

# HOW HAS PHARMACY EVOLVED SINCE 1952?

*Queen Elizabeth II acceded to the throne in 1952. To commemorate her Golden Jubilee, The Journal asked some pharmacists who registered in that year to describe what pharmacy was like then and how it has changed*

## Marion Rawlings: mind the sheep!

I began my pharmaceutical career as a locum pharmacist, commuting up and down the South Wales mining valleys, and in the seaport area of Cardiff itself. Coming as I did from the gleaming palaces of industry (I had previously worked as a research chemist, being dually qualified) some of those old pharmacies came as a bit of a shock, especially in the more remote areas.

My first dispensary was a big square bare-boarded area with a roaring fire and cobwebs glimmering in the up-draft. There was a big Winchester labelled GOK (God Only Knows) into which the dregs of cough mixture preparations were routinely tipped, to re-emerge as the establishment's "special brew" (difficult with repeats, that). An elderly, bushy-haired woman with a filthy piece of sacking for an apron and stained plimsolls and an air of strong disapproval — she had been a "doctor's dispenser" and clearly felt that pharmacy was a come down. Many of the pharmacies were rather like that, although mostly cleaner, primitive but struggling to come to terms with modern requirements. "Light the fire under the boiler first thing, my dear — it is the only source of hot water that we have, and mind the sheep!" These voracious marauding animals roamed at will in the mining villages, and keeping them at bay became an art form.

Two impressions of those times remain. First, the kindness and generosity of the people I served who made practice a pleasure, and secondly, how far we have come in 50 years. And if we have done that, what may the profession achieve in the next 50? The sky's the limit!

## Leslie Crossland: keeping master's secrets

I joined pharmacy in 1948, and I find it difficult to describe the attitudes and practices I found so long ago. For a start, no one used the term "pharmacy". I was an "inden-

tured apprentice to the business and profession of a chemist and druggist". I was bound to keep my master's secrets, and in turn my "apprentice master" would teach me the skills I required. The arrangement was kept on both sides.

On my first day these skills seemed to be mainly of a practical nature. I was intro-



*"Light the fire under the boiler first thing, my dear — it is the only source of hot water that we have, and mind the sheep!"*

duced to the staff, and then to the drawer containing the dusters.

Every Monday morning, together with my fellow apprentice, our duty was to dust down — under supervision — the contents of the shelving behind the chemist's counter. The dusting took precedence over all other tasks.

After a few weeks of closely observing the proceedings, I was allowed to step forward and actually speak to a customer. I was hardly aware of any dispensing, although I believe around 10 prescriptions were dispensed each week.

In due course, having completed my apprenticeship, but also, of course the Pharmaceutical Society's examinations, I joined the Register as a Chemist and Druggist.

I have enjoyed all my time on the Register. The appeal of pharmacy, to me, is that it enables persons of skill to help persons in need, in a direct and practical way, as no other calling is able to do.

## Ron Bithell: disappearing world

On the first Monday in September 1947 I stepped through the door of a four-storey pharmacy just round the corner from Liverpool's Harley Street and, although I did not realise it then, I was entering a world from the past, which would soon disappear. The pharmacy had been started in 1839 some three years before the founding of the Pharmaceutical Society and would enjoy a private prescription practice and supply medicines and equipment to the world shipping that entered the Mersey river for the next 100 odd years.

I passed the long mahogany counters backed by hundreds of glass labelled drawers which were topped with a row of pink specie jars.

Apart from sweeping the floor and cleaning some section of the glass cabinets that stretched from floor to ceiling I started each day entering the day in the big leather-bound prescription book in Latin. I also, on occasion, cleaned the various carboys, some squat, and some tall and elegant, all filled with coloured liquid. I learned to tie-down corks inserted into bottles with pink string and wrap them in white

demy with a characteristic flat top and straight shoulders to be finally sealed with wax. I folded powders, made suppositories with the then meagre supply of cocoa-butter, made gold-coated pills, filled cachets and made wrist-breaking ointments. Occasionally I would make large amounts of syrup or maybe calamine lotion in the laboratory, which then was largely empty of equipment. I might have guessed then that it was an end to an age.

## Bernard Taylor: old fashioned remedies

After qualifying in 1952, I joined our family business which was started by my grandfather in 1881. In 1959, I acquired my own business in a West Yorkshire village. The shop was a period piece with mahogany

fittings — the dispensary had no water, just one tap over a knee-high store sink in an adjacent room.

Then the supermarkets began to appear, cutting down many “chemist lines” — starting with Dettol. In 1959, Morrison’s was still a corner shop. I had many characters as customers, wanting old fashioned remedies, eg, twopence chlorodyne, twopence liquorice and twopence of chloric ether for their cough! A favourite at Christmas was ginger wine essence; Irish slate another (just sufficient to cover a sixpence in a wine glass full of water). Also popular were brimstone and treacle, poppy heads, etc.

When coloured soft toilet rolls appeared, I was asked, “Were the colours fast?”

Our orders were telephoned and written down by the wholesaler, the invoice arriving a week later. We had many representatives calling, but gradually they were swallowed up by bigger companies, and doctors called in regularly for drugs and business chats.

## John Clitherow: galenicals to genomics

Life-changing events often come in the form of abrupt changes in direction separated in time and with an uncanny pattern. Being unsure of what career to follow, I was eventually persuaded to study pharmacy, passing the Chemist and Druggist examination in 1951 and registering in 1952. National Service as an RAF hospital pharmacist followed, then a year in retail pharmacy resulting in a career reappraisal. Four years at Manchester University School of Pharmacy studying for an honours degree in pharmaceutical chemistry revealed that big and exciting advances were taking place in pharmacy, chemistry and biochemistry. Next, in an interview with Dr Arnold Beckett and Dr Norman Harper at Chelsea School of Pharmacy, their enthusiasm convinced me that this was where I should enrol for a PhD in medicinal chemistry. After two years on the staff there, I joined Allenburys-Glaxo, initially as a biochemist, then later as a research leader in medicinal chemistry. Perhaps my high point in a fascinating range of research projects over 32 years there was the invention of the histamine H<sub>2</sub>-antagonist ranitidine in 1976. I am privileged to have witnessed the evolution of pharmacy from making pills, plasters, infusions and galenicals to genomics and designing receptor-based drug candidates.

## Elizabeth Stutchbury: medium-sized!

Over 50 years there have been so many changes in pharmacy that it is difficult to single out one in particular. After graduation I worked in industry (the technical information department of BDH) then as

locum in community pharmacy and in hospital. I was involved in the formulation of the early penicillin creams, etc, but I would also like to write of more frivolous matters.

In the present days of the “morning after pill” and Viagra, which are openly discussed and requested so freely, it is strange to recall my first retail locum post. Not only were the Durex hidden away out of sight but also available were reusable sheaths in various types and sizes. These were great favourites with the sailors from the boats in port who would always ask to see the pharmacist (the owner was male). When I waltzed forth they would be covered in confusion — which intensified when I asked which size was required. No man ever replied other than “medium”!

## Shirley Stuart-Smith: significant changes

I have worked as a pharmacist during the whole of Queen Elizabeth’s reign. For a short period post graduation I was a hospital pharmacist but in 1953 I married an army officer and worked in the many locations to which he was posted. This was extremely interesting and professionally satisfying. Two particular positions are worth mentioning.

In 1962 I supported the American Project Concern in Hong Kong. This provided health care for the Chinese people who lived in extreme poverty and privation in the Walled City of Kowloon. I recall a patient who believed he would get better quicker by taking all his tablets in one dose! Later in my career I worked for many years in Windsor in a “By Appointment” community pharmacy. This served the Royal Household — even the horses — as well as local people, dignitaries and tourists.

Upon reflection there have been many and significant changes in our profession. These have involved an extension in the scope of our responsibilities and in the provision and accounting for medicines and drugs with little if any compounding.

## Josephine Chapman: medicines come and gone

I well remember the day I started my apprenticeship at a small bench of a large company. It was raining. I was allowed to start at 9.30am and was taught how to clean shelves systematically, putting new stock to the back. Some days passed before I was allowed contact with a prescription.

The coming of the National Health Service turned working life upside down. The branch’s prescription figures doubled overnight. Much has happened during these 50 years. Metric has replaced the apothecary and avoidupois systems. Labels that were handwritten and moistened are now self-adhesive and computer printed. Many wonderful medicines and dressings have come

and gone. I think among the most useful still with us are paracetamol and the small inhalers that give our asthmatic patients quality of life.

## Phyllis Forsyth: tremendous advances

Fifty years ago I was a hospital pharmacist, just finished my apprenticeship, as the preregistration year was called then. The training I had received was invaluable, since my pharmacy degree course was strongly chemistry oriented with little relevance to hospital pharmacy.

In 1952 we had no pharmacy technicians. Pharmacists compounded almost all the non-proprietary prescriptions, other than tablets, even in the wards — everything from injections and IV fluids to barium meals and enemas. The range was amazing. Names such as Lassar’s paste and Glucoman’s ointment come to mind. We made every kind of mixture and lotion and even Benedict’s solution and other test reagents.

I remember my first batch of 100 morphine sulphate ampoules and my anxious wait while the ampoules were sterilised in a solution of methylene blue to detect sealing defects.

Today hospital pharmacy has turned around completely with the employment of pharmacy technicians and so many products being commercially available. To the credit of the profession, hospital pharmacists have adapted to the change and have accepted the challenge of clinical involvement, made necessary by the tremendous advances in medicine over the last 50 years.

## Kenneth Whittaker: exciting times

I was in a laboratory at the School of Pharmacy, Manchester University, when news came through of the death of King George VI. I was a fairly mature student since events elsewhere had taken precedence over thoughts of career development. More than nine years had elapsed since leaving school and to say that I was a bit rusty was a gross understatement. In the first days of chemistry for Part I of the course, I recall having to ask “what is valency?”.

As a student of the Society who had registered after a certain date in 1948, I was ineligible to take the shortened Chemist and Druggist examination and had to enrol for the three-year course. Two years after qualifying, and having become somewhat disillusioned with retail pharmacy, a conversation with the Glaxo representative in the Manchester area persuaded me to apply to that company and I was offered the Northumberland/North Durham territory. The completion of training coincided with the general release of corticosteroids for use in hospitals and by general practitioners.

Glaxo were in competition with MSD, Pfizer, Upjohn and Roussel but had the advantage of having developed a process based on hecogenin, derived from East African sisal and thus avoided the expenditure of precious dollars. They were exciting times because everybody was keen to learn about the new therapy.

## Stanley Levi: naval highlight

Of my 50 rewarding professional years, 26 were spent in lecturing (chemistry, physiology and biochemistry) and 24 in community and hospital pharmacy. The undoubted highlight was my spell as admiralty pharmacist at the Royal Navy Hospital in Gosport in 1952. The demanding and exciting daily round servicing hospital shore establishment and naval vessels was constantly spiced with meeting naval personnel of all ranks and nationalities, imbued with a unique blend of warmth, friendliness and spirit of service, recounting their memorable experiences.

Vividly do I recall a member of staff telling me how the 16-year-old John T. Cornwell (*HMS Chester*) died of wounds in his arms at Jutland, having given him a verbatim account of his bravery which resulted in the posthumous award of the Victoria Cross. I also remember the sight of a naval doctor in tears in the department since all haemopoietic refined factors (BP and USP) available to us had failed to reverse a rapidly falling red blood count in a patient suffering from aplastic anaemia and how, after we had referred to the work of Minot and Murphy (1927), palatable ground-up liver averted disaster.

## D. P. Curtis: terrifying manager

On 9 June 1948 I received a receipt for four guineas from the Pharmaceutical Society for "registration as an apprentice or student" at Boots in Felixstowe. As an ex-serviceman, I had to serve a year's apprenticeship, not two as was the norm.

The first week consisted of dusting and examining the myriad glass-stoppered bottles in the dispensary, during which time I watched the dispenser whenever opportunity arose. The second week started with my taking into the shop a prescription for my father for "Mist mag carb aromat, 12 fluid ounces, one tablespoonful to be taken three times a day after food". I gave it to the manager who said "Right, here's the book [the National Formulary], get on with it." Terrified, I hastened to obey.



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## Dick Tuffin: learning for life

From the age of about two years, when I used to worry the chemist in Cheap Street, Frome, for "boccles" which I used to fill with coloured water in my father's bakers shop from dyes he used to make marzipan fruits. That seeded the desire for pharmacy as a career and I never altered.

Then to my apprenticeship when I learned the *secundum artem* of the craft — not only from pharmacists but also from those unqualified persons whose years in a chemist shop had honed their skills: how to prepare an elegant batch of pills, cachets etc and how to wrap a bottle of extemporaneously prepared mixture with a cork, cork disk, fluted bonnet tied with twine then carefully wrapped in demy, sharply creased and then sealed with a dab of wax.

And from there to college, meeting Joe Shellard who not only taught us several of our core subjects but importantly that learning did not stop with a qualification but was with us for life.

After that I went into the Royal Air Force and to Wroughton Hospital where I learnt more than pharmacy and picked up an understanding of the workings of such departments as dentistry, X-ray, pathology laboratory, surgical equipment, medical stores etc, learning from other experts

information that would stand me in good stead in the future, both in retail and finally in the prison service.

## Kathleen Gomm: brink of a new dawn

I was there! Yes, it was 1952 when the Queen acceded to the throne and I became a pharmacist. Dispensing then involved much weighing and measuring to make bottles of medicine which were capped with corks and then wrapped in white demy, and sealed with a spot of red sealing wax. We also made up divided powders, suppositories and occasionally pills. It only took me a short time to realise how little I knew, not only about pharmacy but about life.

I quickly became committed to lifelong learning!

I am here! It is now 2002, the Queen is celebrating her Golden Jubilee and, like me, still working. Amazing things have happened in pharmacy.

New drugs have changed our lives. I will mention just one of these: ciclosporin, which has dramatically improved success in organ transplantation. I have had experience of this because my husband received a living donor kidney from our son a few years ago, literally giving him back his life. As pharmacists, we stand on the brink of a new dawn which we all look forward to with great hope and resolution to succeed. I hope I will still be here to see it.

Illustrations by Callie Stewart