. Most antique shops and practically all antique malls distribute free sample copies of collectors' publications.

One good source of pharmaceutical antiques is dealers who specialize in medical/pharmaceutical antiques by mail order. There are several such dealers currently in business and all of them publish catalogs. Don't overlook dealers who only advertise "medical antiques" or "scientific antiques"—these catalogs usually also contain pharmaceutical items.

Flea markets are not a good source of pharmaceutical collectibles, however, one can occasionally find patent medicines, and domestic medicine items such as vaporizers, invalid feeders, and bedpans at flea markets.

After deciding on the type of pharmaceutical antiques to collect and finding sources, you probably will want to know how much the items



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

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you find are worth. The main factor in determining value of a pharmacy antique is the condition of the item. There are other factors that influence the value of an antique. Objects that have the original container are worth more than the same item without its container. Items that are identified by a maker's name are generally worth more than a similar item without the name. Markings such as patent dates and patent numbers tend to increase the value of an object. Implements that still have the written directions for use are more valuable than the same item without the directions. The presence of a proprietary tax stamp would increase the value of a patent medicine. There are numerous other factors that influence the value of a collectible that will become apparent to collectors as they become more involved in the hobby.

Price guides are available, and may accurately represent market prices when published, but are soon obsolete. Visiting antique shops and antique



Four Pieces.

shops and noting prices can be of assistance. Another way to keep abreast of prices is to subscribe to the catalogs distributed by mail order dealers who specialize in medical/pharmaceutical antiques. Priced auction catalogs are also very useful, but unless one has attended the auction, the condition of items must be accepted as described in the catalog.



### “Dos” and “Don’ts” for your Collection

**DO NOT** touch brightly finished metals with bare hands. Finger prints leave oils that will corrode the surfaces of the metal leaving permanent proof of mishandling. **DO** wear cloth gloves when handling all metal objects.

**DO NOT** use abrasives of any kind on any specimen, no sandpaper or emery, no scouring powder, no metal polish. They all damage the original surface.

**DO NOT** use tape of any kind. The tape can remove the finish or if left on for a period of time could react with the artifact thereby destroying the surface. Cellophane and masking tape do not belong near a collection!

**DO NOT** refinish—try to preserve the original finish when possible. It maintains the integrity and historical importance of the artifact. Keep faith with the past.

**DO NOT** pick up an item by its handle or appendage. Lift it

below its center of gravity. Support the artifact at all times.

**DO NOT** wash off original labels or remove tags. They are an essential part of the specimen.

**DO** read recommended conservation texts to find the best method of preservation or conservation. First try the procedures on a small part of the artifact, then wait a few days to see if the process is compatible with the specimen. **DO** wait until you have satisfied yourself that you have found the best conservation procedure. A few extra weeks wait will not alter the life of the specimen.

**DO** act in such a way as to consider that the artifact has to last forever. It can and should.

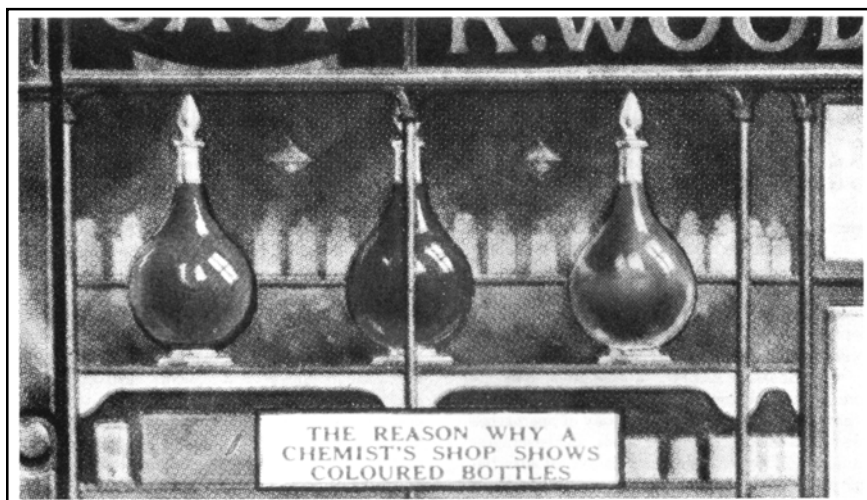
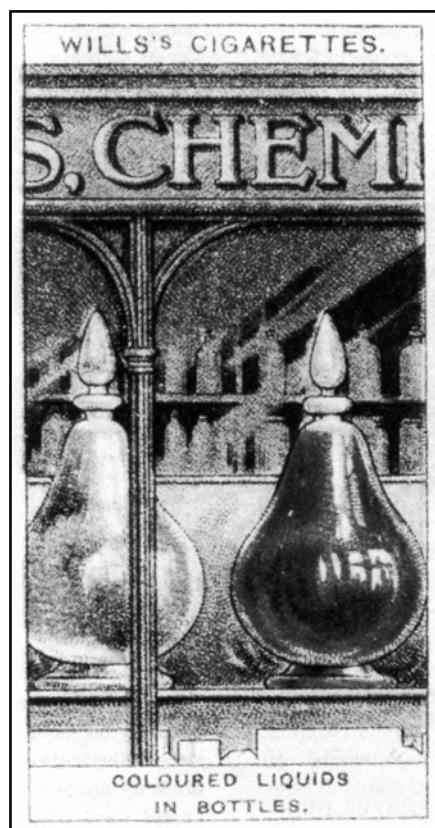
**DO** be aware of the safety consideration in handling and storing medicines and chemicals.

# Cigarette Cards

by William H. Helfand

Cigarette cards, normally less than seven by four cm in size, were given as premiums with packages; they were widely collected from their inception in the United States in the 1870s. Hundreds of series were published on both sides of the Atlantic, the most popular subjects being royalty, women, sports heroes, military figures, history, politics, actors, and actresses. Other than several sets illustrating first aid measures, few have pharmaceutical or medical interest.

In two different series, however, “Do You Know,” published by Wills Cigarettes around 1920, and “The Reason Why,” issued by The Imperial Tobacco Company of Canada around 1925, cards of show globes in pharmacy windows were used along with the question of why they were there. The Wills answer states that the bottles “owe their origin to the custom that prevailed in the days of the old alchemists and apothecaries. Many of these were quacks and frauds, who used to display a wonderful assortment of large retorts, curiously shaped bottles, jars, etc., in order to impress their importance upon the ignorant customers.” The Imperial card, hori-



zontal in shape, comments on the colors in the showglobes, noting the “the blue and red colors represent venous and arterial blood, and the exhibition of these colors was to let the public know that the person displaying these signs was capable of bloodletting, which was then considered a cure for almost every known disease.” Both answers are wide of the mark, for colors could be other than red or blue, and the essential purpose of showglobes was to act as symbols for the pharmacy in a period of less than universal literacy.

## Member News

**George Zografis**, Edward Kremers Professor at the University of Wisconsin-Madison School of Pharmacy, received the APhA 2001 Ebert Prize for the best report of original investigation of a medicinal substance published in the *Journal of Pharmaceutical Sciences* in the past year. He was senior author of the paper “The Relationship between ‘BET’—and ‘Free Volume’—Derived Parameters for Water Vapor Absorption into Amorphous Solids.” The Ebert Prize, established in 1873, is the oldest pharmacy award in the United States.

**Joseph L. Fink, III**, has been appointed to serve as Parliamentarian for the APhA House of Delegates.

**Alan J. Vogenberg** testified in March at the Pennsylvania House of Representatives Democratic Policy Committee hearing on a bill on long-term care and the rising cost of prescription medications.

The Rutgers University College of Pharmacy, the Alpha Zeta Chapter of Rho Chi, and AIHP an-

nounce the Thirteenth Annual David L. Cowen Lecture in the History of Pharmacy. This year's lecture will be "That Amiable Science: A Brief History of American Medical Botany," by **Michael A. Flannery**, recipient of the American Institute for the History of Pharmacy's Edward Kremers Award for his biography of John Uri Lloyd. The lecture will be held

in Room 111 of the William Levine Hall Pharmacy Building on the Rutgers Busch Campus at 4:30 p.m. on 23 October 2001. It is open to the public and especially those particularly interested in pharmacy, history, or botany. A reception and dinner will follow the lecture. For more information or dinner reservations, contact Mary French (732) 445-2675 ext. 605.



**My grandfather was a pharmacist and owner of a pharmacy in the Bronzeville area of Chicago around 1910. What kind of an education was required at that time? Where would he have gone to school? Was he licensed, and with whom?**

In 1910 there were few educational requirements for pharmacists. At that time, New York was the only state requiring a diploma from a school of pharmacy. Instead, pharmacists generally learned their trade through apprenticeship. There were schools of pharmacy in Chicago and Madison, Wisconsin, and other nearby areas. Formal schooling generally lasted two years and graduates received a Ph.G. degree (graduate in pharmacy). At the turn of the century, only a small minority of pharmacists finished formal education. In order to practice, pharmacists generally had to serve four years of apprenticeship and pass an examination administered by a state board of pharmacy.



*Students in the Pharmaceutical Laboratory at the Chicago College of Pharmacy in the early twentieth century.*





### How do you make the colored water used in show globes?

As a service to their dealers and customers, the 1875 Van Schaack, Stevenson & Reid catalog included recipes for making the colored liquid for window globes.

Sixty years later, pharmacists still were interested in displaying the colored show globes. In 1936 the *Pharmaceutical Recipe Book* (prepared under the authority of the American Pharmaceutical Association) set aside three pages for "Colors for Show Globes." Many of the recipes in this later book are the same as those in the Van Schaack catalog. One notable change in the production of colors resulted from the introduction of aniline dyes. The cochineal red in the Van Schaack catalog is replaced by aniline colors. Cochineal is a dye produced from a scale insect, and was a major dyestuff dating from pre-Hispanic Mexico until 1900

when it was replaced by synthetic and aniline dyes. Aniline colors, however convenient, have a tendency to fade and need to be tended to from time to time. The interest in show globe colors indicates a continued concern with maintaining an aesthetic link to tradition, while at the same time turning to the practical side of chemistry.

For the Convenience of Dealers

REQUIRING

## Show Colors for Window Globes,

Van Schaack, Stevenson & Reid

SUBMIT THE FOLLOWING:

### BLUE.

1.—Take of Sulphate of Copper, 1 ounce; Solution of Ammonia, half pint; Water, a gallon. Dissolve the Copper salt in a pint of water, filter, add the Ammonia, add afterwards the rest of the water. This Solution is of a beautiful dark shade. A Light Blue Solution is obtained as follows:

2.—Take of Sulphate of Copper, 8 ounces; Water, a gallon; dissolve and filter. The addition of a pint of Solution of Acetate of Ammonia renders it more decidedly blue, and similar to the next.

3.—Take of Carbonate of Copper, 6 ounces; Nitric Acid, 12 fluid ounces; Water, a gallon. Dissolve the Copper salt in the Acid, and add the water.

### GREEN.

1.—By mixing Solutions of *Tersulphate of Iron* and *Sulphate of Copper*, various shades of Green can be obtained.

2.—A beautiful Emerald Green is obtained by adding to a Solution of *Nitrate of Copper*, a little of a Solution of *Bichromate of Potassa*: (too much of the latter renders it brownish green.)

3.—A similar color of a much darker shade is made as follows:—Take of Sulphate of Copper, 10 drachms; Bichromate of Potassa, 6 drachms; Solution of Ammonia, half pint; Water, a gallon. Dissolve the salts separately in half a pint of water, mix the filtered Solutions, add the Ammonia, and when the precipitate has been dissolved, add the water.

4.—Take of Carbonate of Copper, 8 ounces; Muriatic Acid, 2 pints; Water, a gallon. Dissolve the Copper salt in the Acid, and add the water. This Solution has a splendid light green color.

5.—Take of Sulphate of Nickel, 8 ounces; Water, a gallon. Dissolve and filter. This Solution is scarcely superior to No. 4, and is more costly.

### PURPLE.

The cheapest and best is made by dissolving pure Crystallized Permanganate of Potassa in distilled Water, in the proportion of 1-4 to 1-2 grain to the fluid ounce. Avoid dust and all organic substances while preparing it.

### RED.

1.—Take of Bichromate of Potassa 4 ounces; Water, a gallon. Dissolve and filter. This Solution has a yellow tinge; the following is more of a brownish red color:

2.—Take of Iodide of Potassium, ½ ounce; Iodine, 2 drachms; Water, a gallon. Dissolve the Iodide and Iodine in 1 ounce of water, then mix the Solution with the water.

3.—Take of Cochineal, 1 ounce; diluted Sulphuric Acid, 1 drachm; Water, a gallon. Powder the Cochineal, triturate it successively with the water in several portions, filter and add the Acid.

4.—Take of pure Carbonate of Cobalt, 8 ounces; pure Muriatic Acid, 1 pint; distilled Water, 1 pint. Mix the Acid with the water, dissolve it in the Cobalt, heat to boiling, and filter. This is of a very fine rose red color, and may be considerably diluted for large globes.

### YELLOW.

1.—Take of Bichromate of Potassa, 3 ounces; Carbonate of Soda, 3 ounces; Water, a gallon. Dissolve the Bichromate of Potassa in half a gallon, and the Soda in a pint of water; pour the latter Solution slowly into the former, and when the evolution of Carbonic Acid ceases, add the rest of the water.

2.—Tincture of Chloride of Iron, 1 pint; Water, 7 pints. Mix them.

3.—Solution of Tersulphate of Iron, 8 fluid ounces; Water, 7½ pints. Mix them. This Solution has a brownish red tinge; by the addition of a little Sulphuric Acid, the color becomes of a purer yellow. Too much Acid renders it pale and nearly colorless.

VAN SCHAACK, STEVENSON & REID

200

Order your 2002 AIHP Historical Calendar! Twelve new views from pharmacy's past, available in October: \$4 for AIHP members, \$6 for non-members. American Institute of the History of Pharmacy, 777 Highland Ave., Madison, WI 53705.

# Emergence of American Pharmacy

by Gregory J. Higby\*

IN the United States no single profession or occupation has ever controlled the distribution of drugs and medicines. Just as today, shopkeepers in colonial times sold tonics and cough medicine. In the early nineteenth century, a wide variety of workers practiced pharmacy, that is, the compounding of medicines from crude drugs or ingredients. In order to make the following discussion fairly clear, I will introduce the cast of characters involved in pharmaceutical practice, before concentrating on changes that occurred in pharmacy.

In the antebellum period, American medical care was in a state of disarray, with a plethora of poorly trained physicians (both regular and irregular), itinerant doctors, traveling peddlers of drugs, and proprietors of drug-stores dispensing different levels of advice over the counter. Moreover, domestic medicine treated the vast majority of ailments in a nation predominantly rural and generally skeptical of the value of physicians. This was especially true before widespread industrialization undermined the self-reliance of most Americans. Aside from the sizable minority who advocated drugless treatments such as dietary reform and hydrotherapy, most purveyors of health care relied on some form of medicine. Because of this, drug-stores, either wholesale or retail, served as a point of intersection for most Americans concerned with healing. The coincidental growth of the number of drugs available during the antebellum period also helped to stimulate the development of the American drug market.

Most of the botanical drugs used in the United States in the nineteenth century were not cultivated in significant quantities in North

America and had to be imported: asafetida from Iran, camphor from the East Indies, opium from Turkey, and cinchona bark from South America. Most drugs came to the United States through general merchants rather than through specialty houses before the Civil War. Brokers would then sell the imported drugs to wholesalers for a small commission. Only a few drug houses, like Schieffelin Brothers of New York, employed foreign buyers to ensure the quality of imported drugs. Without this check, most drug wholesalers were forced to fight a continuing battle of wits with clever brokers trying to palm off poor quality or adulterated drugs. This concern for quality stimulated many of the scientific and technological investigations of the antebellum period as well.

## Physicians

In the antebellum period, chaos came to the profession of medicine. The traditional practice of medicine and its education and regulatory systems were challenged by groups of alternative healers, usually referred to as “sectarians” by historians. Some sectarian groups had origins in Europe (homeopaths) or others advocated drugless therapies (hydropaths), but most were homegrown healers convinced of the superiority of herbal treatments over the mineral-laden *materia medica* of regular physicians. In 1854 William Procter reflected on the history of this “American botanico-medical movement,” which influenced the direction of pharmacy:

About forty years ago, Samuel Thomson, of New England, an energetic but illiterate man, commenced the practice of that system of empiricism that subsequently under the name of Thomsonianism was seized upon by the popular mind, and for a time became the favorite practice of a numerous class of persons, especially among farmers, who, pleased with the idea of being their own physicians, were not slow in patronizing a scheme that, without collegiate study, offer[ed] to give them the knowledge requisite for

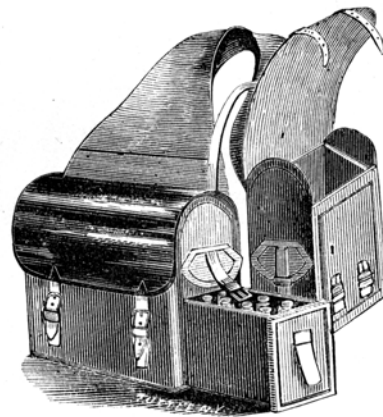
\*From Gregory J. Higby, *In Service to American Pharmacy: The Professional Life of William Procter, Jr.* (Tuscaloosa and London: The University of Alabama Press, 1992).

medical practice. In the process of time the crude ideas of the founder were more and more modified by his disciples . . . and some degree of science, both as regards botany and pharmacy, crept into their practice, which now included a numerous list of the plants indigenous to our country. The advent from time to time of a regular physician among them brought in an admixture of regular ideas; and at this time, quite a numerous body of men, principally in the West and North, are engaged in the practice of a scheme of medicine and pharmacy which is known as "Eclecticism," or "the Eclectic Practice of Medicine."

In order to compete with regular physicians, sectarians banded together and convinced state legislatures to repeal licensing laws. In Jacksonian America, the idea that "every man could be his own doctor" carried the day. Anyone with enough drive and courage could practice as a physician. In eastern urban centers, bastions for orthodox medical practice and education, sectarians were in the minority. The enthusiasm for indigenous drugs and overblown claims of achievements in scientific pharmacy common among botanical sectarians, however, did influence the elite of pharmacy in the East. Protective of their intellectual domain, they tested each new "discovery" of the botanics, particularly those dealing with indigenous drugs. They found most wanting, but in contrast to the elite of regular medicine, these pharmacists did not reject the efforts of botanics out of hand.

Until the late nineteenth century, American physicians, whether sectarian or regular, were forced by circumstances and convention to compound and dispense many of their own prescriptions. Pharmacists were common in cities and towns, but not common in areas of sparse population. At the beginning of the nineteenth century, a medical apprentice's first introduction to physick usually came in the compounding of his preceptor's prescriptions. The acquisition of manual skills, such as the pharmaceutical and surgical arts, was a prime objective of apprenticeship. As medical school education displaced the apprenticeship system during the 1820s and 1830s, the pharmaceutical knowledge of physicians began to decline, with physicians relying more and more on apothecaries and later on drug manufacturers.

Because most antebellum physicians practiced far from any drugstore, the filling of medicine bags and chests was a major source of



*McKesson & Robbins advertised this russet bridle leather saddle bag medicine case in their 1872 catalog.*

business in the drug trade. Some jobbers and large retailers like the Parrish brothers of Philadelphia specialized in their production. In the nineteenth century the offices of physicians contained a wide gamut of pharmaceutical furnishings, running from a shelf or two of standard preparations to fully equipped shops. Early in the century, when the apprenticeship system still ruled, the "pharmacy" was manned by a tyro physician. Coming out of the tradition of the British apothecary shop, so-called doctor's shops commonly provided pharmaceutical services in the late eighteenth and early nineteenth centuries. Dr. John Morgan, the best-known advocate of separating pharmacy and medicine in the young republic, eventually returned to the shop himself to make ends meet.

As pharmacies became more common as part of a general trend toward specialty retail establishments, doctor's shops declined in the first quarter of the nineteenth century. Yet, as young physicians poured out of proprietary medical schools in the second quarter of the century to find urban areas full of competitors, many resorted to opening shops. Because they appeared to charge only for the medicine they prescribed and not for their services, these doctors were cursed by established physicians and apothecaries alike.

Shop doctors tended to hire employee apothecaries (usually called "drug clerks") for two reasons. If they had missed out on much of the pharmaceutical training usually obtained through a long medical apprenticeship, young physicians needed someone to compound pre-



scriptions. Even if they had sufficient expertise, successful shop doctors sometimes hired a drug clerk to keep shop while they diagnosed and prescribed. If they succeeded to the point of having a full office-style practice, shop doctors often sold off their businesses to their clerks, thereby stimulating the growth of the retail drug trade. As proprietors, former drug clerks took on the title of apothecary.

Although former clerks at doctor's shops added to the number of practicing apothecaries, most had roots in drug wholesaling. In the backrooms and cellars of drug warehouses young men learned pharmacy—"the art . . . of preparing, preserving, and compounding substances . . . for the purposes of medicine." Generally speaking, there were relatively few specialized retail establishments in the United States before 1815. Drugstores commonly combined a small retail business with a more sizable wholesale trade, but with separate departments: "the front part of the lower floor devoted to retail and prescription business, and the rear to the counting-room and packing of goods for city and country trade." The upper floors served as warehouses, with chemical work done in the basement.

### **Apothecaries**

Apothecaries had practiced in North America since the early colonial days, but American physicians in general did not view their services as essential and distinct until the early nineteenth century. Physicians or their apprentices compounded almost all prescriptions with drugs purchased from wholesalers or from the small number of retail drug sellers (apothecaries) who practiced in urban areas. A look at the policies of early American hospitals illustrates a shift in attitudes. The first hospitals of the young republic, for instance, employed medical apprentices as staff apothecaries. *A Brief Account of the New-York Hospital*, published in 1804, for instance, states: "A house Surgeon and Apothecary constantly reside in the Hospital.—these offices are filled by the students of the Physicians and Surgeons belonging

to the Hospital, which affords an excellent school for the young men appointed to those places." The staff apothecary practiced both pharmacy and medicine in a manner analogous to the British apothecary, going on rounds, treating patients, and compounding prescriptions.

By 1811, however, the position of apothecary at the hospital had changed. The person chosen was a full-time pharmaceutical practitioner, tested before hiring on his prowess as a compounder of medicines. Instead of being obligated to go on rounds, he was required to stay in his "shop" (workroom) at all times. By 1819 the services of the pharmaceutical apothecary had become so essential that the hospital's bylaws not only required testimonials on an applicant's behalf, but also a \$250 bond to ensure "faithful performance of the duties of his office, and that he will not cease to perform the duties of this office, without giving two months notice of his intention to leave his employment."

Dispensaries followed a similar pattern, replacing medical apprentices with full-time apothecaries. By selecting responsible, mature individuals as apothecaries, the directors of hospitals and dispensaries could obtain competent day-to-day management of their institutions. (The apothecary usually served in multiple capacities, such as managing accounts and running the library.) More importantly for the budding occupation of pharmacy, full-time apothecaries provided reliable pharmaceutical services and probably encouraged prescription writing. From the 1820s on, as more and more physicians gained their clinical experience in hospitals and dispensaries instead of with preceptors, they learned to write prescriptions, rather than to compound them. After graduation some physicians continued to write out prescriptions, thereby stimulating the growth of pharmacy.

In the years before and after the War of 1812 urban physicians came to depend more and more on the expertise of apothecaries to ensure the quality of drugs and medicines. Yet even the most common of preparations such as laudanum or tincture of digitalis were made in a wide variety of ways, following recipes culled from European reference books. The appearance of American

books of drug standards, such as the *Pharmacopoeia of the Massachusetts Medical Society* in 1808 and the *Pharmacopoeia of the United States of America* (USP) in 1820, reflected both this concern and the increasing complexity of the drug market. Prescribing physicians organized their efforts to produce these guidebooks for apothecaries to ensure uniformity in the preparation of medicines. The preface to the Massachusetts Pharmacopoeia refers to “a perfect understanding [that] should exist.”

After the War of 1812 urban physicians continued to dispense, but people began to take advantage of the slowly growing number of retail apothecaries. For example, the fee bill approved by the New-York County Medical Society in January 1816 contained a detailed section of “Pharmaceutical Charges,” while in Boston, which had a more developed cadre of apothecaries, the medical association omitted pharmaceutical charges from its fee bill. The number of doctor’s shops, reflected in advertisements and city directories, was dropping off rapidly. A small class of retail apothecaries presented no particular threat to urban physicians in the first decades of the nineteenth century and provided several conveniences.

When examining the variety of practitioners involved in the production and sale of medicines before the Civil War, one should remember how easily occupations were exchanged as circumstances warranted. For example, around 1805 an Englishman named Constantine Adamson entered an apothecary’s shop in London as an apprentice at the rather late age of 20. After his apprenticeship he went to Nova Scotia to make his fortune. Adamson could not get a business going and subsequently joined the provincial army in 1812. After the war with the United States, he entered the Canadian lumber trade, where he made and lost a fortune in wood. Apparently to escape creditors, Adamson traveled to New York in 1817 and began teaching school. His health failed and he was treated by the physician-druggist Richard Seaman of the firm Walters and Seaman. Seaman’s business failed and he convinced Adamson to be his partner in a new store. Adamson returned to the drug trade after ten years and built a reputation as one of New York’s most honest and scientific druggists. He died in 1846 at the age of 62. His career as apothecary, soldier, lumber baron, school teacher, and druggist was not viewed as unusual.



There is a long tradition of political cartoonists using pharmacists and their products as props for their work. Here Teddy Roosevelt was shown “compounding” while Congress waits for the remedy.

## What Is It?



See page 14 for the answer.

# The Drugstore and the Telephone

by David L. Cowen

“Telephone Free to the Public” would be a startling advertisement today, but in 1880-1881 those were the exact words in the advertisement of Marsh’s Pharmacy in Newark, New Jersey, and “the usual course pursued by the retail pharmacist.” It was the corner store, especially the drugstore, that provided access to the telephone.

Free telephone service reflected the fact that the patron was most likely to use it to call the doctor, but in 1914 pharmacists were being urged “not to be afraid to have the patient pay his own telephone toll when calling his physician.” Moreover, because a prescription might eventually not be forthcoming, the pharmacist began to expect the caller to leave a coin. Needless to say, he was often cheated.

Early in this century the pharmacist first exhorted the telephone company to install “automatics,” pay-phones, and then haggled over the commissions that were paid. This was a weighty consideration: in 1910 the aggregate commissions to 765 Philadelphia pharmacists

were estimated at \$25,000 a year. If these figures are correct, they represent from 1 1/2 to 2 million 5¢ calls.

There was another advan-

porter’s time was spent as a telephone messenger calling neighbors to the phone. His idea of charging 5¢ if within one block and 10¢ if beyond,



tage to the telephone booth that became a fixture in every drugstore. A Chicago pharmacist who deprecated profanity found that the sound-proof booth changed the atmosphere of the drugstore from one of “sulfurous invocations” to “the environment of . . . revival meetings.”

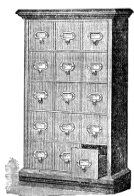
The drugstore telephone was also a message center, used by the neighborhood for incoming calls. In 1902 one pharmacist complained that half of his

seemed to take hold, but by 1911 it was reported as no longer workable.

Clearly the drugstore has played a social role beyond its involvement in the provision of health care.

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*The telephone booth in the back of this Wrightsville, Georgia pharmacy (c.1915) advertises both local and long distance service. (Photo courtesy Kremers Reference Files.)*



## COLLECTOR'S CORNER

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

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

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

**WANTED:** Surgical and medical antiques from the 18th and 19th Century. Also wanted: Surgical and medical prints and books from the 18th and 19th Century. Please call (515) 267-1821, fax (515) 267-9026, write Alan R. Koslow, 2716 Jordan Grove, West Des Moines, IA 50265 or e-mail [koslow@home.com](mailto:koslow@home.com)

**FOR SALE:** Own a piece of the financial history of the drug, chemical, pharmaceutical and health care companies. Stock/Bond certificates (canceled) are both history and an artform. Most priced under \$7.00 each. Send

SASE for list. Interested in buying similar items. Wayne Segal, Box 181, Runnemede, NJ 08078. e-mail [WaynePharm@aol.com](mailto:WaynePharm@aol.com)

**GOOD HEALTH TO ALL FROM REXALL!** I collect anything made for The Rexall Store. Especially want early consumer products and pharmacy items manufactured by the United Drug Company (1903-46, Boston). Also Rexall AD-VANTAGES magazines, calendars, almanacs, photos, and other franchise and advertising materials. United Drug brands: Puretest, Firstaid, Elkay, Kantleek, Jonteel, Liggett's, Fenway, Harmony (cosmetics), Electrex (appliances), Old Colony (inks), Klenzo, etc. What have you? Frank Sternad, P.O. Box 560, Fulton, CA 95439; (707) 546-3106, e-mail [fasternad@iscweb.com](mailto:fasternad@iscweb.com)

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

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

**FOR SALE:** USPs, US Dispensatories, APhA Yearbooks, and numerous others. Contact Halina Plonski, (503) 670-1319.

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

**WANTED:** Books & journals on Pharmacy (pre-1920), Pharmacognosy, Herbal/Botanic Medicine, Eclectic & Thomsonian Medicine, Phytochemistry, & Ethnobotany. I will purchase one title or entire libraries. David Winston, Herbalist & Alchemist Books, P.O. Box 553, Broadway, NJ 08808, (908) 835-0822, fax: (908) 835-0824, e-mail: [dwherbal@nac.net](mailto:dwherbal@nac.net)

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

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

\* \* \* \* \*

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

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## News & Notes



### New UW Pharmacy Building

The dedication for the new University of Wisconsin School of Pharmacy building is scheduled for September 21, 2001. Right now boxes are still being unpacked, and places found for artifacts new and old.

The first historical exhibit to go up in the school is the display of Dutch drug jars commissioned by Edward Kremers in 1930 for the School of Pharmacy. This may be the only collection in the

United States of these practical and stylish drug jars. Paul Hobbel, who produced the set in his studio in Laren, Netherlands, was one of the few potters in the Netherlands in the period between the two world wars with his own studio. He sought to develop a design for apothecary jars that would be both practical and esthetically elegant. His designs, with simple lines and monochromatic lettering, were forerunners of the functional designs of the postwar period. As the

AIHP unpacks more boxes of artifacts, additional historical displays will be prepared.

### Get a Member—Get a Book

Get a new member to join the AIHP (including yourself)—using this coupon—and you will get a copy of the book: *History of Drug Containers and Their Labels*, by George Griffenhagen, and Mary Bogard. Don't forget to include your name on the coupon. (New members get the book too, using this coupon.)

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# Drachms & Scruples

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

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

**Pasta.** Ointment-like mixtures of starch, dextrin, zinc oxide, sulfur, calcium carbonate, or other medicinal substances made into a smooth paste with glycerin, soft soap, petrolatum, lard, or other fats, and medicated with antiseptic or astringent agents, designed for external use. Early pastes, such as *Pasta Glycyrrhizae* and *Pasta Althaeae*, were internal preparations, most of which were of gum-like consistency. The modern external pastes were introduced by the noted dermatologists Paul G. Unna and Oskar Lassar around 1900. Dermatologic Pastes normally contain a higher proportion of powdered material than that included in ointments and are less greasy but more absorptive than other preparations for external application. Pastes entered the *National Formulary* in 1906.

**Elixirs.** Sweetened, hydroalcoholic, flavored liquid medicines, which became popular in mid-19th-century America. The word is derived apparently from the Arabic *al-iksir*, which is an Arabic form of the Greek, *xirion*. Originally the term meant “dry powder.” Elixirs came into medicine through their connection with alchemy. *Elixir Rubrum*, one of the most renowned alchemical compounds, could supposedly turn mercury to gold or prolong life. The term was picked up by followers of Paracelsus (1493–1541) and became applied to liquid preparations. European elixirs were generally bitter. One of the first American elixirs was Cordial Elixir of Quinine (ca. 1838), made by John T. Heinitsh of Lancaster, Pennsylvania. After the Civil War an “elixir craze” began, which led to scores of companies competing for business. As much as any other development, the “craze” led to the publication of the first *National Formulary* in 1888.

**Extracts.** Pasty or semisolid masses or dry, solid, or powdered products prepared by exhausting drugs with appropriate solvents, carefully evaporating the products to fixed standards. An extract is intended to preserve the useful constituents of a drug in a concentrated, relatively uniform, permanent condition, and in a form suitable for medication. The *Edinburgh Pharmacopoeia* (1817) and *Dublin Pharmacopoeia* (1826) distinguish between extracts prepared from infusions, decoctions, or tinctures, and those prepared from the expressed juices of plants, calling the latter *succi spissati* or inspissated juices. Three forms of extracts are recognized: semiliquid or those of syrupy consistency; plastic masses known as pilular or solid extracts; and dry powders known as powdered extracts.

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

## What is it?



This is a set of **auricles** — small ear trumpets made to fit the sides of the head and supported by a band of metal. Auricles were more popular with women, who could cover them

with long hair or headdresses. This illustration comes from the 1896 edition of the wholesale catalog of Peter Van Schaack and Sons of Chicago.

During the late 1800s, American pharmacies sold a wide variety of surgical instruments, support garments, and other medical equipment. For those with hearing loss, ear trumpets offered some help before the advent of modern, amplified hearing aids. The Van Schaack catalog, while somewhat enthusiastic, did warn potential sellers (pharmacists) of

possible troubles: “Those commencing the use of Aids to Hearing, especially of Trumpets or Auricles, frequently are disappointed at first trials, and will complain that sounds are confused, but after a short experience the sounds are more natural and the assistance derived is so highly valuable that the user cannot be prevailed upon to dispense with them.” The catalog was less enthusiastic about auricles, saying that they were “not adapted to the uses of those who are more than moderately deaf.”



## A Backward Glance at American Pharmacy

EDITED BY GREG HIGBY

100 Years Ago

“A big gray tomcat of unknown pedigree and ownership played the role of the bull in a china shop in the prescription department of Fred. A. Pollard’s drug store, at Monticello and Jewett avenues, Jersey City. Entering by a rear window it landed among a lot of bottles and scattered them over the floor. The cat attempted to make a hurried escape, but fell short of the window sill and toppled over a five-pound bottle of hydrochloric acid, which dropped on a big bottle of ammonia water. The cat fell at the same time, and as the bottle smashed on the tile floor it received a bath of acid and ammonia. The effect was galvanic. The cat fairly sailed about the room, lighting for a second on a shelf, then sailing to the top of a case, and every time he took a flying leap a number of bottles crashed to the floor. In its wake it left a wreckage of smashed bottles of cologne, acids, tinctures, soda syrups, etc. After butting his head against the wall many times, and taking a score or more trips through the acid and ammonia, the cat succeeded in getting out of the window, and the last seen of the animal it was going down Jewett avenue like a miniature steam engine at full speed, leaving a trail of smoke and steam, and about three times the size of an ordinary cat.” (*American Druggist*, vol. 38 (May 27, 1901): 309-310.)

75 Years Ago

“To mix a soda, draw one ounce of syrup into a six-ounce thin glass, and a little finely chopped ice—never large lumps—then fill glass with coarse stream of soda water. Hold glass close to draft arm outlet, and at such angle that water will strike side of glass. Stir with spoon until it foams, from four to eight vigorous strokes are enough. Never put in water first, then syrup, and never add water after drink has been stirred. Use a thin blown glass. No one likes to drink out of thick pressed glass. It is not pleasing to the eye, the touch nor the taste, and seriously affects the refrigeration of the drink. A drink served in a thick glass is two to six degrees warmer than in a thin glass. A slight saving in breakage is lost many times by customers who go where they may have a nice, thin, highly polished glass to drink from.” (*American Druggist*, vol 74 (June 1926): 31.)

50 Years Ago

“The federal government maintains an institution at Lexington, Ky., for the treatment of narcotics addicts. In 1946 about three per cent of the admittances to that hospital were youths under 21 years of age. In 1950 addicts under 21 totaled 18 per cent of all admissions! The rate of admissions of youths to the federal narcotics addiction hospital is now running more than 700 per year! Officials are asking for money to make room for 800 patients more than the present capacity. The increase is expected to made up almost entirely of teen-agers. Those are shocking disclosures. They present the picture of a moral problem that is bound to have tremendous impact upon future generations. There is no indication that the drugs which these teen-agers are using – principally marijuana, followed by heroin and cocaine – are being obtained through legal drug channels. On the contrary, all indications are that their needs are supplied by the illicit traffic. Nevertheless, the pharmacist has a very definite responsibility to help reverse this trend in teen-age narcotic addiction. Small though it may be, his part is to take extraordinary precautions to assure that narcotic prescriptions are genuine, that narcotic stocks are well protected from theft, to promptly report inquiries or sales that would lead to suspicion of narcotics use.” (*Pacific Drug Review*, vol. 62 (May 1951): 10.)

25 Years Ago

In the nation’s first major immunization program—aimed at protecting every man, man, woman, and child from the deadly swine influenza expected to hit the country this fall—what role will pharmacists play? It’s not clear yet. The task force at the Center for Disease Control, Atlanta, is working with various government agencies, pharmaceutical researchers and manufacturers and , in general, all vital health and private sectors of the country, to develop a mass-inoculation plan. According to Katherine Lord at CDC, “Since pharmacies are often focal points for local community activity, it’s entirely possible that we’ll be dependent on them for help in the successful implementation of the nationwide program. It’s just too soon, though, to speculate on the degree of involvement.” Most likely pharmacists will play a part in the community education effort—explaining the program’s rationale to patrons, reminding them to get their inoculations, and referring them to designated distribution areas in their neighborhoods. (*American Druggist*, vol. 173 (May 1976): 54.)

APhA Sesquicentennial



## Call for Papers

American Institute of the History of Pharmacy  
Section on Contributed Papers  
at the APhA Annual Meeting  
March 15-19, 2002  
Philadelphia, PA

Titles and 200-word abstracts for 15-minute podium presentation must be received by **October 1, 2001**. No special abstract form is required. Send titles and abstracts to Julian Fincher, University of South Carolina College of Pharmacy, Columbia, SC 29208. For additional information call the AIHP office at 608-262-5378 or email: [papers@aihp.org](mailto:papers@aihp.org)

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