

HISTORY OF PHARMACY SIG NEWSLETTER

Pharmacy Chronicles: Past, Present, and Future

WELCOME MESSAGE FROM THE CHAIR, HISTORY OF PHARMACY SPECIAL INTEREST GROUP

Welcome! Our History of Pharmacy Special Interest Group (SIG) newsletter: *Pharmacy Chronicles: Past, Present, and Future*, is in its fifth successful year. Reflecting back on these past five years, there is an enormous sense of pride and satisfaction in the newsletter's significant role as a medium for SIG members to share their interests and experiences, and to **keep the history of pharmacy alive.**

Since our 2014 inaugural issue, the SIG has continued to grow, expanding its activities, and notably, has produced peer-reviewed, multiple newsletters in one year. **Thank you Cathy Taglieri,** our wonderfully committed editorial board, and all contributors. This year, the SIG's **Oral History Project** will again be featured at the 2018 annual meeting, and collect the testimonials from participants who want to be

interviewed for this oral repository of pharmacy history. **Thank you James Culhane and Michael Hegener!** Look for the **Oral History Project's** specific room announcement in the 2018 Annual Meeting program. The inaugural **History of Pharmacy SIG Webinar** on May 31st is yet another SIG milestone. **Thank you Megan Undeberg** for sharing a novel historic discovery portraying

a number of "pharmacy heroes" in *When Pharmacy Goes to the Rescue: The Impact of Pharmacy and WWII Japanese-American Internment Camps*. Most importantly, this reflection process should allow us to revel in how active and alive the History of Pharmacy SIG continues to be! See you in Boston!!

Sincerely,
-*Ettie Rosenberg, SIG Chair*

ANNOUNCEMENT

The History of Pharmacy SIG will host its first Webinar on May 31st, 2018

When Pharmacy Goes to War: The Impact of

Pharmacy and WWII Japanese-American Concentration Camps

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Be the first to travel back in time with AACP History of Pharmacy SIG to WWII and learn about how pharmacists acted in the public interest during an indelible period in US history-- the internment of Japanese-Americans in US concentration camps. Hear the never before released sto-

ries learned from handwritten letters to and from pharmacists/internees inside and outside these camps. These letters have revealed surprising details about lack the of pharmaceuticals and medications for those in camps and how pharmacists came to the rescue...

TO REGISTER FOR THE HISTORY OF PHARMACY WEBINAR, Click on the Link below or cut and paste into your web browser :<https://register.gotowebinar.com/register/4095943986621064963>

History of Pharmacy SIG Webinar Thursday May 31, 2018
3pm -4pm EDT (12pm- 1pm PDT)

Meet the Editors

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Message from the Editor

Welcome: 2017 marked the first time we included peer reviewed articles in our newsletter AND the first year that we published two editions of the newsletter in one year. Yes, history is alive and well!

To continue keeping History alive and well, we need your submissions. We welcome writers, reviewers and contributors to the newsletter and we welcome volunteers to help with editing and formatting the newsletter.

Please consider writing a short newsy piece on a historical tidbit that interests you or a full length scholarly manuscript to be peer reviewed. Please reach out to me or the Chair of the HOP SIG to volunteer.

Looking forward to seeing everyone in my hometown of Boston this summer!

—**Cathy Taglieri,**
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macy

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ANNOUNCEMENTS

WANTED: PHARMACY HISTORY PRESENTATIONS, POSTERS, AND/OR MANUSCRIPTS

To make pharmacy history work widely available and permanently accessible, AACP members are invited to submit posters, presentations (PowerPoint slides/handout), and manuscripts they have presented/published that include a clear connection to pharmacy history or pharmacy history pedagogy. These posters, presentations and manuscripts can be from any meeting, conference, and/or publication, and can be from anytime.

To submit your work for inclusion as an online resource in the SIG's library, email the abstract and a PDF file of the poster, a PowerPoint or PDF of the presentation, or a PDF of the manuscript to David Baker (dmbaker@wne.edu) by Friday, June 29th, 2018. In the submitting email, note that you grant permission to post the work on the History of Pharmacy SIG AACP Connect web site. All submissions will be reviewed by members of the History of Pharmacy SIG's Teaching History of Pharmacy Committee, prior to posting. Thank you!

ORAL HISTORY PROJECT AT AACP IN BOSTON THIS SUMMER

The History of Pharmacy SIG, under the direction of James Culhane, will again this year, engage in a special project entitled "*Oral Histories: Preserving the Present for Future Members of the Academy*". This project, modeled after the concept in the Storycorps initiative (<https://storycorps.org>), will collect the stories of current Academy members during the AACP Annual meeting. These stories will offer a valuable perspective about the current status of pharmacy education. The collected recordings will also serve as an audio-based time capsule for the Academy.

Look for our **SIG's Oral History table at the annual meeting** on Monday, July 23 from 3-5PM and on Tuesday, July 24 from 9-11AM. Please consider sharing your pharmacy story with us to create and preserve history for future members of our Academy. You **don't have a story in mind to share? No worries – We will have a list of questions prepared.**



AIHP TO HOST INTERNATIONAL PHARMACY HISTORY CONGRESS

The American Institute for the History of Pharmacy is serving as the host organization for the 44th International Congress for the History of Pharmacy. The Congress will be held in Washington, D.C., from September 5-September 8, 2019. HOP SIG members are encouraged to mark their calendars and save the date!



WASHINGTON, DC • 5-8 SEPTEMBER 2019

INTERNATIONAL CONGRESS
FOR THE HISTORY OF PHARMACY

The International Congress is the biennial meeting of the International Society for the History of Pharmacy (ISHP), an international body comprised of pharmacy history societies from 28 countries. ISHP's member societies, including AIHP, promote scholarly research and writing about the history of pharmacy. The Congress serves as a forum for research presentations and discussions about the history of pharmacy in an international context. The International Society was last held in the United States in 1983.

The Congress' theme, "The Pharmacist and Quality Medicines", will allow pharmacists and historians from around the globe to address two interrelated themes: the history of the work of the pharmacist (i.e., pharmacy practice) and the profession's effort to provide medicines of good quality. Scholars are invited to submit abstracts for podium and poster presentations that touch on these topics including the training, literature, and regulation of pharmacists or the social, scientific, technologic, or economic aspects of pharmaceuticals and the pharmaceutical industry. The deadline for the submission of abstracts is April 1, 2019. Learn more at the Congress website: <http://44ichp.org> or contact AIHP at congress@aihp.org.

The 2019 International Congress is underwritten by a generous grant from the United States Pharmacopeial Convention (USP). The Capital Hilton in downtown Washington will be the official hotel of the Congress.

COMMENTARY

Onward, History of Pharmacy SIG!

Six years ago, I was elected to be the Chair-Elect of the History of Pharmacy SIG – it's been a productive six years! And it is my hope that the SIG will continue to develop and expand its offerings in the years ahead. But, that will depend on you: the future officers, editors, peer reviewers, presenters, authors, and active members of the SIG. As it has been the last six years, it takes an active group of SIG members to move projects forward.

Just four years ago, I wrote the Chair's introduction to the inaugural issue of this newsletter. Under the guidance of its superb editors, Ettie Rosenberg and now, Cathy Taglieri, it has continued to grow. Today, we have a peer-reviewed newsletter that continues to surpass my original goal: to establish an outlet for pharmacy history articles and create a stepping stone for articles for the Pharmacy in History journal of AIHP. That same year, we wrote and approved the SIG's first bylaws and procedures, to establish an organized structure capable of producing good works.

Three years ago, the SIG initiated the development of its oral history project entitled: "Oral Histories: Preserving the Present for Future Members of the Academy." An idea of Immediate Past Chair Jim Culhane, and guided by then Chair Mike Hegener, it was put into operation at the 2016 AACP Meeting. Its goal: to preserve the recorded conversations of any members of the Academy interested in participating, so that future academicians could learn from the past. Last year, that project continued and now proceeds with recording equipment owned by the SIG.

Last academic year (2016-17) the SIG re-established itself by reviewing and revising its bylaws and procedures, producing a viable organization prepared to take on the future. Several positions were add-

ed: Newsletter Editors and Associate Editors, an AIHP Liaison Officer, and a Chair of the Teaching History of Pharmacy Committee. Two new standing committees were created: the SIG Newsletter Committee and the Teaching History of Pharmacy Committee. The future will remain bright as long as SIG members are willing to step forward to fill these positions.

Finally this year, under Chair Ettie Rosenberg, the SIG has another first to celebrate: its first webinar. This was accomplished while maintaining all of the projects previously created: the SIG Newsletter, the Oral History Project, and its Teaching History of Pharmacy Committee. And as in all of the previous years, the SIG will once again have a continuing education presentation regarding pharmacy history at the Annual Meeting.

I state all of this as I prepare to move from being an officer for six years to being a member of the SIG. I hope and know that you, my fellow members, will not let the SIG down as it moves forward. I thank you for all that all of you have done, and all that you will do in the future for the History of Pharmacy SIG.

Historically yours,
David M. Baker



Promoting Pharmacy History at the Nesbitt School of Pharmacy Wilkes University

The Nesbitt School of Pharmacy houses a small collection of antique and reproduction pharmacy items and books, the majority of which were donated in 2016 by Rose Lang, a pharmacy colleague of former Dean, Dr. Bernard Graham. An oak Victorian-era cabinet was procured to display many of the items in the conference room of the Pharmacy Deans' Suite.

With the arrival of the new Dean, Dr. Scott Stolte, in Summer 2017, work began to re-organize the conference room, and it was decided that the antique cabinet and items should be moved to the Pharmacy Library (officially known as the "Pharmacy Information Center" and affectionately as the "PIC"), where more people could see and enjoy the pharmacy memorabilia.

This is part of the plan to freshen up the PIC, a place of study, teaching, and socializing for Pharmacy students and faculty. The cabinet now sits in an area of the library as part of a planned "Pharmacy History Corner." A small collection of antique books sits on top of the cabinet, with reproduction mortar and pestles serving as bookends. Above it are mounted plaques for three annual awards that are given to students, one in honor of the school's first Pharmacy Librarian, Barbara Nanstiel.

Rather than trying to keep all of the items in the cabinet, they will be displayed on a rotating basis. Items that may not be readily recognized by the modern eye, such as a reproduction powder folder, are labelled. Work on researching the history for each item contin-

ues; memorabilia includes scales, tiny boxes of weights, apothecary jars, over-the-counter medications, containers of raw product for compounding, a suppository mold, and early 20th C. prescriptions. Future plans include framed historic photos of area pharmacists and pharmacies for the walls. The current librarian, Bridget Conlogue, has a deep interest in the history of medicine and healthcare, and in the Northeast Pennsylvania region. For over 20 years she has served as a volunteer curator at the Lackawanna Historical Society. She hopes to continue to expand and develop the historic pharmacy collection over time.



—*Bridget Conlogue, Health Sciences Librarian for Pharmacy and Nursing, Nesbitt School of Pharmacy, Wilkes University*



Eli Lilly

A picture of Eli Lilly in his youth while he was serving in the Union Army, a young man who would go on to become an icon from the world of pharmacology. He fought at the Battle of Chickamauga (1863). Lilly, (July 8, 1838 – June 6, 1898) was an American soldier, pharmacist, chemist, and businessman who founded the Eli Lilly and Company pharmaceutical corporation. Lilly enlisted in the Union Army during the American Civil War. He was later promoted to major and then colonel, and was given command of the 9th Regiment Indiana Cavalry. —*Bob Cisneros, Associate Professor Pharmacy Practice and Sam Engel Assistant Dean in the School of Education, Campbell University*

PROHIBITION ERA MEDICINAL LIQUORS

By Aniel D. Russo and David Baker

In the modern era, discussion of liquor and alcohol does not have the same impact as it did in January of 1920 when the Prohibition era began. Per the 18th Amendment to the United States (U.S.) Constitution, prohibition was enforced upon the sale, transport, and manufacture of alcoholic beverages, making possession of such illegal.¹ But was this truly the case? As most know, “bootleggers” came into action, creating a market of illegal alcohol sales and distribution. However, many are unaware that alcohol was actually being distributed legally in one specific place: the community drug store. Under the guidance of the U.S. Treasury Department, physicians were granted the authority to prescribe medicinal alcohol.² The notion of alcohol prescriptions or ingestion for medicinal benefit may seem astounding today, but in years past this was not the case.

The Prohibition era did not just happen; it took decades to develop the federal and state legislative impetus that resulted in passage of the 18th Amendment. In the early 1800s, multiple Christian religious revivals resulted in a drive for temperance, based on the belief that alcohol and its consumption was the root of many evils. The temperance movements sparked calls for legislative restrictions. In 1838, Massachusetts was the first state to pass a law banning the sale of alcohol in certain quantities; however, in just two short years, it would be repealed. Later, in 1846 Maine passed the first state-wide prohibition against all alcohol.

By 1916, 18 more states would follow their example, banning the manufacture and the sale of alcohol.³

At the federal level, prohibition legislation began to advance during the early 20th Century. Due to the involvement of the U.S. in World War I, President Wilson introduced an executive order in 1917 prohibiting most alcohol production, except for low percentage alcoholic beverages (e.g., beer). The purpose of the order was to save grain for food production. At about the same time, Congress introduced an amendment to the U.S. Constitution that would, if ratified by the states within seven years of Congressional approval (it was actually accomplished in less than two years), create a “permanent” prohibition on the manufacture, sale, transportation, importation or exportation of alcohol within the U.S. Interestingly, the only activities involving alcohol not banned by what became the 18th Amendment to the U.S. Constitution were the private possession and personal consumption of alcohol.⁴

The National Prohibition Act, more commonly referred to as the Volstead Act, was the enabling federal legislation adopted to provide proper definitions of the prohibitions and the means by which to enforce them. It derived its common name from Andrew Volstead, the Chairman of the House Judiciary Committee, who helped steer its passage. Originally vetoed by President Wilson, Congress overrode his veto within a day, and the

Volstead Act went into effect on January 17, 1920.⁵ Exceptions to the prohibitions on alcohol included: wine for religious purposes, preserved fruit for possession by farmers, and various alcohols for prescribed medicinal purposes.⁶

From the beginning of the national Prohibition era of the United States in 1920 to its eventual end in early 1933, the use of alcohol for medicinal purposes was utilized by both the public and the medical profession. Used as a tonic, a stimulant, a preventive measure, and even as a cure for infections, alcohol was thought to have vital powers and to provide medicinal benefit throughout the history of man (see Figure 1). Physicians utilized alcohol for a variety of ailments including anemia, high blood pressure, heart disease, typhoid, pneumonia, and tuberculosis. In addition, pharmacists found it to be an excellent diluent and solvent for many of the herbal formulations utilized at the time.⁷



Figure 1. A depiction of the medicinal use of alcohol during the Middle Ages. Courtesy of: www.ancient-origins.net/human-origins-science/alcohol-medicine-through-ages-001238.

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PROHIBITION ERA MEDICINAL LIQUORS

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In contrast to current practices like restricting alcohol usage in minors, and finding benefits primarily with red wines versus high content alcohols, the Prohibition era was witness to whiskey as the medicinal alcohol of choice and its usage in both adults and children, albeit in different doses. Commonly, adults were prescribed 1 fluidounce every 2-3 hours; whereas, children were prescribed ½-2 teaspoonfuls every 3 hours.⁷ Also, despite that since Roman times wine was the predominant alcohol of choice for medical applications, hard liquors became the “drugs of choice” during Prohibition. Prescriptions involving whiskey and brandy were the most popular alcohol products used for the treatment of acute conditions.⁸

Today, alcohol is considered a depressant, but Prohibition era prescriptive alcohol was primarily used as a stimulant.⁹ Even Winston Churchill required medicinal alcohol. In 1931, he incurred minor injuries following an accident where he was struck by a car. However, he suffered from depression and pleurisy following the accident, for which Churchill’s doctor prescribed “naturally indefinite” amounts of alcoholic spirits with meals as a treatment. But Churchill’s doctor was not alone, as an estimated 15,000 prescribers applied for alcohol prescriptive permits in just the first six months of Prohibition.⁶

Before Prohibition began, the American Medical Association (AMA) was

against the use of medicinal alcohol, believing its potential for abuse outweighed its benefits. On June 6, 1917, the AMA House of Delegates passed a resolution stating: “...Whereas Its [alcohol’s] use in therapeutics as a tonic or stimulant ... has no scientific value; ... Resolved, that the use of alcohol as a therapeutic agent should be further discouraged.”¹⁰ However, the AMA ultimately backed giving prescriptive authority for liquor to physicians. In fact, in a 1921 survey conducted by the AMA, to which 32,585 U.S. physicians responded, 51% said that they believed in the therapeutic efficacy of whiskey.⁸

During the Prohibition era, few regulations were promulgated to suggest appropriate alcohol prescribing or to counteract improper alcohol prescribing. Patients could have ailments ranging from the very broad to the specific, and in turn, could easily fill alcohol prescriptions as long as they knew a prescriber willing to write them. Over the course of the era, it is estimated that a staggering 11 million alcohol prescriptions were written each year (see official packet of prescription forms in Figure 2)!⁶ One account reveals in the story of how one physician wrote 475 alcohol prescriptions in one day; that physician was later cited by the Prohibition Commissioner John Kramer.⁶

Just like today, there were healthcare professionals who manipulated the system for profit.

To understand the context of the Pro-

hibition era alcohol prescribing requirements, it is important to remember two things: both the 1951 Durham-Humphrey Amendment and the 1970 Controlled Substances Act were not yet law. Accordingly, there were no controlled substance schedules, permits, or regulations, except regarding labeling; and whether a drug required a prescription was at the whim of its manufacturer, not a federal agency. Yet, the Treasury Department set up a very unique system to obtain permits to manufacture, order, prescribe, and dispense alcohol; and for the public to obtain medicinal alcohol prescriptions, as well as the product. To start, all those who wished to obtain a permit to manufacture, order, prescribe, and/or dispense medicinal alcohol had to file a Form 1404, in triplicate, to the Prohibition Director of their state. On the Form 1404, pharmacies were counseled to apply for an “T” permit, with which both the use and sale of intoxicating liquors was allowed. For a permit holder to purchase alcohol, form 1410 had to be utilized.¹¹

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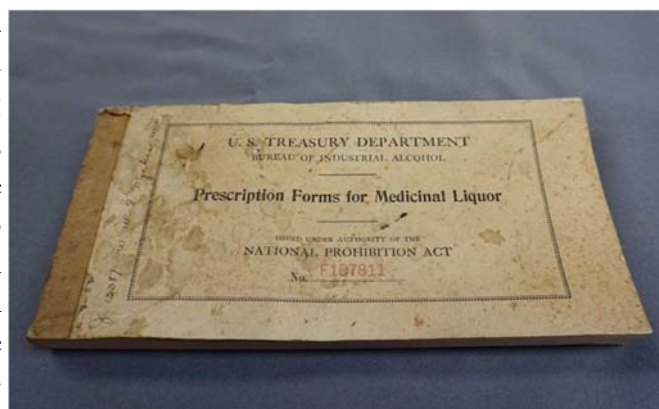


Figure 2. A packet of prescription forms (Form 1403) for medicinal liquor. Courtesy of:

www.atlasobscura.com/articles/doctors-booze-notes-prohibition.

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In addition to the permit and ordering requirements, medicinal liquor prescriptions had to have several pieces of necessary information on them to be considered facially valid. Form 1403, the official alcohol prescription form, required information not seen on other prescriptions of the 1920s (see Figure 3). Bearing many similarities to the modern day requirements for C-II controlled substance prescriptions, there are some noticeable differences. Unique for its time was the fact that an alcohol prescription could not be re-filled, much like a C-II today. In contrast, the “ailment for which prescribed” requirement on the stub kept by the prescriber was unique then as well as today. According to the American Medical Association, there were an abundance of ailments for which alcohol could be prescribed that by today’s standards would be very questionable, e.g. the post-traumatic depression of Winston Churchill.¹²

Beyond the requirements of the prescription form, there were still other restrictions. First, patients could only

receive a pint or less of liquor every ten days (clearly, this was not often

enforced if 1 fluidounce was recommended every 2-3 hours for some conditions).^{2, 6} Second, records had to be maintained by both the physician and the pharmacy. For example, forms 1455 and 1455a were required to maintain pharmacy records of purchases and dispensings of medicinal alcohol. In addition, pharmacies had to use Form 1418 for the recording of all alcohol dispensed, and Form 1421 for the recording of all alcohol used in manufacturing (e.g., compounding). A copy of all of these forms, maintained in duplicate, were to be submitted monthly to the state Prohibition Director.¹¹

However, there were many loopholes available for pharmacists, physicians, and patients to get around the law. The dilution of alcohol prescriptions and poor recordkeeping was commonplace, allowing many pharmacists and physicians to make money from a public desiring, more than needing, alcohol. Physicians could write up to 100 prescriptions in as little as a month.

There was a considerable lack of inspectors to check the records of the prescribing physicians and dispensing pharmacies. Even when an inspector would show up, the lack of proper recordkeeping made it hard to pinpoint shortages or withdrawals with any accuracy. Enforcement was so lax, that of the 64,000 physicians granted alcohol prescription permits, only about 170 had their permits revoked in any one year.⁶

Today there are a multitude of pharmaceutical manufacturers globally that supply pharmaceuticals for patients all over the world. In contrast, during the Prohibition era, only select alcohol-producing companies were granted the privilege (i.e., a permit) to manufacture and supply medicinal alcohol. One company in particular was American Medicinal Spirits (AMS), founded around 1920 by Otho Wathen in Louisiana, to meet the need for medicinal liquor during prohibition. AMS was one of only about 33 distillers in the entire country that were allowed to produce alcohol legally. Prior to Prohibition (in 1899), there were an estimated 965 distilling establishments. It is believed that Wathen established his distillery expecting that at the end of Prohibition, the market for alcoholic spirits would put his company at a great advantage over those not yet in operation.¹³

Some of the AMS bottles produced during the Prohibition era still exist today. In fact, it was the discovery and purchase of one of AMS’s bottles, sans paper label and contents, by the authors that stimulated the research resulting in this paper. The bottle purchased had a very unique, star-burst,

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The image displays two versions of Form 1403, the standard alcohol prescription used during the prohibition era. The left version is the 'ORIGINAL LIQUOR PRESCRIPTION STUB' and the right version is the 'ORIGINAL PRESCRIPTION FORM FOR MEDICINAL LIQUOR'. Both forms feature a red stamp with the number 'E378812' and a red '97' at the bottom. The forms contain various fields for patient information (Full Name, Address, City, State, Ailment), prescriber information (Signature, Address, City, State, Permit Number), and liquor details (Kind and Quantity, Date Prescribed, Date Filled and Canceled, Strip Stamp Number). The right form also includes a 'CANCELED' section and a 'DRUG STORE NAME AS ON PERMIT' field.

Figure 3. Form 1403: The standard alcohol prescription used during the prohibition era. Courtesy of: www.smithsonianmag.com/history/during-prohibition-your-doctor-could-write-you-prescription-booze-180947940/.

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design; label areas front and back; and “Full Pint” and “The A-M-S Co.” embossed in the glass. Based on that, the exact product bottle, containing Kentucky Sunshine Whiskey, was found on the Internet (see Figure 4). Note the “For Medicinal Use” notation on the paper label. If personally searching for Prohibition era bottles, be aware that if “FEDERAL LAW FORBIDS SALE OR RE-USE OF THIS BOTTLE” is on the label or embossed in the glass, those were produced subsequent to Prohibition, according to a federal law passed in 1935 and later repealed in 1964.¹⁴ The reason for this post-Prohibition law was to prevent the refilling of legal-appearing bottles with black market alcohol.¹⁴

As the pharmacy profession, and its practice, continues to evolve with new medications and approaches to patient care, it is important to note the past to assist in the development of current and future practices. Although Prohibition did not last for an extensive period of time, it does provide insight into the first real attempts by federal and state governments to control the prescribing of a substance with abuse potential. It is interesting to note that many of our current-day state and federal controls on prescription drugs and controlled substances resemble these Prohibition era medicinal alcohol laws and regulations.

—Aniel D. Russo, PharmD Candidate, 2020 and David Baker, B.S., M.B.A., J.D., Associate Professor, Western New England University College of Pharmacy & Health Sciences



Figure 4. Kentucky Sunshine Whiskey produced by the American Medicinal Spirits Company. This is a prohibition era bottle – note: “For Medicinal Use” on label. Courtesy of: <https://whiskeybent.net/wp-content/gallery/prohibition-era-whiskey/ky-sunshine.jpg>.

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Pharmacy Chronicles



HISTORY OF PHARMACY SIG NEWSLETTER

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1727 King Street Alexandria, VA 22314

**"THE HISTORY OF PHARMACY LIVES
HERE..."**

**...THE FUTURE OF PHARMACY BEGINS
HERE."**

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

About the History of Pharmacy SIG

The upcoming academic year (2018 – 2019) marks the eleventh year since the History of Pharmacy Special Interest Group (SIG) was formalized as an AACP SIG.

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

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

Advertisements Through Time

