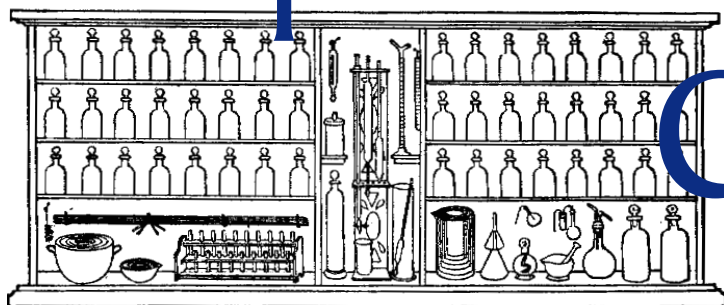


Apothecary's Cabinet



No. 7, Fall 2003

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

What is in a Name?

Edward Parrish on the Profession of Pharmacy (1866)

FULL professional status has been a central quest of American pharmacy for nearly 200 years. In leadership circles today, professionalism is again a prominent issue: Pharmacy organizations arrange special symposia on the topic and debate the meaning of professionalism in policy sessions. Articles and editorials grace the pages of journals. The current discussion would benefit from some historical context.

The excerpt that follows comes from a presentation Edward Parrish made before the annual meeting of the American Pharmaceutical Association in 1866. In his "Discourse on Titles," Parrish puts forward solutions to vexing problems that faced American pharmacy. Some of the problems, as well as Parrish's solutions, still resonate today.

Edward Parrish (1822-1872) was perhaps the best known pharmacist in the United States before his untimely death. He authored the first fully American textbook of pharmacy (1855), helped found the APhA in 1852, served as APhA president in 1868, taught at the Philadelphia College of Pharmacy, and published extensively on all things pharmaceutical. While his polite and scholarly colleague William Procter, Jr., drew

more accolades from the elite of pharmacy and medicine, the sometimes fiery and always pragmatic Parrish had a greater following among everyday practitioners at the time. He is all but forgotten today.

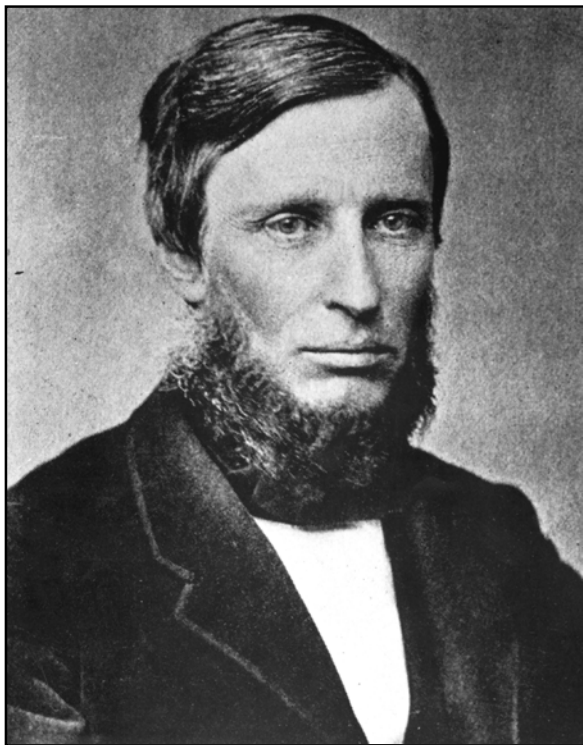
After the Civil War, Parrish and his contemporaries watched American society change dramatically and pharmacy with it. Large-scale manufacturing of pharmaceuticals began in earnest, thereby opening up pharmacy to those with less skill and training. Rather than making basic preparations in a shop's laboratory, people could buy them ready-made for later compounding into prescriptions. Leaders feared that ignorant newcomers to pharmacy, denigrated as "mere shopkeepers," would diminish the standing of the occupation. In response, some called for state regulation

of practice through licensing or mandatory training requirements. Parrish supported new laws in principle but argued more strongly that established pharmacists should improve their individual practices and thereby rise above the competitive fray that would envelope the incompetent store owners.

Parrish's "Discourse" reminds us that pharmacy's path to full professional status is replete with barriers because of its unique place on the cusp between health care delivery and the commercial marketplace. On the fronts of regulation and education, great strides have been made; in the forum of public opinion, progress is not complete. Parrish's advocacy for "pharmacist" and "pharmacy" helped elevate the stature of the profession. It took decades for both terms to gain ascendancy and the influence of

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.

this subtle innovation continues. A century would pass before patient consultation became a recognized part of practice. And in 2003, the APhA passed over Parrish's adjective "Pharmacial" and instead adopted "Pharmacists" in its new name demonstrating the lasting influence of this powerful little innovation.—Greg Higby



A somber yet intense Edward Parrish posed for this photograph about the time of writing "Discourse." In addition to his pharmaceutical pursuits, Parrish was a religious and educational activist helping found Swarthmore College and serving as its first president. (Kremers Reference Files, University of Wisconsin School of Pharmacy)

A Discourse on Titles, Etc.

*by Edward Parrish**

By the public acts of this Association and of the several Colleges of Pharmacy, we have repeatedly asserted our claim to the title of a Profession—the Profession of Pharmacy;—but the public, for whom we labor and from whom we claim the fruits of our labor, are no doubt variously impressed with the justness of this claim according to their appreciation of us individually, and their understanding of the term Profession as thus applied.

Do we make good our claim by corresponding actions? The so-called profession of medicine has a well recognized status in the community; it has been for centuries placed in a separate and quite distinguished niche in the social edifice. Doctors were long expected to appear in broadcloth, with well polished shoes, clean soft hands and well shaven chins. They must carry themselves with a genteel and professional air, and converse in good English with some show of classic lore.

The professional intercourse of such with the public is

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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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In the 1960s, Eugene V. White remodelled his conventional establishment into a professional pharmacy and advocated adoption of an office-based practice. Despite support from APhA and professional leaders, this model has not displaced the traditional drugstore. (Kremers Reference Files, University of Wisconsin School of Pharmacy)

somewhat reserved; guided by rules of ethics that shut them out in good degree from the ordinary effects of competition, they sit in closed offices, approachable only by a knock or ring at the bell. Neither trafficking in merchandize nor creating material products, their commodities are knowledge and skill, and they exact fees rather in proportion to their reputation than the amount of labor bestowed.

In which of these points, brethren of the pestle and mortar, do we resemble these professional men *par excellence*? As we look over our Conventions, do we recognize that odor of gentility, that professional air, which in popular estimation would entitle us to range with these distinguished classes?

I admit that in regard to dress and manners the old-fashioned distinction to which I have alluded has in good degree disappeared with the progress of civili-

zation and refinement, and he must be ignorant indeed who would found any classification of his fellow citizens upon such unmeaning particulars.

Language furnishes a rather higher grade of distinction, generally giving some clue, if not to the extent and variety of education, at least to early domestic training and culture, yet who has not known most esteemed doctors of the law, of medicine and even of divinity, who have misused and mispronounced the plainest words, and have tallied as unpolished English as an ordinary tradesman or mechanic?

The truth is that now-a-days the masses are being brought up in general education and refinement where the learned professions were two generations ago, and if asked to select models of intelligent, influential and even cultivated men we should probably find almost as many in mercantile circles and

among master mechanics, bankers, financiers and business men as among those formerly characterized as of the learned professions.

A long recognized difference between the professional man and tradesman has been adverted to in the fact that the former deals in ideas and opinions, and is approached through some formality in a dwelling or office, while the latter, to use the familiar phrase of the English, keeps open shop, buying and selling merchandize for a profit.

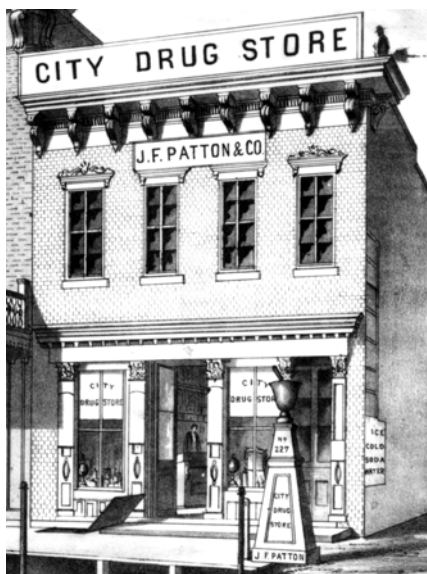
If we were to picture a preparer and dispenser of medicines who should justify the public estimate of a strictly professional man; we might fit him out somewhat as follows: He should have a neat suit of rooms in a building having no aspect of a shop, no bulk windows or show cases. On entering the reception room the patron should be shown to a seat, furnished with suitable reading

matter during the necessary detention. The prescription to be compounded should be taken to the laboratory adjoining, duly registered and prepared. Any medicine or medicinal appliance which should be sought without a physician's prescription could be furnished to order, or might be the subject of consultation with the pharmacist, whose office should adjoin the reception room and the laboratory, and be furnished with analytical tests and apparatus, a scientific library and other conveniences. The stock, which would be strictly confined to those articles needed in sickness and as dietetics, would be arranged in the laboratory and store room and need not be displayed to the view of the public.

The numerous fancy articles, appliances for the toilet and empirical preparations which are displayed in cases in our shops, would be missed from this genteel and professional pharmacy, and their places might be filled by many appropriate and attractive features combining utility and ornament.

The proprietor of this establishment must of course be an educated man, possessing a full and accurate knowledge of all the sciences accessory to his art; his attention would be directed to giving advice equally to physician and patient, who would resort to him on the ground of his superior attainments and exclusive devotion to the professional duties pertaining to the selection, preparation and dispensing of medicines. Eschewing every species of quackery and depending only upon intrinsic merit for success, such a pharmacist might be independent of competition, and if he possessed adequate personal qualifications for his profession, a good situation and large constituency, and was respected by the medical profession as he would deserve, he might demonstrate the feasibility of taking from Pharmacy its unprofessional features and giving it the external appearance of a profession.

Keeping open shop is certainly in no sense degrading, and I would not in this portraiture of the ideal professional pharmacist be understood as setting him one whit above those of us who in good faith toward physicians, the public and each other, fulfill the obligations of our



York, Pennsylvania, 1876.



Delhi, NY, c. 1880.

Various designations for American pharmacies proliferated after the period in which Parrish practiced pharmacy, as seen in these engravings from late nineteenth-century county atlases. (Images from William H. Helfand, "The Design of American Pharmacies, 1865-1885," Pharmacy in History, vol. 36 (1994): 26-37.)

present position; the establishment of such a professional dispensing office would be an experiment upon the public demand for something more *recherché* than we now have in this country, but it would not insure more accuracy or neat-



Boston, c. 1870.



Doylestown, PA, 1876



Cape May City, NJ, 1878.

ness in the execution of prescriptions or more completeness in the arrangements for supplying the wants of the sick than at present are secured in hundreds of our first-class shops. . . .

* * *

A name or title to designate our calling is . . . a desideratum; a title which should at once be brief, distinctive, intelligible and universal, for, strange to say, though the craft of the apothecary has been practiced more or less, in connection with the science and art of medicine, from the earliest periods of which we have historical records, we have in our language no universal method of designating it. The term *Apothecary* has a different meaning in England from that applied to it on the continent of Europe and in this country. In England they call a man a *Chemist and Druggist* who in the United States would be called a *Pharmacist*, though this latter term is by no means universal among us, our brethren in New England still calling themselves apothecaries, and a very large number in all sections of country having never yet adopted the new word *Pharmacist*.

The French have a good name for the purpose in *Pharmacien*, and some among us have anglicized this, spelling it *Pharmician*, corresponding in termination with physician, and an improvement upon its four-syllaballed synonym. This is very rarely used, however, and I think rather less adapted to our purpose than *Pharmacist*, the term I have used in this paper and which I am inclined to prefer, from its close correspondence with druggist and chemist, its easy pronunciation and spelling, and its being short, and hence convenient to write and to speak.

It may be said, as we have no uniformity in the use of the old terms, why introduce a new one to complicate the matter? I reply that I consider the whole question of terms an open one at present. Uniformity would now be quite impossible, and it is necessary that by discussion we should arrive at a clear and well considered choice, adopt a term that would be uniformly acceptable, and give it the sanction of a formal approval by this and other representative bodies of those interested. This is one of the subjects which has a common interest for this Association and the British Conference, and if *Pharmacist* or *Pharmacian* should be the noun adopted to designate the individual, *Pharmaceutical* might be the adjective used in connection with the respective names of our Associations, and

wherever we now use the very long and awkward word *Pharmaceutical*. In this connection the names to be applied to our stores or shops should also be discussed. Some *Pharmacists* have quite repudiated the very proper term of *shop* as applied to their places of business, preferring the more pretentious word *store*, in fact the general practice indicates that choice. To this is added the adjective *Pharmaceutical*, or more frequently drug and chemical, sometimes all three. Since the nature of the business is equally well understood by the public in either case, the sign being less important than the appearance of the front window and of the shelving, and show cases within, it becomes a matter of choice with each individual how he will designate his business on his sign, his business cards, his labels, or in his advertisements.

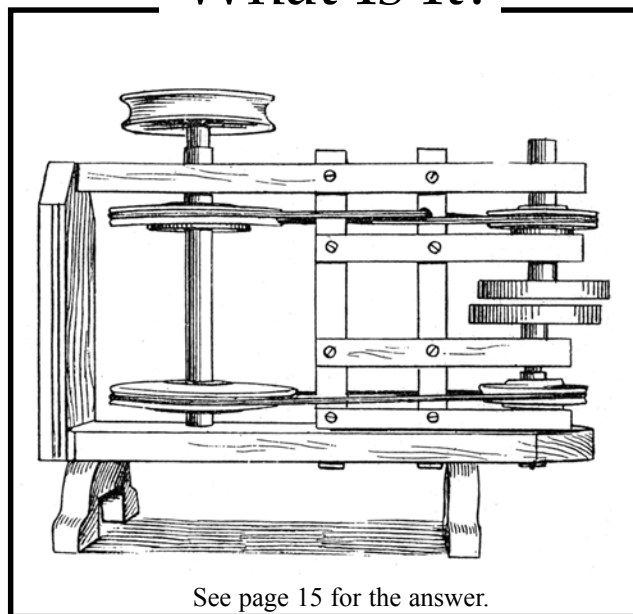
Acting on this principle I have selected the name "Pharmacy" to designate my place of business. I find it convenient, brief and sufficiently distinctive, though liable to these apparent objections. The term *Pharmacy* is ap-

plied in a general way to the science and art which we practice, and the use now proposed for it is such as to give it a direction to the place in which we practice it. Moreover, my treatise on Pharmacy is commonly called among booksellers "Parrish's Pharmacy;" my store has the same appellation. These objections should be considered, however, in connection with the acknowledged flexibility of language, and the fact that the connection in which the word is used greatly modifies its accepted meaning. During the several years that I have applied it in that way it has served me a good purpose. As differently spelled, (*Pharmacie*) it serves the whole French nation for the same use, and I believe if it were generally adopted it would be like some other things we have borrowed from France, an improvement.

**American Journal of Pharmacy 39 (1867): 239-246.*

For more information on Parrish, see George Urdang, "Edward Parrish, A Forgotten Pharmaceutical Reformer," *American Journal of Pharmaceutical Education* 14 (1950): 223-32.

What Is It?



See page 15 for the answer.



Historical Images of the Drug Market

by William H. Helfand

Parsons' Purgative Pills

VISUAL METAPHORS, using images to convey intangible concepts, are the mainstay of the editorial cartoonist. They have often been used in advertisements for proprietary medicines as well. Common images have included knights slaying dragons, horses racing, and demons attacking the victims of disease. In this 1886 trade card for Parsons' Purgative Pills (8.7 x 14.9 cm), the anonymous art-

ist has used boxes with bodies made of bottles and boxes of medicines, with all of them vanquished by the ultimate victor, Parsons' Purgative Pills. The labels on the defeated rivals are clues to the products themselves, and include All Kinds (Allcock's) Plaster, Grut's (Hunt's) Liver Remedy, Rosetater's (Hostetter's) Bitters, and Deathbrand's (Brandreth's) Pills, each a product with

similar indications to Parsons' Purgative Pills. As the headline on the trade card notes, the victorious Parsons' Pills have "knocked out" all other medicines. Their tenure, however, was only short-lived, for the product does not appear in the catalogs of pharmaceutical wholesalers after the turn of the century.

States' Rights

by David L. Cowen

THE materia medica of the late nineteenth century in the United States gave due credit in the common names to the plant drugs that came from various states. This included California bay laurel, California buckthorn, California nutmeg, and California slippery elm; Virginia snakeroot and Virginia creeper; Florida anise tree and Florida arrowroot; Texas snakeroot and Texas sarsaparilla; Carolina jasmine and Carolina pink; Ohio buckeye; New Jersey tea; and Pennsylvania sumach. *Spigelia*, pinkroot, was known in Germany as *Marylandische Spigelia* and in France as *Spigélie du Maryland*. Similarly, Virginia snakeroot went across the Atlantic as *Virginianische Schlangenzwurzel*. (The Colorado potato beetle—the only animal drug found that was associated with a state—received attention only because it was reported as containing no cantharidin.)



Virginia Snakeroot.

Several of these deserve special comment. Virginia snakeroot, *serpentaria*, had a long history. Apparently known in the seventeenth century, it was used, as its name implies, as a remedy for snakebite. Official in the USP into the present century, its final reputation was as a domestic aid to digestion and it became an ingredient of popular "bitters." Pinkroot was first brought to attention in 1752-1754 and California buckthorn (*Cascara sagrada*)—to be called "the most widely used cathartic on earth"—was not introduced into the material medica until the 1870s. *Serpentaria*, pinkroot, and *cascara* are three of the few important plant drugs learned from the native Americans.

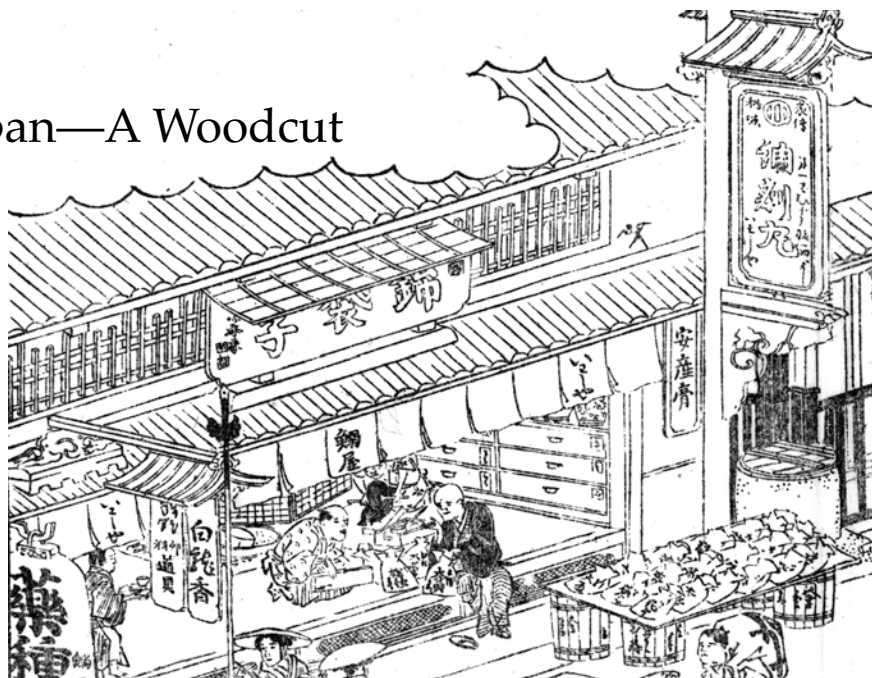
New Jersey tea, *Ceanothus americanus*, has a more unusual history. The plant never became official in the United States, and its common name and its claim to fame derived from the fact that when Chinese tea was unavailable or socially taboo before and during the Revolutionary War, resourceful New Jerseyans used an infusion of *Ceanothus* as a substitute.

Drugs for Feudal Japan—A Woodcut

by Glenn Sonnedecker

WHEN a feudal warlord, Tokugawa Ieyasu, united Japanese fiefdoms under his leadership in 1603, the old city of Edo (present-day Tokyo) became the seat of government. Ieyasu himself took a keen interest in medical matters, set up a botanical garden, and reportedly had medicines prepared under his direction. The indigenous materia medica was supplemented by the import of pharmaceuticals, especially from China and Korea. Drug dealers organized into Kumi, a kind of guild, by the late seventeenth century. By 1722 in Edo, about twenty-five establishments of wholesale and retail druggists lined both sides of one section of Hontyoo, Edo's main street. One prominent establishment, called Iwasi-Ya, holds a central place in the lively street scene depicted in the woodcut reproduced on pages 8-9. Published in *Edo Meisyo Zue* in 1836 (but reportedly written about 1800), it reflects a traditional way of life that would gradually be transformed, as the rule of the Tokugawa Shogunate (1603-1867) drew to a close. The facets of pre-modern pharmacy portrayed are of particular interest here.

Just below the roofline of the shop, which is open to the street, several signs proclaim the name of the drugstore. At the corner of the shop (far left) a large sign announces "Drugs" within (Yaku-syu). The large horizontal signboard (upper-left roofline) advertises a proprietary medicine, Kin-tai-si. The large vertical signboard (top center) pro-



motes stomachic pills called Tyoo-rigan, a specialty of this store. Inside the shop, sitting on the floor, a physician (signified by bald head) speaks with a druggist—perhaps about the three bags of medicinal rhubarb on the floor between them. Kneeling at their left, an

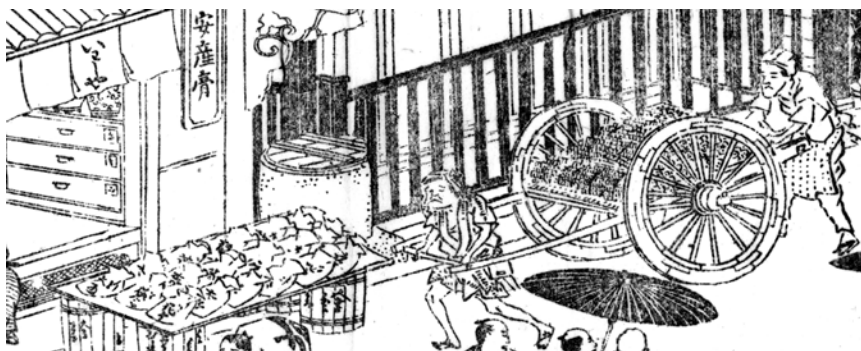


assistant keeps track of the physician's purchases on an abacus. Behind them a youth comminutes a botanical drug in a Yagen—a bronze boat-shaped mortar in

which a circular knife is rolled back-and-forth. At far left (between the two signboards) an assistant can be seen approaching with the obligatory cup of tea for the customer. Alongside the shopfront, freshly harvested medicinal plants are drying on an elevated rack in the sun, as a fresh supply of herbs arrives in a two-wheeled cart powered by two peasants.

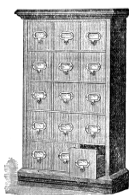
The streetscape flowing between the rows of drug emporia on this block includes citizenry of various stations of life: strolling musicians, a Buddhist priest with an aide to carry his large sunshade, several peddlers, and women out for a stroll—all making way for the Samurai travelling on horseback—a member of the hereditary warrior class with a retinue of two retainers, a spear carrier, and a baggage man.

Reference Note: A reproduction of the woodcut and interpretive notes were deposited (1961) in the American Institute of the History of Pharmacy Collection, Edward Kremers Reference Files, Madison WI, by the late Dr. Tootaroo Simizu of Yokohama, a pioneer historian of Japanese pharmacy. The preceding note is largely based on information and transliteration supplied by Dr. Simizu, supplemented by Kanzo Okazaki, *The Pharmaceutical History of Japan* (Tokyo: Naito, 1979) and Saburo Ienaga, *History of Japan* (Tokyo: Japan Travel, 1958).









COLLECTOR'S CORNER

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

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

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

FOR SALE: One-hundred-year-old historical pharmacy documents containing historical signatures. A Doctor In Pharmacy certificate issued to Ephraim Shaw Tyler in 1902 and signed by Joseph P. Remington and Henry Kraemer and others and issued to Ephraim Shaw Tyler by the Alumni Association of the Philadelphia College of Pharmacy in 1902. Both are well framed. Contact Charles R. Weiss at (330) 633-4342 or CWEISS6@juno.com.

FOR SALE: Own a piece of the financial history of drug, chemical, pharmaceutical, and health care companies. Stock/Bond certificates (cancelled) are both history and an artform. Most priced under \$7.00 each. Send SASE for list. Interested in buying similar items. Wayne Segal, Box 181, Runnemede, NJ 08078. e-mail WaynePharm@aol.com

GOOD HEALTH TO ALL FROM REXALL! I collect anything made for the Rexall Store. Especially want early consumer products and pharmacy items manufactured by the United Drug Company (1903-46, Boston). Also Rexall AD-VANTAGES magazines, calendars, almanacs, photos, and other franchise and advertising materials. United Drug brands: Puretest, Firstaid, Elkay, 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

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

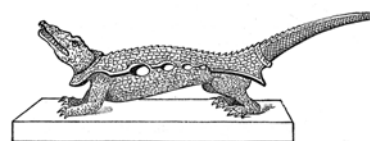
FOR SALE: Apothecary Antiques including drug jars, apothecary bottles, manufacturing tools, medical instruments including leech jar and various dental items; books dealing with the above subjects available, catalogues issued. Always buying similar items or collections. John S. Gimesh, MD., 202 Stedman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

WANTED: Show globes, fancy apothecary bottles, porcelain jars, trade catalogs, window pieces, patent medicines, and advertising. Contact Mart James, 487 Oakridge Rd., Dyersburg, TN 38024; (731) 286-2025; e-mail: kjames@cableone.net

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

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

FOR SALE: CD on Dr. Hatchett's Drug Store Museum (small town drugstore, southwest Georgia). Consisting of almost 200 pages it describes many off-the-counter medicines and patent medicines as well as other mainly early- and mid-twentieth-century products. Includes product composition, period advertising, prices, manufacturers, history, dosage, etc. Includes index by product and manufacturer. Available through Stewart County Historical Commission, P.O. Box 818, Lumpkin, Georgia 31815 for \$12 a CD. Questions may be sent to Allen Vegotsky (a.vegotsky@worldnet.att.net).



* * * * *

The AIHP brings together those who wish to buy, sell, or trade artifacts or books related to the history of pharmacy. Free classified advertising is available to members (\$5.00 a line to non-members). Send copy to Apothecary's Cabinet, AIHP, 777 Highland Ave, Madison, WI 53705, or NOTES@aihph.org.

Philatelic Practicing Pharmacists

by George Griffenhagen*

THERE are hundreds of postage stamps that recognize pharmacy and notable pharmacists issued by many countries around the world. However, there are relatively few that depict a practicing pharmacist. Here are some of these philatelic tributes that portray community and hospital pharmacists at work.

The earliest scene of pharmacists at work appears on a 1967 stamp issued by the Mutawakelite Kingdom of Yemen. It portrays an



Early Arabic
Pharmacists
(Yemen,
1967)

illustration from an Arabic manuscript of A.D.1222 entitled *La Pharmacie*. Two Arabic pharmacists are shown brewing a sizable quantity of a medicinal compound. A similar scene of a pharmacist at work, based on an A.D.1224 Arabic manuscript, appears on a 1982 Tunisian stamp.

During the Middle Ages, monk-apothecaries prepared medicines, mainly herbs obtained from monastery herb gardens. A 1939



Medieval
Monastic
Pharmacy
(Belgium,
1939)

Belgian stamp, issued for the restoration of the Benedictine Abbey of Orval, depicts such a medieval monastic pharmacy. Here you can see one monk studying a manuscript while a second monk is grinding drugs in a mortar. The shelves are stocked with ceramic drug containers, and a retort for distillation sits on the floor.

The 750th anniversary of the “Magna Carta of professional pharmacy” was observed on a 1991 German stamp. A thirteenth-century miniature at Trinity College in Cambridge, England, provided the design for the stamp.

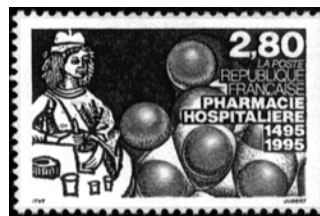
The original thirteenth-century illustration shows three pharmacists at work; one is grinding medicinals in a mortar; a second is selecting drugs from containers on the shelves; while the third (the only one depicted on the German stamp) portrays a pharmacist weighing a medicinal substance.



Thirteenth-
Century
Pharmacist
(Germany,
1991)

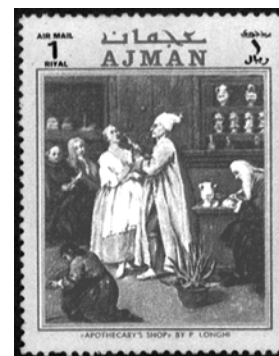
A hospital pharmacist is shown on a 1995 French stamp issued to commemorate the 500th anniversary of the establishment of

hospital pharmacy in France in 1495. The stamp was issued on 23 September 1995, in conjunction with the 32nd International Congress of the History of Pharmacy held in Paris.



Fifteenth-
Century
Hospital
Pharmacy
(France,
1995)

Several paintings of practicing pharmacists have served as stamp designs. The close relationship of the pharmacist and the physician is the subject of a painting called *Lo Speciale (The Pharmacist)* by Pietro Longhi (1702-1785) that now hangs in the Venice Royal Galleries. The painting, portrayed on a 1971



Eighteenth-
Century
Italian
Pharmacist
(Ajman, 1971)

Ajman stamp, shows the interior of an eighteenth-century Italian pharmacy with the physician seated at a table writing a prescription, while the pharmacist administers a remedy to a patient.

A nineteenth-century Polish pharmacy is the subject of a painting by Polish artist Josef Chelmonski (1849-1914)

entitled *Aptekarz* (Pharmacy). The painting, depicting a kindly pharmacist consulting with an elderly patient, appears on a 1962 Polish postal card that was issued to commemorate the Sixth Polish Pharmaceutical Congress held that year in Wroclaw, Poland.

Another painting of a practicing pharmacist was created by Norman Rockwell (1894-1978) for the cover of the 18 March 1939 issue of the *Saturday Evening Post*. The painting of this early twentieth-century pharmacist pouring

Twentieth-Century American Pharmacist (Grenada, 1982)



liquid medicine from a graduate into a bottle appears on a 1982 stamp of Grenada. The young lad appears to be mesmerized by watching the pharmacist at work.

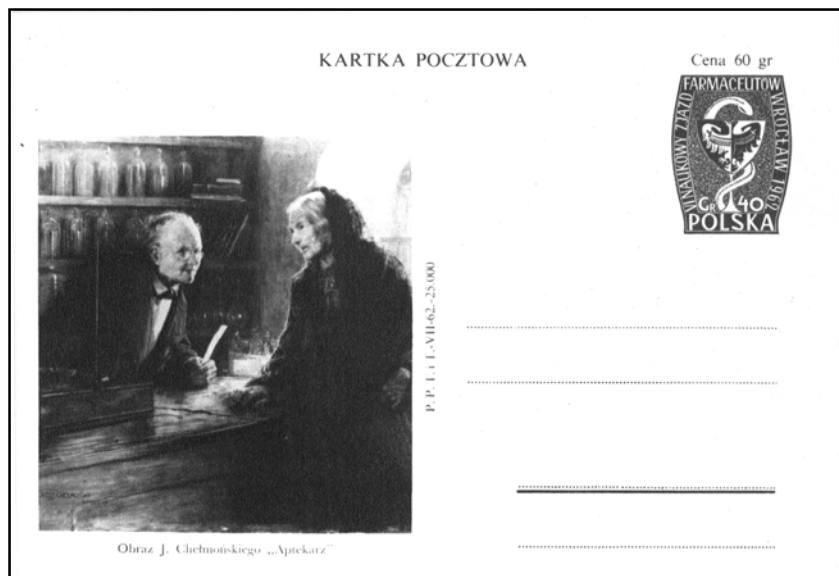
While speaking of art, we would be remiss if we failed mention "The Little Pharmacist," one of the figurines (#322) of Berta Hummel (1909-1946) of Bavaria. The six-inch-high porcelain

"The Little Pharmacist" (St. Vincent, 1990)



figurine, that appears on a 1990 stamp of St. Vincent, depicts a boyish-faced pharmacist in a white smock holding a container of medicine under his right arm and a prescription order in his left hand.

A Chinese pharmacy is the theme of a 1994 stamp issued by Macau. Ac-



Nineteenth-Century Polish Pharmacist (Poland, 1962)

ording to the explanation provided by the Macau Postal Administration, "there are more than a hundred shops specializing in Chinese medicine in Macau. In the temple of *Lin Fung* (Palace of the Spirit

smell of herbs are associated with all of these shops, which even today are frequented by many patients."

Medicinal herbs were also the stock-in-trade of pharmacies in Africa. The pharmacist depicted on a 1987 stamp from Kenya is shown dispensing herbs at a clinic pharmacy in this African country. Native dispensaries can also be seen on 1942 stamps of Dahomey, Ivory Coast, Mauritania, Niger, and Senegal.

The only woman practicing pharmacist to be pictured on a stamp is issued in 1992 by Switzerland. According to the Swiss Postal Administration, "the stamp shows a pharmacist making up a prescription, thus making an important contribution to effective health care."



Chinese Medicine Shop (Macau, 1994)

of the King of Chinese Medicine), the names of these pharmacies are inscribed on an ancient plaque. The characteristic



African Dispensing Herbalist (Kenya, 1987)

Woman Pharmacist at Work (Switzerland, 1992)



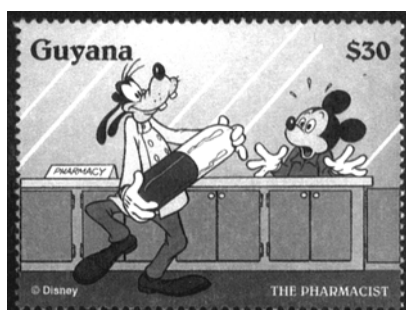
The only practicing pharmacist shown at work in his pharmacy on a stamp to be actually identified is a 1982 issue by Trinidad and Tobago. The stamp pictures Audley Patin, who at the

time of his death on 12 September 1981, was the oldest living pharmacist on the islands. The stamp commemorated the Third Commonwealth Pharmaceutical Association Conference held in Port-of-Spain, Trinidad, 6-13 February 1982.



Oldest Pharmacist on Islands (Trinidad & Tobago, 1982)

The humorous side of pharmacy is portrayed on a 1996 stamp from Guyana depicting Mickey Mouse as a pharmacist. This stamp is part of a pane of nine stamps described



Mickey Mouse as Pharmacist (Guyana, 1996)

as “Mickey’s Medical Group;” they include individual stamps depicting Disney characters as Chiropractor, Dentist, Family Doctor, Nurse, Optometrist, Physical Therapist, Psychiatrist, and Radiologist. On the stamp for the Pharmacist,

Goofy carries into the pharmacy a huge capsule that startles “pharmacist” Mickey Mouse.

We conclude this with an 1899 poster stamp used by J. A. Anderson of Chattanooga, Tennessee, who advertises



1899 Pharmacy Poster Stamp (Chattanooga, Tennessee)

“Prescriptions Accurately Filled.” Even though these poster stamps are not valid for postage, they are very popular collectibles of philatelists.

There are many postage stamps that depict the interior or exterior of worldwide pharmacies, but without a practicing pharmacist in the scene. One classical example is a lovely 1994 Belgian stamp depicting the interior of the Masseik Pharmacy Museum located in the quiet little town on the river Maas that marks the frontier with The Netherlands. But more about these pharmacy interiors and exteriors that are depicted on postage stamps in another article.

*2501 Drexel St., Vienna, VA 22180.

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Drachms & Scruples

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

Boluses: Boluses are large pills, over 325 mg (5 grains) in weight. The term comes from the Greek *bolos* meaning "lump."

Bougies: Bougies are instruments or shaped, solid medications for insertion into the urethra or other body cavities. The term comes from the French *bougie*, signifying a thin wax candle named for the Algerian city, Bougie.

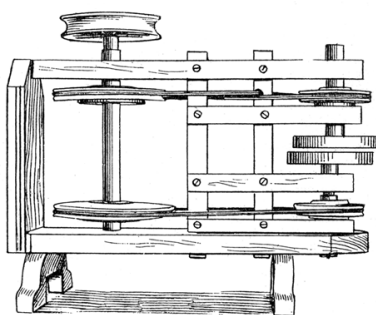
Cements: The 7th edition of the *National Formulary* (1942) listed a formula for a Cement of Zinc Compounds and Eugenol, which was widely used by dentists as a temporary filling. The cement was supposed to exert a sterilizing effect and protect the dentine

from further destruction. The formula passed out of the *National Formulary* with its 9th edition (1950).

Collodions: Collodions are liquid, external preparations with a base of pyroxylin dissolved in a mixture of alcohol and ethyl oxide or similar solvent. They were used medicinally soon after the discovery of gun cotton by Schoebein in 1846, first as a surgical dressing by Maynard in 1847.

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

What Is It?



A Mechanical Pill Roller for the Prescription Counter*

by Burt E. Nelson

If a pill mass be rolled out into a pipe of the correct length, and of a size that will just lie loosely in one of the grooves of a pill board, the machine should cut it into perfectly rounded and

evenly divided pills. These nicely adjusted conditions are, however, seldom realized at the prescription counter, and as a consequence pills usually require to have more or less hand finishing after being cut; an operation of slight importance when dealing with a small number of pills but tedious when 50 or 100 are to be made.

The mill shown in the accompanying sketch was designed and built for the purpose of rolling the partially rounded pills as they come from the cutter. It consists essentially of two eccentrically placed parallel disks, which are made to revolve at a uniform rate of speed in opposite directions. The opposing face of the upper disk has cemented to it a thin, soft rubber dam, and the distance between the disks may be accurately adjusted by means of a screw which bears against the lower end of the inferior shaft, the bearings being made loose for that purpose.

*Read at the 1903 meeting of the New York State Pharmaceutical Association. Published in *Amer. Druggist and Pharm. Record* 43 (July 27, 1903): 31-32.

Applications Invited for AIHP Grant-in-Aid to Graduate Students

The AIHP is accepting applications now through 1 February 2004, for grants-in-aid to foster graduate research (Master's or Ph.D. level).

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Application guidelines can be obtained from the American Institute of the History of Pharmacy, Rennebohm Hall, 777 Highland Ave., Madison, WI 53705-2222; (608) 262-5378; email grants@aihph.org

The lower disk is made very slightly thinner at its outer edge. The upper shaft is hollow, and through it the unfinished pills are fed. The bearings and pulley are of hard wood, the 5-inch disks of vulcanite composition and the shaftings of 3/4-inch steel; the opposite rotations of the disks being obtained by crossing one of the bands. The amount of eccentricity of the two disks is adjustable.

The whole is driven by a band from a small pulley attached to an electric fan.

The pills may be fed rapidly, but better singly into the upper shaft, and all emerge at the same point between the disks, owing to the equal rates of opposite rotation, thus allowing of their being caught in a pan containing some powder placed there for the purpose.

The apparatus, in its entirety, occupies about 2 square feet of space.

A Backward Glance at American Pharmacy

EDITED BY GREG HIGBY

100 Years Ago

“Prof. H. H. Rusby, of the College of Pharmacy of the City of New York and member of the Board of Scientific Directors of the New York Botanical Garden, lectured in the garden on June 13 on vegetable foods. He had little to say about vegetables in particular, but told much that was interesting concerning the properties which made them valuable as foods or the reverse. His preliminary remarks were not calculated to please vegetarians, although he did leave a possible ground for hope in the coming centuries. ‘I am free to admit,’ he said, ‘that the time may come, a century or two hence, when the human race may not have to slaughter animals for food, and also that they may regard such food much as we regard the use of the human animal for food, but that time has not yet come. At present the human system is not organized for living exclusively upon either animal or vegetable foods, and of the two it is less adapted to an exclusive vegetable diet. If the time ever comes when he can, our system must change.’ He admitted that nature is equal to making such changes. He described the properties which make certain plants, seeds and tubers such excellent food for man He called attention to cassava, which also has a deadly poison in its composition, but which poison is extracted before the product, tapioca, is used for food. . . . He believes that many of the useless and even poisonous plants could be converted into food sources by cultivation and scientific research.” (*American Druggist*, July 13, 1903, p. 34.)

75 Years Ago

“[A prominent researcher] says there is no evidence that coffee taken regularly in moderation is responsible in any way for arteriosclerosis, although some authorities have professed to believe that because of its caffeine content it has a definite action on the heart and blood vessels, and induces pathological changes in these organs. It has, of course, a marked diuretic effect, and it was actually prescribed for dropsy in 1792. Clinical evidence indicates a tolerance of caffeine by the kidneys, so that, for medicinal purposes, larger doses are required by the habitual coffee drinker. As to the effect of coffee on the digestive functions, there are conflicting views, some authorities holding that, in moderate quantity, it is beneficial and increases peristalsis, while others state that dyspepsia, due to acidity, may be brought on or exacerbated by coffee or tea drinking. According to Cushny, coffee stimulates the cerebral nervous system, and if the quantity ingested is small, the results are of a distinct benefit in intellectual work. It may be concluded that for the overwhelming majority of adults coffee is a safe and desirable beverage.” (*Pharmaceutical Era*, May 1928, p. 160.)

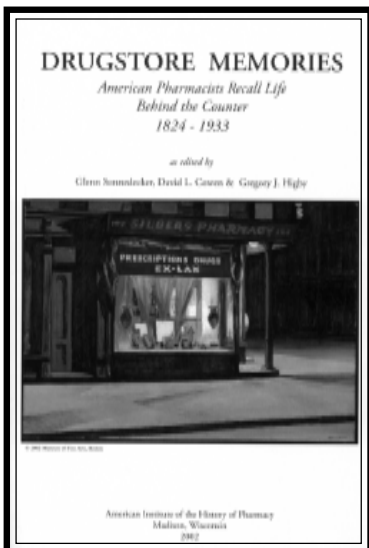
50 Years Ago

“The Food & Drug Administration’s stand that contraceptive diaphragms ‘are prescription devices, and not over-the-counter items’ (Dec. 22, 1952) appeared to be headed for a court test last fortnight, following FDA’s first diaphragm seizure. In Detroit, FDA men seized a shipment of diaphragms made by the Diaphragm & Chemical Co., Chicago, on the ground that the product failed to carry adequate directions for use because it did not bear the Rx legend. For almost 2 years, FDA has contended that the contraceptive devices are Rx legend items because they are unsafe for use except under medical supervision. A request that manufacturers re-label their products to carry the Rx legend resulted in general industry compliance, but not in 100% cooperation. Result: retailer confusion due to non-uniform labeling. Last December, FDA [stated] ‘We are not going to wait very long before instituting a court action to enforce the labeling request.’ Now, the Detroit seizure signals the end of the ‘grace period’ of voluntary compliance. FDA does not intend to crack down on over-the-counter retail sales until uniform labeling has been achieved.” (*American Druggist*, August 3, 1953, p. 13.)

25 Years Ago

“Almost 7 out of 10 pharmacists believe they should have the right to engage in substitution—or drug-product-selection, as many of them prefer to call it. But they also say that they actually do engage in substitution on only a little more than 20% of the occasions when they are legally authorized to do so. This apparent contradiction emerges from a major study . . . of pharmacists’ attitudes towards substitution. . . . The study is the first of its kind to be conducted since the drug-product-selection bandwagon began rolling five years ago. Legislation giving pharmacists some degree of substitution authority is now in effect in 40 states, and with both the Food & Drug Administration and the Federal Trade Commission working on a model law . . . it seems likely that the rigid anti-substitution bars which had prevailed in most states since the early 1950’s will soon be a thing of the past.” (*American Druggist*, October 1978, p. 13.)

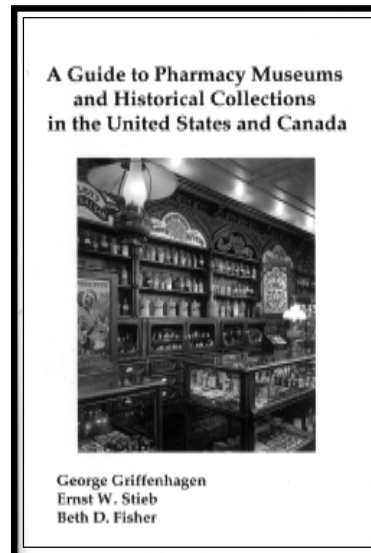
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