



# **‘People and Places’**

**37th International Congress for the History of  
Pharmacy**

**22nd June – 25th June 2005**

**University of Edinburgh  
Scotland**



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## **Opening Address by Hemant Patel, President, Royal Pharmaceutical Society of Great Britain**

Lord Provost, Presidents, Ladies and Gentlemen,  
I am delighted to have this opportunity of welcoming you all on behalf of the Royal Pharmaceutical Society of Great Britain, to this, the 37th Congress of the International Society for the History of Pharmacy in Edinburgh. As we have just heard this is the first occasion that this has been held in Scotland and while I fully appreciate the amount of work that organising this conference entails, I hope that it will not be the last occasion that you will visit these beautiful shores. Edinburgh in particular has a long tradition in the development of pharmacy and medicine, and is rich in history.

Talking of history in general, I must say that it is the basis on which civilisation evolves. Without knowledge of the past, humans would be forced to constantly relearn scientific discoveries, for example, in a continuing recycle. Comprehending antecedent events allows the observer to rectify errors and to develop and mature.

Being cognisant of one's history allows people to understand where they are now, how they got there and where they can go in the future. History is the most relevant material for an individual (and a society) to analyse because it allows them to benefit from previous experiences and advance. So we must continue to invest in history, culture and values.

It can also be understood as a widespread, intricate web that is interlocked through cause and effect as well as accident. Simply put, understanding the past allows persons to learn from their mistakes. History also defines society and outlines culture values and ethics. There is no more important subject than history to study, for it educates while improving on previous errors and adding to omissions. A people who know their history, know their future because the lessons of the past help one to avoid the pitfalls of the present.

Now returning to pharmacy, the Pharmaceutical Society, founded in 1841, established a North British Branch, as it was known, shortly afterwards. The 1852 Pharmacy Act granted Scotland a separate board of examiners, and the Branch established a library and museum, and held regular scientific meetings. The Branch moved to its current headquarters at 36 York Place, Edinburgh in 1884, and in 1886 became the executive body conducting the affairs of the Pharmaceutical Society in Scotland. It wasn't until July 1948 that the branch became the Scottish Department of the Society.

Today, the Society's Scottish Executive implements policy by working with the Scottish Parliament and other stakeholders in Scotland. The Department provides advice on a range of topics, including pharmacy law and ethics and the registration of pharmacy premises in Scotland. From personal

experience and privilege I know that the Society organises evening meetings and a generally well attended annual conference.

The British Society for the History of Pharmacy was inaugurated by members of the Council of the Pharmaceutical Society with an interest in preserving and researching the history of our profession. Initially intended to be set up as a section of the Pharmaceutical Society it was decided that it would be the right decision to separate BSHP from the parent body, in order to respond to the ever changing influences in pharmacy. While this was a controversial decision and at that time it was met by some opposition, I hope that your members will agree that this has made the British Society into a more robust organisation that is well able to stand on its own feet. The organising of this conference is I believe evidence of this. BSHP has members worldwide, and it is great to be able to welcome you, alongside the other international visitors to this Congress.

The Pharmaceutical Society plays an important role in supporting the history of British pharmacy, predominantly through its Museum based at its headquarters in Lambeth, London. The Museum, first established in 1842, today answers enquiries from across the world, welcomes visitors to its displays, and provides access to its strong collections through a wide range of education and outreach work. The Society also maintains an archive of material relating to its own history and the history of the profession. The Museum, and the Society's Information Centre as a whole, works closely with BSHP particularly to answer the many enquiries that come its way.

It is therefore very encouraging to see from your attendance that you have delegates from many countries in Europe and further afield. The range of papers being presented covers a very wide spectrum of subjects showing that interest in the history and research in pharmacy is healthy. While I appreciate that University education in pharmacy history is taught more widely in many of our European neighbours, it gives us more reason for the British Society to press forward with its work and its cooperation with the International Society to ensure that pharmacy history continues to be appreciated and developed in the United Kingdom.

In conclusion, pharmacy history preserves our traditional and cultural values, and serves as a beacon light, guiding our profession in confronting various crises. History is indeed, as Allen Nerins puts it, 'a bridge connecting the past with the present and pointing the road to the future.'

For that reason, and many friendships with your members, I am delighted to lend this event my firm support and I take this opportunity to wish you all a very successful and enjoyable conference.

## Programme of Oral Presentations and Posters

		<b>THURSDAY 23 June afternoon</b>		
	<b>Parallel session A</b> English	<b>Parallel session B</b> French (or English)	<b>Parallel session C</b> German (or English)	<b>Parallel session D</b> Spanish (or English)
	George Theatre	David Hume Tower Lecture Theatre A	David Hume Tower Faculty Room North	David Hume Tower Faculty Room South
14.00- 14.30		<i><b>1st Plenary Lecture</b></i> <i>Dr John Hunt</i> The Evolution of Pharmacy in Great Britain Lecture supported by GlaxoSmithKline plc		
<b>Session 1</b>	<b><i>Pharmacy People</i></b>	<b><i>Pharmacy Places</i></b>	<b><i>Historic Pharmacies</i></b>	<b><i>Venenos y Industria</i></b>
Chair	Stuart Anderson	Michael Jepson	Peter Worling	MdC Francés Causapé
14.50- 15.10	<i>A1: J Parascandola</i> Chemistry and Commerce: F.B. Power and the Wellcome Chemical Research Laboratories	<i>B1: R Russo, M Ricciardi, P Catellani</i> Historical Pharmacies in Naples: New Information	<i>C1: EW Jentsch, DL Wendt</i> Aimar and Tupper Collections - <i>part 1</i>	<i>D1: AM Perkins de Piacentino, RG Candela</i> Los Venenos a Través de la Historia
15.10- 15.30	<i>A2: C Bârsu, L Diaconescu, M Bârsu</i> The Role of Ioan Manta in Romanian Pharmaceutical Practice	<i>B2: M Vladau, H Popescu</i> The Pharmacies in the District of Arges (Romania) 1840-1940	<i>C2: EW Jentsch, DL Wendt</i> Aimar and Tupper Collections - <i>part 2</i>	<i>D2: R Rodríguez-Nozal, A González-Bueno</i> La Propriedad Industrial del Medicamento en España con Anterioridad a 1936

		<b>THURSDAY 23 June afternoon</b>		
<b>Session 2</b>	<b><i>Pharmacy People</i></b>		<b><i>Stätten Pharmazeutischer Praxis</i></b>	<b><i>Pharmacy and Medical Ideas</i></b>
Chair	Peter Homan	François Ledermann	W-D Müller-Jahncke	Briony Hudson
16.00-16.20	A3: <i>H Goetzendorff</i> Louis Lotz (1843-1923) and the "Deutsche Apotheke" in Milwaukee	B3: <i>B Bonnemain</i> 1960-1980: La Publicité Pharmaceutique en France Vue par un Médecin Généraliste	C3: <i>P-H Graepel</i> Die Mitarbeiter in Ostpreussischen Apotheken um 1850	D3: <i>J Crellin</i> 'It Is A Proven Remedy': 18th Century Concepts of Clinical Effectiveness
16.20-16.40	A4: <i>M-G Suliman, A Lucasciuc, F Stanciuc, G A Vlasceanu</i> Professor Dr Peter Ionescu-Stoian (1909-1985)	B4: <i>F Trépardoux</i> Jacques Clarion (1776-1844) Professeur de l'Ecole de Pharmacie de Paris	C4: <i>J Brzezinska</i> Bisher Unveröffentlichte Exklusiv-Privilegien für die Apotheke von Kolberg/Kolobrzeg aus den Jahren 1618 und 1624	D4: <i>P Andriopoulos</i> Pharmacological Action in 19th Century Greece: The Transition from Traditional Notions of the Power of Drugs to Modern Pharmacology
16.40-17.00	A5: <i>McC Francis Causapé</i> Pablo Fernández Izquierdo Founder Of "Los Avisos", A Healthy Review (1877-1886)	B5: <i>G du Ban</i> Place: Trieste. People: Les Pharmaciens Et Les Autres	C5: <i>A Corvi</i> Alte Apotheken im Norditalien	D5: <i>A Helmstädter</i> The Power of Potencies: Vital Forces in Theory and Practice of Homeopathy

## International Academy for the History of Pharmacy

19.00-20.00 Academy Lecture by *Dr Stuart Anderson*

Community Pharmacy and the Rise of Welfare in Great Britain

		<b>FRIDAY 24 JUNE morning</b>		
	<b>Parallel session A</b> English	<b>Parallel session B</b> French (or English)	<b>Parallel session C</b> German (or English)	<b>Parallel session D</b> Spanish (or English)
	David Hume Tower Lecture Theatre B	David Hume Tower Lecture Theatre A	David Hume Tower Faculty Room North	David Hume Tower Faculty Room South
09.00- 09.30		<b>2nd Plenary Lecture</b> <i>Dr Peter M Worling</i> The Development of Pharmacy in Edinburgh Lecture supported by GlaxoSmithKline plc		
<b>Session 3</b>	<b><i>Pharmacy People</i></b>		<b><i>Women in Pharmacy</i></b>	<b><i>Pharmacy Products</i></b>
Chair	Stuart Anderson	Francis Trépardoux	Briony Hudson	Shirley Ellis
9.50- 10.10	<b>A6: <i>G Helmstädter</i></b> The Impact of Thomas Linacre on German Medicine and the Role of the Pharmacist	<b>B6: <i>B Bonnemain</i></b> Médecines Alternatives: XIX <sup>e</sup> et XX <sup>e</sup> Siècles: Deux Siècles de Relations souvent Controversées avec la Pharmacie et le Médicament	<b>C6: <i>M Rose, S Symonds</i></b> Celebrating Women in Pharmacy	<b>D6: <i>JM Campbell, AR David</i></b> Pharmacy in Ancient Egypt
10.10- 10.30	<b>A7: <i>M-G Suliman, A Lucasciuc, F Stanciuc, GA Vlasceanu</i></b> Dr General Carol Davila (1828-1884) - Iconographical Approach	<b>B7: <i>C Charlot</i></b> A Sixteenth Century Journeyman Apothecary in Montpellier: Jean Magnol	<b>C7: <i>M-M Stancu</i></b> Ana Aslan - Great Personality in Romanian History of Pharmacy	<b>D7: <i>M Peretz</i></b> Silphium: The Wonder Drug from Cyrenaica

	<b>FRIDAY 24 JUNE morning</b>			
<b>Session 4</b>	<b><i>Pharmacy Places</i></b>	<b><i>Pharmacy Record</i></b>	<b><i>Weitreichender Pharmazeutischer Einfluss</i></b>	<b><i>Pharmacy Products</i></b>
Chair	John Hunt	Peter Homan	Christiane Staiger	Shirley Ellis
11.35-11.55	A8: <i>GC Miller</i> Cold Chains and Cow Bells	B8: <i>WA Jackson</i> William Bateman and the Magnacopia: Stocks Held by Chemists and Druggists in the Nineteenth Century	C8: <i>C Friedrich</i> Apotheker der Neuzeit als Kommunalpolitiker	D8: <i>H Silberman</i> The Many Aspects of Chlorodyne
11.55-12.15	A9: <i>C Kletter, H Riha, W Kubelka</i> Prescriptions for the Austrian Archduchess Leopoldina	B9: <i>P Worling</i> A Set of Eighteenth Century Accounts	C9: <i>S Anagnostou</i> Pharmazie auf Internationaler Ebene die Apotheke des Collegio Romano vom 16 bis 18 Jahrhundert	D9: <i>S Bernschneider-Reif, F Öxler, RW Freudenmann</i> The Origin of MDMA (Ecstasy): Separating the Facts from the Myth

### **Working Group ARTEMIS SESSION:**

#### **Gender, Place and Science: Sex and Gender in the History of Pharmacy**

#### **Friday 24 June 2005 Adam Ferguson Building, G10**

<b>Chair:</b>	B Wahrig
14.45 to 15.00	Introduction by chair
15.00 to 15.30	<i>B Wahrig:</i> The Mad, The Bad and The Female: Poison and Gender in 19 <sup>th</sup> Century
15.30 to 16.00	<i>T Pommerening</i> Ancient Egyptian Drug Therapy and Contemporary Concepts of Female Anatomy and Physiology
16.00 to 16.30	<i>S Landgraf</i> Wege Zum Patent Im Preussen Des 19. Jahrhunderts: Stadthebamme Friedericke Burtz Und Ihr Brustbezug Für Stillende Frauen
16.30 to 17.00	
17.00 to 17.15	General discussion

		<b>FRIDAY 24 JUNE afternoon</b>		
	<b>Parallel session A</b> English	<b>Parallel session B</b> French (or English)	<b>Parallel session C</b> German (or English)	<b>Parallel session D</b> Spanish (or English)
	David Hume Tower Lecture Theatre B	David Hume Tower Lecture Theatre A	David Hume Tower Faculty Room North	David Hume Tower Faculty Room South
		<i>3rd Plenary Lecture</i> <i>Dr Helen Dingwall (speaker</i> <i>Peter Jones)</i> History of the Royal College of Surgeons		
<b>Session 5</b>	<b><i>Pharmacy People</i></b>	<b><i>Pharmacy Practice</i></b>	<b><i>Resources in the History of Pharmacy</i></b>	
Chair	Clive Murray	Peter Worling	Roy Allcorn	
14.45-15.05	<i>A10: NA Thune</i> Is there any Link between Aesclepios and the Christian Saints Cosmos and Damian?	<i>B10: R Klevstrand</i> Medical and Pharmaceutical Licences, Two Cases of an old Story	<i>C10: B Hudson</i> “An Heir-loom to be Handed Down”: The History of the Museum of the Royal Pharmaceutical Society	<i>D10: AR Carillo, E Moreno</i> <i>Toral, MT López Díaz</i> La Viruela y el Proceso Hacia su Erradicación en la Sevilla del Siglo XIX
15.05-15.20	<i>A11: G Parma</i> A Literary and Patriotic Pharmacist: Guido Zadei	<i>B11: Z Bela</i> Description of a Chemical Barometer found in a 19th Century Apothecary Manual	<i>C11: R Beresford</i> ‘Created’ Pharmacy Museums as a Tool for Research and Teaching	<i>D11: MT López Díaz , AR</i> <i>Carillo, E Moreno Toral</i> La Aportación de la Aescuela Sevillana a la Medicina Renacentista Española
15.20-15.45	<i>A12: C Bârsu, M Bojiþă</i> Pharmaceutical Tradition in Cluj - Masters and Disciples during the Inter-War Period	<i>B12: JN Saugen</i> From Production to Information - 50 Years of Challenges in Pharmacy Practice	<i>C12: B Ohlson</i> Your History of Pharmacy and the Web	<i>D12: E Moreno Toral, MT</i> <i>López Díaz, AR Carillo</i> Estudio de la Sanidad en las Islas Malvinas durante la Edad Moderna



FRIDAY 24 JUNE afternoon				
Session 6	<i>Pharmacy and State</i>		<i>Historic Pharmacies</i>	<i>Medicinal Plants</i>
Chair	Michael Jepson	Giorgio Du Ban	John Hunt	Ainley Wade
16.15- 16.35	<i>A13: Y Torud</i> From Personal Privilege to Liberal Market Competition in Ten Years	<i>B13: J Gravé</i> L'enseignement de la Médecine et de la Pharmacie dans la Ville de Chartres jusqu'au XIIème Siècle avant la Creation de l'Université de Paris	<i>C13: P Catellani, R Console</i> Farmacia Mazzolini at Fabriano: a Visual History of Modern Pharmacy	<i>D13: BG Thune</i> Searching For The Lost Garden
16.35- 16.55	<i>A14: P Jovic</i> British Influence on Serbian Pharmacists	<i>B14: MS Guibert</i> Un Seul Lieu mais Beaucoup de Monde: les Compagnons Apothicaires à Montpellier 1574- 1654	<i>C14: S Ellis</i> A Pharmacy of Influence: 17 The Pavement, Clapham Common, London	<i>D14: I Arabas, W Grebecka</i> Medicinal Plants of the Borderland
16.55- 17.15	<i>A15: A Stankuniene, V Gudiene</i> The Relations of Pharmacists from Baltic States during the Interwar Period	<i>B15: CL Bagliano</i> Les Antiques Pharmacies Italiennes dans l'Italie du Centre-Sud	<i>C15: A Nevola, B Corcione, A Grazione</i> The Professionals of the Farmacia Di Loreto from 1790 to 1901	<i>D15: G Papadopoulos, P Andriopoulos, T Spiropoulos</i> Places and Powers: The Influence of Place on the Therapeutic Efficacy of Plants and other Natural Remedies

		<b>SATURDAY 25 JUNE morning</b>		
	<b>Parallel session A</b> English	<b>Parallel session B</b> French (or English)	<b>Parallel session C</b> German (or English)	<b>Parallel session D</b> Spanish (or English)
	George Theatre	David Hume Tower Lecture Theatre A	David Hume Tower Faculty Room North	David Hume Tower Faculty Room South
09.30- 10.00		<i><b>4th Plenary Lecture</b></i> <i>Dr Steven Kayne</i> Samuel Hahnemann (1755-1843): The Founder of Modern Homeopathy Lecture supported by Nelsons		
<b>Session 7</b>	<i><b>Pharmacy and State</b></i>		<i><b>People and Products</b></i>	<i><b>Industria y Religión</b></i>
Chair	Stuart Anderson	Bruno Bonnemain	Shirley Ellis	
10.20-10.40	<i>A16: EA Varella</i> Pharmacy-related Professions in the Middle Byzantine Period	<i>B16: O Lafont</i> D'une Querelle de Préséance entre Médecins et Apothicaires à La Bible	<i>C16: A Magowska</i> The Treatment of the Female Body as a Cultural and Political Fact	<i>D16: A Gonzáles-Bueno, R Rodríguez-Nozal</i> La Industria Farmacéutica Británica en España (19 19-1935)
10.40-11.00	<i>A17: D Parojcic</i> Professional Pharmacy Ethics in Serbian Context: Cultural Background and Historical Experience	<i>B17: C Charlot</i> JA Chaptal Bienfaiteur de l'Ecole de Pharmacie de Montpellier	<i>C17: M Jepson</i> An Examination of Nineteenth Century Prescription Records from a Birmingham Pharmacy	<i>D17: AM Perkins de Piacentino</i> Misiones Jesuíticas: Inventario de la Botica de la Ciudad de Santa María de Buenos Ayres

		<b>SATURDAY 25 JUNE morning</b>		
<b>Session 8</b>	<b>Pharmacy in Art</b>	<b>People and Places</b>	<b>Pharmazie-historische Quellen</b>	<b>Pharmacy Products</b>
Chair	Ainley Wade	Roy Allcorn	Axel Helmstädter	Clive Murray
11.35-11.55	<i>A18: H Andersgaard</i> Sándor Márai on Henrik Ibsen: “Er ist ewig ein Apotheker geblieben”	<i>B18: A Winkler</i> Aufbewahren – Sammeln – Präsentieren	<i>C18: M Mönnich</i> Die Pharmazeutische Zentralbibliothek: Literaturversorgung für Pharmaziehistoriker	<i>D18: C Staiger, A Helmstädter</i> Apple Cider in Medicine
11.55-12.15	<i>A19: SWS Menzies</i> Pharmaceutical Philately	<i>B19: S Bernschneider-Reif</i> ‘Amerikafahrt Deutscher Apotheker’: an Original Documentary Film from 1928	<i>C19: U Mauch</i> <i>Melleus Liquor Physicae Artis Magistri Alexandri Yspani</i> , Codex Ms 8769 of the Biblioteca Nacional in Madrid. Consideration of the Date and Region of Origin of the Medical Compendium	<i>D19: P Homan</i> Singleton of Lambeth
12.30-13.30		<b>PhD Forum History of Pharmacy</b> C Staiger		

# Posters

Poster	Author	Title
P1	Goetzendorff H	Louis Lotz (1843-1923) and the “Deutsche Apotheke” in Milwaukee
P2	Soroceanu V, Draganescu D	Pharmaceutical Practice in XIXth Century shown in the <i>Romanian Pharmacopoea</i>
P3	Dymarczyk I	A Polish Pharmacist, Mateusz Bronislaw Grabowski, as the Owner of an Art Gallery in London (1959-75)
P4	Gomis A	Sueros y Vacunas en España: 1919-1936
P5	Gudiene V	Women in the History of Lithuanian Pharmacy: The 19 <sup>th</sup> to the Beginning of the 20 <sup>th</sup> Century
P6	Salfer D	„Noch vielen vielen Dank für alle Freundschaft“: 1946 – The Year of Highlights for Lise Meitner and Otto Hahn
P7	Oita I <i>et al.</i>	Romanian Contribution to Obesity Treatment
P8	Parojcic D <i>et al.</i>	Materia Medica of the Municipal Pharmacy in Kotor: Analysis of the Oldest Preserved Drug List from 1556
P9	Parojcic D <i>et al.</i>	Comparative Study of the Professional Oaths pertaining to Pharmacy and Medicine Practice in the 19th Century in Serbia
P10	Magowska A, Glowacki W	Lawsuits as Sources of Knowledge about Polish Pharmacies at the Turn of the 17 <sup>th</sup> Century .
P11	Cox N	The Flower of Bristol
P12	Prata R	History of the Medicines Small-Scale Production Laboratory of the Faculty of Pharmacy Cluj

# Full Papers of Main Lectures

(From the *Pharmaceutical Historian* Special issue June 2006,  
Supplement to Volume 36 No. 2,

In memory of Dr John Hunt

# The Evolution of Pharmacy in Britain

**Dr John Hunt†**

**Southport**

The practice of pharmacy in England and Wales has evolved differently from that in Scotland and in Continental Europe. During a lengthy period of development, a number of events brought about a shift in direction in England and Wales, which by the end of the nineteenth century resulted in a pattern of pharmacy practice significantly distinct from that seen in other European countries. In this short paper it is hoped to follow this evolution and to indicate some key influences.

## Spicers, pepperers and apothecaries

The origins of the business of apothecaries and pharmacists are lost in the mists of time. In London during the Middle Ages spicers, pepperers, apothecaries and grocers were involved in the provision of materials used variously in the treatment of disease. These groups had combined in the Grocers' Company, a trade guild or City of London livery company, which was incorporated in 1428. The apothecary obtained herbs, spices and other materials and compounded medicinal preparations, supplying these as required and dispensing in response to the prescriptions of physicians, and hence was sometimes known as 'the physician's cook'. Some large households would employ their own apothecary in order to provide concoctions such as spiced wine in addition to medicines and household remedies. An apothecary was likely to be available in large monasteries and apothecaries were appointed to the sovereign and the royal households. Such offices still exist to this day. As the business of the apothecary developed and became more specialised, encouraged by the availability of novel materials from the New World, a wish arose for the establishment of a separate body from that of the Grocers' Company. Following efforts by the London apothecaries and some disagreement with the governing body of the Grocers' Company, the Society of Apothecaries was established in the year 1617 under a charter granted by King James I. This afforded certain powers and privileges that covered practice in the City of London and an area up to seven miles outside the city boundary.<sup>1</sup>

## The College of Physicians

Meanwhile the physicians had been organising their own affairs. The College of Physicians was established in 1518. Its members were drawn largely from those holding doctorates from the universities of Oxford or Cambridge or perhaps from a major continental university such as Leiden. The College sought to control medical practice in England, supported by various Acts of Parliament, and proposed to examine

apothecaries and to inspect their premises. However, the number of licensed physicians was small and insufficient to meet the needs of the whole population. The sick might seek assistance from a variety of providers: physicians, surgeons, apothecaries and a variety of unqualified quacks and charlatans as well as family members, friends and wise women. The apothecaries were in no mood to be governed by the College of Physicians or to see them secure a monopoly of medical practice. Disagreements between the College of Physicians and the Society of Apothecaries abounded, each accusing the other of straying into its own proper field of activity. Arguments, insults and the publication of critical pamphlets perpetuated the dispute.

## Plague and fire

The services of the physicians were expensive and their clients were largely confined to the upper tiers of society, while others would make do with the apothecary, who was normally qualified through serving an apprenticeship, or with whatever help they could find or afford. Seventeenth century England experienced marked social problems. The Civil War commenced in 1642 with a major dispute between the forces of Parliament, led by Oliver Cromwell, and King Charles I and supporters of the Royalist cause. Following the supremacy of Parliament the King was

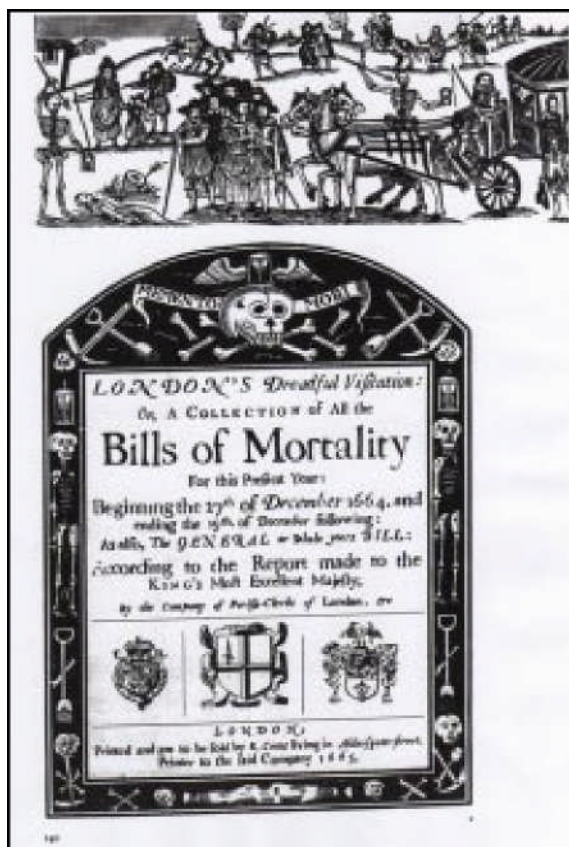


Figure 1. Bills of Mortality for the plague, 1665

† John Hunt died 8 December 2005.

beheaded in 1649. During this period of turmoil the population of London largely supported Parliament, while the aristocracy and land owning classes largely supported the King, although both with numerous exceptions. The physicians tended to leave London in pursuit of their wealthy clients who moved to their country estates. The apothecaries largely, though not exclusively, supported Parliament and remained in the City. After the Commonwealth period, or interregnum, the monarchy was re-established with the return of King Charles II from exile in 1660. Shortly afterwards, in 1665, London suffered a severe epidemic of plague, resulting in almost 70,000 deaths (Figure 1). Once again, the majority of the physicians fled the City in pursuit of their patrons.

The following year the Great Fire of London destroyed some 13,000 houses, together with the Halls of the apothecaries and the physicians. Nothing daunted, the apothecaries rebuilt their hall without delay on the same site in Black Friars. When the physicians returned to London following absences brought about by these disasters, they found their influence in the Capital considerably reduced, the population having been reliant on the services of the apothecaries and other providers of medical aid. This greatly strengthened the recognition of the apothecaries as providers of general medical services and their standing in the eyes of the people. Some began to refer to their apothecaries as 'doctor',

believing them to be equally entitled to the description as those holding doctorates from a university. This term was convenient to patients and gradually became the universal title for a qualified medical practitioner.<sup>2</sup>

### **The Rose Case**

The dispute between the College and the Society continued, with the physicians determined to re-establish their position as the proper providers of medical attention in the face of the widely held favourable view of the apothecaries. In due course an opportunity arose for the College to take its position to the Courts in the hope of a ruling in their favour and against the apothecaries. An apothecary called William Rose treated a London butcher called William Seale in 1699-1700. Seale had spent a large amount of money on medicines supplied by Rose but his condition deteriorated. By tradition, physicians charged for consultation and apothecaries for medicines supplied – an obvious temptation to over-medication. Seale decided to take his complaints to the College in order to obtain redress against Rose. The College sensed an ideal test case and in February 1701 brought an action against Rose for treating a patient without the intervention of a physician. The Court found in favour of the College and declared that Rose had taken it upon himself to judge the disease and the fitness of remedy. But it was evident that Rose had only been following custom and



Figure 2. Apothecaries Hall, Black Friars Lane, London

practice, which by that time was well established. The judge had described the College's action as 'extravagant' and the Society of Apothecaries supported Rose in taking the case to appeal, by bringing a 'Writ of Error' to the House of Lords. In March 1704 the Lords reversed the earlier judgement, holding that despite earlier Acts the trade of the apothecary in compounding medicines and supplying them was well recognised and that the physicians were seeking to establish a monopoly for themselves. This judgment legitimised the place of the apothecary in not only compounding medicines but also in diagnosing disease and prescribing treatment.<sup>3</sup>

### **The beginnings of general practice**

The judgement in the Rose Case was to have long lasting effects. Apothecaries gradually took up the role we would now regard as that of the 'family doctor' or 'general practitioner', although these terms were not widely employed until the mid to later nineteenth century, when the terms 'apothecary' and 'surgeon-apothecary' were disappearing. At the same time some apothecaries continued to concentrate successfully on the business of pharmacy. For example an apothecary founded the major pharmaceutical business of Allen & Hanburys in 1715. From the 1770s only apothecaries who were pursuing a medical career or practice could join the livery of the Society of Apothecaries. A key feature of the movement of apothecaries into the general practice of medicine was the retention of their tradition of compounding and dispensing medicines, rather than writing a prescription to be dispensed elsewhere. In consequence the emerging general practitioner not only carried out consultation and diagnosis, he also dispensed and supplied any medicines that he regarded as being necessary for treatment. That established a tradition not reflected in the practice usual in Scotland or Continental Europe. The Rose judgment of 1704 was made before the Act of Union between England and Scotland of 1707 and had no force in Scotland, where the legal system remained separate.

### **The Pharmaceutical Society**

In the early nineteenth century a heavy tax on the glass used for medicine bottles stimulated the apothecaries and surgeon-apothecaries, now well established in the general practice of medicine, to set up an association to protect their interests. A principal concern of the new association was the encroachment on their business of the emerging class of chemists and druggists. This was a developing class of traders who kept open shop for the supply of chemicals and drugs, as settled business premises gradually superseded market stalls in towns and villages. Seeing an opportunity, they had moved into the areas of compounding and dispensing, realising that many apothecaries, in their pursuit of medical services, were neglecting these. The chemists and druggists lacked formal qualifications and were regarded as 'improper

persons' by the apothecaries. The association of apothecaries and surgeon apothecaries sought to introduce education, examination and licensing as a means of controlling the chemists and druggists. Representations to Parliament resulted in the Apothecaries Act of 1815, which empowered the Society of Apothecaries to examine, and to license to practise, apothecaries who had served a five-year apprenticeship and received 'a sufficient medical education'. However the Act gave the apothecaries no rights to interfere with the business of the chemists and druggists. The latter subsequently resolved, in 1841, to establish the Pharmaceutical Society of Great Britain. Through the promotion of education, examination and registration, this enabled the chemists and druggists to evolve into the pharmacists of the later nineteenth and the twentieth centuries.<sup>4</sup>

### **Doctor dispensing**

The situation, in which the apothecaries, now general practitioners of medicine, mostly did their own dispensing of prescriptions, had profound effects on the practice of pharmacy in England and Wales. It has been estimated that by the beginning of the twentieth century some 90% of prescriptions in England and Wales were being dispensed by the doctors themselves or by their staff.<sup>5</sup> Many pharmacists rarely, if ever, received a prescription, despite being educated and trained in the art of dispensing. This compelled pharmacists to maintain their livelihood by the sale of medicines and allied products over the counter, prompting claims by the general practitioners about unqualified prescribing. All the legal controls over the business of pharmacy that the Pharmaceutical Society tried hard to secure, despite its efforts, related solely to examination and registration of pharmacists, and to the sale of poisons to the public. By the end of the nineteenth century, there were no controls over the activity of dispensing. Provided that the operation did not involve the sale of a poison, anybody could dispense a prescription. The result of this state of affairs was that the general public tended to regard the pharmacist as a shopkeeper, rather than a health professional. This impression has persisted until modern times and explains some of the differences between British and Continental pharmacies which, to the eye of the author, are still evident.

### **The National Insurance Act**

A major change in prescribing and dispensing activities took place in the early twentieth century. In 1911 the Liberal Government of the day introduced the National Insurance Act. This aimed to provide compulsory insurance against illness for employed persons below a certain income level. It embodied entitlement to free medical consultation and the provision of medicines. When the Bill was introduced into Parliament, the Chancellor of the Exchequer, later Prime Minister, David Lloyd George, announced that



for persons insured under the scheme, some 14 million of the population, general practitioners would have to write a prescription which would then be taken to a pharmacist to be dispensed. This unexpected provision took the medical and pharmaceutical bodies by surprise and caused considerable concern among the doctors. It is believed that Lloyd George had modelled his scheme, to an extent, on the health insurance system introduced in the late nineteenth century in Germany by Bismarck. The change to pharmacy practice in England and Wales was marked. When the provisions of the Act became effective in January 1913 *The Pharmaceutical Journal* reported that 'the business of pharmacy had entered upon a new era'.<sup>6</sup> Shortly afterwards, a regular columnist in the *Journal* wrote: 'The lost art of pharmacy is reviving under the kindly influence of the National Insurance Act'.<sup>7</sup> Pharmacy in England and Wales was at last moving towards the patterns of practice existing in Scotland and most of Continental Europe.

### Acknowledgements

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Dr John Hunt



Dr Peter M Worling

# The Edinburgh Apothecaries

Dr Peter M Worling  
Edinburgh

## Early development of medicine

The early history of the medical services in Great Britain is of a constant jockeying for position and authority between the physicians, surgeons and apothecaries. The apothecaries had the advantage of keeping a shop; this meant their presence was easily seen and it was a simple matter to visit them without an appointment or calling out the physician. While supplying medicines they also gave advice. In December 1615 in London, the Worshipful Society of Apothecaries received a Royal Charter from King James I (see Hunt, p. S-3).

During the 18th century the position and influence of the apothecaries in London was consolidated. The Royal College of Physicians, originally founded in 1518, were resentful of the success that the apothecaries enjoyed and they blamed them for taking away their business and not only supplying medicines, but also diagnosing disease; which they were in fact doing.

The dispute came to a head in 1701-1704 when a legal test case was brought by the College of Physicians against an apothecary, William Rose. The final judgement of the House of Lords was that the apothecary was entitled to give advice and treatment. Following this many apothecaries moved into the field of medical practice and in due course the apothecaries developed from compounders of medicine to general medical practitioners. Their role in dispensing medicines was taken over by the chemist and druggist shops which were established from the 18th century onwards (see Hunt, p. S-5).

In Edinburgh by contrast, the position was different. The apothecaries were kept in check by both the physicians and the surgeons. They guarded their monopolies with vigour and although the apothecaries tried to encroach on the work of the physician by diagnosing disease as well as supplying medicines and of the surgeons by bleeding, they made little headway.

At this time the surgeons and the barbers worked closely together. In 1505 they jointly petitioned the Town Council of Edinburgh to be enrolled as an Incorporated Craft of the Burgh (a Guild). In their petition the members undertook to be responsible for the proper education of the craft members.

And als That everie man that is to be maid frieman and maister amongis ws be examit and previt in thir poyntis following THATT IS TO SAY That he know anotamea nature and complexion of every member In manis bodie. And in lykewayes he know all the vaynis of the samyn that the mak flewbothomea in dew tyme. And als that he know in quhilk member the signe hes domination for the tyme for every man aucht to know the nature and substance of every thing that he wirkis or ellis he is negligent.

The 'Seal of Cause' was granted on the 1st July 1505. This united the surgeons and the barbers as one of the

Crafts of the Burgh and effectively gave their members a monopoly.

## Apothecaries

The apothecaries did not have the benefit or protection of an Incorporation. Generally however, the relationship between the apothecaries and the surgeons did not cause many problems. There were disputes between the two professions. In 1575 the Surgeons complained that the apothecaries

daillie wsit and exercisit yt sayd craft (surgery) they nather being friemen their of nor privilegit thr to.<sup>1</sup>

There were probably other complaints, but the apothecaries seem to have lived reasonably peacefully with the other crafts. One reason was that they were few in number, possibly no more than eight.

A more serious dispute arose in 1643 concerning the division of responsibility between the surgeons and the apothecaries. The Town Council convened a meeting of the two parties at which they agreed that 'the application of sear cloths (mort cloths) to dead bodies, all manual applications about dead or living bodies and the curing of diseases such as tumours, wounds, ulcers, luxations, fractures and the curing of virolls should be restricted to the surgeons, the administration of medicines inwardly was the only liberty of the apothecary'. This agreement was made an Act of the Town Council.<sup>2</sup> It is worth remembering that surgery was a crude activity and the surgeons of the time had a low standing.

## Surgeon-Apothecaries

The political situation now took a hand. In early 1644, as a result of the signing of the 'Solemn League and Covenant' by the rump of the English Parliament and the Scottish Covenanters, a Scottish force of 26,000 men, under the leadership of David Leslie, invaded England and joined with Oliver Cromwell.

Accompanying the Scottish army were two apothecaries, James Borthwick and Thomas Kincaid. In return for the assistance that they had given to the surgeons during the campaign, they were both admitted as members of the Incorporation of Surgeons, although neither of them had undergone an apprenticeship as surgeons.

Borthwick and Kincaid were held in high esteem and because of their influence; the dispensing of medicines began to be taught alongside surgery. This proved to be a more acceptable combination for the apprentices and more chose this than the alternative combination of barber and surgeon. The result was the formation of the Surgeon-Apothecaries as a Fraternity, set up by a Town Council Act of 1657. This was subsequently ratified by Parliament in August 1670.<sup>2</sup>

As they were not recognised as an Incorporation in their own right, this had the effect of bringing the apothecaries under the protection of the surgeons. However they could not carry out any surgical procedure; this included blood letting which the Apothecaries were doing from time to time, although they were careful not to call it such in any invoices.

## The Decree of Separation

In 1680 the Incorporation of Surgeons brought a prosecution against Patrick Cunningham, an apothecary, for allegedly carrying out surgery, including blood letting. He was not prepared to bow down to the surgeons and he brought a counter prosecution against the Incorporation of Surgeons and the Surgeon-Apothecaries. The substance of his case was that pharmacy and surgery were two distinct trades and employment, which should not be practised by the same person. This became a test case between the professions and eventually was brought before the Court of Session.<sup>2</sup>

The Judges of the Court of Session agreed with the apothecary's submission and in 1682 granted a Decree of Separation. This ruled that within the City of Edinburgh one and the same person could not be employed both in surgery and pharmacy. At this time there were ten surgeons, ten surgeon-apothecaries and six surgeon-barbers, as well as the simple barbers. They had to choose whether to become members of the Incorporation of Surgeons or join the Fraternity of Apothecaries. In the event, only one Surgeon-Apothecary chose to join the apothecaries, which was in future known as the Fraternity of Apothecaries. The apothecaries were now on their own, with both the surgeons and the physicians determined to exercise control over them. Each quoted the legislation which they thought was favourable to them, irrespective of whether this was current legislation or not.

The physicians were granted a charter in 1681 to form a Royal College of Physicians, despite strong objections from the surgeons who felt it encroached on their privileges. A dispute arose on who should be responsible for visiting the apothecaries' shops. The physicians based their claim on their newly won charter which complicated the situation by granting the College of Physicians the right to supervise Apothecaries shops. The Surgeon-Apothecaries objected as they felt their rights to examine apothecaries given to them in the Act of 1657 were being infringed.<sup>3</sup> However, the Privy Council by a further Act of November 1684 gave the President and others of the College of Physicians the right of inspection, on the grounds that the physicians should be convinced and satisfied that the apothecaries that dispensed were qualified to do so and the drugs were good and sufficient.<sup>4</sup>

## Surgeons and apothecaries combine

The surgeons were not prepared to let matters rest. In 1684 they gave notice that they intended to continue admitting apothecaries to the Incorporation and they succeeded in getting the Town Council to agree to a surgeon being appointed as sole inspector of the apothecaries' shops. A surgeon-apothecary was also elected as inspector in 1687, but the apothecaries objected and appealed to the Lords of the Session who overruled the Town Council and appointed an apothecary in his place.

In 1694 King William III and Queen Mary granted a patent in favour of the surgeons and surgeon-apothecaries which was ratified by Parliament in 1695.

This William and Mary Patent overturned the original 'Decree of Separation' and would have had the effect of combining surgery and pharmacy again. The apothecaries felt that once more they were losing their rights. They approached Parliament and made their case for surgery and pharmacy as two separate disciplines. They quoted a number of cases where the surgeons had 'oppressed' apothecaries; these were mostly in situations where there had not been a surgeon available and the apothecary had treated a wound or bled the patient.

It appeared to the surgeons that this was a controversy that was going to last for a long time. They were in a bad way financially. A dispute with the barbers which lasted for four years with legal actions on both sides had virtually bankrupted the Incorporation, so they were not in a position to have a long running legal wrangle with the apothecaries. The radical solution they proposed in 1721 was to offer membership to all the fifteen Edinburgh apothecaries to be admitted as free surgeons on payment of £50 each. All were admitted and the Edinburgh apothecaries returned to the surgeons' fold as freemen of the Burgh, but they still practised as Apothecaries.

## Physicians and pharmacy

The Royal College of Physicians wanted more control over their members. In 1750 the College passed an Act stating

No person who is a member of the Corporation of Surgeons or Apothecary's, or keeps an open shop for the dispensing of medicines shall be admitted fellow of the College.

After heated debate another act was passed in 1754 which was clearly intended to separate the two professions. This stated that no member of the College or any physician licensed by them to practise 'physic' within the city may employ an apothecary or keep an apothecary's shop and all applicants for a licence to practise in the city had to give an undertaking not to open an apothecary's shop or practise pharmacy. Many practitioners continued to supply medicine to their patients and the matter was finally concluded in 1823 by an amendment to the Act of 1754 which read

If any Fellow or Licentiate of the College shall, by himself, or co-partners, or servants, keep a public Apothecary, Druggists or Chemist shop, he shall ipso facto forfeit all the rights and privileges which he does or may enjoy as a Fellow or Licentiate of said College, and his name shall be expunged from the list.<sup>4</sup>

This only applied in the city of Edinburgh and made little difference elsewhere in Scotland. Many medical practitioners continued to dispense medicines and they considered the supply of medicines an essential part of their income, particularly in the country districts.<sup>5</sup>

## The Royal College of Surgeons

The surgeons saw how the physicians' status had grown through education and the founding of their Royal College, which had enabled them to regulate their profession, and in 1778 the Incorporation of Surgeons was granted a Royal Charter to form the

Royal College of Surgeons of Edinburgh.

In 1806 the College of Surgeons decided to revise the examination regulations. One reason given was the ignorance of candidates in pharmaceutical and chemical knowledge. It was believed that this was due to the neglect of their practical education which could only be gained by serving an apprenticeship. It was ruled that candidates had to serve an apprenticeship of three or more years and attend lectures on anatomy, surgery, chemistry and the practice of medicine. The examination requirements were expanded and by 1828 included Chemistry and Materia Medica although there were no requirements for studying the practice of pharmacy or compounding. It was considered best to teach this by practical experience during the apprenticeship period.

A Diploma in surgery continued to be a route into pharmacy. In the 1842 Edinburgh Directory,<sup>6</sup> under the heading 'Apothecaries, Chemists and Druggists' there are 53 entries. Twenty of these are listed as surgeons. They include Thomas and Henry Smith of 21 Duke Street, Edinburgh, the founders of the pharmaceutical manufacturers T & H Smith. William Flockhart of Duncan and Flockhart, North Bridge, Edinburgh was also a surgeon although he did not practice surgery.

### **The chemist and druggist**

From the middle of the 18th century an alternative source of supply for medicines and medical treatment started to emerge. These were the shops of the Chemists and Druggists. The services of the Surgeon, Physician and Apothecary had always been available to those that could afford it. The poorer section of the population, when they were ill, had to rely on the help they could get from neighbours, friends and sometimes the quack practitioner. With the movement of population into the cities, the local availability of herbs and the knowledge of their use, which was a skill retained by older members of the community, was no longer available. This was coupled with the growing wealth of the population, who were able to call on the chemist for advice and to purchase either counter-prescribed remedies or the growing range of proprietary medicines which were being advertised to the public.

The growth of the chemist and druggist in the early part of the 19th century was due in part to the emphasis on free trade and this led to a waning in the power of the Guilds to maintain their monopoly over business. Apprentices were taken on by the chemists and druggists and when they had finished their period of indenture opened their own business. In Edinburgh one of the first chemist and druggist shops was opened by H. B. Wylie, Chemist and Druggist, 38-40 Grassmarket in 1797. There is no evidence of any action being taken to prevent this business trading; possibly this was because it was in the old burgh of Portsburgh and therefore fell outside the jurisdiction of the Edinburgh City Guilds.

During the 19th century the work of the apothecary and the chemist and druggist became synonymous in the city of Edinburgh. The Pharmaceutical Society was

formed in 1841 and, although initially there was little interest and only nine pharmacists around Edinburgh joined the fledgling Society, its influence grew. It placed a great emphasis on education. Initially students had to travel to London to take the examinations, but in 1852 the Pharmaceutical Society elected an examining body for pharmacy in Edinburgh and the qualification of the Pharmaceutical Society became the route to follow to qualify in pharmacy. The surgeons and physicians by this time had established their rightful roles and no longer felt threatened by the apothecary or the chemist and druggist, although it was not until the introduction of the first National Health Service in 1911 that physicians were prepared to give up their dispensing practices. Even then the regulations allowed dispensing doctors to continue in rural areas.

### **Conclusion**

In the south of England the apothecary was the forerunner of the general medical practitioner. In Edinburgh, despite attempts by the apothecaries to extend their role and to carry out other responsibilities as well as the supply of drugs, the power of the surgeons and the physicians was sufficient to restrict the apothecaries to the supply of medicines only.

Their one chance of breaking out was when they were granted a Decree of Separation in 1682. However the surgeons and physicians were determined to ensure the apothecaries were controlled by them and probably because of the small number of apothecaries the chance was lost.

The opportunity for maintaining their independence in the city was finally lost when the remaining fifteen apothecaries were admitted into the Incorporation of Surgeons in 1721. Although the route into pharmacy continued for a time to be by serving an apprenticeship with a surgeon, followed by membership of the College of Surgeons, the supply of medicine was passing into the hands of the chemist and druggist. With the formation of the Pharmaceutical Society of Great Britain and the establishment of an examination board in Edinburgh, the age of the apothecary came to an end.

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*Author's address:* 29, Fernielaw Avenue, Edinburgh EH13 0EF; p.worling@virgin.net

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# **Community Pharmacy and the Rise of Welfare in Great Britain 1900 to 1986**

**Dr Stuart Anderson**

**London**

## **Introduction**

The relationship between the state and the health professions has always been a dynamic and complex one. The professions have sought to influence policy in a way which benefits their members, often by the drafting and passing of legislation. Governments, on the other hand, have usually sought to safeguard the safety of the public and to balance the demands and expectations of different groups by regulating the professions.

This paper illustrates this dynamic process by reference to the development of the pharmacy profession in Great Britain during the first half of the twentieth century. It focuses on pharmacy in the community, and on one particular role of the state during this period, that of introducing and developing the welfare state. It demonstrates that the development of the welfare state had a central role in the shaping of the pharmacy profession in Great Britain; but that at the same time the pharmacy profession itself was able to influence the shape of the welfare state.

The paper begins with a description of the evolution of the welfare system in Great Britain, from its origins in the nineteenth century to the legislative reform programmes of the twentieth century. It also briefly reviews the development of pharmacy in Great Britain before the first major welfare reforms. It goes on to consider how pharmacy was able to help shape welfare provision at each of the major watersheds, in 1911 and again in 1946 and to consider what impact implementation of the welfare state had on the practice of pharmacy on each occasion. It concludes with a brief account of how pharmacy has developed subsequently, and reflects on the relationship between the state and the pharmacy profession during the twentieth century.

## **Welfare in Britain before 1911**

During the reign of Queen Victoria, from 1834 to 1901, state provision for the destitute was based on the Poor Law of 1834. The aim was not to relieve poverty, but to force the working man onto the labour market. Relief was offered only on the most humiliating and degrading of terms. The object was to deter the poor from applying for relief, and at this it was highly successful. Although by 1900 around 30 per cent of the population lived in poverty, less than 3 per cent were in receipt of poor relief.

A system of public relief which was made deliberately odious for its recipients forced those that were in a position to do so to make more humane provision for themselves by relying on mutual help.

A number of organisations emerged to meet this demand. By mid-Victorian times mutual help Friendly Societies in particular had become major providers of social security. These were the product of the increasing social interaction created by the growth of towns, driven by the continuing thrust of the industrial revolution.

Friendly Societies were originally created as much for conviviality as for mutual help. People who shared religious belief, occupation or simply area of residence would help each other in times of misfortune, not by special appeal, but by creating a common fund. This provided security against poverty through illness, or the expenses of a funeral. By 1815 around 8.5 per cent of the population belonged to a Friendly Society of some kind, and over the next 80 years the movement grew rapidly. In 1900 the Registrar of Friendly Societies reported the existence of nearly 24,000 friendly societies and branches, with nearly 4.5 million members. This was roughly half the male adult population of Great Britain.

Some of the societies were by this time large national bodies. The two largest, the Manchester Unity of Odd Fellows, and the Ancient Order of Foresters, each had over 700,000 members. In addition to the friendly societies were the trade unions. These were much more exclusive, and in addition to sickness and death benefits most offered unemployment pay. But for each trade union member there were four members of a friendly society.

So by the early twentieth century there was at least a basic system of welfare, and those not in friendly societies or trade unions could, at least in theory, fall back on the Poor Law provision. Furthermore, there was an infrastructure in existence for the collection of contributions and the giving of relief. In return for a contribution of between 4d and 8d a week (between 1 and 2 per cent of a weekly wage) members received sick pay (about 10 shillings per week), medical care, usually provided by a doctor under contract to the society, and death benefit of between £10 and £15. But in reality there were still many with no safety net at all.

## **Pharmacy in Britain before 1911**

Pharmacy in Great Britain underwent a radical transformation during the course of the nineteenth century. The Apothecaries Act of 1815 enabled apothecaries, who traditionally had both treated patients and supplied their medicines, to become general medical practitioners. Most of them chose to do so rather than continue as retailers of medicines. There was however, another group, without any training or qualifications, which was involved in the supply of medicines, and this was the chemists and druggists. In the early decades of the nineteenth century their numbers rose to fill the gap created by the change in role of the apothecaries.

A small number of apothecaries, largely those involved in wholesaling and city retailing, were anxious to raise the status of this group, largely through education and

qualifications. To this end the Pharmaceutical Society of Great Britain was established in 1841, with the aim of 'benefiting the public, and elevating the profession of pharmacy by furnishing the means of proper instruction'. The new body set about seeking state support for its objectives, and obtained a Royal Charter in 1842. Among its early achievements were the opening of a school of pharmacy, and the establishment of a system of examination and qualification.

The profession had a number of early successes, including a Pharmacy Act in 1852, which established the first Register of Pharmaceutical Chemists and gave them certain privileges such as the exclusive right to use certain restricted titles, including 'pharmacist' and 'dispensing chemist'. A separate register for a lesser qualified group, the chemists and druggists, was established in 1868. So by this time the process of professionalisation of pharmacy was already well advanced. There was a recognised educational programme, involving apprenticeship followed by one or two years at college: there were separate statutory registers for both and for pharmaceutical chemists who had completed an extra year at college; the Society was charged with maintaining the registers and the profession even had its own weekly *Pharmaceutical Journal*.

Pharmacy's leaders were successful in lobbying the government in other areas where their members might benefit financially. A system of pharmaceutical regulation of poisons, enacted through the Pharmacy and Poisons Act of 1868, led to pharmaceutical chemists becoming the custodians of the nation's poisons, and the arbiters of who should have access to them. Initially this control was limited to twenty poisons, including opium, strychnine and arsenic, but the range of substances controlled in this way was later extended substantially in the Pharmacy and Poisons Act of 1908.

By the beginning of the twentieth century the place of the retail chemists in Great Britain was well established. They were distributed throughout the country, and although chains were developing fast, most chemists were independent proprietors. Theirs was a varied business. At its core was the sale of patent medicines, ingredients for home remedies, and nostrums made to their own formula. Most also had substantial trade in toiletries, cosmetics and perfumes. At the turn of the century most were also doing good business in photographic requisites, and many also sold tobacco products and alcoholic beverages. Some also practised as dentists and opticians. But very few saw a prescription written by a doctor: although the friendly society contracts with doctors included the supply of medicines, most doctors did their own dispensing.

### **The shaping of national health insurance 1911**

The trigger for the welfare reforms at the beginning of the twentieth century was the election of a Liberal government in 1905. There followed a steady stream of reforms covering a wide variety of public services.

Concerns for the considerable numbers of people who were not covered by any health insurance scheme were raised by a number of campaigners, and developments in Germany were held up as a model of what could be achieved. Since 1889 Germany had had a system of widows, orphans, and invalidity pensions as part of Bismarck's general scheme of compulsory social insurance.

The task of reforming health insurance fell to David Lloyd George. He was looking for a way of replacing the Poor Law with a far-reaching programme of unconditional payments. Such a system could not be supported by taxation alone. There would have to be a contribution from the beneficiaries themselves. He realised that any such system would come into competition with the friendly societies which already offered these benefits to some of the population. He proposed to bring them into his programme by offering a government subsidy to extend mutual aid to those sections of the working class so far excluded from insurance.

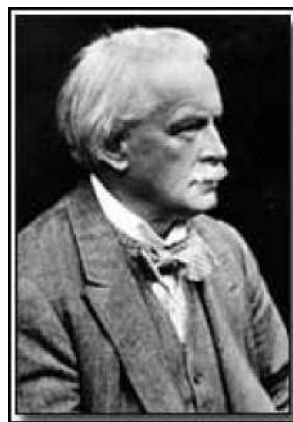


Figure 1. David Lloyd George  
Liberal MP and Chancellor of the Exchequer

In the original version of the National Insurance Scheme the friendly societies lobbied hard, and they were given a privileged position. The intention was that they would be the principal administrators of both the cash benefits and the medical and pharmaceutical services provided. But the same would apply to industrial assurance companies, which had no wish to administer any form of medical treatment, or to have to deal with local management committees. These committees were to administer arrangements under which doctors and pharmacists did work for friendly societies. But neither the doctors nor the pharmacists wanted to work for the friendly societies, and they certainly did not want those societies administering medical and pharmaceutical services.

When Lloyd George presented his bill to Parliament in May 1911 the Pharmaceutical Society was ready. Lloyd George announced that the friendly societies were to arrange with chemists for the supply of medicines and appliances under the scheme. He said that he had no



doubt that they would make as advantageous terms with the chemists as they had in the past with the doctors. However, immediately afterwards a spokesman for the friendly societies indicated that they would not necessarily use the chemists, but would themselves establish their own dispensaries in all the large towns. One of the biggest, the Manchester Unity of Odd fellows, proposed the setting up of a central drug store, and branch dispensaries, to be controlled and administered by themselves. Soon, the friendly societies began to canvass support for the setting up of a factory for the preparation of galenicals, drugs, chemicals and sick-room requisites, which would then be distributed to depots around the country.

The pharmacists were quick to respond. The Pharmaceutical Society claimed that these proposals would deprive qualified chemists of some 14 million customers per year. *'The effect on pharmacists would be disastrous'* declared the *Pharmaceutical Journal*. It argued that the existing network of chemists shops should be used, rather than the creation of new establishments. Yet even without these, participation of the pharmacists in the national insurance scheme would involve negotiation with the friendly societies. *'If there is any bargaining to be done, it should be done with the government'* said the *Pharmaceutical Journal*.



Figure 2. Sir William Glyn Jones

Courtesy of the Museum of the Royal Pharmaceutical Society

On 1 June 1911 a deputation of pharmacists organised by the Council of the Pharmaceutical Society was received by the Chancellor of the Exchequer in his rooms at the House of Commons. It was led by William Glyn Jones, the Society's secretary and registrar. Glyn Jones detailed seven principles which pharmacists wanted incorporated in the National Insurance Bill. These are illustrated in Table 1.

These principles effectively guided the pharmacy

profession in its dealings with government in relation to welfare for the rest of the century. The Pharmaceutical Society took the view that insured persons should be supplied with medicines in exactly the same way as the rest of the public, by using the facilities already provided by private enterprise. In this way the sick would be able to obtain their medicine promptly and with the minimum of inconvenience. Just as medical treatment was to be given only by duly qualified medical practitioners, the Pharmaceutical Society argued that medicines supplied to the insured should only be dispensed by legally qualified chemists.

**Table 1: Pharmacy's Seven Principles**

1. That no agreement for the supply of medicines for insured persons should be made except with a person, firm or corporate body entitled to carry on the statutory business of a pharmaceutical chemist or chemist and druggist, in conformity with the Act of 1908;
2. That the dispensing under the Act should be done under the direct supervision of a pharmacist;
3. That the control of medical and pharmaceutical services to insured persons should be in the hands of the country health (later 'insurance') committees, and NOT under the control of Friendly Societies;
4. That a panel of all qualified pharmacists in a particular district willing to supply medicines under the scheme should be set up, so that insured persons could choose their own suppliers;
5. That remuneration for pharmacists should be on a scale system, and not on a per capita basis;
6. That pharmacy should be represented on the country health committees, the advisory committees, and the Insurance Commission; and
7. That medical benefit should not be extended to persons earning more than £160 per annum.

The Act which was eventually passed incorporated most of these principles. It applied only to less well off workers, those earning less than £160 per annum. It was a contributory scheme, involving contributions from the employee, the employer, and the government. It did not apply to workers' dependants, wives and children. Its provisions included general medical services and the supply of medicines. 'The first thing that I think should be done' said Lloyd George, 'is to separate the drugs from the doctors'. He was anxious to ensure that there was no inducement for underpaid doctors to take it out in drugs. The experience of both the Poor law and the Friendly Societies was that whenever doctors received an inclusive fee for attendance and medicines, the temptation to use cheap drugs was not easily resisted.

### **The impact of health insurance on community pharmacy**

The National Insurance Act became law on 15 July 1912. However, the provisions relating to medical benefit were postponed a further six months, and the

first prescriptions written under it did not reach chemists shops until 15 January 1913. The bill had left many details unsettled including doctors' remuneration. The financial arrangements offered to the pharmacists were not as generous as those to the doctors, but nevertheless British pharmacists did not hesitate to serve under the Act. It was felt that the national insurance scheme might help the chemist in working class areas by providing him with a useful supplement to his income, and an opportunity to practice his dispensing skills.

area for which they dispensed prescriptions, so those in London were often on the lists of numerous insurance committees. Copies of many prescriptions had to be entered in the prescription book to satisfy poison legislation. And dispensing was extemporaneous, with each medicine being made up individually. The dispensing fee for a bottle of mixture was two pence, the highest fee being six pence for a dispensed plaster. The chemist was paid this plus 150 per cent of the cost of the ingredients.



Figure 3. Robert E Price Dispensing Chemist, Rhyl, North Wales, 1909

Courtesy of the Museum of the Royal Pharmaceutical Society

The *Pharmaceutical Journal* records that the first prescriptions dispensed under the new insurance scheme was dispensed at 8.40 am on the first day. The numbers of prescriptions presented caught the chemists completely by surprise. Within a year the numbers presented were more than three times what they had been previously. Numbers rose from below fifteen million to over fifty million per year. Many pharmacies did not have the basic equipment or the right ingredients to meet the demand.

The influx of prescriptions varied according to the social class composition of the area. In a prosperous area of west London the years' takings from national insurance dispensing was only £25 11s. 1d, representing less than 1 per cent of turnover. In depressed Rotherhithe, on the other hand, the takings were £616 9s. 8d, representing nearly 60 per cent of turnover. Pharmacies in the densely populated working class areas, which had previously dispensed only one or two prescriptions per week, were now receiving several hundred per week.

Dispensing such large numbers of prescriptions was not without its drawbacks. Pharmacists had to price their own prescriptions. They had to be on the panel of each

The National Health insurance scheme was important to retail pharmacy in two ways. First, in the recognition it gave to the principle that dispensing should be limited to pharmacists; and second in the volume of business it brought to pharmacies. But it also laid the foundations for future contractual arrangements between the pharmacy profession and the government. It enabled companies as well as individual proprietors to contract to provide dispensing services; it rejected the idea of a salaried service for the dispensing of National Health Insurance prescriptions; and it established a contract based on unit of service rather than per capita. All these elements were to be of crucial importance with the

coming of the National Health Service in 1946.

### The shaping of the National Health Service 1946

The period between the two world wars was one of gentle tinkering with welfare rather than radical reform. The income limits below which cover was provided were slowly raised, to £250 in 1920, and to £420 in 1942. By 1946 some 20 million people, representing around 43 per cent of the population, were covered. However, benefits to women workers were cut, on the grounds of financial stringency, in 1915, and again in 1932.

Between 1918 and 1939 the British government added various further measures of health provision. A number of associated measures some dating from before the NHI Act of 1911, aimed to provide medical supervision and treatment for a range of social groups whose welfare was of concern to the state. There was a venereal diseases act in 1917, a maternal and child welfare act in 1918, a midwives act in 1922, and a cancer act in 1939. The Poor Law was finally reformed in 1929, resulting in the transfer of the Poor Law Infirmaries and Infectious Diseases hospitals to the municipal authorities.

For community pharmacy this was a period of relative stability. The number of prescriptions written by doctors



rose steadily rather than dramatically, from around 50 million per year in 1920 to around 70 million a year in 1940. This level of prescribing provoked a discussion in government about over-prescribing by doctors, but for the typical pharmacist the dispensing of prescriptions written by panel doctors remained a relatively minor activity. Much of the population remained uncovered by insurance, and retail chemists continued to spend much of their time on traditional duties, such as making and supplying nostrums (something for a cold, a sore throat or for indigestion) and the selling of patent medicines. There was still a brisk trade in the sale of ingredients for domestic remedies. Pharmacists frequently provided free diagnosis, free advice, and cheaper medicine than the doctor.



Figure 4. I. Bowen pharmacy, London, 1930s  
Courtesy of the Museum of the Royal Pharmaceutical Society

By 1937 practically all chemists shops in Britain were in the insurance scheme. There were about 13,00 of them in England and Wales, and a further 1,800 in Scotland. The nature of the contract slowly evolved, and by 1937 chemists were paid on the basis of the cost of the ingredients, calculated according to a standard price list, together with a dispensing fee regulated according to the nature of the article dispensed. There was also a useful trade in the dispensing of private prescriptions. However, in England and Wales most doctors continued to do this themselves, with only about 20 per cent finding their way to pharmacies. In Scotland, about 90 per cent of doctors wrote prescriptions for their private patients to take to the chemist's shop. For the Pharmaceutical Society plans for a National Health Service were much less contentious than had been

the plans for a National Insurance Scheme forty years earlier. It was seen largely in terms of an extension of the existing National Insurance Scheme to the whole population. The new service was to be free to all at the point of delivery. It was divided into three distinct parts: the hospitals, managed by regional hospital boards; primary care, as provided by GPs and dentists, who retained considerable independence in the management of their practices; and the auxiliary services, such as ambulances, maternal and infant welfare, and home helps, which were left in the hands of local authorities.

One innovation in the NHS Act was the proposal for health centres. These would be places where several doctors would practise together, along with other health professionals including nurses and pharmacists. In the early stages of planning, the pharmacists' major concern was the extent to which the proposed new health centres would employ salaried pharmacists, and hence compete with private chemist contractors. Early planning documents referred to patients being able to 'obtain their supplies on the prescription of their doctor, either from shops OR other premises of a pharmacist, or from any health centre where dispensing services are provided'.

The Pharmaceutical Society and the National Pharmaceutical Union, representing the independent proprietors, were assured by the government that health centres would be limited to a few carefully controlled experiments, and that the question of including pharmaceutical services in them would only arise on new housing estates. Since there were more than enough chemists shops to go round, pharmacy services did not figure prominently in early health centre planning. In the event the policy faltered and failed, and by 1963 there were only eighteen purpose-built health centres in England and Wales.

For most chemist contractors the new NHS was simply an enlarged National Insurance Scheme. It was finally implemented on 5 July 1948. Negotiations on the terms of remuneration for chemist contractors ran to the very last minute. For England and Wales they were completed on 18 June, and in Scotland not until 1 July. It was largely an updated version of the NHI scale. The chemist was paid for each prescription dispensed. Payment was made in accordance with a Drug Tariff.

Their were four elements to the chemists' remuneration. The chemist received the wholesale cost of the appliance or ingredients; an on-cost allowance of 33.3 per cent, to cover all overhead expenses; an average dispensing fee of one shilling [5p], with higher rates for



Figure 5. Aneurin Bevan, Minister of Health

special services; and a container allowance of two and a half pence [1p] per prescription. The last was a new payment compensating the chemist for supplying a container for the medicine. Under the NHI patients had either brought in their own container, or had paid a deposit. By 1948 some 16,800 chemists in Britain had contracted to supply medicines and appliances under the National Health Service.

## The impact of the NHS on community pharmacy

The impact of implementation of the NHS on community pharmacists was dramatic and immediate. Large numbers of prescriptions written by doctors were presented at pharmacies. Within a year the numbers had almost quadrupled, from around 70 million a year to around over 250 million. The reasons for this were multiple. Firstly, with the inclusion of the entire population in the service the numbers visiting doctors more than doubled.

But there were other factors too. Since the service was free to all, and there was no charge for medicines, there was little incentive for those who could afford to do so to continue to see doctors privately and to pay further for their medicines. Those pharmacists who had substantial business in the dispensing of private prescriptions before the NHS found that this business greatly diminished afterwards.

And then there were the domestic remedies and patent medicines. With free medicines for all there was little point in poor people buying a few pennies worth of ingredients to make their own remedies at home. Likewise, there was little incentive to purchase proprietary medicines for the treatment of minor complaints like coughs and indigestion, and sales of these dropped significantly after introduction of the NHS. The same was true of the nostrums made up specially by the chemist.

The chemists welcomed these changes with open arms. The new prescriptions produced a substantial increase in turnover for most pharmacies. The terms of remuneration were by modern standards extremely generous, and many pharmacists became very prosperous

as a result. But it was the pharmacy profession's response to these changed circumstances which were to shape the relationship between it and the state for the rest of the century. The extra workload needed to be accommodated. Many pharmacists took the opportunity to expand the dispensary, usually at the back of the shop, at the expense of general shop space nearer the front. In 1948 a high proportion of prescriptions were still prepared extemporaneously one at a time, and most were in the form of mixtures or syrups. For most pharmacists this was an opportunity to practise the skills which they had learned in their apprenticeship, and they were usually more than happy to



Figure 6. R.J. Mellowes pharmacy, Enfield, 1959

Courtesy of the Museum of the Royal Pharmaceutical Society

spend their working days preparing prescriptions in the dispensary at the back of the shop.

Very few took the opportunity to train dispensing assistants to help them with this work. Some took on apprentices for the first time, and a new generation of pharmacists were brought up believing that the role of the community pharmacist was the dispensing of prescriptions out of sight at the back of the shop. Increasingly the pharmacist only emerged from the dispensary when a customer asked to 'see the chemist'.

The new arrangements took some time to settle down. As in 1913 there were problems with the system for pricing prescriptions. The pricing bureaux were understaffed and completely unable to cope with the enormous increase in workload. A full pricing policy was abandoned, and a sampling system instituted. It was not until 1954 that all the arrears were cleared. Evidence of profligate and over-prescribing was widespread, with stories of large quantities of cotton wool being prescribed to help families keep warm, and large volumes of tonics and foodstuffs also being prescribed. A prescription charge of one shilling [5p] per prescription was introduced in 1951, and this rose to one shilling per item a year later.

The sale of proprietary medicines was to pick up again in the early 1950s. Three factors contributed to this. Firstly, the introduction of prescription charges meant that it might again be cheaper to buy something yourself. Secondly, the arrival of television advertising brought powerful messages about proprietary medicines into the homes of many. And increasing prosperity meant that increasing numbers of people were able to resort to branded products for a wide range of conditions from headache to hangover.

For community pharmacy in Britain the contingency arrangements made in the wake of introduction of the national health service became normalised. Pharmacists continued to dispense prescriptions at the back of the shop, pre-registration pharmacy students continued to spend much of their time dispensing, and few dispensing assistants were trained. The Council of the Pharmaceutical Society devoted its energies to reforming pharmacy education, to converting it from an apprenticeship-based occupation to a degree-entry profession. In this it was successful. Pharmacy became degree entry only in 1967, and this became a pre-requisite for admission to the register in 1970.

During the 1950s and 1960s the community pharmacist had all but 'disappeared' from the public awareness. Public esteem for the chemist was at an all time low. The issue was brought to a head at the British Pharmaceutical Conference in 1981. In what has become a very famous address the then Minister of Health, Dr Gerard Vaughan, announced to the conference that 'one knew there was a future for hospital pharmacists, one knew there was a future for industrial pharmacists, but one was not sure that one knew the future for the general practice pharmacist'. The pharmacy profession had made two serious mistakes: it had failed to monitor and

recognise the impact of changes in its practice, and particularly its impact on the public; and it had failed to convince the government of its continuing relevance and contribution to the health of the nation.

The minister's statement was a watershed in the history of pharmacy in the twentieth century in Great Britain. It led directly to the 'Ask your pharmacist' campaign from the National Pharmaceutical Association, which first appeared in women's magazines in 1982. Discussions between the pharmacy profession and the government led to agreement that there should be an independent committee of enquiry set up '*to consider the present and future structure of the practice of pharmacy in its several branches, and its potential contribution to health care, and to review the education and training of pharmacists accordingly*'. This culminated in the publication of the Nuffield Report on Pharmacy in 1986. Developments since then have been aimed at extending the range of services provided by the community pharmacist to areas beyond the traditional dispensing role. These so-called extended roles can be seen as a return to the 'traditional' role of the community pharmacist before the introduction of the welfare state, and an attempt to draw the pharmacist out of the dispensary and back in contact with the public.

## **Conclusions: Health professions and the state**

This paper has demonstrated that the relationship between the profession of pharmacy and the government during the development of the welfare state has been a dynamic and complex one. Pharmacy has not simply been a passive participant in a major reform. It has been actively engaged at each stage, it has bargained hard with government, and the shape of the welfare state that we have today has been strongly influenced by the position taken by the pharmacy profession.

But the introduction of the welfare state has had a dramatic impact on the nature and practice of pharmacy in the community in Great Britain. It has defined the principle tasks undertaken by pharmacists, influenced their education and training, and set their level of prosperity. Yet despite the changes which have taken place there have also been elements of continuity. Throughout, pharmacists have offered ready access without appointment throughout the community, they have offered advice without charge, and they have been available during normal shop hours, and usually beyond.

Yet arrival of the welfare state highlighted the major tension which has always existed in community pharmacy, the tension between pharmacy as profession and pharmacy as business. The history of the relationship between the pharmacy profession and the state in Great Britain with regard to the development of the welfare state demonstrates that where there is conflict business factors will usually prevail. Yet pharmacy was not alone in this. Aneurin Bevan famously claimed that he had to 'stuff their mouths with gold' in order to obtain the cooperation of the doctors for working in the National Health Service.



It would nevertheless be untrue to suggest that all the changes to the practice of community pharmacy in Great Britain during the twentieth century are down to the welfare state. There were of course many other factors playing a part. These included the therapeutic revolution of the 1950s and 1960s which not only transformed doctors' ability to offer effective medicines for a wide range of conditions, but transformed the kind of preparation pharmacists were called upon to dispense. From the 1950s onwards the number of tablet and capsule forms increased dramatically, and the number of mixtures to be made up individually decreased.

More recent developments have included the deregulation of a large number of medicines, so that they are no longer available only on the prescription of a doctor but can be sold on the authority of the pharmacist. We now also have the first moves towards rewards for pharmacists having prescribing rights of their own. And use of pharmacies as a first port of call means that pharmacists are increasingly taking on roles which were clearly the responsibility of doctors in the early days of the welfare state.

The interaction between the state and the health professions is thus complex and dynamic. Both the profession and the welfare state are constantly evolving, responding to the wide range of social, political, economic and technological factors in which they operate. The balance between centralisation and decentralisation, between regulation and deregulation, and between public and private provision of services are issues at the centre of political debate, and the tensions between health care systems and health professionals will keep historians busy for many years to come.

This paper is a fuller version of the address given to the International Academy for the History of Pharmacy at Edinburgh, June 2005.

Stuart Anderson was president, British Society for the History of Pharmacy and is vice-president of the International Academy for the History of Pharmacy

Author's address: [stuart.anderson@lshtm.ac.uk](mailto:stuart.anderson@lshtm.ac.uk)

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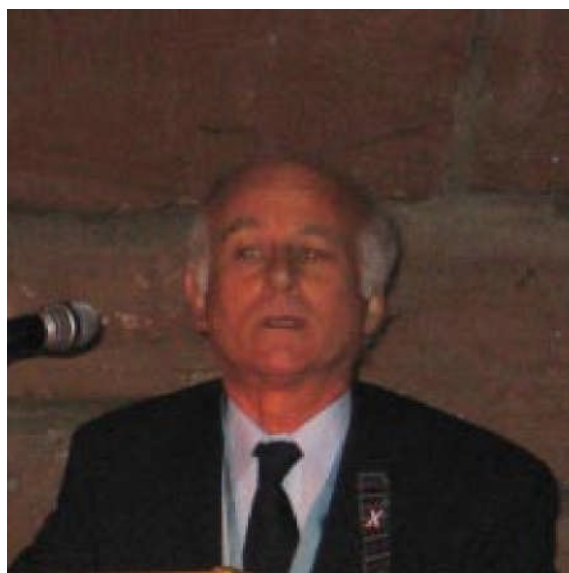
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Dr Stuart Anderson

# The Royal College of Surgeons of Edinburgh 1505-2005

Dr Helen Dingwall

Stirling

(Paper presented for Dr Dingwall by  
Peter Jones MRPharmS)

The Royal College of Surgeons of Edinburgh celebrated its 500th anniversary on 1 July 2005, marking five centuries of evolution from small craft to major surgical college. In the early centuries especially, the College claimed historic rights to practise pharmacy, rights which were challenged by the physicians in the late seventeenth century, but restored by a patent granted by William and Mary in 1695. Indeed, one of the provisions of the original charter was that the incorporation of Surgeons had exclusive rights to brew aqua vite. The evolution of the modern profession of pharmacy has perhaps settled that particular dispute, but there were clear and strong links in the early days of the incorporation (see also Peter Worling p. S7-8). Unlike the situation in London, the apothecaries in Edinburgh did not have a strong organisation to protect their interests.

It has to be remembered that institutions were, and still are, very much of their time. They were shaped by external as well as internal factors, but importantly the influences and challenges were constantly changing, with the result that the survival of the College depended on its doing different things at different times, in reaction to external change and external influences and pressures

– as well, of course as developments in surgery. It is also important to remember that members of any institution are also members of wider society and share contemporary beliefs and practices, so that the ‘professional’ actions of any individual are shaped not only by his or her institution and the specific body of knowledge related to it, but also by custom, habit and the contemporary context. For example, one of the most famous seventeenth-century Edinburgh physicians, Archibald Pitcairne – who defected from the physicians to the Surgeons around 1701, (RCPE founded 1681) — discussed physics with Isaac Newton, and debated the latest theories on the mechanical or chemical structure of the body. However, he still felt able to advise ‘tying live doves to patients’ feet’; he prescribed earthworm broth and prophylactic bloodletting; while Newton maintained his interest in alchemy. None of this was at all remarkable in its own context, in which religion, superstition and the supernatural were not at all at odds with new science.

With these factors in mind, this paper focuses on three elements of the development of the College – politics, training and examinations.

## Politics

The Incorporation received its charter or *Seal of Cause* from Edinburgh Town Council on 1 July 1505 and it was ratified by James IV the following year. James IV was fortuitously keen on surgery himself. The Incorporation was founded, not because of advances in surgery but largely as a natural consequence of urbanisation, when occupational groups began to seek demarcation rights. Politically it was crucial to have Town Council support, and following the reorganisation of Scottish burgh government in 1583, the Incorporation (of Surgeons) was permanently represented on the Town Council. (another 5 seats were held in rotation. At this time surgeons had a much higher status in Scotland than in England. This political contact was crucial in the protracted conflicts with the physicians towards the end of the seventeenth century, particularly in the heated arguments about which body should have control of the apothecaries and the right to examine the contents of their shops. These contained a wide variety of ingredients, including castoreum, Peruvian bark, hellebore, senna and, of course, mercury and opium. Some concoctions contained dozens of ingredients, and the first few editions of the *Edinburgh Pharmacopoeia* (1699) contained many exotic substances. Most of medicines came from plants which had to be grown by those who prescribed them. Despite a growing desire to distance itself from the Town Council and be seen as a learned society, early survival of the College was much easier because of its close connection with local politics.

In terms of national politics, patronage in the earlier years came mainly from royalty and aristocracy. The Incorporation’s charter was ratified by James IV; Mary, Queen of Scots, granted the surgeons exemption from bearing arms in 1567; the Incorporation’s rights were



Figure 1. Archibald Pitcairne (1652-1713)

re-confirmed in 1695 by William and Mary; and the first royal charter was granted by George III in 1778. In the 1670s the Incorporation began to award honorary freedoms to 'select persons of eminence power and place and of known good affection' – those who would be politically supportive to the surgeons. Some of the recipients may appear a little surprising, not least the notorious General William Augustus, Duke of Cumberland (1721-65) 'Butcher' Cumberland after the 1745 Jacobite uprising. ('Butcher' because of repression of the Highlanders after the battle of Culloden.) The College has, generally, been politically pragmatic over the years.

More recently, College politics have been concerned mainly with Parliament, Royal Commissions and enquiries of various sorts, and relationships with other medical Colleges. Since the watershed of the Medical Act of 1858, and much subsequent legislation, the College has been represented on most of the major governing bodies of the profession. The most recent incarnation is the Postgraduate Medical Education and Training Board. What the College has to deal with nowadays is not plague, overmighty physicians, kings or nobles, but acronyms. Now there is devolution and the role of the Scottish Parliament – a role which cannot yet be fully assessed, as well as the politics of the NHS and indeed the politics of the medical profession. At all stages, the ability to read the political scene and attempt to use it to advantage has been of crucial importance in the survival of the College.

## The College and surgical training

The *Seal of Cause* states:

for every man aucht to know the nature and substance of euery thing that he werkis, or ellis he is negligent; and that we may have anis in the yeir any condampnit man efter he be deid to mak antomell off, quhairthraw we may haif experience, ilk ane to instruct vtheris, and we sall do suffrage for the soule; and that na barbour, maister nor seruand, within this burgh hantt vse nor exerce the craft of Surregenrie without he be expert and knaw perfytelie the thingis abouewritten

The *Seal of Cause* contained general instructions about the teaching of anatomy, particularly of the veins, and also the astrological signs – entirely in keeping with the context and view of body functions in an age of humoral medicine based on Hippocrates and Galen.



Figure 3. Alexander Monro primus

There was no mention of formal teaching of anatomy (in addition to instruction of individual apprentices by their masters) before 1645, when apothecary James Borthwick entered the Incorporation and offered to 'descect anatome for the fardir instruction of prentisses and servants'. It was not until the early 18th century that public dissections were held there. Interestingly, one body dissected was that of a man hanged for incest with his sister – she was also hanged for killing the baby produced by the relationship. At this time only the bodies of criminals could be dissected. The first professor of anatomy in Britain, Robert Elliot, was appointed by the Town Council in 1705, and eventually in 1720 Alexander Monro primus succeeded to the chair, the first of a succession of Monros who would dominate Edinburgh anatomical teaching for over a century. The Chair of Anatomy was passed from father to son for five generations.



Figure 2. James Borthwick (1616-1675)





Figure 4. The Royal College of Surgeons of Edinburgh, Nicholson Street

For reasons which are still the subject of historiographical argument, the Medical School at Edinburgh University was founded in 1726, and from that point anatomy was inextricably bound up with university teaching. Surgical apprentices (undertaking a 7-year apprenticeship) began to take classes along with medical students. Subsequent controversies centred on whether the anatomy taught by the Monro dynasty was appropriate for surgery, and whether the professor of anatomy should also teach surgery.

After a bitter dispute with Edinburgh University the College appointed its own Professor of Surgery, John Thomson, in 1805. Ultimately a chair of surgery was established at the university in the early 1830s, and the College chair ended in 1839. So the College was closely involved through its individual Fellows, both in the University and in the flourishing, and in many ways more successful, extra-mural teaching scene. Some 'modernisation' of classroom teaching is suggested in the statement by John Chiene (pronounced Chain), who taught in the extra-mural schools. In his new lecture course in 1870 he 'introduced two things that I have never seen before in a lecture room – coloured chalks and a naked man'.

From the mid-eighteenth century clinical teaching at the Infirmary (late 1740s) brought more fights for demarcation and rights with the physicians and managers. The hospital setting increased greatly in importance from the mid-nineteenth century, when College Fellows (i.e. surgeons), now assisted by anaesthetics and antiseptics, were able to carry out more complex surgery. It was no longer necessary to amputate a leg in 30 seconds.

Lord Joseph Lister (1827-1912) (founder of

antiseptic and aseptic surgery) and Sir James Young Simpson (1811-1870), who in 1847 first used chloroform as an anaesthetic, were both members of the College.

The School of Medicine of the Royal Colleges of Edinburgh was founded in 1895 and its curriculum mirrored closely that of the University Medical School, but as the universities gradually became the single entry portal for basic medical qualification (confirmed by the Goodenough report of 1944), the teaching offered by the College was aimed increasingly towards higher surgical qualifications. Previously, there had been 22 ports of entry to medicines through the extra mural schools.

Nowadays there is a wide array of basic skills courses, surgical masterclasses, distance learning packages (for dental candidates as well), electronic media and training boxes for keyhole surgery. Medical informatics is taught in conjunction with the University of Bath, and courses are run in overseas centres. All of this means that the aims of the Seal of Cause in terms of good training are still at the forefront, but their manifestation is very different.

## Examinations

The *Seal of Cause* states:

Item, that na maner of persoun occupie nor vse ony poyntis of our saidis craftis of Surregenie or Barbour craft within this burgh bott gif he be first frieman and burges of the saymn, and that he be worthy and expert in all the poyntis belangand the saidis craftis diligentlie and avysitlie examinitt and admittit be the maisters of the said craft for the honorabill seruying of oure Souerane Lord his lieges and nychtbouris of this burgh.

Over the centuries, it has become increasingly necessary to give public proof of the rigour of examinations as well as the comprehensive nature of the curriculum. The early Incorporation apprentices underwent a general examination conducted by all of the resident masters before admission as a master surgeon and providing a dinner for the examiners. By 1647 the first set of more detailed regulations was laid out, the examination comprising three separate sessions. This is the examination taken by Alexander Monro primus in 1719. (It should be noted that the candidates were told the questions in advance!)

- \* 'chirurgery or anatomy in general',

- \* 'containing and contained parts of the thorax with circulation of the blood'

- \* 'fistulas in general with the operation of the fistula lachrymalis'

- \* bandages of the head and face'.

Stimulated by unwelcome suggestions from the physicians that they might 'assist' with teaching pharmacy, further modifications came in 1723 when botany, *materia medica* and *methodus componendi* were added to the syllabus.

Thus by 1731 Robert Smith was subjected to what seems a much more searching test of his knowledge:

- \* chirurgery and anatomy in general, with speech on consultations

- \* bones of the head and face with all its sinous (sinus) processes, pharamona and all its pertinents

- \* botany, *materia medica*, reading and explaining of receipts [prescriptions]

- \* unguentum tuliq, emplastrum epispasticum

- \* operation of the trepan with its proper apparel and bandages, and bandages of the head and face.

By the 1820s the Fellowship examination was reduced to two general sessions on anatomy and surgery, *materia medica*, and a third on the topic of the candidate's probationary essay, which was printed and circulated to the examiners in advance. Major changes did not take place again until after the Second World War, when a separate Part I was instituted in view of the rapid advances in basic sciences.

Parallel to the Fellowship, the College diploma or Licentiatehip started off in a modest fashion in the 1770s and was standardised in 1815, when the various diplomas (including those for surgeons on naval and slave ships) were amalgamated into a single Licentiatehip qualification. The diploma examination (which covered surgery, anatomy and pharmacy) proved to be of great financial benefit to the College and was very useful after the Medical Act, when the priority of the medical corporations was to withstand encroachment by the universities.

Following the Medical Act of 1858, a period of enforced co-operation broke out among the Scottish Colleges (the two Edinburgh Colleges and the Faculty of Physicians and Surgeons of Glasgow), and in 1859 the Double Qualification and in 1885 the Triple Qualifications (equivalent to the basic medical degree) were introduced, producing the ubiquitous general practitioners of the day.

Among the more famous licentiates was Elsie Inglis a founder of the Elsie Inglis Memorial Maternity Hospital (EIMH). Women were admitted to the Licentiate from the start, unlike the situation with the Fellowship examination. The Triple Qualification was still available as recently as the 1990s, and it is interesting to chart the changing nature of the candidates: from home and Empire at the start, to large groups of eastern Europeans with Jewish surnames in the 1930s, to, more recently, individuals from South Africa and elsewhere who were required to obtain a British qualification before being allowed to practise.

Modern College examinations include multiple choice questions (MCQs), orals, clinicals and log book surveys, and in future may well include practical tests on minimal access surgery and the use of virtual reality and electronic communication. In this aspect, the College has survived largely by a combination of reaction to external pressure and taking pioneering steps in anticipation of change, or because agreement could not be reached with other colleges on a combined approach. However, many of the core elements of the original 'body of knowledge' still appear in 21st century examination papers. For example, in 1719 George Denune's examination included 'amputation of the leg with proper apparel and bandages', while in July 1752 John Balfour gave a discourse on 'modern improvements upon amputated extremities'. In 2004 the multiple choice questions for the intercollegiate MRCS included:

Complications of an above-knee amputation include:

- (a) Mental depression
- (b) Sudek's atrophy
- (c) Myoglobinuria
- (d) Neuroma formation
- (e) Amyloid deposition

Amputation is still, therefore, a major topic, but the questions reflect five centuries of progress in knowledge and practice.

Similarly, when examined in 1712, John Edgar was asked simply to discuss 'couching of cataract', whereas in 2001, candidates for the Fellowship in Ophthalmology were asked:

In cataract surgery, what factors are important in deciding the post-operative refraction to aim for? Discuss the management of unexpected post-operative refractive results

Again, the aims were the same – to ensure that the candidate knew 'the substance of everything that he werkes'. The substance, though, was very different.

By the 1970s it was becoming clear that trends towards surgical specialisation required changes. It was realised that the value of the College Fellowship had diminished. In other countries the qualification was taken at the end of higher surgical training, whereas the Edinburgh Fellowship was taken at the end of basic surgical training. The first of the Specialty Fellowships were in Surgical Neurology and Orthopaedics, bringing these specialties into a new era of separation from general surgery.



The main influences and pressures in recent times have related to the debate over the nature of surgical training itself, at what point the Fellowship should be awarded, and what it should signify – i.e. the end, or the end of the beginning. Various government enquiries and reports have sought to standardise and shorten surgical training and to restructure hospital posts in order to have a seamless progression through basic and higher surgical training. The new MRCS [Membership] marks the end of the beginning, and the specialty fellowship the beginning of the end, being taken shortly before the completion of higher surgical training and the award of the Certificate of Completion of Higher Surgical Training.

While the College led the way in the introduction of specialty examinations, and has pioneered examinations in new areas, including Medical Informatics, Sports Medicine and Immediate Medical Care, it is difficult to assess precisely how it all came about. The *Seal of Cause* is still relevant – but in the modern era ‘diligently and avisitly examinit’ means something very different. ‘Everything that he werkes’ is also changed beyond the imagination of the 16th-century surgeons.

How has the College managed to survive and, mostly, prosper for five hundred years? There are many factors, including some which it has not been possible to cover, including the drive and determination of individual Fellows to maintain the role and status of the College, particularly at times of threat. Do institutions such as this have a natural span of existence? The current President has stated that his vision is for a ‘virtual college’ for the whole of the UK with several ‘campuses’. This may be difficult because most such institutions are jealous of their history, particularly if it has not always been easy or straightforward. They also have, and seem to wish to maintain, the visual symbolism of impressive buildings to confirm their status.

On occasions when it was threatened, the College used its long history to justify renewal or confirmation of its privileges. It was mostly able to deal with threats

to its survival by a combination of reaction and pro-action, and of course individual contributions to advances in surgery and surgical techniques and knowledge, as well as political skills. Its ability to continue for another 500 years will require something perhaps very different but still within the spirit of the original charter.

### **Acknowledgements**

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*Author's address:* h.m.dingwall@stir.ac.uk

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Dr Helen Dingwall

# **Samuel Hahnemann (1755-1843): The Founder of Modern Homeopathy**

**Dr Steven Kayne**

**Glasgow**

This paper is about the life and times of Samuel Hahnemann, the 250th anniversary of whose birth we celebrate this year. It is appropriate that I should be addressing you at this meeting in Edinburgh for there are many events linking Hahnemann with Scotland. For a period of around 30 years the lives of Hahnemann and the Scots poet Robert Burns overlapped. Both men sought to challenge contemporary values and make peoples' lives more bearable: Burns fought social injustice and Hahnemann the medical practice of his day.

Some interesting things happened during this time:

1755 Capt Cook joined Royal Navy

1750-1785 American Revolutionary War

1772 Royal Marriage Act requiring the consent of the Sovereign before a member of the Royal Family could marry

1784 Benjamin Franklin invented bifocal glasses

1785 Digitalis first used for coronary disease; Blanchard & Jeffries cross Channel in air balloon; Louis XVI decrees all handkerchiefs must be square

1789-1798 French Revolution

## **Early years**

Christian Friedrich Samuel Hahnemann, the founder of homeopathy, was born in Meissen, Saxony, close to midnight on 10 April 1755, in a three-storey house known as the Eckhaus. The city's imposing Albrechtsburg Castle, the first castle to be used as a royal residence in the German-speaking world was already 300 years old. Samuel's birthplace no longer stands, having been converted to a restaurant and finally taken down in the early 1900s. It was replaced by a property on the corner of Hahnemannplatz and Neumarkt, formerly a hotel, but in recent years occupied on the ground floor by a dental practice.

His parents were Christian Gottfried Hahnemann, a painter at the Meissen porcelain factory, and Johanna Christiane, the daughter of Quartermaster Captain and Mrs Speissen. To avoid confusion with the many other family members called Christian, the infant was known as Samuel. He was admitted to class two at the local school in July 1767. He took to studying enthusiastically, excelling particularly in languages.

His father attempted to divert Samuel's interests away from book learning and, shortly before his fifteenth birthday, the boy was sent to work in a grocery store in Leipzig to obtain the necessary experience to become a merchant. This did not appeal, and it was not long before he returned home, where his mother hid him until the news could be broken gently to his father without fear of reprisals.

Eventually in the Spring of 1775 he left school and, with the equivalent of about 10 Euro from his father

and a bag full of carefully folded cloth, he entered the most famous educational institute in Germany, the University of Leipzig, founded in 1409. Unfortunately there were no opportunities for clinical work at Leipzig, so in 1777 he moved on to Vienna.

Hahnemann's meagre funds soon ran out, and he was obliged to spend 21 months cataloguing books and coins for the Governor of Transylvania while he saved enough money to continue his studies. In 1779 Hahnemann entered the Frederick Alexander University Erlangen, where he finally obtained a degree in medicine in August of that year.

Dr Hahnemann worked in Dessau from 1791 where he met Johanna Leopoldine Henriette Küchler. Johanna was the 19-year-old daughter of the late Godfried Henry Küchler, an Apothecary, and his wife, Martha Sophia. Samuel and Johanna were married in 1792 at St John's Church, Dessau soon after he took up the post of Medical Officer of Health to a nearby townshipship at 'a fairly substantial salary'.

## **Doubts about medicine**

Samuel spoke of renouncing the practice of medicine altogether, worried about the possibility of doing more harm than good with contemporary practices that included repeated venesection, purgatives and emetics and leeches, and the administration of large quantities of arsenic and mercury. He devoted himself to studying and translating books. He ultimately translated over 20 major medical and scientific texts. In 1785 Samuel and Johanna moved to Dresden where the first two of their 11 children were born.

At this time the great Scottish physician William Cullen (1710-1790) was influencing medical practice throughout Europe. He was the first Professor of Medicine at Glasgow University, subsequently moving to Edinburgh University in 1755. His procedures for treating disease, together with those of his pupil John Brown (1735-1788), were based on blood-letting, and the administration of antispasmodics and stimulants. Cullen's *Materia Medica* was first published in London in 1773, with a second two-volume edition appearing in 1789. In 1790 Hahnemann translated the text into German and annotated it. In this second edition Dr Cullen devoted 20 pages to Peruvian bark, also known as Cinchona after the Duchess of Cinchon, for whose benefit the medicine had been used. The drug was brought to Spain in 1640 by missionaries and has been used widely ever since for the treatment of a condition then known as the ague or marsh fever, but now called malaria. It was suggested by Cullen that Cinchona was effective because of its astringent properties.

During time cataloguing books and coins with the Governor of Transylvania Hahnemann had spent almost 2 years in the marshy lands of lower Hungary, where a substantial number of people suffered from marsh fever. He was thus able to acquire a thorough knowledge of the condition, so his interest in Cullen's statements was intense.

Hahnemann knew of many other astringents that were not antimalarials and so he decided to test the drug on his own body, a practice that was not unusual in his time. He took substantial doses of the medicine, carefully noting down all the physical and mental symptoms that occurred. Hahnemann found that the toxicity reflected in the drug picture of Cinchona (now more usually known as quinine) mirrored closely the symptoms that could be found in a person suffering from marsh fever.

### The 'Law of Cure'

Through his discovery of the power of Cinchona bark to produce the symptoms of disease, as well as an apparent ability to cure that disease, Hahnemann had caught sight, albeit briefly, of what can be described as a 'law of cure'. To him the observations on Cinchona matched Archimedes' bath water and Newton's falling apple for importance.

Similar phenomena had been noticed by at least two other workers. Hippocrates in his 4th cent BC writings recommended treating vomiting with emetics. Almost 300 years before Hahnemann's observations, Paracelsus had declared that if given in small doses, 'what makes a man ill also cures him'. Paracelsus was the adopted name of Philippus Aureolus Theophrastus Bombastus von Hohenheim, an itinerant physician and alchemist born in Switzerland in 1493. He was reputed to have cured many persons of the plague in the summer of 1534, by administering orally a pill made of bread containing a minute amount of the patient's excreta he had removed on a needle point. When asked by his followers, Hahnemann is said to have refuted any connection with this earlier work, but with the extensive study of the medical literature he carried out it is inconceivable that he was unaware of the work of Paracelsus.

Hahnemann tried a number of active substances singly on himself, his family and on healthy volunteers to obtain evidence to substantiate his findings. In each case he found that the remedies brought on the symptoms of diseases for which they were being used as a treatment. He called the systematic procedure of testing substances on healthy human beings in order to elucidate the symptoms reflecting the use of the medicine - a proving from the German 'Prüfung', meaning a test or trial.

For the next 6 years Hahnemann tested the hypothesis gained through the experimentation with Cinchona until he was satisfied that he had identified a reliable method of selecting medicines based on the concept of like to treat like, expressed as the Law of Similars.

Hahnemann corresponded with his friend C.W. Hufeland expressing his feelings regarding the uncertainty of medical practice. In 1795 Hufeland, the professor of physics at Jena, began to publish a medical journal. In the second volumes parts three and four, Hahnemann published the article entitled 'Essay on a New Principle for Ascertaining the

Curative Powers of Drugs', in which he outlined his ideas.

He reviewed the condition of medicine at that time and argued that

- chemistry was not the proper exponent of the curative action of drugs

- the experimentation on animals with poisons was of little use since many plants deadly to man are innocuous to animals

- the true method of experimentation with drugs is by testing them on the healthy body.

After this he was a frequent contributor until 1808, the last article being about a prophylactic for scarlet fever.

Let us remind ourselves of the principles of homeopathy. They are:

- Like to treat like - a drug that causes certain toxic signs and symptoms in a healthy volunteer can be used to treat those symptoms in an ill person

- Use of minimum dose - the smallest dose necessary to cause a therapeutic effect

- Use of single remedy whenever possible

- Treat the whole person - patients are treated holistically and not in isolation

### Wine test

An example of Hahnemann's work away from medicine was a report on a new wine test that was subsequently adopted officially in Prussia. This test allowed the wine trade to identify wine adulterated by dealers anxious to sweeten it (a criminal offence). His work *Poisoning by Arsenic* was dedicated to 'Good Kaiser Joseph' and led to the development of a method for detecting arsenic in the stomach contents of poison victims.

### The Organon

In 1805 Hahnemann published a very important book that comprised a 27-remedy materia medica and repertory. Written in Latin, this book was a forerunner of the *Organon of Rational Healing*, published in Dresden, by Arnold, in 1810.

This is considered the most important of all Hahnemann's books by the members of the Homeopathic profession, as in its pages he has fully explained his law of cure. It has been called the 'Bible of Homoeopathy'. The five editions of the *Organon*, that were published in Hahnemann's lifetime, differ somewhat from each other. A sixth edition on which Hahnemann was working at the time of his death was not published in German until 1921 and in English a year later.

Homeopathy - and Hahnemann - gained much popularity following the terrible winter of 1812 that took its toll of Napoleon's soldiers fighting in Russia. Following the 'Grande Armée's' defeat in a May battle in Leipzig in 1813, a fearful epidemic of typhoid broke out. Hahnemann treated 180 cases with homeopathy and lost only one patient. His fame spread rapidly

throughout Europe.

In 1821 Hahnemann took up residence as Court Physician in a modest corner house in the small town of Köten situated at 270 (later 47) Mauerstrasse (Wall Street). The house was described in 1931 as being of two stories, quite picturesque with a wooden balcony and situated close to the City wall. In 1991 the area was in disrepair and all that could be seen was a sign showing where the wall stood. The house was subsequently restored in the late 1990s and served for a time as a Homeopathic Resource Centre.

### **The cholera epidemic**

In 1831-1832 an epidemic of cholera spread across Europe, causing many deaths. Hahnemann issued several pamphlets on the subject, advocating the use of the single medicine Camphor. As he had not treated, or even seen, one single cholera patient the depth of his belief in the efficacy of a single medicine was quite remarkable.

Hahnemann postulated that cholera could be attributed to an organism (or 'miasm') and that the disease could be propagated by personal contact. This led him to demand isolation and disinfection — and also to the suggestion that medical staff were the most likely source of infection. Following this success an increasing number of doctors from all over Germany and beyond came to seek advice.

### **Marriage to Melanie**

Johanna Hahnemann died in 1830, having borne nine daughters and two sons, and although Samuel was well looked after by his family, he was rather lonely. In his eightieth year, a 34-year-old Parisienne requested a consultation. The woman was Melanie D'Hervilly-Gohier, the adopted daughter of the French Minister of Justice.

She succeeded in fascinating Hahnemann by her intelligence, her unusual degree of culture and her natural grace, much to the chagrin of his daughters. Despite Melanie being less than half his age, Samuel Hahnemann married her on 28 January 1835, in a union said to be based on an enthusiasm for the new

form of healing. The newly-weds moved from Köten to Paris where Melanie secured permission for her husband to practise in the city through her influence with King Louis Philippe.

Now that he was living in a major metropolis the old doctor, who had only recently before announced his wish to retire from practice, was far more accessible. He became surrounded by adoring clientele, not just from his adopted homeland, but from abroad as well.

There is a passing reference in the literature to the case of a poor lad of 12 years named John Young who was brought from Scotland by a wealthy benefactor. The boy had been ill for 2 years and his own doctors had abandoned hope. After an examination lasting an hour and a half, Hahnemann declared himself able to help and the boy subsequently recovered. Unfortunately the literature does not record exactly what was wrong with John.

The Faculty of Homeopathy is the UK body set up in 1951 by an Act of Parliament for health professionals who practise homeopathy. It possesses a number of interesting pieces of Hahnemannian memorabilia at their Hahnemann House Headquarters in Luton, including

- a case of his remedies (Figure 1)
- two of his caps (Figure 2)
- pipes, and a desk
- and an original photograph of Samuel Hahnemann taken 30th September 1841 by H Foucault of Paris (Figure 3). The photograph was originally the property of the Revd T Everest who recorded:

It was a dark rainy day, with violent gusts of wind, all which circumstances by increasing the difficulty of taking the photograph, have given the countenance of Hahnemann an air of stiffness. Hahnemann was, moreover, rather unwell that day

### **The final years**

On his eighty-sixth birthday the town council of Meissen conferred the freedom of the city on Hahnemann, a gesture that he appreciated very much. A couple of days after his eighty-eighth birthday, on which Hahnemann was in great health and spirit, he



Figure 1. A case of Hahnemann's remedies.



Figure 2. Two silk and velvet caps belonging to Hahnemann (Faculty of Homeopathy collection)

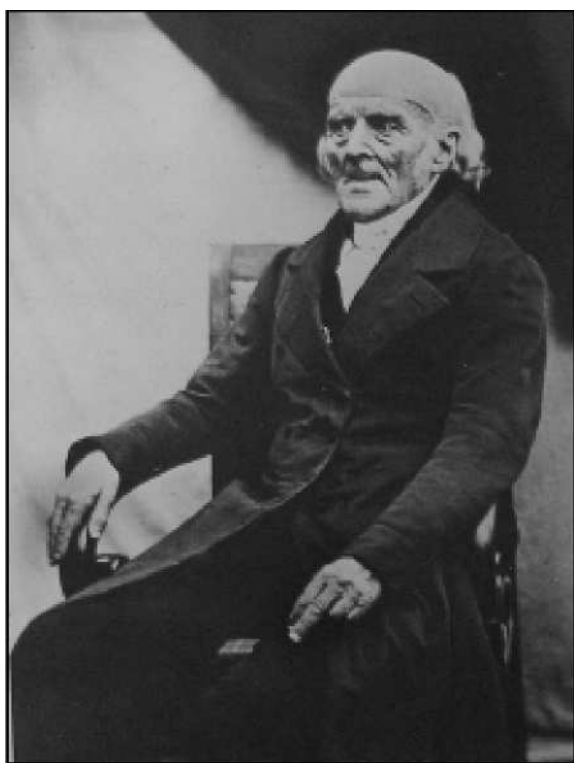


Figure 3. Samuel Hahnemann  
(Faculty of Homeopathy collection)

became affected with bronchial catarrh, a condition to which he had been prone every spring for about 20 years. This time the illness was more protracted, lasting for 10 weeks. Hahnemann prescribed for himself, but seemed to know that the end was drawing close. At 5.00 a.m. on July 2, 1843, Hahnemann died. An obituary appeared in the homeopathic press a week later. On his death certificate the cause was stated as 'bronchial catarrh'.

Melanie Hahnemann had her husband embalmed, and requested police permission to keep it unburied for 28 days. She spent much of the time before the secret funeral in the early hours of July 11 weeping beside the body.

Hahnemann's second daughter, Amalie, her son Leopold and three servants were the only mourners present. Leopold said later that Melanie berated the bearers for scraping the walls of the hallway as his grandfather's coffin was being carried out the house, not out of respect for her husband but on account of the expense of repairing the wall.

Leopold was practising homeopathy in London in 1895 and died on the Isle of Wight aged 85. Melanie practised homeopathy after Hahnemann's death. She died in Paris, on the 27th of May 1878 aged 78. In 1898 the Authorities in Paris sanctioned an

exhumation from the Montmartre grave where Hahnemann was initially buried. He was finally laid to rest in the beautiful Père Lachaise cemetery close to the graves of Rossini, Molière and Gay-Lussac.

The ceremony was attended by representatives of the medical profession from all over Europe. In 1900 a monument of Scottish granite was erected and later the following inscription chosen by Hahnemann was added;

*Non inutilis vixi* — I have not lived in vain.

In the same year the US Congress approved the erection of an impressive memorial in Washington DC. It stands to the east of the Scott Circle, near the cross section of Massachusetts and Rhode Island Avenues. Unveiled the following June, the monument was the gift of the American Institute of Homeopathy.

### **Hahnemann's legacy**

I think it is probably safe to say that with the possible exception of the dialogue over the Royal Pharmaceutical Society Charter no subject has filled the columns of the *Pharmaceutical Journal* more than homeopathy! Sceptics are still very active but the fact remains that patients do seem to respond to the treatment. We are not even close to understanding the mechanisms for homeopathy but this should not be an impediment to its use, for many orthodox therapies are used in an empiric manner.

It is interesting to note that the ideas of Hahnemann, in particular belief that one should tailor treatment to each patient's own requirement is now the main platform of policy for health care delivery in the UK.

This paper is a fuller version of the paper given to the International Congress for the History of Pharmacy at Edinburgh, June 2005.

*Author's address:* [steven.kayne@strath.ac.uk](mailto:steven.kayne@strath.ac.uk)



Dr Steven Kayne



**‘People and Places’: 37th International Congress for the History of Pharmacy  
Edinburgh, June 2005: some of the participants**



Committee of the International Society for the History of Pharmacy at the final session of the Congress

Photos courtesy of Christiane Staiger, John Stone, Ainley Wade, Peter Worling

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**PHARMAZIE AUF INTERNATIONALER EBENE DIE  
APOTHEKE DES COLLEGIO ROMANO  
VOM 16. BIS 18. JAHRHUNDERT**

*Dr Sabine Anagnostou*

*Institute for the History of Pharmacy, Philipps-University, Roter  
Graben 10, D-35032 Marburg/Lahn, Germany  
sanagnostou@web.de and anagnost@staf.uni-marburg.de*

Ihren Anfang nahm die berühmte Apotheke des Collegio Romano wahrscheinlich in dem Gebäude am Torre Rosso in Rom, das die Gesellschaft Jesu 1555 erworben hatte, um ein Krankenhaus für ihre Mitglieder einzurichten. Dieses verfügte sicher bereits über eine Art Apotheke, und sei es nur zur Versorgung der stationär behandelten Patienten. Aus dieser Institution erwuchs in den folgenden Jahrhunderten die Ordensapotheker des Collegio Romano, ein internationales Zentrum des Arznei- und Wissenstransfers.

Die Medikamente der Kollegsapotheker, von denen die bekanntesten Chinarinde und Römischer Theriak sind, gingen vor allem mit Missionaren, aber desgleichen mit Potentaten, denen man die Arzneien als Geschenke überreichte, um die Welt. Freilich versagte man auch der regionalen Bevölkerung die Arzneien aus der Ordensapotheker nicht, so dass der blühende Apothekenbetrieb bald Anlass zu zahlreichen Auseinandersetzungen zwischen geistlichen und weltlichen Autoritäten werden sollte.

Im 18. Jahrhundert leitete der Ordensapotheker Joseph Knuist lange Jahre die Kollegsapotheker. Aus der Zeit seiner Tätigkeit sind zahlreiche Dokumente erhalten, in denen sich die Bedeutung der Ordensapotheker als Stätte des internationalen Heilmitteltransfers widerspiegelt. Sie überlebte sogar die Auflösung des Ordens (1773) und blieb bis ins frühe 19. Jahrhundert eine wichtige Institution pharmazeutischen Wirkens.

**SÁNDOR MÁRAI ON HENRIK IBSEN:  
“ER IST EWIG EIN APOTHEKER GEBLIEBEN”**

*HenrikAndersgaard, Oslo, Norway, Cand. Pharm.  
e-mail: h-aga@online.no*

The Norwegian playwright Henrik Ibsen (1828-1906) is world famous for his plays. Less well-known is the fact that he was also a pharmacist.

The author Sándor Márai (1900-89) was born in Austria-Hungary, in the town of Kosice, today known as Kassa in Slovakia. He grew up in Budapest. In the 1920s, Márai spent periods of his life in exile in France and Germany. In 1948, after the Communist coup, he emigrated for good to the United States and was later granted citizenship. He is the author of a significant body of work, but his writings were forbidden and forgotten in Hungary until the Communist downfall in 1989. He committed suicide in San Diego that same year.

Márai's statement about Henrik Ibsen is primarily intended as a metaphor, and we will expand on this subject in the lecture. Furthermore, it has been interesting to study two of Ibsen's social realistic and critical plays in the light of this statement. We shall examine literary aspects, which can be related to Ibsen's pharmaceutical schooling, training and thinking, as well as his contact with the world of pharmacy after becoming a playwright.

## **PHARMACOLOGICAL ACTION IN 19TH CENTURY GREECE: THE TRANSITION FROM TRADITIONAL NOTIONS OF THE POWER OF DRUGS TO MODERN PHARMACOLOGY**

*Panagiotis Andriopoulos, Theodoros Spiropoulos, Georgios  
Papadopoulos*

*Dept of Pharmacology, University of Athens Medical School  
Mikras Asias 75, GR-11527 Athens  
panmar@med.uoa.gr*

The 19th century is the period of establishment of modern pharmacology, through isolation of alkaloids, theories on mechanisms of action and refutation of the division between organic and inorganic substances. This paper discusses the incorporation of such theories in Greek pharmacology, a discipline in formation after the foundation of the new state and university. By reviewing the pharmaceutical literature, in the form of manuscripts and printed textbooks, we can understand the gradual integration of modern notions to traditional explanatory schemes, consisting of both Hippocratic and Galenic notions of temperaments etc. and 18th century notions of vitalism.

Francois Magendie 's idea of a “science a faire” and empiricism in the development of new substances and understanding the action on the living body are met with disbelief until the second half of the century and the shift to materialism that follows, materialism that still tries to link to the ancient tradition. However theoretical approaches do not always keep up with practices and the transition to modern pharmacology is a long and complicated process, which we try to outline in this paper.

## MEDICINAL PLANTS OF THE BORDERLAND

Iwona Arabas, Wanda Grębecka

*Institute for the History of Science, Polish Academy of Sciences  
Nowy Świat 72, 00-330 Warszawa, Poland  
iarabas@wp.pl*

The Earth's surface is divided into areas according to their geographic location, history of their evolution and the character of the contemporary geographical processes. A physiographic border between Eastern and Western Europe ranges through the territory of Poland. The borderland areas, compared to the neighbouring ones, are much more interesting because of their diverse flora. Plants may find convenient positions there.

New species of plants get to the borderland by intentional introduction or by following communication routes. This also refers to applied plants. Among them the medicinal plants are the most significant. Convents, coming from remote places and bringing medicinal plants, played an important part in the process of dissemination of new species. Plants very often joined the local flora "escaping" from gardens (a typical example is *Salvia officinalis* L.). They have become domesticated through ages of cultivation, thus they are still very well adapted to natural conditions.

The most important group of plants adapting to conditions in the borderland are common European plants (e.g. *Crataegus oxyacantha* L., *Digitalis grandiflora* Mill., *Gratiola officinalis* L., *Salix alba* L.). Another group contains plants from Northern (e.g. *Rhamnus frangula* L.) and Southern (e.g. *Hyssopus officinalis* L.) Europe. Some herbs, although found only on plantations and in gardens, are still very popular.

Ecosystems of transition zones are particularly exposed to plant interchange. Enrichment or supersession of native species is common here. Thanks to these processes we can trace back both casual and intentional migrations of medicinal plants.

## LES ANTIQUES PHARMACIES ITALIENNES DANS L'ITALIE DU CENTRE-SUD

*Carlo Luigi Bagliani*  
*Accademia Italiana di Storia della Farmacia*  
*carlo.bagliani@libero.it*

La recherche se propose de tracer un parcours imaginaire à travers le Centre-Sud de la péninsule italienne, pour individualiser un itinéraire historique-pharmaceutique pour connaître les antique pharmacies italiennes.

On rapproche l'histoire de la Pharmacie Mazzolini et Giuseppucci de Fabriano (An), avec ses meubles neo-gothiques, l'élégante Pharmacie Giampiccolo Nobile de Ragusa, la Pharmacie Internazionale de Napoli, avec ses meubles recherchés et originaux.

L'Antique Pharmacie del Leone a Mesagne (Br), riche de frises et de miroirs, l'Épicerie de Montevergine à Mercogliano (Av), avec ses meubles précieux e la riche garniture de majoliques de Capodimonte.

L'imposante Pharmacie de Roccavaldina (Ms), qui est l' antique épicerie de la Confraternita du S.S. Sacramento.

À Rome il y a la Pharmacie Verbano du l'800, à S. Agata de' Goti (Bn) la Pharmacie Ievoli avec ses hautes armoire à vitrine, laqués de clair, à Copertino (Le) il y a la précieuse Pharmacie Nestola et à Cefalù (Pa) la Pharmacie Cirincione.

## THE ROLE OF IOAN MANTA IN ROMANIAN PHARMACEUTICAL PRACTICE

*Cristian Bârsu,\* Luminîpa Diaconescu,\* Marina Bârsu\*\**

*\*I. Hapieganu, University of Medicine and Pharmacy*

*\*\*Oncological Institute, I. Chiricuta, Cluj, Romania*

Ioan Manta (1900-1979) was one of the most gifted personalities of Romanian science. He was the first Romanian professor and director of the Department of Biochemistry in the Faculty of Medicine in Cluj (1937-1968). In 1922 he graduated from the Faculty of Chemistry in Jassy(Romania). Between 1925 and 1927 he completed his studies at the University of Nancy. In 1929 he became senior Lecturer at the Department of Pharmacology and Pharmacognosy of the Faculty of Medicine and Pharmacy in Cluj. In 1933 he graduated the pharmaceutical courses in the same town. A year later he continued his activity at the Department of Biochemistry of the Faculty of Medicine in Cluj. In 1951 Manta became chief of one of the Cluj Branches of the Chemico-Pharmaceutical Research Institute.

Until 1955 when he retired he achieved very important and original proceedings in pharmaceutical practice, such as: Glicochol, Sorbita and Dechol. He also improved the technology for Calcium Gluconicum and Hemostatin. Working at the Terapia Drug Factory in Cluj he produced some new drugs such as Glutamicum Acid, and Bilagnost. The results of Manta pharmaceutical activities were recorded in 17 drug brevets.

In 1953 Manta became professor of Biochemistry at the Faculty of Pharmacy and the next year professor of Biochemistry at the Faculty of Medicine in Cluj.



## PHARMACEUTICAL TRADITION IN CLUJ: MASTERS AND DISCIPLES DURING THE INTER-WAR PERIOD

*C. Bârsu, M. Bojiþă*  
*UMF, I. Hăþieganu, Cluj, Romania*

The aim of this paper is to present the contribution of the most important pharmacists in Cluj from 1919 to 1940 and to prove their formative role.

The founder of Romanian pharmaceutical learning in Cluj, Prof. Gh. P. Pamfil (1883-1965), led the Pharmaceutical Institute and the Pharmacy of Clinics in Cluj between 1920 and 1934. In 1927 he taught Chemical and Galenic Courses and from 1927 the courses of Medical Chemistry, Comments on the Romanian Pharmacop0eia and Opothérapeutical Products. Pamfil and I. Manta published the first Romanian book on the analytical control of drugs (1934).

Pamfil had important young colleagues and disciples such as: T. Goina (1896-1985), V. Ciocănelea (1901-1993) and L. Martonfi (1903-1973). In their turn they became professors.

Goina taught Pharmacognosy between 1922 and 1934 and from 1945 to 1966. He co-ordinated the first Romanian textbook of Pharmacognosy (1964). Ciocănelea was the patron of the 'Hygeia' Laboratory (1934-1949) and in the same period was president of the Pharmaceutical College in Cluj. He co-ordinated the first Romanian text book of Technical Pharmacy (1969).

Martonfi taught Pharmaceutical Chemistry in Târgu Mure. During the inter-war period Prof. <sup>at</sup>. Secăreanu (1893-1979) taught Analytical Chemistry (1927-1934). He directed the Pharmacy of Clinics in Cluj (1937-1949).

I. Orient (1869-1940) wrote a course on medical toxicology and a study about the history of pharmacy in Transilvania. He founded the Collection of the History of Pharmacy in Cluj.

## **DESCRIPTION OF A CHEMICAL BAROMETER FOUND IN A 19<sup>th</sup> CENTURY APOTHECARY MANUAL**

*Dr Zbigniew Bela  
Museum of Pharmacy, Jagiellonian University  
Florianska 25, 31-019 Cracow, Poland  
zbigniew.bela@mp.pl*

I had a special reason to present this paper because my parents were meteorologists (so I can say that I grew up among meteorological instruments), and now I work in the Cracow Pharmacy Museum where I spend much of my time among old apothecary books.

The recipe (how to prepare the chemical barometer) is to be found in an apothecary manual that in the 19<sup>th</sup> century belonged to a Polish apothecary family. The name of the family was Ryl, and the manual itself was donated to the Museum's library by one of the Ryl's family descendants.

During my oral presentation, in addition to the text of the recipe, I am going to present a photograph showing a model of the barometer that was made in order to check its action, and some other photographs showing changes that occurred in the barometer as results of weather changes.

## **‘CREATED’ PHARMACY MUSEUMS AS A TOOL FOR RESEARCH AND TEACHING**

*Rosemary Beresford*

*School of Pharmacy, University of Otago, Dunedin, New Zealand*

*Rosemary.Beresford@stonebow.otago.ac.nz*

New Zealand is a relatively young country and thus the scope for research into the history of our profession is limited primarily to information and artefacts available from the period of first European settlement, just over 150 years ago.

When we began (20 years ago) to teach pharmacy history, the information and images provided to students were based largely on that available in standard texts. Quite soon, however, pharmacists throughout New Zealand began giving us items of pharmaceutical interest, so that we now have a large collection for use in both teaching and research, so much in fact that we could not display it all at any one time.

Thus 7 years ago we started a programme of (mini)-museum development. The creation of each display is a research project undertaken by a small group of final year pharmacy students, under the direction of a staff member.

Students are required to identify appropriate objects from the School's collection, visit local museums and talk with museum and other staff to determine the best layout for their exhibition. Three such mini-museums have been curated by students and staff to date: "Medicines used in 19<sup>th</sup> century New Zealand to treat respiratory problems"; "The rise and fall and rise again of patent medicines in New Zealand"; and the current display, "Rongoa Maori". Not only have these been stimulating research projects for those participating, but the displays themselves have also been used extensively in teaching pharmacy history to other students.

**„AMERIKAFAHRT DEUTSCHER APOTHEKER“ – AN  
ORIGINAL DOCUMENTARY FILM FROM 1928**

*Sabine Bernschneider-Reif  
Corporate History, Merck KGaA, Frankfurter Str. 250,  
64293 Darmstadt/Germany  
sabine.bernschneider-reif@merck.de*

In May 1928, 22 German pharmacists undertook a five weeks study trip to the US. They wanted to learn about American pharmacy, about the drug-stores, the colleges of pharmacy and the pharmaceutical companies. They were guests of the American Pharmaceutical Association and visited medical centers, universities, pharmaceutical libraries and laboratories in several cities.

The private original film, which was shot for documentation, was given to the Merck archives last year. We digitized this very rare material to conserve it for the future.

We want to show you interesting parts of the movie -- you may feel back in the 1920s.

## THE ORIGIN OF MDMA ('ECSTASY') – SEPARATING THE FACTS FROM THE MYTH

*Sabine Bernschneider-Reif<sup>1</sup>, Florian Öxler<sup>1</sup>, Roland W.  
Freudenmann<sup>2</sup>*

*<sup>1</sup>Corporate History, Merck KGaA, Frankfurter Str. 250, 64293  
Darmstadt/Germany sabine. bernschneider-reif@merck.de*

*<sup>2</sup>Department of Psychiatry, University of Ulm, 89075  
Leimgrubenweg 12, Ulm/Germany,  
roland.freudenmann@medizin.uni-ulm.de*

MDMA (3,4-methylenedioxy-N-methylamphetamine), known as Ecstasy, is a synthetic drug with psychedelic and stimulant effects which has gained great popularity. It is closely tied to the underground scene, but has also been used by therapists as an adjunct to psychotherapy.

Reviews in scientific journals as well as newspaper articles communicate faulty or incomplete information on the origin of MDMA and the role of the pharmaceutical-chemical company Merck. One of the most common misconceptions is that the substance was synthesized with the goal of creating an anorectic but was not marketed because of side effects.

In the Merck archives MDMA is actually mentioned for the first time in files from 1912, but not under this name. In the lab journals it is identified as "Methylsafrylamin", in a patent certificate only as a chemical structure of a by-product. Merck applied for this patent to protect an alternative chemical method for synthesizing styptic hydrastinine. In 1927 scientists first tested substances similar to ephedron in pharmacological studies, among these „Safrylmethylamin“, before research was halted for economic reasons. In the 1950s, primitive toxicological studies were conducted as a part of test series which re-synthesized the substance but no cause for additional work on this area was seen.

To clarify the circumstances of the MDMA's discovery, an interdisciplinary work group conducted a comprehensive analysis of documents, many of which had not been reviewed for decades.

## **MÉDECINES ALTERNATIVES: XIX<sup>e</sup> ET XX<sup>e</sup> SIÈCLES: DEUX SIÈCLES DE RELATIONS SOUVENT CONTROVERSÉES AVEC LA PHARMACIE ET LE MÉDICAMENT**

*Bruno Bonnemain*

*58 rue du Maréchal Joffre, 77270 Villeparisis, France*

*bruno.bonnemain@wanadoo.fr*

Les médecines alternatives poursuivent leur développement en ce début de XXI<sup>e</sup> siècle. Le médicament y ajoute et y joue encore un rôle central pour certaines d'entre elles telles que l'homéopathie, la radiesthésie et le magnétisme, trois approches parfois présentées comme complémentaires. Les pharmaciens ont été mêlés de gré ou de force à leur histoire durant les XIX<sup>e</sup> et XX<sup>e</sup> siècles, ainsi que les institutions officielles et le pouvoir politique.

Pour l'homéopathie, les pharmaciens ont d'abord été farouchement opposés à Hahnemann qui préparait lui-même ses médicaments. Puis ce fut l'époque des premières pharmacies homéopathiques en France à partir de 1837 avec Henri Petroz, aboutissant à l'existence de 6 pharmacies homéopathiques à Paris en 1860. Au XX<sup>e</sup> siècle, sont créés le Syndicat des pharmacies homéopathiques spéciales et plusieurs Laboratoires pharmaceutiques spécialisés. Ce n'est qu'en 1948 que les médicaments homéopathiques sont officialisés par décret et qu'en 1965 qu'ils entrent à la Pharmacopée Française.

Pour la radiesthésie, certains pharmaciens ont joué un rôle déterminant tel Gabriel Lesourd qui crée un laboratoire pharmaceutique dont les produits sont élaborés à l'aide du pendule. C'est aussi le cas de Gédéon Mellièrre qui proposa l'utilisation de la radiesthésie pour repérer les échantillons suspects de non-conformité dans le cadre de la répression des fraudes.

La présente étude montre la complexité de ces interactions et le rôle parfois essentiel du pharmacien dans la reconnaissance de certaines pratiques médicales.



## **1960-1980: LA PUBLICITÉ PHARMACEUTIQUE EN FRANCE VUE PAR UN MÉDECIN GÉNÉRALISTE**

*Bruno Bonnemain*

*58 rue du Maréchal Joffre 77270 Villeparisis, France*

*bruno.bonnemain@wanadoo.fr*

Les publicités pharmaceutiques au XX<sup>e</sup> siècle constituent une source inépuisable de richesses et d'émerveillement. L'imagination des créateurs pour attirer l'attention sur des «éphémères» n'a pas eu de limite et tout particulièrement dans les années 1960-1970 où la législation était encore souple dans ce domaine.

Cet échantillonnage de documents issue d'une collection privée permet de découvrir quelques aspects des créations souvent originales utilisées pour intéresser le lecteur. Des sujets très divers sont abordés que l'on peut regrouper autour de trois thèmes:

- 1) les voyages et la géographie: montrer les régions de France; visiter les pays étrangers, les monuments et plus particulièrement les châteaux ou cathédrales.
- 2) les œuvres d'art. C'est de loin le thème principal qui sert à illustrer la publicité pharmaceutique sur cette période. Les créateurs donnent libre court à leur imagination: L'art Roman, les monnaies royales françaises, les statues de bois ... La peinture est également à l'honneur.
- 3) la culture générale est le troisième qui permet de prendre connaissance de «l'écriture à travers les âges», des robinets d'époques, des bateaux, de la France de 1814 à 1962, etc.

Ces publicités considérées alors comme des vecteurs essentiels par l'industrie sont plus ou moins bien perçues par le corps médical qui les reçoit. Sans aucun doute, ces documents ont aidé à vendre certains produits et sont en tout cas le témoignage d'une époque révolue: celle où il était possible d'inonder les médecins de documents «d'information» sur les spécialités pharmaceutiques.

**BISHER UNVERÖFFENTLICHTE  
EXKLUSIV-PRIVILEGIEN FÜR DIE APOTHEKE VON  
KOLBERG/ KOŁOBRZEG AUS DEN JAHREN 1618 UND  
1624**

*Dr. Jadwiga Brzezińska  
Polish Pharmaceutical Society*

Es werden zwei Urkunden aus den Jahren 1618 und 1624 vorgestellt, die dem Kolberger Apotheker zusicherten, dass innerhalb von 30 Jahren keine zweite Apotheke in der Stadt angelegt werde.

Diese Urkunden sind als “singular privilegium” benannt worden, während andere ähnliche Urkunden in Pommern “exclusivum privilegium” heißen.

Das erste “singular privilegium” ist dem Apotheker Laurentius Treder von Fürst Ulrich am 1. November 1618 erteilt und das zweite vom Nachfolgerfürsten Bogusław XIV., dem neuen Herrn des Kaminer Dominium, am 14. August 1624 bestätigt worden.

Im Vortrag werden die Bedeutung, die Vorteile und Forderungen beider Urkunden erläutert.

## PHARMACY IN ANCIENT EGYPT

*Jacqueline M Campbell\*, A. Rosalie David\*\**

*\*K.N.H. Centre of Biomedical Egyptology, Faculty of Life Sciences,  
The University of Manchester, Oxford Road, Manchester, M13 9PT.*

*Cam bellJ@btinternet. com*

*\*\*Professor of Egyptology, K.N.H. Centre of Biomedical Egyptology* The skills of the ancient Egyptians as physicians and surgeons are renowned and evidence abounds regarding the diseases and ailments which plagued the ancient civilisation. What is less recognised is whether the ancient Egyptians practised pharmacy supplementary to medicine and what efficacy, if any, lay in their medicaments. Of one thousand prescriptions analysed from the medical papyri, dating from 1850 to 1350 B.C., some 349 drugs and pharmaceutical preparations are identified, 70% of which remained in use until the late 20<sup>th</sup> century A.D. and remain so today, albeit some are manufactured. Moreover, a review of the formulation and administration of the prescriptions, demonstrates an astonishing consistency with the pharmacy of today, save for the hypodermic syringe and sterility. They instructed that each remedy be taken in an individual, repetitive and reproducible format. Their formulations, like ours, were characterised by an active ingredient, a vehicle in which it is conveyed and generally a flavouring to make it palatable or an agent to render it soothing. They had techniques of dilution, solvent extraction, inhalation, topical application, instillation and were aware of paediatric doses. It was also the ancient Egyptians who were the progenitors of weights and measures, for they had a reproducible system of capacity in over 25% of their prescriptions, a total of 50% being accurately deduced by association.

Whilst pharmacists most probably did not exist as a separate profession in ancient Egypt, the art of pharmacy did. The foundations established in ancient Egypt were adopted by the ancient Greeks, whose political stability conferred historical continuity upon them. This was to be inherited and developed by Galen in 130 A.D. Thus it was the Greeks who became credited with being the fathers of medicine and pharmacy. Instigation and credit most probably lay with the ancient Egyptians some 1900 years earlier.

## **LA VIRUELA Y EL PROCESO HACIA SU ERRADICACIÓN EN LA SEVILLA DEL SIGLO XIX.**

*Antonio Ramos Carrillo, Esteban Moreno Toral, María Teresa  
López Díaz  
toral@us.es*

Tras el discutido procedimiento de la variolización, se aplicó desde los albores del siglo XIX en Sevilla (España) la técnica de la vacunación ideada por Edward Jenner, lo que originó no pocas disertaciones en el seno de la Academia de Medicina de Sevilla.

Pretendemos describir la lucha contra dicha enfermedad en la Sevilla decimonónica: la petición de cristales vacuna a Londres, las consiguientes vacunaciones y la implicación de las Casas de Socorro, la creación del Instituto Práctico de Vacunación Animal, así como las medidas de aislamiento e instrucciones higiénicas y de desinfección en las habitaciones de los enfermos variolosos. Medidas que, con el tiempo, y por la coordinación de la sanidad nacional, provincial y local hicieron que la vacuna contra la viruela se difundiera por todo el territorio y su eficacia se hiciera tan patente que, en pleno siglo XX, se llegó a la soñada erradicación de la viruela.

## **FARMACIA MAZZOLINI AT FABRIANO: A VISUAL HISTORY OF MODERN PHARMACY**

*Patrizia Catellani, \* Renzo Console\*\**

*\* Via Mavora 106, Gaggio di Piano, 41010 Modena, Italy,  
patcat@interview.it*

*\*\*Tillington, Ridgway Road, Pyrford, Woking, Surrey GU22 8PR,  
UK, mail@renzoconsole.demon.co.uk*

An extraordinary historical pharmacy of the 19th century - the Farmacia Mazzolini - has been skilfully restored and recently reopened at Fabriano (Italy) by its current owner Vito Giuseppucci. It provides an interesting visual insight in the development of modern pharmacy through beautiful wood carvings placed on its ceiling. They show the most important contributors to this science: ingenious people who worked in many fields. This pharmacy in its present form was conceived by its owner Ermogaste Mazzolini (1849-1899) and decorated by the sculptor Adolfo Ricci (1834-1904). As a result, we can now see carved portraits - or at least the names - of world leaders in electricity, X - rays, antibiotics, vaccination, toxicology, pharmacology, therapeutics, chemistry, natural science, physics. Among them we have Lavoisier, Davy, Avogadro, Cannizzaro, Berthollet, Orfila, August Wilhelm von Hofmann, Faraday, Franklin, Röntgen, Cantani, Lenard, and even Hippocrates to stress the continuity of Western pharmaceutical tradition.

We can also see other carved portraits. They represent some less well known Italian researchers (identified by the authors of the present paper) who gave a major contribution to the development of pharmaceutical literature, to the creation of the first official Pharmacopoeia of the Kingdom of Italy (1892), to university teaching of pharmaceuticals, and even to the unity of Italy as an independent Country. Their names are Albertoni, Campani, Orosi, Plevani, Prota Giurleo, Ratti, Vitali, Piutti, Piria and Purgotti. All of them are still well remembered in Italy.

## **J.A. CHAPTAL: BIENFAITEUR DE L'ÉCOLE DE PHARMACIE DE MONTPELLIER**

*Dr Colette Charlot*

*Conservateur du Musée de la Pharmacie, Montpellier, France  
ccharlot@ univ-montpl.fr*

Le bienfaiteur de l'école de pharmacie de Montpellier fut une haute autorité politique sous le Consulat, l'instigateur de la loi créant l'enseignement pharmaceutique, mais aussi un professeur de médecine et un éminent chimiste. Son nom est Jean Antoine Chaptal dont la vie se déroule dans la deuxième moitié du XVIII<sup>e</sup>s. et la première moitié du XX<sup>e</sup>s. période extrêmement féconde qui voit l'émergence de la chimie en tant que science et l'amorce d'une aube nouvelle pour la France avec la Révolution. Chaptal en sera un acteur efficace.

Il apporte sa contribution à la chimie en l'appliquant aux arts, après avoir adhéré très tôt aux idées de Lavoisier. C'est pour l'ensemble de son œuvre dans la région méridionale qu'il sera fait Comte de Chanteloup, suprême honneur pour ce fils de paysan.

Devenu Ministre de l'Intérieur de Bonaparte, Chaptal va être l'instigateur de l'industrialisation de la France. Alors que l'Angleterre avait remplacée le bois des machines par le fer, apportait des innovations sur ses machines textiles notamment, Chaptal va se pencher sur la normalisation de la fabrication. Grâce à la chimie, il va découvrir des secrets de fabrication. Il fut l'un des pionniers dans l'organisation administrative de la France nouvelle.

## **A XVIth CENTURY JOURNEYMAN APOTHECARY IN MONTPELLIER: JEAN MAGNOL**

*Dr Colette Charlot*

*Conservateur du musée de la Pharmacie, Montpellier, France  
ccharlot@ univ-montp1. fr*

Jean Magnol (1562-1632) came from Ardèche to Montpellier to learn how to be an apothecary grocer.

He is characteristic of the transition between the Middle-Age statutes and the Renaissance ones (1572/1598) in a city famous for its school of medicine. For thirteen years he worked as a journeyman apothecary in a shop. Thanks to the lease contract we know that an apothecary was like a drysalter grocer.

But the 1572 statutes due to king Henri IV, having the force of law, changed the trade into an art, as highly regarded as the legal profession. This was long before the 1777 nationwide statutes due to king Louis XIV (the fourteenth). To become a master, Magnol had to give four masterpieces, the formulas of which can be found in the new pharmacopoeia written by the medicine chancellor, the '*Pharmacopoea monspeliensis*', an alternative to the ancient one by Nicolas de Salerne.

The practical experiments were carried out by those famous apothecary masters who made up the 1572 statutes.

Jean Magnol is the ancestor of Pierre Magnol (1638-1715), the famous botanist to whom Carl Linne dedicated the magnolia genus.



## ALTE APOTHEKEN IM NORDITALIEN

*Antonio Corvi*

*Italianische Akademie der Pharmaziegeschichte –*

*Via Nova, 15– 29100 Piacenza, Italy*

*luigi. corvi. it*

In diesem Jahr fällt der 60.ste Jahrestag des vorzeitigen Todes von Herrn Professor Carlo Pedrazzini, der im Jahr 1934 das Werk “Historische und künstlerische Italienische Pharmazie” herausgab, in dem, zum ersten Mal, die Pharmaziegeschichte mit den Bildern der Protagonisten und der Orte, in denen dieser Beruf geführt wurde, zusammengesetzt wird.

Er stellte die tiefen Verbindungen der Pharmazie mit all den bildenden Künsten (so wie Architektur, Malerei, Ebenisterie, Keramik und Glaskunst), sowohl wie auch jene mit Literatur und Musik, in den Vordergrund.

Mehr als hundert Bilder alter Apotheken bebildern diesen prachtvollen Band, einziger Beweis der vielen Wirklichkeiten, die vom Krieg und von der Geldgier leichter Gewinne in großem Teil zerstört wurden.

Die Tradition der mittelländischen Pharmazie und die Existenz von Dynastien Berufstätiger, die seit mehreren Generationen die Kunst der “ars pharmaceutica” betreiben, ermöglichen es jedoch dem “Verband der alten Apotheken” seit fast fünf Jahren einen Kalender herauszugeben, der auf jedem Monatsblatt eine historische und noch für das Publikum in ihrer ursprünglichen Ausstattung offene Apotheke zeigt.

Dieser Bericht zeigt eine Auswahl alter Betriebe im Norditalien, mit kurzen historischen Nachrichten vervollständigt, in Erinnerung jener Zeit, als alle Arzneimittel in der Apotheke, nach dem vom Arzt für den einzelnen Patient geschriebenen Rezept, bereiteten wurden. Vom Piemont bis zu den Venetien, von der Lombardei bis zur Emilia-Romagna bewundern wir die verschiedene Inspiration der Auftraggeber und die Phantasie unserer Handwerker, die heutzutage leider durch das flache Ausstellen von Produkten, typisch der üblichen Supermarkts, ersetzt wurde.

## THE FLOWER OF BRISTOL

*Norma Cox*

*London SW19*

*supernormal8@yahoo. com*

The flower of Bristol, also known as the Nonesuch flower is a campion. Its botanical name is *Lychnis chalcedonica*. *Lychnis* was first mentioned by the Greek philosopher Theophrastus in around 300 B.C., and by the Greek physician Dioscorides in approximately 60 A.D. The plant originates in Russia and was introduced into Europe in 1593. An Italian collector Ulysses Aldrovandus was the first to call it *Lychnis chalcedonica*. It was also known as Maltese Cross and had associations with the Knights of St John. This may be due to the similarity of the flowers' appearance to the Knights' emblem. There is no mention of its use medically by this Order. Gerard in his *Herball* of 1630 mentions the plant and its physical features. But there is no mention by Culpepper in his herbal.

The flowers' vivid red colour may explain why it was brought to Bristol by the Merchant Venturers as it was used to dye woollen cloth. The water of Bristol favoured the dyeing process and Bristol was a flourishing port. It thrived in the Bristol soil. The vivid red dye was adopted by the University of Bristol to colour the academic hoods. The flower has now become the floral emblem of the city according to a survey in the national and local newspapers.

In *Lychnis chalcedonica* we have reminders of seventeenth century herbals, of mariners and wealthy traders, the dyeing industry, a University and now the emblem of a modern city.

**“IT IS A PROVEN REMEDY”  
18<sup>TH</sup>-CENTURY CONCEPTS OF CLINICAL  
EFFECTIVENESS**

*John Crellin*

*Memorial University of Newfoundland*

*jcrellin@nl.rogers.com*

This presentation centres on a middle-eighteenth-century manuscript of clinical notes and remedies written by Abraham Wagner after immigrating into Pennsylvania. In many cases Wagner adds a note “probatum est” (“a proven remedy”) to the remedies. In investigating reasons for this – from looking at (i) the theoretical context of the preparations, (ii) the authority of seventeenth- and eighteenth-century writers on the *materia medica*, and (iii) the role of clinical experience – I intend to raise questions about “standards” of evidence used in eighteenth-century therapeutics.

Another purpose of the presentation is to draw attention to Wagner’s fascinating German manuscript, which is in the possession of the Schwenkfelder Library, Pennsylvania. Through Dr. Renate Wilson and a group of scholars, the manuscript will be made available in 2005, including as an English translation, on the website of the College of Physicians of Philadelphia.

## **PLACE, TRIESTE; PEOPLE, LES PHARMACIENS ET LES AUTRES**

*G. Du Ban  
Trieste, Italy  
gduban@inwnd.it*

Trieste a reçu dans les siècles des nombreux intellectuels parmi lesquels Stendhal, Burton, Winckelmann, en leur inspirant des oeuvres fondamentales comme pour Joyce, Rilke et en donnant les jours à Svevo, Saba. Dans cette ville depuis toujours riche de culture les pharmaciens de Trieste jouissent d'un important héritage qui nous ont laissé des éminents personnages du passé. En ordre de temps ils se sont occupés de l'histoire de la Pharmacie de Trieste depuis ses origines jusqu'au '900. Loris Premuda, un professeur titulaire d'Histoire honoraire de la Médecine à l'Université de Padoue, avec quelques fondamentales monographies, suivi par la suite de Romolo Tamaro et Dino Papo, déjà présidents de l'ordre, de Terzo Sciortino, titulaire du poste de professeur de Technique pharmaceutique et de Renata de Leitenburg, fille et neveu de pharmaciens, qui en 1986 a préparé une importante exposition d'objets d'art de propriété des différentes pharmacies.

Parmi les très nombreux Pharmaciens qui ont laissé une trace importante dans notre histoire je citerai Bartolomeo Biasoletto qui naît à Dignano d'Istrie en 1793; il fonda le jardin botanique en 1828 et il deviendra un savant de réputation internationale grâce à ses études de botanique et Gianfranco Gioitti qui après 139 ans (1967) il créera à Sgonico la «Carsiana», jardin botanique qui veut recueillir toutes les espèces les plus significatives du Carso; c'est celui-ci le nom choisi pour établir une liaison idéale avec le jardin botanique «Juliana» de la Vallée de Trenta, fondée par le concitoyen Alberto Bois de Chesne (1871-1954).

**A POLISH PHARMACIST, MATEUSZ BRONISŁAW  
GRABOWSKI AS THE OWNER OF AN ART GALLERY IN  
LONDON (1959-1975)**

*Iwona Dymarczyk*

*Museum of Pharmacy at The Jagiellonian University in  
Cracow, idymarcz@cm-uj.krakow.pl*

Mateusz Bronisław Grabowski (1904-1976) was a Master of Pharmacy who graduated from The University of Stefan Batory in Vilnius. He came to Great Britain with the Polish Army in 1940. After the war had ended, he established a pharmacy and a mail-order firm in London that sent medicines to Poland, and in 1959 he opened a modern art gallery.

*Grabowski Gallery* was situated in the artistic district of London, in Chelsea at 84, Sloane Avenue, next to the Grabowski's Pharmacy. The thing that distinguished the Gallery was the fact that it did not make profits. Grabowski promoted young and unknown artists of different nationalities according to the idea of "the art without borders". In the *Grabowski Gallery*, there took place the first exhibition of "pop-art" in Europe. Many of the artists who showed their works of art there became well known and important for British Art. In the 1960 s London was the biggest centre of western art.

*Grabowski Gallery* found its place in the top of London galleries of modern art. Famous London critics came to see the exhibits, and reviews of the exhibitions could be read in many prestigious magazines. The Gallery was the expression of the personal passion for art of its owner.

**A PHARMACY OF INFLUENCE:  
17 THE PAVEMENT, CLAPHAM COMMON, LONDON**

*Dr Shirley Ellis  
1, Willow Way, Bottisham, Cambridge CB5 9BS  
ellisbottisham@compuserve.com*

This is the story of the premises of a chemist and druggist which through successive owners influenced the development of pharmacy in England for over a century. Clapham Common is a suburb in South London and here Henry Deane, a chemist and druggist, opened a shop in 1837. He became a founder member of the Pharmaceutical Society, an examiner for it and eventually President. He was also involved in the production of a new Pharmacopoeia. His work was continued by his son, James Deane, and then by the brother of another Pharmaceutical Society President, William P Robinson.

At the turn of the 20th century the business was bought by a partnership which included Margaret E Buchanan, the founder of the School of Pharmacy for Ladies in Gordon Square, as a training establishment for her students. She was one of only 8 women who was qualified as a Pharmaceutical Chemist in 1892. She became the first woman to be elected to the Council of the Society in 1918, on which she served for the next eight years.

In 1914 Agnes T Borrowman joined the partnership as manager of 17 The Pavement. She was a Pharmaceutical Chemist with both teaching and research experience and she gave good practical training to girls from both the Gordon Square College and The School of Pharmacy until 1945. In 1924 she was appointed the first woman examiner for the Pharmaceutical Society and was involved in the preparation of the *British Pharmaceutical Codex* thus maintaining the traditions of the founder.

**PABLO FERNÁNDEZ IZQUIERDO, FOUNDER OF  
“LOS AVISOS”, A HEALTHY REVIEW (1877–1886)**

*María del Carmen Francés Causapé*  
*Prof. Dr Catedrática de Historia de la Farmacia, Facultad de*  
*Farmacia Universidad Complutense de Madrid, Plaza de Ramón y*  
*Cajal s/n, 28040 Madrid, España*  
*www.mcgparis@terra.es, www. mparis@infonegocio.com*

Pablo Fernández Izquierdo (1839-1893) was a pharmacist that owned a pharmacy in Madrid, and in addition the review “Los Avisos” that was published in Madrid. The first number of the review, founded by him, was published on 1 5<sup>th</sup> January 1877 and the last one on 30<sup>th</sup> December 1886.

During the first year the review was published twice monthly, but starting from the second year of life its regularity was three times a month. The direction of the review was assumed by owner Pablo Fernández Izquierdo who counted like editors with other pharmacists, among them was his brother Justo, also a pharmacist and owner of a pharmacy in Calzada de Oropesa (Toledo).

Many pages of the review were dedicated to making publicity for the Pharmacy and the Gaviria’s Spa (Guipúzcoa), that belonged to Pablo Fernández Izquierdo, and also for pharmacies belonging to other pharmacists like: Zacarias Yarto Monzón (Madrid) or the Rios’s Brothers (Zaragoza). The publicity was dedicated also to the medicines elaborated or selling in those Pharmacies.



## **APOTHEKER DER NEUZEIT ALS KOMMUNALPOLITIKER**

*Prof. Dr Christoph Friedrich  
Institut für Geschichte der Pharmazie, Roter Graben 10, D-35032  
Marburg  
ch.friedrich@mail. uni-marburg. de*

Ausdruck der sozialen Stellung vieler Apotheker war deren Wahl in kommunale Ämter. Einige Apotheker wurden Bürgermeister, wie Andreas Monheim (1750–1804), der 1797 vom Großen Rat der Stadt Aachen dazu gewählt wurde. Apotheker Johann Antonius Goebel (1766–1842) wirkte von 1812 bis 1817 als Bürgermeister in Attendorn. Gustav Eder (1861–1909) war 1895 zunächst Senator für Bauwesen und ab 1898 Stadtschulrat, ehe er 1900 gleichfalls zum Bürgermeister gewählt wurde.

Für einige Apotheker waren kommunale Ämter nur eine Karrierestufe zu noch höheren politischen Funktionen. Ludwig Kirsner (1811–1876), von 1852 bis 1854 Bürgermeister in Donaueschingen, avancierte 1861 zum Mitglied des Badischen Landtags und 1874 zum Reichstagsabgeordneten. Georg Diederichs (1900–1983), nach 1945 Bürgermeister von Northeim, war von 1957 bis 1960 Sozialminister und von 1961 bis 1970 Ministerpräsident des Landes Niedersachsen.

Weitere Apotheker wirkten als Stadtverordnete, Ratsherren, Beigeordnete oder Stadtälteste. Nicht wenige von ihnen engagierten sich in der Gesundheits- und Sozialpolitik. Diese Tätigkeiten der Apotheker als Angehörige eines „Aufsteigerberufes“ zum Wohl der Gemeinschaft lassen zugleich ihr Bemühen um Anerkennung in den städtischen Kommunen erkennen.

# **LOUIS LOTZ (1843–1923) AND THE “DEUTSCHE APOTHEKE” IN MILWAUKEE: PHARMACIST, RESEARCHER, TRAVEL WRITER**

*Dr H. Goetzendorf  
Aurikelweg 126, 50259 Pulheim, Germany  
Holger@Goetzendorf.de*

The life of the German Pharmacist Louis Lotz shows a lot of interesting aspects. He began his classical pharmaceutical career at the University of Munich where he listened among others to lessons by Justus von Liebig. While assistant in the apothecary shop of Mr. Toel in Bremen, he had the opportunity to become acquainted with American pharmacy.

In 1866 his curiosity gave rise to his travel to the United States of America where he started work as a prescription clerk in Boston. In 1892 he established himself as an apothecary in Milwaukee with his “Deutsche Apotheke”, which became over the years a famous institution not only as pharmacy.

Besides his profession Louis Lotz showed strong ethnological interests. He travelled in many countries to learn about Indians, especially the Pueblo Indians. He recorded his experiences in several handwritten and hand-painted travel diaries and gave, as member of the Natural History Club, speeches. The collected artefacts could be found as exhibitions in the store windows of his pharmacy. He also became a member of the Wisconsin Archeological Society.

For his ambitions as historian he found a famous successor: Edward Kremers, the father of the American History of Pharmacy, did his apprenticeship in the pharmacy of Louis Lotz.

His estate gives an insight in a time when pharmacists were not only dispensing chemists but also socio-cultural and historical educated individualists.

## **SUEROS Y VACUNAS EN ESPAÑA: 1919-1936\***

*Alberto Gomis*  
*Universidad de Alcalá*  
*alberto.gomis@uah.es*

A pesar de que los sueros y vacunas se elaboraban e importaban en España desde bastante antes, no fue hasta 1919 cuando, a instancia del Real Consejo de Sanidad, se legisló un “Reglamento de la elaboración y venta de vacunas y sueros” (Real Decreto de 10 de octubre de 1919) que dio cobertura legal a la preparación, conservación y venta de los mismos.

El hecho de que el Decreto mencionado obligara, al fabricante o importador de estos medicamentos biológicos, a obtener autorización de la Inspección General de Sanidad, permitió la formación de sendos registros de vacunas y sueros que estuvieron activos hasta el año 1936 en que dio comienzo la guerra civil española.

El presente trabajo se basa en el estudio minucioso de la documentación que se incorporó, entonces, a las solicitudes de registro de casi 1.500 vacunas y más de 550 sueros que se hicieron en esos diecisiete años. Junto con las relaciones de los laboratorios fabricantes (nacionales y extranjeros), se analiza cómo varió el número de especialidades registradas a través de los años, las principales afecciones para que se preparaban, los directores de los laboratorios españoles, así como diferentes aspectos que ayudan a comprender cómo se llevó a cabo el desarrollo de este sector de la industria farmacéutica en España.

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## LA INDUSTRIA FARMACÉUTICA BRITÁNICA EN ESPAÑA (1919-1935)\*

*Antonio Gonzáles-Bueno, \* Raúl Rodríguez-Nozal\*\**

*\* Universidad Complutense de Madrid, agbueno@farm.ucm.es*

*\*\* Universidad de Alcalá, raulrn@uah.es*

El objeto de este trabajo es analizar la presencia de la industria farmacéutica británica en el mercado español de comienzos del siglo XX, tanto las especialidades importadas del país anglo-sajón como las comercializadas a través de los laboratorios farmacéuticos españoles que sirvieron de cauce para la puesta en el mercado de estos productos. Los datos utilizados para este estudio proceden del registro español de especialidades farmacéuticas, instaurado en España a partir de 1919. El trabajo que presentamos está realizado a partir de la información contenida en una base de datos, constituida por 28.929 registros, en los que se incluyen todas las especialidades farmacéuticas registradas en España entre los años 1919 y 1935.

Los resultados muestran la preponderancia en el mercado español de los productos elaborados por las empresas *Burroughs, Wellcome & Co.* (47,9%) y *Parke Davis & Co.* (25,4%). El grueso de las especialidades elaboradas por fabricantes británicos se registran, como fue norma para el resto de los industriales no españoles, en los primeros años de la década de 1920, justo tras abrirse en España esta posibilidad legal, lo que prueba la presencia consolidada, desde años atrás, de estos productos en el mercado español de especialidades farmacéuticas.

\*Financiado con cargo al proyecto de investigación BHA 2002-01580 del Ministerio de Ciencia y Tecnología (España).

# **DIE APOTHEKE ALS KULTURELLS PHANOMEN**

*Dr. pharm. Peter W. Gorski, Prof. Hist. A. Radomski*  
*p.w.gorski@gmx.de*

1. Wir wollten in unserem Vortrag eine neue Option in der Pharmaziegeschichte schreiben, vor allem in Bezug auf die Vergangenheit der Apothekerschaft, mit den damit verbundenen Problemen.
2. Die bisherige Schreibung der Pharmaziegeschichte stützte sich auf faktographische Daten, beziehungsweise deren Schilderung. In diesem Standardmodell überwogen die Beschreibungen diverser apothekerischer Tatsachen, die mit den direkten Tätigkeiten der Apotheker und Pharmazeuten in Verbindung stehen.
3. Wir schlagen hiermit vor, den Kreis der pharmazeutischen Problematik zu erweitern, vor allem möchten wir die pharmazeutischen Geschehnisse als eine kulturelle Erscheinung erfassen. Als eine von den wichtigsten Kategorien wollen wir hier einen Begriff Imaginarium einführen. Darunter versteht man die allgemeinen Visionen von der Umwelt und der Menschen, sowie die Sammlung von Werten und Regelungen, die die Aktivitäten der Einzelnen und Gruppen z. B. der Apotheker/in steuern. Also, als Kultur werden wir dann die Sammlung von Imaginarien, die charakteristisch für eine gesellschaftliche Gruppe z.B. hier die Apothekerschaft am dem bestimmten Ort und zum bestimmten Zeitpunkt bezeichnen können. Als Endeffekt eines so verstandenen Kulturbegriffes, werden textuale Ergebnisse entstehen und die Sprache gestalten. Die Institutionen z. B. die Apotheker, könnten dann die Textbegriffe dieser Kultur in Erscheinung treten lassen.
4. Wir schlagen vor, die Apotheke an verschiedenen Plätzen und diversen Zeitpunkten zu betrachten. Die obigen Beschreibungen (Texte) sind als kulturelle Ereignisse d.h. als komplexe Imaginarien zu verstehen.
5. Der so verstandene Kulturbegriff könnte auch als die Apothekerzugehörigkeit bezeichnet werden (Identifikation). In unserer Begriffsbezeichnung wären die Apotheker von einer bestimmten Art 'textueller' gemeinschaftlicher Vorstellung, die man von der bestimmten dominanten Kultur am bestimmten Platz und zu bestimmter Zeit ableiten kann.
6. Als ein separates Forschungsproblem wäre dann die Wahrnehmung der Umwelt durch den Apotheker und die Erfahrung, was die Apotheker unter dem Begriff der Pharmazie verstehen und dem außerhalb liegenden Milieu. Diese Erfahrungskategorie wäre auch eine Ableitung der von uns untersuchten apothekarischen Kultur. Diese Erkenntnis findet immer im Rahmen der kulturellen Gemeinschaft statt.

## **DIE MITARBEITER IN OSTPREUSSISCHEN APOTHEKEN UM1850**

*Peter-Hartwig Graepel*

*Giessener Str. 15, D- 35075 Gladenbach, DrPeterGraepel@aol.com*

Die 1822 gegründete Zeitschrift „*Archiv der Pharmazie*“ war bis 1861 ein umfassendes Informationsorgan für die Mitglieder des norddeutschen Apothekervereins. Neben den wissenschaftlichen Beiträgen wurden hier auch Vereinsaktivitäten, Nekrologe, biographische Denkmäler und kürzere Nachrichten zu Berufsjubiläen, Beförderungen, Auszeichnungen, Todesfällen sowie zur Altersversorgung der Gehilfen und nicht selbstständigen Apotheker publiziert.

In dieser Zeitschrift wurde im Jahre 1850 ein Apothekenverzeichnis veröffentlicht, in dem auch der Personalbestand der einzelnen Offizinen angegeben war. Von den 35 dort aufgeführten Apotheken Ostpreußens waren 20 sogenannte Einmannbetriebe, eine Belegschaft mit Gehilfen und Lehrlingen gab es nur in den 15 größeren Apotheken.

In diesem Beitrag werden die Lehrlinge namentlich vorgestellt, die an den Wettbewerben um die Preise des Apothekervereins teilnahmen, dann die Gehilfen und Lehrlinge, die Beiträge in die Gehilfenunterstützungskasse oder die Wackenroder Stiftung zahlten. Von elf Mitarbeitern sind außer dem Arbeitsplatz noch der jeweilige Geburtsort und die Zeit des Studiums an der Universität Königsberg oder das Jahr ihrer Approbation bekannt sowie vereinzelt auch die Stationen ihres weiteren Lebensweges.

Wenn aus dem „*Archiv der Pharmazie*“ bei einer Gesamtzahl von damals 125 ostpreußischen Apotheken auch nur die Namen und Lebenswege von 8 Lehrlingen und 17 Gehilfen für einen Zeitraum von 13 Jahren (1849-1861) erfasst werden konnte, so sind diese Informationen für die apothekengeschichtliche Forschung in einem Gebiet, in dem heute keine Archivalien mehr zur Verfügung stehen, von großer Bedeutung.

## **L'ENSEIGNEMENT DE LA MEDECINE ET DE LA PHARMACIE DANS LA VILLE DE CHARTRES JUSQU'AU XII<sup>ème</sup> SIECLE AVANT LA CREATION DE L'UNIVERSITE DE PARIS**

*Jacques Gravé*

*«Sauvegarde du Patrimoine», 4 avenue Ruysdaël, 75379 Paris  
Cedex 08, jacquesgrave@noos.fr*

Jusqu'au 12<sup>ème</sup> siècle, Chartres fut l'un des plus grands centres européens de la vie intellectuelle. La médecine et du même coup, la pharmacie étaient les spécialités enseignées aux élèves de sa célèbre Ecole. Le plein essor commence au X<sup>ème</sup> siècle à la suite des apports faits par les Bénédictins et par les élèves rémois de Gerbert. Le plein épanouissement de cet enseignement se situe au 11<sup>ème</sup> siècle sous l'impulsion de l'Evêque Fulbert. C'est à cette époque qu'apparaît le «Nominalisme» avec deux médecins chartrains: Bérenger et Jean Le Sourd se substituant à la tradition hippocratique.

Le XII<sup>ème</sup> siècle plongera dans un néo-galénisme et subira l'influence arabe. Les manuscrits chartrains anciens seront alors annotés en écriture arabe. A la fin du XII<sup>ème</sup> siècle, les grands maîtres chartrains sont attirés à Paris où est fondée l'Université.

Au cours de ces siècles l'Ecole de Chartres enseignait les cycles du Trivium et du Quadrivium et sa particularité a été d'y adjoindre l'enseignement médical d'après les préceptes d'Oribase de Soranus et de Dioscoride perpétués par les manuscrits retranscrits par les copistes.



## **WOMEN IN THE HISTORY OF LITHUANIAN PHARMACY THE 19<sup>th</sup> TO THE BEGINNING OF THE 20<sup>th</sup> CENTURY**

*Vilma Gudienė*

*Department of drug technologies and social pharmacy, Kaunas  
University of Medicine, Raguvos 10 A; Kaunas; Lithuania  
vilma.gudiene@med.kmu.lt*

The Nineteenth century was full of considerable changes in the pharmaceutical sector: industrialization of pharmacy, implementation of scientific achievements, and the discovery of new drugs. The entrance of women into the workforce of pharmacy could be considered as one of the significant events as well.

The first woman pharmacist in Lithuania was the widow of pharmacist Juzefa Girdzijejska. In 1874 she got permission to work as Assistant Pharmacist in Kedainiai (Lithuania). Regarding this, the governor of Kaunas was informed directly from Petersburg by confidential letter. However, the number of women-pharmacists was increasing very slowly. Before World War I, approximately 50 women were pharmacists. From 40 of those identified, only two declared that they were of Lithuanian nationality, two Russian, two Polish, one unknown (she declared the Lutheran religion), and 32 were of Jewish origin.

The Jewish community owned the biggest part of town drug stores in Lithuania. Some of them encouraged daughters to study pharmacy. The most popular universities between them were Khar'kov, Kazan and Novorossiysk University in Odessa.

## THE IMPACT OF THOMAS LINACRE ON GERMAN MEDICINE AND THE ROLE OF THE PHARMACIST

*Dr. Gerhard Helmstaedter*

*DPhG, Section: History of Sciences and Pharmacy*

*An der Wasserkaul 10, D-50259 Pulheim*

*ghelmstaedter@debitel.net*

In the humanistic world, re-editions of antique scientific works enhanced the fame and standing of their author. Notable examples of this are the translations of Galen's works by Thomas Linacre (c.1460-1524). A renowned physician himself and close to King Henry VIII., he was also an accomplished linguist. His institution of the Royal College of Physicians in London shaped the future course of medical science and therapy.

Linacre's contribution towards the advance of medicine was acclaimed in an early appraisal by a German Professor of Medicine at the University of Leipzig. Only thirty-five years after Linacre's death, Michael Barth delivered an *Oratio de Thoma Linacro Britanno (Lipsiae 1560)*, a mirror of English accomplishments in New Learning. Michael Barth also introduced Thomas Linacre's treatise on Latin syntax into the curriculum. In his medicinal writings, Barth preferred the Galenic system to Paracelsian teaching. His acclaim of pharmaceutical refinement is reflected in poems eulogising the *pharmacopolion* of his hometown Annaberg and the family of Johannes Ralla, an apothecary in Leipzig.

The 16<sup>th</sup> century saw a steady advance toward organized professionalism of practitioners in all three branches of medicine - physicians, surgeons and pharmacists.

## SINGLETON OF LAMBETH

*Peter G Homan, Hon. Sec. BSHP  
3 The Ridings, Epsom, KT18 5JQ  
peter.homan@lineone.net*

Singleton's Ointment was one of the most enduring proprietary medicines.

The formula for the original ointment was first produced in 1596 by a Doctor Thomas Johnson. It is not known what the original ointment was called. The formula was passed through various hands to Thomas Singleton in 1644 who gave his name to the ointment which continued under this name until the product was discontinued in 1974. During this time the names varied from Singleton's Golden Eye Ointment to Singleton's Golden Ointment and, from 1903, it was known simply as Singleton's Eye Ointment, having had few amendments to its formula. The proprietorship was handed down through the Singleton family and production, from the middle of the 18<sup>th</sup> century, was always from the same premises in Lambeth, London, in a house that exists today.

The name Golden Ointment became universally accepted and many manufacturers produced their own formulations. The description 'Golden Ointment' was accepted as a synonym for Yellow Mercuric Oxide Ointment (Unguentum Hydrargyri Oxidi Flavi) by the *British Pharmacopoeia* and the *National Formulary*. A brand-named Golden Eye Ointment is still marketed in the United Kingdom.

One of its famous characteristics was the pedestal pot, originally made in delftware, used from around 1700 and continued into the twentieth century when it was changed to a plastic pot and then later to an ointment tube.

**“AN HEIR-LOOM TO BE HANDED DOWN”  
THE HISTORY OF THE MUSEUM OF THE ROYAL  
PHARMACEUTICAL SOCIETY**

*Briony Hudson*

*Keeper of the Museum Collections, Royal Pharmaceutical Society of  
Great Britain, 1 Lambeth High Street, London, SE1 7JN  
briony.hudson@rpsgb.org*

Museums normally concentrate on their collections as a means of defining their identity. However, the people behind the objects often receive less attention, even though they have been responsible for determining the museum's direction.

The Museum of the Royal Pharmaceutical Society was founded in 1842, a year after the Society, as a reference collection for the students of the newly formed School of Pharmacy. It grew to house more than 20,000 materia medica specimens by the early twentieth century.

In the 1930s, the direction of the Museum changed when a conscious decision was made to collect material that would represent the history of the profession. These historical objects now number about 45,000, and the Museum has one of the leading collections in the field.

This paper tells the story of the Society's Museum and its collections through the history of its principal curators: Theophilus Redwood, the first person to have responsibility for the collection in 1842; Edward Morrell Holmes who built up the materia medica collection to international standing; Agnes Lothian Short, responsible for developing the historical collections to reach their current heights. The presentation will conclude with a brief insight into the present day focus of the Museum's work.

**WILLIAM BATEMAN AND THE MAGNACOPIA:  
STOCKS HELD BY CHEMISTS AND DRUGGISTS IN THE  
NINETEENTH CENTURY.**

*Bill Jackson  
13 Bournelea Avenue Manchester M19 1AE.  
billjaxbaggins@aol. com*

*The Magnacopia*, written by William Bateman, ‘Chemist in Ordinary to King George IV’ is a pastiche of formulae for different preparations arranged in a somewhat arbitrary manner.

The longest section is devoted to items of interest to the Chemist and Druggist, and contains many items that one would not expect to have been stocked in this type of shop. These include such things as blanchmange made from the antlers of deer, varnishes, a liquid for etching steel or iron, a cheap substitute for burnt sponge and eye drops made from silver nitrate and water in which snails had been boiled.

There is very little of interest to the Surgeon-Dentist and, surprisingly, Bateman observes that most formulae are virtually useless. A small section for the Oilman is devoted mainly to sauces.

Advertisements from about 1860 reveal that chemists and druggists did stock things such as seeds, groceries, inks, candles, wines and tobacco, and the stock book of a Druggist in Pwllheli illustrates the varied range of goods carried by him in the 1870s.

Although there is a tendency for pharmacists nowadays to believe that they are superior to chemists and druggists of the 19<sup>th</sup> century, we should remember that they were both skilled and knowledgeable, and highly respected by the general public.

**AIMAR AND TUPPER:  
TWO SOUTH CAROLINA PHARMACY COLLECTIONS AT  
THE SMITHSONIAN**

*Eric W. Jentsch, Diane L. Wendt  
Smithsonian Institution, Washington, DC  
jentsche@si.edu, wendtdl@si.edu*

The National Museum of American History in Washington, D.C. possesses the largest collection of artifacts related to the history of pharmacy in the United States. These collections not only reflect the history of the profession, but the particular places and cultures in which it was practiced.

We are fortunate to have acquired two collections from the state of South Carolina. These collections, taken from two historical drugstores, reveal how pharmacies in the southern United States responded to the concerns of the communities that they served. These concerns stemmed from regional health issues, historic events, and community beliefs.

The presentation will consist of two fifteen-minute segments. The first segment will be given by Diane L. Wendt. It will concern the G.W. Aimar Drug Co., a large wholesale drug company that operated in the port city of Charleston from the 1850s until the 1970s. The second presentation will be given by Eric W. Jentsch. The talk will begin with a history of Tupper's Pharmacy, a drugstore from the town of Summerville, a suburban community 20 miles northwest of Charleston. It will conclude with a brief discussion of how artifacts collected from the two stores shed light on pharmaceutical manufacturing and consumption in the southern United States.

## **AN EXAMINATION OF NINETEENTH CENTURY PRESCRIPTION RECORDS FROM A BIRMINGHAM PHARMACY**

*Dr Michael HJepson  
Birmingham  
m. h.jepson@aston.ac. uk*

A selection of prescription book entries recorded between 1862 and 1885 has provided an insight into physicians' prescribing in the social environment of the period. The prescription books of a prestigious pharmacy located at Five Ways, Birmingham adjacent to the highly regarded Calthorpe residential estate, have survived. As a consequence of the pharmacy location many eminent citizens' names appear in the records.

At this time, Birmingham was probably the leading industrial location in the UK and prominent in the world scene. This was where, little more than half a century earlier, James Watt and Matthew Boulton had revolutionised manufacturing with their steam engine power. It was an environment which attracted entrepreneurs from far afield, helped by the absence of restrictions and acceptability of non-conformists, Quakers and immigrants.

Among the names which recur in the prescriptions are Chamberlain, Chance, Davenport, pen manufacturer Joseph Gillot, electro-plater George Elkington and Cardinal Newman. At a wider social level are to be found the servants of some of these families. Among the prescribers is Samson Gamgee. The palliative medicaments which tend to dominate include Tincture of Opium, Ext Cannabis for internal use, Quinine Sulphate, Inf Senna, Mercuric Chloride. Many of these were still being widely prescribed less than 50 years ago!



## BRITISH INFLUENCE ON SERBIAN PHARMACISTS

*Pavle Jovic*

*Medical School of Belgrade, Belgrade, Serbia and Montenegro  
phpjovic@afrodita.rcub.bg.ac.yu*

In the 18<sup>th</sup> century Serbs lived in one of the many provinces of Habsburg Empire. The first apothecary shops opened there in the second half of the 18<sup>th</sup> century. The official pharmacopoeia was the *Pharmacopoeia Austraco-provincialis* from 1774.

In that time there were few educated Serbs. Among them, the most significant figure was Zaharija Stefanovic Orfelin (1726-1785), the famous poet, historian, engraver and natural scientist. He edited the first Serbian journal in 1768. Around 1780 Orfelin created 'A Voluminous Serbian Herbal'. In fact, that work passed on *A Curious Herbal* (London, 1737-1739), written by Elisabeth Blackwell (1700?-1758), an English physician. *A Curious Herbal* was translated into German by a botanist and physician from Nuremberg called Christoph Jacob Trew (1695-1769). This German edition under the title *Vermehrtes und Verbessertes Blackwelisches Kräuter-Buch* (Nuremberg, 1750) was translated by Zaharija Orfelin into the Serbian language. He introduced a mixture of church Slavonic and vernacular into the Serbian literary language later called Slavo-Serbian. That was an important event for Serbs and their health culture, because they did not have their own pharmacopoeia in the Serbian language. Ten years later Austrians got a pharmacopoeia in German (*Pharmacopoea Austriaco-provincialis*, 1795).

After Orfelin's death one book dedicated to British pharmacy was found in his personal library. Actually, it was a German edition titled *Neues verbessertes Dispensatorium oder Arzneibuch* (Hamburg, 1768), which was composed according to the London and Edinburgh pharmacopoeias.

## PRESCRIPTIONS FOR THE AUSTRIAN ARCHDUCHESS LEOPOLDINA

*Christa Kletter, Helga Riha, Wolfgang Kubelka*

*Department of Pharmacognosy, Pharmacenter, University of Vienna  
Althanstrasse 14, A-1090 Vienna, Austria  
Christa.Kletter@univie.ac.at*

The imperial pharmacy in Vienna was responsible for the supply of medicines for the imperial household and had to keep records of all the products delivered to the members of the imperial family. The recipes were written down in special recipe books and kept under lock and key by the director of the pharmacy.

A collection of such recipe books is now kept in the Austrian State Archives where 406 prescriptions are filed for the daughter of the Austrian emperor Franz I, archduchess Leopoldina, who later became the empress of Brazil. The preserved prescriptions cover a period of seven years, the last recipe dating from June 2, 1817, the day before Leopoldina left for Brazil. Apart from herbal infusions and various pills to relieve cough, pain killing tinctures containing opium were prescribed for her. The recipes for external use comprise wound ointments, body care products and even a mosquito repellent.

Most prescriptions correspond with recipes of the Austrian Pharmacopoeia which was in force at that time or preceding Austrian pharmacopoeias. In general, the archduchess seemed to be of good health, being only bothered by colds and coughing, disturbances of the gastrointestinal tract and some pain attacks whose origins were not traceable.

## MEDICAL AND PHARMACEUTICAL LICENCES: TWO CASES OF AN OLD STORY

*Rolf Klevstrand*  
*N-2609 Lillehammer, Norway*  
*rklevst@online.no*

Pharmacists know that the Emperor Frederick II sometime between 1231 and 1240 issued an edict in which pharmacy was separated from medicine. Any business relation between physician and pharmacist was forbidden. Has this rule been of general application? In Denmark-Norway this principle was followed in a royal ordinance of December 4, 1672, concerning physicians and pharmacists, and in subsequent pharmacy laws in these countries.

Case number one: In 1934 the Royal Norwegian Ministry of Social Affairs had a problem. The owner of an old pharmacy died, and his son, his sole heir, wanted to run the store. In the strictly regulated pharmacy system most pharmacy owners had got a “personal privilege” to run the store. But at this time there still existed some “real privileges” which could be inherited, and the actual pharmacy was one of these. The problem was that the heir was a physician and consequently could not run a pharmacy. The ministry sent the problem to the Attorney General, the government’s own lawyer. In his opinion the heir to a real privilege might own the pharmacy with a pharmacist to run it. The ministry decided to allow the physician to inherit the pharmacy, based on an agreement in which he renounced his right to practise medicine, except in a hospital.

Case number two: A Norwegian immigrant pharmacist in the USA with licences *both in pharmacy and medicine*. He was registered by the Illinois Board of Pharmacy 1883 and graduated from a medical college 1884. He moved to California and was registered as a pharmacist 1902 and as a physician 1914. In Santa Rosa, Sonoma Co., he ran a pharmacy until some time between 1911 and 1915. The Santa Rosa directory of 1915 tells that he was a “physician and surgeon”. He had sold his pharmacy at that time, and changed from pharmacy to medicine. Everything is possible in the USA!

## D'UNE QUERELLE DE PRÉSÉANCE ENTRE MÉDECINS ET APOTHICAIRES À LA BIBLE

*Olivier Lafont*

*Faculté de Médecine & de Pharmacie  
22 Avenue Gambetta, 76803, Rouen Cedex 1  
olivierlafont@wanadoo.fr*

Un lieu: Rouen, des hommes: médecins et apothicaires, l'objet: une querelle de préséance.

La coutume de présenter une «synthèse» à l'occasion de la dernière épreuve de l'examen de maîtrise, le chef d'œuvre, s'est peu à peu établie dans la plupart des villes de France. Sorte de programme solennisé, la synthèse se présentait sous la forme d'une grande feuille, imprimée au format d'affiche, annonçant les manipulations à effectuer, la composition du jury, etc.

La présentation des maîtres apothicaires participant au jury s'accompagnait de formules latines élogieuses, comme «celeberrimo coetui pharmacoporum».

Les médecins ne manquèrent pas de s'en émouvoir. Quelle audace! Des termes aussi élogieux ne pouvaient qualifier que des médecins! Pas de simples apothicaires!

Des libelles furent échangés. Un procès tumultueux s'ensuivit. Un règlement du 14 décembre 1656 établit que des termes d'honneur de cette sorte ne devraient plus être utilisés.

Au cours de ce grotesque épisode, les avocats des deux parties firent assaut de citations latines tirées de l'Ecclésiastique, 38.

Cette ridicule querelle de préséance soulève, à travers ces citations, une question très sérieuse. La traduction latine de la Bible des Septante ne contient-elle pas certaines imprécisions concernant les personnes en charge de la préparation et de la dispensation des médicaments?

Un retour aux textes d'origine permet de répondre par l'affirmative.

# **WEGE ZUM PATENT IM PREUSSEN DES 19. JAHRHUNDERTS: STADTHEBAMME FRIEDERICKE BURTZ UND IHR BRUSTBEZUG FÜR STILLENDEN FRAUEN**

*Susanne Landgraf*

*Abteilung für Geschichte der Naturwissenschaften mit Schwerpunkt  
Pharmaziegeschichte der Technischen Universität Braunschweig  
susanne.landgraf.sl@bayer-ag.de*

Die preußische Antwort auf das französische Patentgesetz von 1791 und die in ihm enthaltenen wirtschaftsliberalen Reformen sowie Überlegungen zu einer staatlichen Regelung eines natürlichen Erfinderrechts bildete das „Publikandum zur Ermunterung und Belohnung des Kunstfleißes“ aus dem Jahre 1815.

Als Instrument der Gewerbeförderung zielte sein Erlass vor allem auf die Kapitalarmut der deutschen Staaten sowie das allgemeine akute Pauperismusproblem ab. Wie im französischen Patentgesetz von 1791 sollten nach dem preußischen Publikandum Erfindungen, Verbesserungen und aus dem Ausland eingeführte Erfindungen geschützt werden. Diese mussten aus dem Gebiet des „Kunstfleißes“ stammen, was dem französischen Begriff der „industrie“ entsprach.

Im Gegensatz zum französischen Patentgesetz enthielt das Publikandum aber noch keinen kodifizierten Rechtsanspruch eines Erfinders an sein Gesuch, sondern knüpfte nach wie vor an einen Königlichen Gnadenakt an. Abweichend vom Französischen Patentgesetz prüften Sachverständige der Wissenschaftlichen Deputation für das Medizinalwesen die Erfindung.

Die Bittstellung der Stadthebamme Friederike Burtz um Verleihung eines Patentes für eine „Vorkehrung“ zur Verhütung der Mastitis illustriert, dass sich im praktischen Umgang mit Patenten im Medizinalwesen des 19. Jahrhundert noch keine Gesetzmäßigkeit erkennen lässt. Durch den Einsatz von Sachverständigen veränderten sich die Möglichkeiten des Zugangs zum Patent.

**‘DER ERSTE MARKSTEIN AUF DEM  
ENTWICKLUNGSWEGE DER NEUEN HEILWESEN’  
DES CHRISTIAN FRIEDRICH SAMUEL HAHNEMANN  
(1755- 1843) FUEHRTE NACH EDINBURGH**

*Hansgeorg Loehr, Peter W. Gorski*

*p.w.gorski@gmx.de*

Dieser „erster Markstein“, wie einer der Biographen Hahnemanns ihn nannte, geht zurueck auf das Ende des 18. Jahrhunderts, als noch niemand etwas wissen konnte ueber Pflanzeninhaltsstoffe und ihre Wirkungsweise.

Auch von der Chinarinde, die vor etwa 300 Jahren durch die spanischen Entdecker von Amerika nach Europa eingefuehrt wurde, wusste man, das sie ein wirksames Mittel gegen die Malaria darstellte, Darueber konnten weder in Edinburgh lehrende geniale Medizin- und Chemieprofessor William Cullen (1710-1790) noch der in Leipzig lehrende Arzt Dr Samuel Hahnemann (1755-1843) mehr sagen. Beiden ist gemeinsam, dass sie in jungen Jahren die Apothekerkunst erlernten, Cullen in seinem 16.- 19. Lebensjahr als Lehrling bei John Paisley in Glasgow und mit dem 20. Lebensjahr bei Apotheker Murray in London, waehrend Hahnemann mit 26 Jahren in der Dassauer Mohren-Apotheke seines Schwiegervaters Joachim Heinrich Haeseler Laboratoriumarbeiten durchfuehrte. Beide kamen somit eng mit der Materia Medica, dem seinerzeitigen Arzneischatz, in Beruehrung.

Im Jahre 1789 fiel Hahnemann das von William Cullen herausgegebene Werk *Treatise on Materia Medica* (1789), das auf Grund der Vorlesungen des Autors entstand und in der Geschichte der Homoeopathie zu einer Beruehmtheit ohnegleichen gelangen sollte, in die Haende. Hahnemann machte sich sofort an die Uebersetzung dieses Werkes des Edinburgher Professors der praktischen Arzneikunde und brachte diese bereits ein Jahr spaeter unter dem Titel *William Cullen 's Abhandlung ueber Materia Medica ..., uebersetzt und mit Anmerkungen* heraus.

Als Hahnemann jedoch bei der Besprechung der Chinarinde als altbewaehrtes Mittel gegen Malaria auf Cullens Ansicht stoß, ‘daß die Rinde in diesem falle mittelst ihrer auf den Magen ausgeuebten staerkenden Kraft wirke’ war seine Skepsis groß, und er entschloss sich, zu den spaeter weltberuehmten, nicht unumstrittenen Selbstversuch zur Begruendung der Ursache der fiebertreibenden Kraft der Chinarinde, der seine Meinung nach mit der stomachischen Wirkung dieser Bitterdroge ueberhaupt nichts .zu tun haben konnte. Somit gab Cullens *Materia medica* nach Haehl den ‘ersten Markstein’ als Denkanstoß fuer eine Heilmethode (Aehnlichkeitsregel).

## **LA APORTACIÓN DE LA AESCUELA SEVILLANA A LA MEDICINA RENACENTISTA ESPAÑOLA**

*María Teresa López Díaz, Antonio Ramos Carrillo, Esteban  
Moreno Toral*

El Descubrimiento de América en 1492 implicó para España una coyuntura favorable al desarrollo científico. La ordenación de la vida pública decididamente emprendida desde el reinado de los Reyes Católicos y el íntimo trato con Italia, fueron los dos motivos que más favorecieron el esplendor cultural y científico de nuestro Renacimiento. Muchas ciencias, entre ellas la medicina, adquirieron durante esta centuria la mayoría de edad, rompiendo con las teorías que se venían sosteniendo desde la época clásica. Con respecto a la Medicina, ésta tuvo en el siglo XVI el momento más brillante de su historia. A ello contribuyeron el auge de la vida universitaria, que permitió una mejor formación del médico, la renovación de la anatomía y los estudios de las plantas medicinales traídas de América.

A lo largo del Quinientos, Sevilla, Puerto de Indias y puente comercial entre el Viejo y el Nuevo Mundo, la ciudad más poblada y cosmopolita de España y la de mayor influencia cultural y económica, política y social, se convierte en núcleo difusor del saber científico. Por su elevado número de habitantes y por sus médicos y por el empleo de nuevos productos farmacéuticos (en íntima relación con América y el comercio indiano) fue plaza importante en la medicina de la época.

Nuestro estudio se centra en la medicina sevillana durante el mencionado período, dando relación de su evolución con la pronta aceptación, por parte de sus figuras más representativas, de las más renovadoras corrientes ideológicas de la época y su talante humanista.

## **LAWSUITS AS SOURCES OF KNOWLEDGE ABOUT POLISH PHARMACIES AT THE TURN OF THE 17<sup>TH</sup> CENTURY**

*Anita Magowska, Witold Włodzimierz Głowacki*

*Department of the History of Medical Sciences, University of  
Medical Sciences in Poznań, ul. Sieroca 10, 61-771 Poznań, Poland  
anitamagowska@wp.pl*

In the end of the 16th century Boris Godunow murdered the Russian tsar Dmitri and appropriated the throne of Russia. At that time a friar, passing himself off as Dmitri rescued by a miracle, turned up in Poland. Thanks to the Polish nobility, especially Jerzy Mniszech, the False Dmitri staged the next military coup in Russia and proclaimed himself as a tsar.

In 1606, some Polish merchants took the wedding ceremony of Dmitri and the Pole, Maryna Mniszech, as an opportunity to become rich, so they set up an expedition to Moscow. One of the participants of that expedition was the pharmaceutical assistant, Stanislaw Kolackiewicz, who was sent by Marcin Spytek, the pharmacist, in order to sell expensive confectionery and medicines in Moscow. Unfortunately, when the expedition reached Moscow, the new rebel came and Dmitri was murdered. All the pharmaceutical products were stolen and Kolackiewicz returned home empty-handed.

The pharmacist didn't believe that Kolackiewicz had been robbed of pharmaceutical goods. Suspecting dishonesty Spytek filed a lawsuit against his assistant. The court records provide us with a unique knowledge about the professional position of pharmaceutical assistants at the turn of the 17<sup>th</sup> century.



## **TREATMENT OF THE FEMALE BODY AS A CULTURAL AND POLITICAL FACT**

*Anita Magowska*

*Department of the History of Medical Sciences, University of  
Medical Sciences in Poznan, ul. Sieroca 10, 61-771 Poznan, Poland  
anitamagowska@wp.pl*

The starting point for this paper is the hypothesis that hormonal therapy has a cultural and political context, because normal aspects of the female body (for example: premenstrual syndrome, fertility, menopause) can be recognized as “pathological” for non-medical reasons as demographic policy or women’s liberation.

For the study whose results are presented in this paper, hormonal therapy was limited to estrogen therapy. Similarities and differences between estrogen therapy in Poland and Western countries are compared during the three periods: 1970-1975, as the chosen period of Communism, 1989-1994, as the period of the transition of Poland, and 1999-2004, as the period of the independence of Poland. The way to identify similarities and differences is the comparative analysis of papers on estrogen therapy featured in some Western and Polish medical journals on gynecology and obstetrics. The scope of research on estrogen therapy, the scope of doctor’s orders, and the numbers of papers in separate years are compared.

Moreover, a reimbursement of contraception expenses in Poland in these three periods is discussed, because it was important for an easy access. The important issue is the media image of hormonal therapy in Polish women’s magazines too.

***Melleus Liquor Physicae Artis Magistri Alexandri Yspani,***  
**CODEX MS 8769 OF THE BIBLIOTECA NACIONAL IN**  
**MADRID: CONSIDERATION OF THE DATE AND REGION**  
**OF ORIGIN OF THE MEDICAL COMPENDIUM**

*Pharmacist Dr. Ute Mauch*

*Karl -Sudhof-Institut of the History of Medicine and Natural Sciences,  
University of Leipzig, 95447 Bayreuth, Quellhöfe 1  
utemauch@t-online.de*

A medical compendium of *Melleus liquor physicae artis* has survived under the name Alexander Hispanus, possibly a medical scholar of the 13<sup>th</sup> or early 14<sup>th</sup> century, in codex Ms 8769 of the Biblioteca nacional in Madrid. The handwriting is dated roughly to the 14<sup>th</sup> century. It is assumed that Alexander Hispanus could hardly have been given this epithet after his homeland. This promotes the assumption that Alexander Hispanus might have come from Germany, that he may even have been Bavarian, as the codex 8769 has clear Bavarian origin.

The article investigates this question and restricts the period of origin of the handwriting using a palaeographical analysis. Based on the results obtained and in consideration of the facts contained in the document, the first conclusions can be drawn about the region of origin of this hand-written monument.

## PHARMACEUTICAL PHILATELY

*Dr S WStuart Menzies*

*Retired General Medical Practitioner, Hon Editor Meditheme  
(Quarterly Journal of Medical Philately Study Group)*

*stuart@sWSM.co.uk*

Pharmaceutical Philately is more than just collecting the envelopes and stamps from drug firm advertisements. Many postal authorities throughout the world have honoured pharmacy and pharmacists by issuing stamps, postal stationery and/or special postmarks commemorating personalities, procedures, manufacturing and retail premises and various pieces of equipment, drugs. Very many plants are illustrated on stamps, and many have or are alleged to have, medicinal properties and have appeared on stamps. National and International Pharmaceutical meetings have often been commemorated on postal material. At times health propaganda has also appeared in this way. eg 'Quit Smoking.', 'I love lead-free.'

In pre-modern times knowledge of materia medica was held in the practitioner's memory, books were few and extremely expensive. The development of printing and the rise of literacy, facilitated the spread of knowledge by making books more accessible. A number of herbals appeared, with increasingly life-like illustrations. Parts of such books, medical treatises, pharmacopoeias and formularies have also graced the surface of stamps.

Changes in knowledge and practice in pharmacy, both scientific and retail may be illustrated by reference to such pieces of ephemera. Researching the history of these images is in itself rewarding and adds to one's knowledge of the history of pharmacy, although the research may require intense effort.

A short review of some of these items will be undertaken to further illustrate the scope of this intriguing branch of pharmacy.

## **COLD CHAINS AND COW BELLS: TRANSPORTING SMALLPOX VACCINE BEFORE THE DAYS OF REFRIGERATION**

*Geof Miller F.P.S.*

*Australia, gcmiller@inet.net.au*

Quality pharmacy practice today requires dedicated transportation and storage facilities for vaccines and other sensitive drugs, a protocol referred to as “the Cold Chain”, and in addition, patients need advice about the storage of medications as well as dosage. Prior to the final eradication in 1979 of the disease smallpox, the vaccine used to prevent and treat it had been a commonly prescribed biological handled by pharmacists who knew even then that the reliability of the vaccine used was dependent on very strict storage and transportation conditions.

The world owes a great debt to Edward Jenner, an English country doctor and his cow “Blossom”, as he was the first to show that vaccination with a related disease, Cowpox, gave protection from the more virulent Smallpox.

During the 19th century, shipment of cowpox virus involved taking pustular material (lymph) from a lesion and drying it on threads, quills and ivory points. In some cases, a scab was ground up in a liquid and used for vaccination. In the late 1800s, glycerin was added to the lymph and each dose was sealed in glass capillary tubes. Eventually arm-to-arm transfer of virus material proved to be the best way to provide for a succession of susceptible subjects for vaccination especially on a long sea voyage. Some countries used groups of orphan children on board a ship just for this purpose. Initially this process was also used aboard the convict transports to Australia after 1788.

However, more convenient methods were clearly needed, and this paper discusses the success or otherwise of these early attempts to spread the life saving vaccine around the world.

**DIE PHARMAZEUTISCHE ZENTRALBIBLIOTHEK:  
LITERATURVERSORGUNG FÜR  
PHARMAZIEHISTORIKER**

*Dr Michael Mönnich*

*Universitätsbibliothek Karlsruhe, D- 76049 Karlsruhe, Germany  
moennich@web.de*

**Zusammenfassung**

Die Deutsche Pharmazeutische Zentralbibliothek

(<http://www.pharmazeutische-zentralbibliothek.de>) ist eine Einrichtung, die von der Deutschen Gesellschaft für Geschichte der Pharmazie, der Stiftung Deutsches Apothekenmuseum und der Deutschen Pharmazeutischen Gesellschaft getragen wird. Die an der Württembergischen Landesbibliothek in Stuttgart angesiedelte Zentralbibliothek ist eine der weltweit größten Sammlungen pharmaziehistorischer relevanter Literatur. Im Vortrag wird ein Überblick über die Bestände und die Historie der Bibliothek gegeben sowie ein Ausblick auf die weitere Entwicklung.

**Abstract**

The German Pharmaceutical Central Library (Deutsche Pharmazeutische Zentralbibliothek, [http:// www.pharmazeutischezentralbibliothek.de](http://www.pharmazeutischezentralbibliothek.de)) is a joint enterprise of the German Society for the History of Pharmacy (DGGP), the German Museum of Pharmacy Foundation and the German Pharmaceutical Society (DPhG). Located in the State Library of Württemberg at Stuttgart, the Pharmazeutische Zentralbibliothek is one of the largest collections of pharmaceutical literature in the world. The talk gives an overview of the library and its history as well as an outlook on future developments.

## **ESTUDIO DE LA SANIDAD EN LAS ISLAS MALVINAS DURANTE LA EDAD MODERNA**

*Esteban Moreno Toral, María Teresa López Díaz, Antonio  
Ramos Carrillo*

*University of Seville, Spain  
toral@us.es; tinalopez@us.es*

La presente comunicación representa un primer avance de una línea de investigación recién comenzada en la que abordamos el estudio de la documentación existente en el Archivo General de Indias relativa a información sanitaria sobre las Islas Malvinas, durante la Edad Moderna.

Con esta investigación pretendemos rellenar una laguna informativa que en este sentido existe. Por todo ésto, creemos que nuestro estudio puede contribuir a esclarecer en parte la situación del comercio colonial en esas fechas.

Como documentación se utiliza, entre otras, los expedientes de expedición y población de las Islas Malvinas que arrojan datos importantes sobre esta materia.

## II. INTERNATIONALE PHARMACEUTISCHE AUSSTELLUNG

*Nedopilová, L.*

*Lék. U bílého lva, Černokostelecká 154, Říčany, CZ - 251 01*

*nedopilova@ubileholva.cz*

Die zweite Hälfte des 19. Jahrhunderts war die Zeit der Ausstellungen. Am Anfang standen die Welt-Industrierausstellung in London 1851 oder die Wirtschaftsausstellung in Paris 1855. Die Ausstellungen umfassten Länder, Vereine oder Branchen und boten die Gelegenheit, neue Werkstoffe, Produkte und Technologien kennen zu lernen. Sie förderten den Absatz von Erzeugnissen und die Einführung von technischen und technologischen Innovationen. Dieser Trend ging auch nicht an der Pharmazeutik der Österreichischen Monarchie vorbei, zu der auch die Böhmischen Länder gehörten.

Die II. internationale pharmazeutische Ausstellung fand anlässlich des 25-jährigen Bestehens der böhmischen Pharmazeutischen Gesellschaft vom 15. August bis 15. September 1896 in Prag, im Ausstellungspalast im Königlichen Gehege statt. Die feierliche Eröffnung wurde in tschechischer, deutscher und französischer Sprache abgehalten. Anlässlich der Ausstellung wurden ein tschechischer und ein deutscher Ausstellerkatalog, mehrerlei Ansichtskarten, Erinnerungsmedaillen, Diplome und ein künstlerisch gestaltetes Plakat herausgegeben.

Für die Aussteller und ihre Exponate wurden 8 Themengruppen geschaffen, welche folgende Bereiche zusammenfassten: I. Wissenschaftliche Präparate und Hilfsmittel (16 Teilnehmer), II. Pharmazeutische Literatur (80), III. Maschinen, Apparate für die Herstellung von Arzneimitteln (17), IV. Einrichtungen der Apotheken (53), V. Drogen, chemische und pharmazeutische Präparate (97), VI. Historische Schriften, Apparate, Gefäße, Hilfsmittel (58), VII. Pharmazeutische Korporationen und Vereine (6) und VII.–Hygiene und Krankenpflege (218 Aussteller). Insgesamt beteiligten sich an der Ausstellung 545 Aussteller aus 20 Ländern.

## THE PROFESSIONALS OF THE FARMACIA DI LORETO(\*) FROM 1790 TO 1901

*Amelia Nevola<sup>1</sup>, Bianca Corcione<sup>2</sup>, Alessandro Graziano<sup>3</sup>*

*<sup>1</sup>Via Marcone 49 B, 83013 Mercogliano (A V), Italy,  
nevola.amelia@tiscali.it*

*<sup>2</sup>Biblioteca Statale di Montevergine, 83013 Mercogliano (A V), Italy,  
biancacorcione@libero.it*

*<sup>3</sup>Via Marcone 49 B, 83013 Mercogliano (A V), Italy,  
nevola.amelia@tiscali.it*

Loreto Abbey at Montevergine (Avellino) is an 18th century building that is part of a monastic complex originally created at the end of the 12th century. In this building we can find a pharmacy that was closed to the public in 1901 and has now been transformed into a museum. Its documentation has been carefully preserved through the centuries.

The present study is based on these documents and describes the activities of the pharmacists who managed the Pharmacy from 1790 to 1901.

The authors of the study analyse the inventories and the proofs of purchase of medicines in detail.

The documents are also analysed according to the inscriptions on the pharmacy jars.

(\*) The Pharmacy of Loreto Abbey at Montevergine should not be confused with another historic monastic pharmacy in a town also called Loreto, which is in Umbria.



## YOUR HISTORY OF PHARMACY AND THE WEB

*Bo Ohlson*

*Ljuskärsvägen 66, SE-133 31 Saltsjöbaden, Sweden*

*bo. ohlson@swipnet.se*

The purpose of the presentation is:

- to promote use of the World Wide Web as a vehicle for non-profit dissemination of History of Pharmacy issues,
- to demonstrate the ease, with which this can be done,
- to point at a few, potential pit-falls, and
- to honour some examples of excellent implementation.

Plan your site:

- Define its audience.
- Define your resources in terms of money (you won't need plenty!), time (you'll need plenty!), and disk space.
- Establish a mind map of contents, structure, and navigation.
- Define the layout. KEEP IT SIMPLE!
- Choose your tools.

**ADHERE TO YOUR PRINCIPLES!**

A handful of high standard sites for inspiration:

Institutional:

Navigator Pharmaziegeschichte (DE) – extensive, simple layout,  
Istituto e Museo di Storia della Scienza (IT) – elegant, advanced.

Private / Associations:

Ås apotek (NO) – appeal to general public, well researched,  
Pharmaziemuseum Brixen (IT) – again: elegant, advanced,  
American Institute of the History of Pharmacy (US) - generous.

## ROMANIAN CONTRIBUTION TO OBESITY TREATMENT

*Iuliana Oita, MSc Pharm,\* Tudor Oita, MSc Pharm,\*\* Diana Tanase, Pharm\*\*\**

*\* University of Medicine And Pharmacy “Gr. T. Popa ” Iasi*

*\* \*Agilrom Scientific*

*\* \* \* University of Medicine and Pharmacy “Gr. T. Popa” Iasi  
otudor@zappmobile.ro*

More than 60 percent of Americans aged 20 years and older are overweight. One-quarter of American adults are also obese, putting them at increased health risk for chronic diseases such as heart disease, type 2 diabetes, high blood pressure, stroke, and some forms of cancer. To most people, the term “obesity” means to be very overweight. Health professionals define “overweight” as an excess amount of body weight that includes muscle, bone, fat, and water. “Obesity” specifically refers to an excess amount of body fat. Some people, such as bodybuilders or other athletes with a lot of muscle, can be overweight without being obese. Nicolaie Oita, a pharmacist from Romania, thought that a combination between glucose, a glucidic compound which can provide a lot of energy by metabolism, and acetyl groups can be the key for a non side-effect treatment for obesity. Nicolaie Oita created different synthetic approach for simplifying the acetylating reaction and for better purity. After studying glucose pentaacetate’s effects in pre-clinical and clinical studies he obtained amazing results.

Nicolaie Oita created over 20 pharmaceutical medicines, original and patented combinations, most of them using herbal products. But the product based on glucose pentaacetate gained a Gold medal at the International Invention Trade Fair in Bruxelles.

In over 30 years of activity Nicolaie Oita, PhD Pharm, ran a lot of studies in cooperation with all major pharmaceutical companies from Romania and also with different Faculties of Pharmacy. Nicolaie Oita and his well known medicines created 1960-1990 add an important chapter in pharmaceutical development in Romania.

## **PLACES AND POWERS: THE INFLUENCE OF PLACE ON THE THERAPEUTIC EFFICACY OF PLANTS AND OTHER NATURAL REMEDIES**

*Georgios Papadopoulos, Panagiotis Andriopoulos, Theodoros Spiropoulos*

*Dept of Pharmacology, University of Athens Medical School  
Mikras Asias 75, GR-11527 Athens  
gpapad@med.uoa.gr*

From ancient times there are in the medical and pharmaceutical literature again and again references to differences in ‘power’ or therapeutic efficacy of plants (or other natural products used as medicaments) according to the place they grow or where they come from.

This relationship between place and ‘power’ is often referable to the physical characteristics of the respective places, e.g. climate or the relative preponderance of one or more of the four elements (earth, water, etc.) At other times relations to the workings of Providence seem to be involved, in the sense that the best remedy for a disease grows exactly at the place where the disease flourishes. On such beliefs is based the definite preference, e.g. of Paracelsus or of Culpeper, for indigenous drugs and, at the same time, the insistence of others that for diseases presumably imported from the New World, the medicaments should be imported from there too.

The present paper tries to follow the presence of such ideas from ancient Greece to the 16<sup>th</sup> or 17<sup>th</sup> centuries and to point out their variations in theoretical foundations and in practical aspects.

## **CHEMISTRY AND COMMERCE: F. B. POWER AND THE WELLCOME CHEMICAL RESEARCH LABORATORIES**

*John Parascandola*

*11503 Patapsco Drive, Rockville, MD 20852*

*jparascandola@verizon.net*

This paper examines the background and scientific contributions of Frederick B. Power, his friendship with Sir Henry Wellcome, and his service as Director of the Wellcome Chemical Research Laboratories from 1896 to 1914.

Power and Wellcome met in Chicago, and then were classmates at the Philadelphia College of Pharmacy. The two men were to remain close friends for life, although Power initially pursued an academic career and Wellcome an industrial one. After obtaining a Ph.D. at the University of Strassburg, Power became the first head of the pharmacy program at the University of Wisconsin in 1883 and helped build it into a national leader in the field. In 1892, Power left Wisconsin to become director of the chemical laboratories of Fritzsche Brothers in New Jersey. After the tragic death of his wife, Power was glad to leave the site of his misfortune by accepting Wellcome's invitation to go to London to direct the chemical laboratory that the latter was establishing for his pharmaceutical company.

At the Wellcome Laboratories, Power was able to continue basic research in plant chemistry, winning respect for himself and his laboratory. He eventually published over 125 scientific papers on plants, isolating their chemical constituents, identifying these substances, and, where necessary, determining their structures. Perhaps his best known work, carried out at the Wellcome Laboratories, was the complete chemical examination of chaulmoogra oil, used at the time in the treatment of leprosy. Power was one of a group of distinguished scientists assembled by Wellcome at a time when research in the pharmaceutical industry was in its infancy and viewed with suspicion by many academics. Power and his colleagues helped lend legitimacy to the idea of a scientific career in industry.

## **A LITERARY AND PATRIOTIC PHARMACIST: GUIDO ZADEI**

*Gabriella Parma  
via Foresti 15, Castrezzato (BS), Italy  
gabry.2000@libero. it*

Guido Zadei was born in Brescia on the 14<sup>th</sup> of May 1882 to a family of pharmacists with patriotic traditions until the Risorgimento (The Unification of Italy). He took a degree in chemistry and he practised the paternal profession with a lively sensitivity. He cultivated a passion for historical studies until his adolescence which brought him frequently to libraries and archives in his town. He participated in the first World War with patriotic courage, being awarded two Cross of War medals and two silver medals for valour.

He founded and directed for one year the magazine "*Il Combattente*" (The Fighter) but writing a book was more important to him: *The abbè Lamennais and the Italians of his time*. He died on the 11<sup>th</sup> of December 1934 while he was writing the History of Brescia.

### **The pharmacy Zadei in Brescia**

Interest in art and in history was the guiding force of Guido Zadei in his private and professional life where his pharmacy offered to his customers an admirable work by the architect Rodolfo Vantini; his unmistakable neoclassic style in furniture we can find not only in this pharmacy, but also in every building which he planned.

Today the Civic Museum of Brescia is the owner of this furniture that is waiting for restoration and a suitable place to show it to the public. This exhibition will be a homage to a man that united professionalism and cultural passion with the purpose of exploiting the pharmacy not only as a distributor of medicines, but as a reference point of political and cultural life.

## **PROFESSIONAL PHARMACY ETHICS IN SERBIAN CONTEXT: CULTURAL BACKGROUND AND HISTORICAL EXPERIENCE**

*Dusanka Parojcic*

*Belgrade University School of Pharmacy, 450 Vojvode Stepe, 11000  
Belgrade, Serbia and Montenegro; parojcic@pharmacy.bg.ac.yu*

Ethics is the science of human duty. Pharmacy ethics is defined as ethics applied to the practice of pharmacy. In this paper the development of pharmacy ethics has been monitored through analysis of different ethical norms, aiming to evaluate historical conditions for appearance of these norms and to analyze their content in the sense of the presence of ethical principles and moral duties. During the period of establishing the apothecary class between 1830 and 1900 in Serbia, the determining factors in ethical conduct were the personal qualities of the apothecary. This was pointed out in the early forms of apothecary's oaths, which played a significant role in guiding pharmacy professionals, because the real code of ethics appeared in Serbia much later, in the second half of the last century. Following the transition of the health-care system after the Second World War various ethical discussions constantly took place testifying that moral demands played a very significant role in the development and professionalization of pharmacy. During this period the emphasis shifted from the pharmacist's personality and character to their moral duties towards patients and society as a whole. Codified rules of behavior enforced by the Code of Ethics for health-care workers of Yugoslavia (issued in 1963, but formally still official) had an impact on pharmacy as any other health profession, but provided very little if any help for pharmacists to reflect the real-life situations in community practice. Dramatic changes over the last decades with clinical pharmacy and newly introduced concepts of pharmaceutical care imposed increasing number of ethical problems. Early requirements of paternalistic ethics that emphasized moral principles of beneficence, promise-keeping and veracity, was not enough in a setting that became less product-oriented and more patient-oriented. That is why a new pharmacy code of ethics should be adopted in Serbia urgently.

## COMPARATIVE STUDY OF THE PROFESSIONAL OATHS PERTAINING TO PHARMACY AND MEDICINE PRACTICE IN THE NINETEENTH CENTURY IN SERBIA

*Dusanka Parojcic<sup>1</sup>, Dragan Stupar<sup>1</sup>, Mirjana Stupar<sup>1</sup>, Nina Dragicevic-Curcic<sup>2</sup>, Brezana Peric<sup>1</sup>, Katarina Milosevic-Kostadinovic<sup>3</sup>*

*<sup>1</sup>Belgrade University School of Pharmacy, Belgrade; <sup>2</sup>Pharmacist Institution "Belgrade", Belgrade; <sup>3</sup>Medicor Pharmacy, Kotor*

In health-care practice, ethical standards and statements have been formulated very early in history in order to guide professionals in their practice. Ethical principles and ideals have been codified in various forms, such as oaths, prayers and codes of ethics, imposed and enforced by the public authority and learned by the practitioner, who was to follow them to his best in practice.

This historical research is concerned with apothecaries' oaths and physicians' oaths, as a normative that first expresses the specific thoughts discussing qualities, character and moral integrity of health-care workers as well as their behavior towards patients, and other medical personnel. Preserved archive documents refer to the professional oaths that pharmacists and physicians swore when taking the post of public apothecaries or district physicians in the nineteenth century in Serbia. Several original documents of signed oaths are found in the State Archive of Serbia, and two apothecaries' oaths and five physicians' oaths are analyzed in this paper. The results show much similarity in form, scope and in content. Although oaths were focused on religious and personal values of apothecaries /physicians, they place great emphasis on defining the nature of their obligations to patients and moral duties to society. It could be pointed out that these texts codified ethical principles of beneficence, confidentiality and dignity. However, the commitment toward no discrimination is not found in any apothecary's oaths, whereas it is present in physicians' oaths from Serbia. The Hippocratic concepts of abstaining from the use of poisons and from administration of abortive remedies to pregnant women survived only in physicians' oaths.

**MATERIA PHARMACEUTICA OF THE MUNICIPAL  
PHARMACY IN KOTOR – ANALYSIS OF THE OLDEST  
PRESERVED DRUG LIST FROM 1556**

*Dusanka Parojcic<sup>1</sup>, Dragan Stupar<sup>1</sup>, Mirjana Stupar<sup>1</sup>, Katarina  
Milosevic-Kostadinovic<sup>2</sup>, Sandra Grbic<sup>1</sup>*

*<sup>1</sup>Belgrade University School of Pharmacy, Belgrade*

*<sup>2</sup>Medicor Pharmacy, Kotor*

The aim of this paper is to investigate the content of the document found at the Historical Archive of Kotor (SN LV, 591 -592), which is the oldest preserved drug list in Kotor (*Inventario della spiciaria*). It was written by the municipal physician, *Medicus Ludovico Lucacarino* in 1556, who listed drugs and simples that, to his best knowledge, were necessary in everyday treatment, and therefore should be in the stock of the city pharmacy. The list comprised 178 compound preparations and simple drugs of vegetable, animal and mineral origins. The examination reviews various solid, liquid and semi-solid medicinal preparations in different dosage forms, without information on their ingredients and preparation. They must have been prepared by methods based on distillation, mixing and extraction. Compounded remedies were in the form of medicinal wines, prepared honeys, troches, different syrups, plasters, cerates, ointments, simple oils, distilled waters and extracts. Theriac - the most famous medicinal preparation that was marketed as a panacea and the best antidote to poisoning - is also included. Drug names were given in the Latin nomenclature of that time, without any quantities and therapeutic indications.

In conclusion, the 1556 Kotor drug list, like the prescription books of a new age, represent a rich and valuable source of historical data, providing different information that could give us a better insight into *materia pharmaceutica* and pharmaceutical practice in medieval times.



## **SILPHIUM: THE WONDER DRUG FROM CYRENAICA**

*Michael Peretz, FRPharmS  
27A Ridgmount Gardens London WC1E 7AS*

Silphium, an umbelliferous plant, probably *Ferula tingitana* once grew prolifically and uncultivated on the dry mountainside facing the Mediterranean over a 200 square km area South of Cyrene in ancient Cyrenaica (present day Libya).

Its important medicinal and culinary properties were discovered by the early Greek colonists of Cyrenaica from Thera in about 600 BC. It made them famous and many of them wealthy.

Perhaps the most important medicinal properties were its use as an abortifacient, a contraceptive and an aphrodisiac (see the poetry of Catullus) and it was shipped in vast quantities to Rome. It was supposedly worth its weight in silver and destined Cyrene to remain the richest city in North Africa until the development of Alexandria.

A representation of silphium, with a somewhat suggestive picture of a seated lady on the obverse, was used on local coinage. Pliny described the plant as one of the most precious gifts of nature.

Many unsuccessful attempts were made to cultivate it in similar terrain in Syria and Greece. Sadly, probably due to overcropping or climate change, the plant became extinct by the first century AD.

## LOS VENENOS A TRAVÉS DE LA HISTORIA

*Ana María Perkins de Piacentino\*, Roberto Gagliano Candela\*\**

*\*Presidente: Asociación Argentina de Farmacia-Bioquímica Legal;  
amperkinsp@hotmail. com*

*\*\*Presidente: Gruppo Tossicologi Forensi Italiani*

Tanto la medicina como el conocimiento de las sustancias tóxicas se remontan a las primeras comunidades organizadas del hombre, cuando en forma empírica observan que les producía enfermedad o muerte. Ese conocimiento fue incorporado a través del tiempo por los magos y sacerdotes, extendiéndose a otros integrantes de aquellas primitivas comunidades.

Papiros entre otros como el de Ebers (1500 a.C.), uno de los más antiguos documentos médico y botánico conocido, tiene más de 800 recetas donde se describen numerosos venenos.

Culturas como las desarrolladas en China, Egipto, Grecia, Roma; personajes célebres como Mitríades, Nerón, Galeno, Rases y otros; la elaboración de contravenenos ante la divulgación de ésta nefasta práctica llevada a cabo por tristemente famosos personajes que llevan a la necesidad de dictar leyes punitivas, mientras que simultáneamente incipientes hombres de ciencia intentan empeñosamente dilucidar la etiología de la muerte sospechosa hasta el descubrimiento de técnicas eficaces y sustentables científicamente fue objeto de investigación. Su exposición será apoyada con pinturas, láminas y objetos atesorados en diferentes museos para testimonio de la humanidad.

## **MISIONES JESUÍTICAS: INVENTARIO DE LA BOTICA DE LA CIUDAD DE SANTA MARÍA DE BUENOS AYRES**

*Ana María Perkins de Piacentino*

*Universidad Argentina J. F. Kennedy*

*Buenos Aires, Argentina*

*amperkinsp@hotmail. com*

Si bien los jesuitas llegan a la ciudad de la Santísima Trinidad Puerto de Santa María de Buenos Ayres en el año 1608, al decidirse su desalojo y traslado del solar que originalmente ocupaban, es que comienzan la construcción del nuevo Colegio e iglesia de San Ignacio en 1661. La entrada del claustro de la Procuraduría de Misiones, conocida también como “Puerta de los Carros” era el acceso a la “Botica” y almacenes que allí se encontraban.

Según el Padre Furlong, no existía para la época botica alguna de la ciudad con el prestigio que tenía la del Colegio, como era llamada por los habitantes de la ciudad. Cuando el Rey de España Carlos III expide la orden de su expulsión en 1767, la Real Pragmática que ordena la confiscación de todos los bienes de los religiosos imparte ordenes precisas sobre el riguroso inventario a realizarse. La responsabilidad del mismo y tasación de las recetas adeudadas, libros, medicinas y enseres de la botica, es realizada por el Cirujano de la Real Armada Dn Josseph de Entrena.

En el presente trabajo se mostrarán copias del inventario original que se conserva en el Archivo Gral de la Nación, donde se mencionan preparaciones y simples utilizados por los padres jesuitas, que sobresalieron por su saber en el arte de curar.

## ANCIENT EGYPTIAN DRUG THERAPY AND CONTEMPORARY CONCEPTS OF FEMALE ANATOMY AND PHYSIOLOGY

*Tanja Pommerening*

*Inst itut für Geschichte der Pharmazie, Philipps- Universität Marburg  
Roter Graben 10, 35032 Marburg  
pommeren@staf.uni-marburg.de*

Two medical papyri which deal with the gynaecological treatment of women have survived from pharaonic times: the so-called Kahun gynaecological papyrus which is dated to the reign of Amenemhet III. (c. 1825 BC) and a demotical papyrus from Fayum dated to the first century BC. In addition, some collections of different medical texts like the following papyri provide further treatments of women: Ramesseum III and IV (c. 1800 BC), Ebers (c. 1550 BC), Berlin 3038 (c. 1250 BC) and Carlsberg VIII (c. 1200 BC). London 10059 (c. 1350 BC) and Berlin 3027 (c. 1550 BC) contain predominantly magical healing practices.

There is little evidence of ancient Egyptian texts concerning anatomical or physiological concepts – none of which deals with gynaecology or female anatomy in detail. Nevertheless, it is possible to reconstruct at least partially the idea of the female body's parts and functions the Egyptians evidently had. This reconstruction has to be based on all extant sources, i.e. diagnosis texts, prescriptions, tests for fertility and pregnancy, magical incantations and spells enlarged by mythological precedents etc. Using this method, it is possible to reconstruct anatomical and pharmacological notions which are (astonishingly) in some detail similar to the gynaecological concepts found in the Corpus Hippocraticum.

## **HISTORY OF THE MEDICINES SMALL-SCALE PRODUCTION LABORATORY OF THE FACULTY OF PHARMACY CLUJ**

*Farm. Raluca Prata, Prof. Dr Honorius Popescu  
Str. Imparatul Traian, Bl. 15, Ap. 5, sc.A 330032 Deva, Jud.  
Hunedoara, Ronaia  
[prata.raluca@gmx.net](mailto:prata.raluca@gmx.net)*

Before 1977 the Faculty of Pharmacy at Cluj experienced a growth of the teaching process effort. The extension of the learning spaces realized in 1972 by the construction of the building in Ion Creanga street no.12 led to an increase in student numbers.

The scientific researches, which were performed in order to improve some products of the medicine factory Terapia and to promote some medicines needed on the Romanian market, had an influence on the foundation of the Medicines Small-Scale Production Laboratory in 1977.

The activity began with the Tablets Compartment (1977), the Homeopathic Tinctures and Vegetal Extracts Compartment (1981), the Homeopathic Remedies Compartment (1985) and the Perfusion Solutions Compartment (1993). The teachers and students were involved and trained for all the laboratory activities. In 1982, the teaching assistants Chindris Elena, Ilea Laurentia, Marie Aurelia, Sancraian Alexandra, Aldea Maria, Ban Cornelia were transferred with all the activities in the laboratory. Beginning in 1993 the specialized staff in the Perfusion Solutions Compartment was working and being managed by Macarie Claudia, pharmacist. In 1986, the laboratory produced 10 medicines for the pharmacies and 136 homeopathic tinctures. In 1989, the production increased to 167 homeopathic tinctures, 60 remedies impregnated on granules, 3 homeopathic specialities, 12 vegetal extracts for cosmetic use, 2 electrogels and 16 medicines such as Furazolidone suspension for pediatric use, Calcic Aspirine, etc.

## LA PROPIEDAD INDUSTRIAL DEL MEDICAMENTO EN ESPAÑA CON ANTERIORIDAD A 1936\*

*Raúl Rodríguez-Nozal, \* Antonio González-Bueno\*\**

*\* Universidad de Alcalá, raulrn@uah.es*

*\*\* Universidad Complutense de Madrid, agbueno@farm.ucm.es*

Los legisladores europeos comenzaron a interesarse por las patentes durante el último cuarto del siglo XVIII y el primero del XIX. En España, el primer texto legal en el que se abordan los problemas sobre el derecho de invención se remonta a 1811, con anterioridad a esta norma, la protección al inventor en nuestro país se ejecutaba a través de Reales Cédulas de privilegio de invención, concesiones reales emitidas a título individual y sometidas a la arbitrariedad propia del Estado del Antiguo Régimen.

Durante la primera mitad del siglo XIX, los “remedios secretos” tuvieron el mismo tratamiento legal, a efectos de la propiedad industrial, que el resto de los productos patentables. La publicación, en 1855, de la Ley Orgánica de Sanidad cambió sustancialmente este panorama; en ella se prohibían, de hecho, los medicamentos de patente; una situación que acabaría consolidándose con la puesta en vigor de la ley de propiedad industrial de 1878.

Ante esta imposibilidad se impuso otro modelo de protección: la marca de fábrica. La primera ley española sobre marcas de fábrica data de 1850; a partir de 1902 todas las suertes de propiedad industrial quedan englobadas en un único marco regulador. La marca registrada se convirtió, en España, en el único procedimiento legal para proteger el secreto industrial del medicamento.

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## **CELEBRATING WOMEN IN PHARMACY: NATIONAL ASSOCIATION OF WOMEN PHARMACISTS 1905-2005**

*Monica Rose and Sue Symonds*  
*monica@eidosnet.co.uk*

The National Association of Women Pharmacists (NAWP,) the oldest of the women's medical groups in the UK, is celebrating its Centenary this year. The foundation meeting of the Association was held in London in 1905. Alice Vickery had been the first woman to qualify as a Chemist and Druggist (1873) but it was not until 1879 that Isabella Clark became the first woman to be admitted to membership of the Pharmaceutical Society of Great Britain. By 1900 there were still only 195 women on a Register of over 11 000 Chemists and Druggists. Many women had found it difficult initially to obtain an apprenticeship and after qualifying, to find a post that was both suitable and adequately remunerated. It was in this climate that a group of more than 50 women met together in 1905 to form the Association of Women Pharmacists (AWP). The objectives of the Association related to the employment of women in pharmacy from both ethical and practical standpoints and to that end Registers were set up of qualified women and their posts and also of women requiring employment. Interest in AWP spread rapidly and in 1918 the name was changed to the National Association of Women Pharmacists (NAWP) and eventually more than 10 Branches were formed throughout England and Wales. Since that time the aims of NAWP have altered to reflect changes occurring both within the profession and in the world at large. Support was provided during the war years when women pharmacists filled the gaps left by their conscripted male colleagues and appropriate refresher courses were organised locally. For many years, Return to Practice courses and packs have been organised on a national level to help women wishing to return to the profession after taking a career break A mentoring scheme was established in 1999 for women pharmacists seeking career advice. Guidance on Continuing Professional Development and promotion of women pharmacists in public life are two areas of more recent involvement. In 2005 NAWP is fit for purpose and actively anticipating the next 100 years.

## HISTORICAL PHARMACIES IN NAPLES: NEW INFORMATION

*Rosaria Russo\**, *Michele Ricciardi\*\**, *Patrizia Catellani*, \*\*\*

\**Piazza degli Artisti 27, 80127, Napoli, Italy*

\*\**Via Santa Teresa degli Scalzi 106, 80135 Napoli, Italy,*  
*arnica.montana@libero.it*

\* \* \* *Via Mavora 106, Gaggio di Piano, 41010 Modena, Italy,*  
*patcat@interview.it*

Naples preserves many important ancient artistic pharmacies. The famous Farmacia degli Incurabili is only one of them.

The authors present information and images about some other interesting - but less known - ancient artistic pharmacies in Naples:

Farmacia Andreotti

Farmacia del Bersaglio

Farmacia della Certosa di San Martino

Farmacia del Moro

Farmacia del Muschio

Farmacia Fra' Nicola

Farmacia Gesù e Maria

Farmacia Internazionale

Farmacia Omeopatica

Farmacia Nazionale

Farmacia San Vincenzo alla Sanità

Many of these pharmacies in Naples have a common ancient and monastic origin.

Most of the furnishings have been preserved well, but also the welcoming atmosphere and the friendship that have always characterised this environment have survived.

A typical characteristic of the Neapolitan sale counters is the balustrade placed at the front on the customer's side.



**„Noch vielen vielen Dank für alle Freundschaft“\***  
**1946 – THE YEAR OF HIGHLIGHTS FOR LISE MEITNER**  
**AND OTTO HAHN**

*Dorothee Salfer*

*Inst itut für Geschichte der Pharmazie, Philipps Universität Marburg  
Roter Graben 10, 35032 Marburg, Germany; dsalfer@hotmail.com*

After the fall of the Third Reich, Germany, divided in four occupation zones by the allied forces in 1946, was characterized by political reorganization and reconstruction both economically and privately.

The nuclear chemist, Otto Hahn, returned to Germany in January 1946 after a year in British internment. His long-time colleague, the physicist Lise Meitner was on her way to the United States for a lecture tour. She had fled Germany in 1938, emigrating to Sweden. She received high honours in the U.S., particularly of note was the title “woman of the year” by the National Conference of Christians and Jews.

The Institute for Chemistry at the Kaiser-Wilhelm-Society in Berlin, led by Otto Hahn since 1924, was destroyed 1944 and moved to Tailfingen in Southern Germany. Otto Hahn was brought to Göttingen by the British troops and was not permitted to visit his wife or the institute for several months as they were in the French zone. In April 1946, he became president of the Kaiser-Wilhelm-Society, which he later managed under the name of “Max-Planck-Society”.

In December 1946, Otto Hahn solely received the Nobel prize in Stockholm for the discovery of fission 1938. Lise Meitner and Fritz Strassmann, who were part of the team, were disregarded. This was the first time the friends Lise Meitner and Otto Hahn had seen each other since 1943.

\* Otto Hahn to Lise Meitner, 16.12.1946.

## **FROM PRODUCTION TO INFORMATION: 50 YEARS OF CHALLENGES IN PHARMACY PRACTICE**

*J. Norma Saugen*

*Apoteker, Kongsberg, Norway, saugen@on line. no*

Pharmacy practice was recorded in Edinburgh as early as 1450 AD. Pharmacy practice has evolved gradually over a period of 550 years. Seldom, if ever, have the changes and challenges been so great as during the most recent 50 years.

This paper compares pharmacy activities and the pharmacist's professional role in 1955 to present day practice.

Some of the factors influencing the developement of the profession are taken into account. The effect of those elements on pharmacy practice in community and hospital pharmacy are described.

## THE MANY ASPECTS OF CHLORODYNE

*Henri C. Silberman*

*27 route de chene, Geneva CH1208, Switzerland*

For over 100 years few medications were as popular in England and its colonies as chlorodyne. In reality there were many different chlorodynes. Indeed, many proprietor pharmacists prepared their own version of it, and a formula for chlorodyne appeared in the *British Pharmaceutical Codex*.

Some of the ingredients included in chlorodyne were both potent and dangerous. They included morphine, chloroform, ether and hydrocyanic acid. Other ingredients appearing in chlorodyne compositions included glycerine, peppermint oil, treacle and liquorice. Chlorodyne was also itself used as an ingredient of syrups, sweets and lozenges. These included Parkinson's chlorodyne lozenges, and Victory V lozenges made by Thomas Fryer & Co.

The applications of chlorodyne were as varied as their compositions. One well-known brand was John Collis Browne's mixture, originally available only as a liquid. This was heavily advertised as the Great Specific for coughs, colds, asthma and bronchitis, as well as for cholera, diarrhoea and dysentery. Browne compounded his medicine about 1846, naming it chlorydyne (sic) in 1855. He appointed J.T. Davenport, chemist at Great Russell Street London, as sole agent for its manufacture.

Some people became addicted to chlorodyne; some used it to poison others. Not surprisingly, over the years chlorodyne was frequently in the news, and the large number of articles appearing in the *Pharmaceutical Journal* and elsewhere give an indication of its many different facets.

## **PHARMACEUTICAL PRACTICE IN XIXth CENTURY SHOWN IN THE *ROMANIANPHARMACOPOEA***

*Valentina Soroceanu, Doina Draganescu*

*Faculty of Pharmacy, Bucarest, Romania; cornelsa@mediasat.ro*

The present work presents different aspects of pharmaceutical practice in the XIXth century, legalized by the three editions of the *Romanian Pharmacopoeia* published during the period.

We made the classifications of the pharmaceutical products starting from the chemical composition, the nature of the substances, pharmaceutical forms, etc.

## APPLE CIDER IN MEDICINE

*Christiane Staiger; Axel Helmstädter  
Institut für Geschichte der Pharmazie, Philipps- Universität  
Marburg, Germany, ch.staiger@gmx.de*

The use of apple cider has a long tradition in folk medicine for the treatment and prophylaxis of several human and veterinary disorders.

Today, pure apple cider is less common for medicinal purposes, although it is widely known as a beverage. However, in Britain and Germany we find multiple historical examples for its medical application. Cider was part of the early therapy of scurvy before lemons became the first line for naval prophylaxis and treatment due to better stability.

In Germany, Johann Christian Wilhelm Petsch (1804-1882) and Rudolf Weil (1848-1914) recommended apple cider, also mixed with water and milk, as a medicine of universal potency in humans. They treated all kind of illnesses related to the blood cycle, nerve system and skeletal system. Cider was suggested to be particularly useful when applied regularly. It was recommended to cure heart conditions, arthritis, asthma, insomnia, gout, cough, hay fever, and many other complaints. Beside the internal use, cider was applied externally.

The diuretic action of cider made it a highly reputed drug in a time when therapy was mainly based on the principles of humoral pathology. The considerable amount of ascorbic acid contained in the beverage might explain its medicinal use from a more rational point of view.

## **ANA ASLAN – A GREAT PERSONALITY IN ROMANIAN HISTORY OF PHARMACY**

*Mihaela-Mariana Stancu*

*Romanian Society for the History of Pharmacy  
Str. Traian Vuia, nr. 6, sect. 2, Bucharest, 020956  
mickystancu@yahoo.com*

An extraordinary lady and outstanding scientist, a top researcher in the field of cardiology, Academician Professor Doctor Ana Aslan studied and investigated the causes of the aging processes. She started a highly controlled programme of experiments, which finally led to the formula of Gerovital H3.

A few years later, Dr. Ana Aslan has licensed the Aslavital formula, also based on procaine, more effective for the nervous system and for cardiovascular system. She travelled all over the world lecturing on how to control the ageing processes right up until her death in the spring of 1988.

## **THE RELATIONS OF PHARMACISTS FROM BALTIC STATES DURING THE INTERWAR PERIOD**

*Aurima Stankuniene, Vilma Gudienne*

*Department Of Drug Technologies And Social Pharmacy, Kaunas  
University Of Medicine, A.Mickeviciaus 9, Kaunas Lt-44307,  
Lithuania, Aurima.K@One.Lt*

The very beginning of the first independence in the early 1920s sent a lot of challenges to three Baltic states. Transformations occurred in all fields of state life. Health care and pharmacy were touched by these changes as well. To meet new challenges, pharmacists started to found professional organizations. In order to share the experience and to discuss key questions, the Baltic pharmacists initiated a collaboration with each other.

The first joint meeting of Baltic pharmacists was in 1925. It is necessary to mention that this and following meetings were mainly as sign of respect and good will. In addition, this collaboration was mainly between Lithuanians and Latvians until 1935. The first conference of Baltic pharmacists was in 1935, in Riga (Latvia). The main outcome of this conference was the formulation of ideas regarding strengthening relations between Baltic pharmacists.

During the second conference in 1936 in Kaunas (Lithuania), the idea about the joint association of Baltic pharmacist was formulated. This association was founded two years later in 1938 in Riga. According to the agreement of foundation, the members of this organization were the Society of Lithuanian Pharmacists, Latvian Union of Pharmacists, and the Society of Estonian Pharmacists. The mission of this international association was to strengthen relations and to increase collaboration between pharmacists of these countries. This organization had practical tasks as well, i.e. The development of a joint Baltic pharmacopoeia. However, these plans were not realized. The Second World War and Soviet occupation stopped and after that terminated the activity of the Association of Baltic Pharmacists.

## DR. GENERAL CAROL DAVILA (1828-1884) - ICONOGRAPHICAL APPROACH

*Maria-Gabriela Suliman<sup>1</sup>, Antoaneta Lucasciuc<sup>2</sup>,  
Florentina Stanciuc<sup>3</sup>, Gabriela Antoaneta Vlasceanu<sup>4</sup>*

<sup>1</sup>*National Medicines Agency, 48, Av. Sanatescu Str., 011478,  
Bucharest, Romania, maria.suliman@anm.ro;*

<sup>2</sup>*The Postgraduate School Carol Davila Suceava, tipocav@xnet.ro;*

<sup>3</sup>*The "Farmalex" Pharmacy, Bucharest, alexstanciuc@yahoo.com*

<sup>4</sup>*Eli Lilly Romania, Bucharest, tofice@email.ro.*

The authors are showing the Romanian iconographic sources which attend the most rich historiographical series of medicine and pharmacy. They are studying the life and activity of doctor general Carol Davila (born in France), who became post mortem in 2003 a member of the Romanian Academy.

During three decades, from his arrival in Romania (13.04.1853) to his premature death at Bucharest (26.08.1884), Carol Davila was considered as „the great providential man” of the modern Romania, because his main contributions were to organise and develop the sanitary service and medical, pharmaceutical and veterinary teaching (civilian and military, too).

Thus, he initiated and organized: the Botanical Garden in Bucharest (05.11.1860), the first edition of the *Romanian Pharmacopoeia* (legal from 01.01.1863), the Faculty of Medicine in Bucharest (06.11.1869), the High School of Pharmacy (added 28.11.1870), the Red Cross Society in Romania (04.06.1876), etc.

In an impressive number of fine art items (photography, painting, engraving, sculpture, numismatics and philately) with famous sculptors' signatures like Carol Storck (1903), Constantin Brancusi (1903) or the painters' Theodor Aman, Nicolae Grigorescu, etc., his strong face is accompanied by the homage data of his rich activity, as a sign of the gratitude of his pupils, co-workers and successors.



**PROFESSOR DR PETRE IONESCU-STOIAN (1909-1985) THE  
FOUNDER AND ORGANIZER OF THE INSTITUTE FOR  
THE STATE CONTROL OF DRUGS AND  
PHARMACEUTICAL RESEARCH (ISCDPR), BUCHAREST  
(1956-1976)**

*Maria-Gabriela Suliman<sup>1</sup>, Gabriela Antoaneta Vlasceanu<sup>2</sup>*

*<sup>1</sup>National Medicines Agency, Bucharest, Romania,  
maria.suliman@anm.ro*

*<sup>2</sup>Eli Lilly Romania, Bucharest, tofice@email.ro*

P. Ionescu-Stoian was ascending the levels of a university career into the Faculty of Pharmacy in Bucharest (1942-1948) and Cluj (1948-1956), being promoted in 1956 to professor of Pharmaceutical Technics at the Institute for Improvement of Doctors and Pharmacists in Bucharest. In the same year, because of his organizational and professional competence, he was promoted to chief of the Institute for Pharmaceutical Research and Drug Control in Bucharest, which in 1960 received new tasks and became the Institute for the State Control of Drugs and Pharmaceutical Research. As President of the Drug Board of the Health Ministry he supervised the quality of the native and imported drugs distributed in Romania. At the same time, as President of the Board of the *Romanian Pharmacopoeia* he co-ordinated the elaboration of the 8th edition (1965), and its Supplements (1/1968, 2 and 3/1970) and the 9th edition (1976) too. He was one of the world-wide promoters of pharmacovigilance; Romania was one of the first countries from this point of view, with the quarterly publication of the *Bulletin of the Pharmacovigilance* since 1973. During his 20 leading years, Professor Ionescu-Stoian involved himself in the lab's endowment with the most modern equipments and in the peoples' training as high quality specialists. During his life he received the recognition and assessment of his scientific activity based on his relationships with foreign specialists and international academic titles received. As a WHO expert (1968-1985) he represented with honor the Romanian pharmaceutical sciences across the boundaries. As a well deserved homage for Professor. P.Ionescu-Stoian, since 1996 ISCDPR took his name. The professor's personality and all his life represent drugs, pharmacy and kindness.

**SEARCHING FOR THE LOST GARDEN:  
The de Besche apothecary-dynasty of Bergen, Norway, the  
apothecary-garden, the contact with Linné (Linnaeus) in  
Uppsala, Sweden, and the "Herbarium Vivum"**

*Bjarne G. Thune  
Bergen, Norway  
bjarne@farmasihistorie. com*

For a couple of hundred years an apothecary garden dominated what is now the centre of Norway's second largest city, Bergen.

Johan de Besche (-1716), and after him his son, Johan Peter, and grandson, Johan Carl de Besche, owned and ran the Swan pharmacy in Bergen from 1688 until 1787, when Johan Carl's son in law, Christian Neblung, also a pharmacist, became the owner.

A vast quantity and variety of herbs was cultivated in the de Besche garden, not just for the owners' pleasure or consumption. The garden also contained lots of plants grown by the pharmacy because of their pharmaceutical and medical values. Parts of the garden were also open to the public.

The de Besche apothecary-dynasty of international ancestry was important for the development of pharmacies in Norway, and for Bergen. Four hundred years ago Bergen was the largest city of the Scandinavian countries.

The great botanical interest of the de Besches led to their contact with Linné (Linnaeus) in Uppsala with whom they exchanged plant seeds. Johan Carl de Besche corresponded with Linné's son, Carl jr.

What can be seen of the garden today, and what about the Herbarium? Only a few traces are left of this wonderful garden, but The de Besche Herbarium, "Herbarium Vivum", has survived the test of time.

## **IS THERE ANY LINK BETWEEN AESCLEPIOS AND THE CHRISTIAN SAINTS COSMOS AND DAMIAN?**

*Nina Aldin Thune  
Bergen, Norway  
nina@farmasihistorie. com*

When I started working on pharmaceutical history I discovered the appearance of some important persons of “divine” or iconic character. Usually they appear in pairs.

The most important ones are: Aesclepios and Hygiea, Cosmos and Damian and Hippocrates and Galen.

The question I asked myself was: What function do they have and is there any connection between them?

In this lecture I take the audience into the exciting search for this connection.

## FROM PERSONAL PRIVILEGE TO LIBERAL MARKET COMPETITION IN TEN YEARS

*Yngve Torud*

*Hjemliveien 5, N-0667 Oslo, y. torud@online.no*

Norwegian pharmacy has undergone extensive changes during the last years. A description of the situation in the year 1992, and the year 2002, may show the changes.

**In 1992**, there were 325 pharmacies in Norway. All community pharmacies had private proprietors. The pharmacy proprietor needed a government permit, the so-called “personal privilege”. This privilege was granted on the basis of age and personal qualifications. All the drugs were bought from the state wholesale monopoly, with prices fixed by the government.

**In 2002**, there were 500 pharmacies in Norway. A privilege was no longer required and almost anybody could open and run a pharmacy anywhere in the country. More than 95% of the community pharmacies were owned or controlled by three pharmacy chains. All of these had foreign owners. The state wholesale monopoly no longer existed; instead we had three private wholesale companies, owned by the same three foreign chains. Most of the pharmacy proprietors had sold their pharmacy to one of the chains, and then retired or found other employment.

In a historical perspective, this is a very rapid change of a national pharmacy system.

The aim of this communication is to show step by step what happened during these ten years. The reasons, tactical moves and underlying motives are not yet fully understood and must be the subject of future research.

**JACQUES CLARION (1776-1844) PROFESSEUR DE  
L'ÉCOLE DE PHARMACIE DE PARIS**

*Francis Trépardoux*  
*SHP, Saint-Cloud, France*  
*Francis.Trepardoux@aventis.com*

D'abord reçu au grade de médecin à Paris en 1803, il obtint le diplôme de pharmacien en 1805. A ce titre, il fut agrégé au service de la Maison Impériale du château de Saint-Cloud, fonction qu'il occupa ensuite avec la Restauration. A l'Ecole de Pharmacie ainsi qu'à la Faculté de Médecine, il enseigna la botanique indigène domaine dans lequel il fut connu de ses contemporains proches du *Museum d'histoire naturelle* comme Loiseleur, Mérat et Mougeot.

Ainsi à l'Ecole de Pharmacie de Paris, il forma des centaines de pharmaciens et d'herboristes, sans laisser une marque connue de son enseignement, sans être l'auteur d'un traité de botanique portant son nom. Ses publications tardives de médecine (*Abrégé de Médecine pratique* 1832, *Nouveau précis des maladies des enfants* 1833) sont oubliées. Il fut membre de la Société des pharmaciens de Paris, et de l'Académie royale de médecine. Son portrait conservé dans la Salle des actes de la Faculté donne de lui l'image d'un homme rangé. Le souvenir de la famille Clarion de Beauval reste attaché à la commune de Garches où il vécut durant la Restauration et la Monarchie de Juillet, lieu qui garde sa sépulture.

## **PHARMACY-RELATED PROFESSIONS IN THE MIDDLE BYZANTINE PERIOD**

*Evangelia A. Varella*

*Aristotle University of Thessaloniki, 54124 Thessaloniki, Greece  
varella@chem.auth.gr*

The paper discusses pharmacy-related professions, as they appear in the Middle Byzantine period. It deals with legislation on drug import or cultivation, and raw material standardisation; and with official regulations on remedy preparation and distribution in public hospitals, in the imperial court, and in the army. It is further examines the pharmacist's scientific background and social position, as compared to well-established pertinent specialists, e.g. physicians and drug wholesalers.

## **THE PHARMACIES IN THE DISTRICT OF ARGES (ROMANIA) BETWEEN THE YEARS 1840 - 1940**

*Maria Vladau, H. Popescu  
Facultatea de Farmacie, Cluj, Romania  
amavladau@yahoo.com*

In Pitesti, the centre of the district of Arges, in the year 1825, the pharmacist Samuel Wolff was known as the doctor of the town. The first pharmacy in the district of Arges was in Pitesti, the pharmacy “Salvator” was founded on 16<sup>th</sup> of February 1840, by the pharmacist Josef Eitel. On the 4<sup>th</sup> of September 1842, the pharmacist I. Miscolti opened in Campulung the pharmacy “Sfanta Treime” (The Holy Trinity).

In the year 1891, the doctor-chief of department asked for the approval of a sum of 50 ROL for each pharmacy in the town. In 1898 was founded in Pitesti, the pharmacy “La Orezeanu” (At Orezeanu’s), maybe the 4<sup>th</sup> pharmacy in the present area of the district. The pharmacy “Bobancu” founded in 1905 by N. Bobancu and the pharmacy “Nova” by N. Iliescu in 1908 were the most important pharmacies in Pitesti during the first half of the 20<sup>th</sup> century. The pharmacist Napoleon Popovici from Bucharest, an assistant at the “Coltea” hospital and assistant to the Teacher T. Solacolu, founded a pharmacy in 1931.

## THE MAD, THE BAD AND THE FEMALE: POISON AND GENDER IN 19<sup>TH</sup> CENTURY

*Bettina Wahrig*

*Abteilung Pharmaziegeschichte, TU Braunschweig, Pockelsstraße  
14, 38023 Braunschweig, b.wahrig@tu-braunschweig.de*

Poison narratives run through our history from antiquity to the present. They are related to issues of power and usurpation, of subversion and insurrection, of secrecy and fear. In the centre of famous poisoning cases like the deaths by Aqua toffana or the poudre de succession, of the marchionesse de Brinvilliers, of Gesche Gottfried and Marie Lafarge, one can find women as protagonists.

Toxicologists generally agreed with the commonplace that women seem to be especially prone to criminal poisoning. In 1821, the German physician P.J. Schneider placed women alongside with “the orientals”, the French, and the Italians. Hence poison narratives provide material for the reconstruction of stereotypes regarding gender, the other, and power. In the 19th century, new procedures to identify poisons became known. Due to the isolation of more and more active substances from plants (mostly alkaloids), poisoning strategies became more intrigued, as did strategies of detecting them. Both scientific achievements and court cases concerning poisons found a broad echo in the press and in literature.

This paper will give a brief account of the intersections between scientific and literary discourse concerning poison and gender in the 19<sup>th</sup> century. On the background of scientific hallmarks like Orfila’s toxicological textbook (1814/15), Marsh’s process of detecting arsenic (1836), and the isolation of alkaloids by Sertürner, Caventou, Pelletier and others, I will follow the trace of famous court cases like Marie Lafarge, which involved the scientists Orfila and Raspaille, influenced novels like Flaubert’s *Madame Bovary*, and provoked an echo by Heinrich Heine. I will argue that the female is more than the Mad and the Bad which every good novel needs, but that it represents the cultural abject (Kristeva 1980) which has a number of irritating revenants in the very process of scientific discovery.



**AUFBEWAHREN – SAMMELN – PRÄSENTIEREN***Andreas Winkler**Kaiser Franz Joseph Straße 10 A-6020 Innsbruck/**winkler.ibk@utanet.at*

Noch vor 1900 richtete der Innsbrucker Stadtapotheke Ludwig Winkler (1873-1935) aus den Beständen des Hauses und der Apotheke ein kleines Privatmuseum ein, wobei er dieses Interesse mit zahlreichen Apothekern der Jahre um 1900 teilte, die aus den verschiedensten Gründen ebenfalls Objekte wie Standgefäße, Mörser, Bücher, Graphik etc. sammelten, diese dann auch häufig in „Schauapotheken“ zeigten, die teilweise wenig mit der Realität zu tun hatten und eher das Pittoreske einer historischen Apotheke betonten.

Am Beispiel der Sammlung Winkler möchte ich demonstrieren, wie sich die Art und Weise, aber auch die Wertigkeiten der einzelnen Objekte und deren Präsentation im Lauf des 20. Jahrhunderts veränderten.

## A SET OF EIGHTEENTH CENTURY ACCOUNTS

*Dr Peter M. Worling*

*29 Fernielaw Avenue, Edinburgh EH 13 0EF, Scotland*

*p. worling@virgin.net*

This paper examines the details of a set of Eighteenth Century accounts. When William Hector was appointed Sheriff-Clerk of the County of Paisley (Renfrewshire, Scotland) in 1873 he discovered that the County records were stored on a damp stone floor and were in a state of dirt and decay. He was so concerned that he set about raising money to have the records sorted and preserved.

One of his objectives was to make these records available to a wider public and Hector published a series of extracts from the Council Records. Included in these are two accounts of interest to us. The first set, dated September 1720, is a list of the Bills charged by Dr Campbell, described as a “mediciner of Paisley” to one of his patients Walkinshaw of that Ilk, a local land owner and one of the oldest families in Renfrewshire. The accounts cover the period February 1711 to 1720. The total sum is £43 1.9s.2d Scots.

In contrast the second set of accounts examined, are the bills sent by the Henry Fraizer (sic) the Herald Painter, on the occasion of the funeral of Lady Walkinshaw. The total sum is for £299.8s.0d Scots.

All the sums are in pounds Scots. To convert this to the approximate value in pounds sterling the amounts need to be divided by ten. That is £100 Scots would at that time have been equal to £8.6s.8d sterling or £8.30 in decimal currency. It is always difficult to relate the value of money in the 18<sup>th</sup> century to present day values. One method is to consider the standard of living. For example, butter was sold at 4s.6d a pound (4.5d sterling.), a leg of beef at £3. 12s, (6s sterling) and a leg of mutton at 14s (1 s.2d sterling). The wage of a farm servant was £15 a half year (£1.5s sterling) for a male and £7. 14s (12s. 10d sterling) each half year for a female. A farm labourer could earn anything from 5s to 12s a day (5d to 1s sterling). Even these comparisons are inaccurate as the farm servants are likely to have lived on the farm rent free and had some food supplied. Further details of the accounts will be examined and interpreted.

Reference: Hector, William. *Selections from the Judicial Records of Renfrewshire* 1878; J & J Cook, Moss Street, Paisley, Scotland.

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[www.bshp.org](http://www.bshp.org)

840 Melton Road, Thurmaston, Leicester LE4 8BN, UK

[bshpeditor@associationhq.org.uk](mailto:bshpeditor@associationhq.org.uk)