TEACHING the History & Social Aspects of Pharmacy

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Welcome to the sixth issue of Teaching the History and Social Aspects of Pharmacy. This newsletter is issued twice a year in an electronic format and distributed via email by Greg Higby, Executive Director of the American Institute of the History of Pharmacy (ghigby@mhub.facstaff.wisc.edu). The Newsletter also is posted on AIHP's website (www.aihp.org).

In this issue, a Policy Analysis Exercise, used in a Health Care Delivery course, is described. The third of Anne Marie Lane's ongoing column on *Remedies from Rare Books* focuses on what young readers in the 19th century learned about medicinal plants from geography textbooks. Her third column is a lot of fun and should make one wonder what young people today are learning about medicinal plants, not only from geography texts, but other classroom materials. I am pleased to introduce in this issue a second column that will appear occasionally, *Notes from Abroad*. Edited by Glenn Sonnedecker, it contains information he has abstracted from the *Newsletter of the International Society for the History of Pharmacy* and the "*Communications" of the International Academy of the History of Pharmacy*.

I look forward to your comments and suggestions for improving the newsletter, and most importantly, your contributions. Enjoy!

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Course Materials

The Policy Analysis Exercise

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The author would like to acknowledge the contributions of present and former colleagues who have been involved in the development and continued revision of the Policy Analysis Exercise, including: Linda E. Barry, Jennifer Tebbe-Grossman, Peter Steere, Susan Herz, Michael Montagne, Mary Grace and Nicholas Campagna.

The next issue of ***Teaching the History and Social Aspects of Pharmacy*** will be published during Autumn of 2004. The **deadline** for submitting items, announcements, and materials for that issue is **15 September 2004**. Please submit materials electronically in **MS Word** to: Mike Montagne at mmontagne@mcp.edu (Mass. College of Pharmacy & HS, 179 Longwood Ave., Boston MA 02115; phone: 617-732-2995; fax: 617-732-2236).

As part of the Massachusetts College of Pharmacy and Health Sciences (MCPHS) strategic planning process, each school and department has been asked to determine its mission and goals. During our current academic year (2003-2004) the Department of Pharmaceutical Sciences at the School of Pharmacy-Boston has devoted its energies to its first goal: "Promote active learning, critical thinking and life-long learning skills in a culturally diverse student population through continued excellence in teaching and the use of innovative and varied teaching techniques." As part of the Department of Pharmaceutical Sciences, the discipline of Social and Administrative Sciences has performed an exercise to list all of the active learning tools within our courses. One such component is the Policy Analysis Exercise, a semester group project in which students develop and deliver a presentation based on analysis of a health care-related policy.

The Policy Analysis Exercise (PAE) was designed to serve as a major component of the course Introduction to Health Care Delivery. Health Care Delivery is a professional course that pharmacy students take in the second year, unless they have transferred into the third year (first professional year). Prior to the PAE, the course used a debate project (Am J Pharm Ed 1995; 59:104S) where students would take a side (in favor or against) a specific health care issue, for example, physician-assisted suicide. By 1999, the various instructors involved in the course felt that another group activity might better serve the needs of the course and the PAE was developed. The motives were to improve students' oral presentation skills and teamwork skills by allowing students from different disciplines to work together. Currently Health Care Delivery is a required course for most programs at the college, including Doctor of Pharmacy, Master of Physician Assistant Studies, Pre-Medicine, Dental Hygiene, and Radiological Sciences.

Figure 1 provides the instructions for the project. The project is assigned early in the course and students have most of the semester to prepare for the presentation. Depending on class enrollment, we have between six and eight groups per class section presenting in any given semester. We provide a list of scenarios with different health care-related policies for the students to select from. The faculty reviews these scenarios every semester in order to update topics. Figures 2 and 3 show how topics have evolved over the last four years. As mentioned in the instructions, there are two evaluation instruments used to assess the assignment. The Oral Presentation Assessment instrument evaluates both content and presentation skills and is utilized for instructor and peer assessment. The Evaluation of Team Participation is a group self-assessment instrument. (Please contact the author if you are interested in obtaining a copy of all assessment forms used).

The PAE meets many of the educational outcomes outlined by the American Council on Pharmaceutical Education. Through teamwork, the assignment emphasizes communication and critical thinking skills as well as social interaction, civic and social awareness, and social responsibility. It allows students to think about larger public policy contexts of the work they will be doing in their own professional lives.

Figure 1 – PAE Instructions, Cover Sheet

SAS 220 INTRODUCTION TO HEALTHCARE DELIVERY
Guidelines for Student Policy Analysis Exercise (PAE)

Each student participates in one Policy Analysis Exercise team during the semester. Students form teams of *five* members each. Each team identifies and analyzes a health policy issue, and offers a specific set of recommendations on how to address this policy problem. Faculty will provide a list of topics to aid in the topic selection process.

Once the topic is selected, each team has to perform a bibliographic search for their topic. The bibliography will include **at least ten to twelve sources**. Of the total of sources, one third should be from professional journals, one third should be from the lay press, and one third from the Internet. Moreover, at least half of the sources should be from within the last year. All references must be properly cited.

An outline of your presentation is due 1 month prior to your presentation date!

Grading: Each team will be graded as a team using the attached Oral Presentation Assessment Instrument. The instructor, to aid in grading, will use the same instrument as a *peer-evaluation* form to be filled in by one student from each team not presenting on each PAE presentation day. This form will be collected following the PAE presentation. In addition, students are expected to complete a *self-team evaluation form* (Evaluation of Team Participation), which is due the next class period. The evaluation will be used as an aid in determining individual student grades. When it is apparent the student did not contribute his/her proportionate share of work; grades will be adjusted accordingly. Grades will not be issued until all self-assessment forms are handed in. Your **final score is worth 25% of your total grade for the course** and is based on the oral presentation (including outlines, bibliography, class speaking notes, as well as self/team, peer and instructor evaluations).

Format and Procedure:

1. Teams are formed and policy topic is selected
2. Presentation dates are scheduled
3. Students gather background data on their policy topic
4. Students present Policy Analysis Exercise using the following format:

Part I Identification and Analysis of the Problem
(What are the major reasons that the problem exists)
Part II Recommendations
Part III Conclusion with justification supporting the recommendations

*** The presentation should be no more than 25 minutes long.***

Each team member must speak a minimum of 5 minutes on one of the content areas (I-III) listed above.

Each team will be required to distribute an outline, bibliography, and presentation materials (especially class speaking notes) to the instructor. These materials should be handed in on the day of the PAE. Students are responsible for photo-copying the outline for the rest of the class and preparing any other audiovisual material on their own. The use of audiovisual aids is highly encouraged. (E.g., overheads, short video-clips from the news, etc.)

Figure 2 – Original PAE Scenarios, 2000

SAS 220 - Health Care Delivery Systems

1. You are a group of health policy experts servings as advisors to a presidential candidate. You have been asked to develop the candidate's position on universal health insurance.

2. The state's insurance committee will be considering a bill on patient confidentiality of medical records. You have been asked to testify about the bill because of concerns about the use of medical information when individuals undergo genetic testing and recent concerns about employer use of medical information.

3. You are a group of providers who have been notified of an assisted suicide bill that will be heard in the state's health care committee. You have requested the opportunity to testify on the bill before the committee.

4. The Massachusetts Board of Pharmacy has just promulgated regulations regarding the licensure and oversight of Internet pharmacies. Your group has decided to testify at the public hearing where the regulations will be considered for adoption.

5. The governor of the state is concerned about increasing problems of the mentally ill. You are part of the Governor's task force instructed to develop recommendations on solving some of the problems in the state.

6. The Congressional Committee on Medicare reform will be meeting shortly to address the financing problems of the federal Medicare program. You are a

group of health care providers asked to testify before the committee on prescription drug access for Medicare beneficiaries.

7. Legislation has been introduced that eliminates the use of animals for research or testing. Your group has been asked to testify before the state health care committee about the feasibility of such legislation.

8. You are a group of health care providers serving as advisors to the President. You have been requested to examine the issue of prescription drug prices and make recommendations regarding the prices charged for prescription drugs.

9. There has been an alarming trend of reductions in the number of individuals applying for Medicaid, even though they are eligible for benefits. Your group has been asked by the Governor of New York State to analyze the problem.

10. Since the permission from the Food and Drug Agency to allow direct to consumer advertising, there has been a rapid increase in prescription drug advertising. As a group of health professionals you have been requested by the F.D.A. to comment on the issue.

11. After a series of deaths from the use of food and dietary supplements, consumer groups are asking the Food and Drug Administration to further regulate the industry. As a group of health care professionals, you request the opportunity to testify about the unregulated use of food and dietary supplements.

Figure 3 – PAE Scenarios, Spring 2004

SAS 220 - Policy Analysis Exercise Scenarios

1. The governor is concerned about increasing costs of medications for people with psychiatric disabilities. You are part of the Governor's Task Force instructed to develop recommendations on solving some of the problems in the state.

2. You are members of a task force convened by Congress. You have been asked to create standards for providing health care information on the Web. Lobbyists from various corners of the health care industry are working hard to argue for and against such standards. Today you are meeting with all of the lobbyists to artfully address their concerns.

3. Your state has been studying kidney organ transplantation in relation to African Americans. Under some circumstances, relative to similarly situated whites, African Americans are less likely to be deemed candidates for organ transplantations, and when referred for organs, are likely to be at a more advanced disease state. As health care experts, you have been asked to propose ways of dealing with this inequity.

4. A group of consumers will be meeting with your supervisor, the state Commissioner of Public Health. They are quite angry, insisting that requirements to wear seat belts and helmets infringe on their freedom of choice. The Commissioner has asked that you prepare her for this meeting.

5. You are the new Quality Improvement Director for a managed care organization. Traditionally the organization has measured quality of service by focusing on patient satisfaction. There have been anecdotal reports of patient care failures and strong dissatisfaction. You're not sure whether it's based on cost, care, and relationships with the providers or some other issue. You have been told that your first priority is to design an appropriate instrument to collect necessary and valuable outcomes; satisfaction and quality data from patient care initiatives.

6. The law requires that pharmacists offer to counsel patients about their medications. Compliance with this law has been, at best, inconsistent. The state Board of Pharmacy has asked you to discuss the ramifications of any failure of OBRA and provide advice on how to better implement the counseling requirement.

7. You are a group of health care providers serving as advisors to the President. The President has requested your group to examine the issue of drug benefits for the elderly, and to make recommendations.

8. Congress is considering regulations regarding prescription drug prices in the United States. Your group has been asked to testify at the public hearing where regulations will be considered for adoption. Your group may wish to include consideration of recent Pharmacy Benefit Management Program issues.

9. Your group is the outreach committee at your hospital, responsible for such important decisions as determining how you identify patients eligible for free care services, to making sure children have access to annual physicals, etc. You are constantly being asked to "invent" services to provide for patients who can not afford healthcare services. Year after year, your programs have grown, and become, unfortunately, more costly. The president of the hospital is asking to meet with the committee to discuss how the facility can scale back its free care program. How will the committee respond to this, what recommendations might it make, and what justifications for continuing expensive healthcare services are available to the committee members?

10. Your group has been invited to serve as consultants to a multi-service community health center. The center wants its professional staff to receive education with respect to cultural and health issues associated with three ethnic groups it serves. Identify the three ethnic groups and present your educational plan.

Special Column

REMEDIES FROM RARE BOOKS III

by
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"It takes the whole world to cure you if you are sick:" What nineteenth-century young people learned from their geography textbooks about medicinal plants

Old geography books can be useful sources for a variety of cultural studies. One area that these books discuss relates to trade; that is, the importing and exporting of items among different countries. This study looks at a sample of nineteenth-century American geography books to see what trade items might relate to medicine, pharmacy, and health. Occasional references are made to alum (an astringent sulphate) and borax (an antiseptic salt). The main medical products, however, were derived from plants, and were exported from locations all around the world into the United States.

Thirteen geography books were consulted, ranging in date from just after the Civil War until the end of the nineteenth century, and in level from grade school through high school. Nine of the books contained information on this topic to varying degrees. Two of these books are held at the Toppan Rare Books Library at the University of Wyoming: Arnold H. Guyot, *The Earth and its inhabitants: common-school geography* (N.Y.: Scribner, Armstrong & Co., 1873), and M.F. Maury, *Physical geography* (N.Y. and New Orleans: University Publishing Co., 1894). Two are at the University of Wyoming's Coe Library: John D. Quackenbos et al., *Physical geography prepared on a new and original plan* (N.Y.: D. Appleton and Co., c 1887), and Spencer Trotter, M.D., *Lessons in the new geography for student and teacher* (Boston: D.C. Heath & Co., 1895). One is in the personal collection of this writer: (no author noted), *Elementary geography,* from the "Appleton American Standard Geographies" series (N.Y., Boston, and Chicago: D. Appleton and Co., c 1880).

Four of the books ordered through interlibrary loan also contained some information: from Ohio State University, D.M. Warren, *The Common-school geography: an elementary treatise on mathematical, physical, and political geography* (Philadelphia: Cowperthwait & Co., 1867); from Princeton, William Swinton, *A Complete course in geography: physical, industrial, and political* (N.Y and Chicago: Ivison, Blakeman, Taylor, and Co., 1875); from the University of Indianapolis, Jane Andrews, *Geographical plays* (Boston: Ginn & Co., 1894); and from the University of Colorado, Colorado Springs, Jacques W. Redway and Russell Hinman, *Natural advanced geography* (N.Y., Cincinnati, Chicago: American Book Co., c 1898).

The authors often give inconsistent information about the plants. For the purposes of this article, it is also unfortunate that they usually never mention just what kind of medicinal use they had. Therefore, this writer consulted a small *Webster's common school dictionary* (N.Y., Cincinnati, Chicago: American Book Co., 1892) to see what nineteenth-century children would find out when they went to "look it up." A higher-quality source, the *Century dictionary* (N.Y.: The Century Co., dates range from Vol. 1, 1889 through Vol. 6, 1891) was also consulted in order to more fully verify medicinal properties for the seventeen plants. The individual book excerpts below are listed within each plant category, in order of publication date, to accommodate possible changes through time. (Explanations of their medical uses are added from the *Century dictionary*, and also from the *Webster's dictionary* if anything relevant was found there.)

Aloes
-In the section on islands off the coast of Africa, Guyot (p. 51) says Socotora (Socotra) is noted for its trade in aloes.
-(*Century dictionary*: under "aloe:" several species yield aloes, the well-known bitter purgative medicine. Under "aloes:" a drug, the inspissated juice of several species, including Socotrine aloes, also called East Indian or Zanzibar aloes. *Webster's*: the thickened cathartic juice of several species of aloes.)

Asafetida (also spelled assafoetida)
-Warren (p. 83) notes it as a natural production of Persia, as does Swinton (p. 116).
-Redway and Hinman list it with the exports of Afghanistan (p. 138).
-(*Century dictionary*: an antispasmodic. *Websters:* a fetid, inspissated sap, used in medicine.)

Balsam
-Under the "Range of plants and animals" (Maury, p. 107): "balsams" are in a list of medicinal plants that are almost all indigenous to the torrid zone.
-(*Century dictionary*: in general used for embalming the dead, healing wounds, and soothing pain. Among the specific types, Balsam of Peru was used in the manufacture of soaps, as a stimulating ointment, and for relief of asthma and coughs; Balsam of Saturn was mixed with camphor to hasten the cicatrisation of wounds; and Balsam of Tolu was used as an expectorant and stimulant. *Webster's:* a soothing medicinal mixture.)

Belladonna
-Under the category "Plants yielding narcotics" (Quackenbos et al., p. 99): "Belladonna, or deadly nightshade, is a tall, bushy plant of the potato family, bearing a highly-poisonous but attractive-looking fruit. Preparations of belladonna and its alkaloid atropine are used in medicine as anodynes; they are of great service in the treatment of certain diseases of the eye, on account of their peculiar property of expanding the pupil." Note: includes an illustration.
-(*Century dictionary*: used to relieve pain, to check spasm and excessive perspiration, and especially in surgery to paralyze the accommodation of the eye.)

Camphor
-Warren (p. 82) lists it as one of the principal productions of Japan.
-Towards the end of Guyot's discussion of tropical Eastern Asia (p. 59): "The camphor tree, from which that valuable gum is obtained, is found abundantly in the Sunda islands.
-Swinton (p. 112) says the island of Formosa yields camphor, among other things; he later (p. 117) mentions camphor in a list of items traded by the Dutch East India Company.
-The Appleton series book (p. 95) notes that the island of Sumatra, "most of which is subject to Holland," exports camphor.
-On Maury's map "Geographical distribution of plant life" (p. 104), camphor is placed on the island of Borneo; whereas, on his map "Principal industrial pursuits (p. 122)," it is placed on the islands of Sumatra and New Guinea. (He does not discuss it in the text.)
-In Andrews' "Geographical plays" (p. 20), Canton says that it exports camphor.
-(*Century dictionary*: frequently used in medicine as a nervous stimulant and irritant, and in larger doses as a sedative.)

Castor-oil
-Included in a listing under the category "Plants yielding oils, gums, and resins" (Quackenbos, p. 99): "..castor-oil from the seeds of the castor-oil plant, also known as Palma Christi."
-Under the "Range of plants and animals," Maury (p. 107) includes it in a list of medicinal plants that are almost all indigenous to the torrid zone; however, he does not place it on his maps.
-Andrews (p. 20) gives Calcutta as one export location; with African castor-oil exported out of Alexandria.
-(*Century dictionary*: used medicinally as a mild but efficient purgative. *Websters:* cathartic vegetable oil.)

Cinchona
-Under "Productions" of South America" (Warren, p. 61): "Medicinal plants of great value are also found here: as sarsaparilla, ipecacuanha, and the cinchona tree (from which Peruvian bark is obtained)." In a later section after Peru, Ecuador, and Columbia, Warren (p. 62) notes Peruvian bark as one of the products shipped from Cartagena on the Caribbean Sea, and Guayaquil and Callao on the Pacific Ocean. He also notes (p. 63) that it is brought down from the Amazon and shipped from Pará in Brazil.
-Swinton (p. 88) lists cinchona trees in a chart of South American vegetation, and later within Brazil's forest resources (p. 89) and Bolivia's mountain forests (p. 90). He adds that Columbia and Ecuador include Peruvian bark among their exports (p. 90).
- In the Appleton series book (p. 67) at the end of a long list of products acquired from South American forests: "...and the cinchona (sin-ko'-na), from whose 'Peruvian bark' quinine is obtained."
-Under an actual section heading called "Medicinal plants" (Quackenbos et al., p. 98): "Quinine, cinchonine, cinchonidine, and other alkaloids acting as febrifuges, are obtained from the bark of trees called Cinchona, natives of the Andes of South America. Cinchona-trees are now also cultivated in India and the West Indies, and the price of these invaluable remedies, formerly so high, has been very much

cheapened in consequence."
-Under the "Range of plants and animals" in Maury (p. 107), quinine is in a list of medicinal plants that are almost all indigenous to the torrid zone. Then (p. 108): "Foremost among them stands the cinchona, from which quinine is obtained. It is a native of the eastern slopes of the Andes, flourishing in a belt that extends through Bolivia, Peru, and Ecuador, from 3,000 to 9,000 feet above sea-level. It has been successfully acclimatized in the East Indies." On Maury's map "Geographical distribution of plant life" (p. 105), cinchona is placed only in Bolivia; but on his map "Principal industrial pursuits (p. 122)," it is in Peru—as part of what he calls "The culture of coca and cinchona."
-Callao and Guayaquil are mentioned in Andrews (p. 20) as shipping ports for Peruvian bark and quinine. India is also noted (p. 20) as another export location where the cinchona tree is now growing at the base of the Himalayas.
-Trotter (p. 152) simply lists it among the exports from Peru.
-(*Century dictionary*: in addition to mentioning quinine, notes that is also spelled chinchona, after the Countess of Chinchon, a Peruvian vice-queen who was cured of fever in 1638 by the bark remedy. *Websters:* a Peruvian tree yielding a medicinal bark.)

<u>Coca</u>
-Under the "Medicinal plants" heading (Quackenbos et al., p. 98): "Cocaine is an anaesthetic of recent introduction. It is obtained from the leaves of the cuca or coca, a shrub which grows on the slopes of the Bolivian and Peruvian Andes. Its leaves were chewed by the Indians in the most ancient times, to remove drowsiness, enliven the spirits, and impart nervous energy to endure cold, wet, great bodily exertion, and even want of food. It is estimated that coca is still used as a nervous stimulant by 8,000,000 of the human race."
-On Maury's map "Geographical distribution of plant life" (p. 105), coca is placed in Bolivia. On his map "Principal industrial pursuits (p. 122)," it is in Peru. (It is not mentioned in the text.)
-(*Century dictionary*: coca is used in medicine as a stimulant and tonic, and yields the valuable alkaloid cocaine. *Webster's*: cocaine is an alkaloid obtained from coca leaves, which produce insensibility to pain.)

<u>Eucalyptus</u>
-In Swinton's discussion of scanty South African vegetation (p. 120): "eucalyptus (gum-tree)" is listed among the trees that grow there. He later lists it with the chief forest trees in Australia (p. 125).
-On Maury's map "Geographical distribution of plant life" (p. 104), eucalyptus is noted in southern Australia (although it does not appear in the text).
-(*Century dictionary*: oil extracted from the leaves is said to have important remedial powers in asthma, bronchitis, and other diseases.)

<u>Ginger</u>
-Swinton (p.85) notes it as one of the commercial productions from the West Indies, and Hayti is mentioned as sending abroad large quantities of it.
-In the "Range of plants and animals" section, ginger is in a list of spices in a "Spices and Narcotics" category (Maury, p. 107). He then notes the

East Indies as a region for spices—which are confined to a few degrees north and south of the equator.
-In the Andrews' play about medicinal items, noted as coming from India (p. 20).
-(*Century dictionary*: in medicine, used as a carminative stimulant and externally as a rubefacient and anodyne. Used more as a condiment than as a drug. *Webster's:* the spicy root is used in cookery and medicine.)

Ginseng
-On Maury's map "Geographical distribution of plant life" (p. 104), ginseng is placed in Manchuria. However, it is not discussed in this text, nor any of the other geography books consulted.
-(*Century dictionary*: the root is valued as a tonic and stimulant by the Chinese, who ascribe it almost miraculous powers; however, the dictionary goes on to say that the only medicinal effect is a mild aromatic stimulant. The Manchurian variety is the most esteemed. *Webster's:* its root is used medicinally by the Chinese.)

Gum-Arabic
-Swinton includes gum-acacias among West African (p. 122) and South African (p. 120) trees, and notes gum-arabic as a trade item from Nubia and Kordofan to Egypt.
-The Appleton series book (p. 89) mentions gum-*arabic* as one of the three things to remember in connection with Arabia (the other two being horses and Mocha coffee). The book had earlier noted (p. 82): "From the acacia-tree in Nubia and elsewhere issues a juice which hardens into gum-arabic."
-Under "Plants yielding oils, gums, and resins" (Quackenbos et al., p. 99): "Gums are soluble in water. Gum-arabic, the most important, is obtained from several acacias in Asia and Africa."
-In Maury's "Range of plants and animals" (p. 107), a category of medicinal plants that are almost all indigenous to the torrid zone lists "gums." On his map "Geographical distribution of plant life" (pp. 104-105), acacia is noted in both eastern Australia and the Sudan. On his map "Principal industrial pursuits" (p. 123), "gum" is included with trade items for the southern and central coasts of West Africa.
-Andrews (p. 20) has the personification of Alexandria say that "...gum-arabic, which you always find in a drug-store, comes to me across the desert, to be shipped to other countries."
-Redway and Hinman (p. 146) say that acacias grow along edges of the African desert.
-(*Century dictionary*: under "acacia," says that the inspissated juice is used in medicine; under "gum-Arabic," it merely lists medical among other uses.)

Ipecacuanha
-Under "Productions" of South America, Warren (p. 61) lists it within a group of "medicinal plants of great value."
-(*Century dictionary*: emetic, purgative, and diaphoretic, much used in medicine.
Webster's: the emetic root of a creeping plant of Brazil.)

Jalap
-Under the "Range of plants and ani-

mals" (Maury, p. 107), it is in a list of medicinal plants that are almost all indigenous to the torrid zone, but it is not further discussed.
-(*Century dictionary*: the roots are used to make a purgative drug, but it is apt to gripe and nauseate. It has a nauseous taste and smell. *Webster's:* root of a Mexican plant used as a cathartic.)

Opium Poppy
-Under "Productions of India," after Warren (p. 82) mentions opium among the other chief exports.
-Guyot, in discussing the "Principal occupations" of people in British India (p. 64), lists "the poppy, from which opium is made" with other leading agricultural products.
-In Swinton's section on zones for plant life, under "Tropical zone" (p. 15), "opium (from the poppy)" is listed with other plants in general; it is again listed in a table about the southern zone of Asia. From the agriculture section of British India (p. 114): "Opium—vast quantities of this article are exported to China, where opium-smoking is the besetting vice of the people." In the accompanying chart of Indian cities, he lists Patna on the Ganges as a city with an extensive opium trade. Swinton later (p. 115) notes opium as a chief export of Turkey.
-A wood engraving depicting poppy cultivation can be seen in the Appleton series book (p. 85). The text below it reads: "The Ganges is the sacred river of the Hindoos. Poppies are raised in large tracts in the valley of this river. The opium made from their juice is largely exported to China, where the natives eat and smoke it, to the ruin of both mind and body."
-Under the category of "Plants yielding narcotics" (Quackenbos et al., p. 99): "Opium is the dried juice of the seed-pods of a species of poppy. In parts of Asia, and by the Chinese of America, it is chewed and smoked to produce intoxication. Opium and its alkaloid morphine are largely used in medicine to induce sleep. The plant is believed to be native to the Mediterranean region." Note: includes an illustration.
-Under the "Range of plants and animals" (Maury, p. 107): "The important narcotics, tobacco and opium, are natives of warm regions, but their geographical range extends into the temperate zones." On his map "Geographical distribution of plant life" (p. 105), poppy is placed in northern India.
-In Andrews (p. 20), Calcutta is given as an export location for opium.
-In Trotter (p. 152), Persia and Turkey are the two places noted for opium export.
-In their section on Persia, Redway and Hinman (p. 138): list opium as one of the items cultivated and exported.
-One of the places that opium was exported to was China. In their section on China, Redway and Hinman (p. 141) note: "Opium, cotton cloth, and other manufactures are the principal imports." However, in their later discussion on the Chinese territory of Manchuria, they do say (p. 141) that opium and indigo are the chief productions. (It must not, therefore, have supplied enough to satisfy the demand throughout China.)
-(*Century dictionary*: under "Poppy" notes the seed oils of the opium-poppy as a syrup or extract used as a sedative, and in hot decoction serves as an anodyne application. Under "Opium," states that although known to the Greeks, it was not used much before

the seventeenth century, and that at present, is "the most important of all medicines," mainly used for pain relief and sleep. Under "Morphine," we see that this most important narcotic principle of opium can also promote perspiration, check peristalsis, contract the pupil, and that its soluble salts are extensively used in medicine.
Websters: morphine is a narcotic vegetable alkaloid extracted from opium, and used in medicine as an anodyne.)

Sarsaparilla
-Under "Productions" of South America, Warren (p. 61) lists it within a group of "medicinal plants of great value."
-In the discussion under "The Forest plains of the Amazon," Guyot (p. 37) lists it with cinchona as one of the many plants there that yield valuable medicines.
-Swinton lists it among exports for both Mexico and Central America (p. 84).
-Under the "Range of plants and animals," Maury (p. 107) includes it in a list of medicinal plants that are almost all indigenous to the torrid zone. On his map "Geographical distribution of plant life" (p. 105), sarsaparilla is placed in the Guiana area.
-(*Century dictionary*: its medical reputation has suffered because of worthless substitutes or from the root being kept too long, but it is established as useful in treating syphilis, chronic rheumatism and other diseases.
Webster's: a tropical American plant, whose rootstock is used in medicine.)

Senna
-Swinton (p. 121) lists it among the cultivations of Nubia and Kordofan.
-Briefly mentioned in the Andrews play about commerce in medicinal items (p. 20) as being exported from Alexandria.
-(*Century dictionary*: a prompt, efficient, and very safe purgative, especially suited to fevers and febrile complaints. Introduced into medicine by the Arabs. *Webster's:* its leaves are used in medicine as a cathartic.)

General "drugs" and "medicines"

Sometimes there are ambiguous references to non-specified drugs and medicines. These could well be the same substances mentioned above, or they could be something different. Guyot notes that Brazil (p. 39) and Turkey (p. 85) export medicines. Swinton (p. 90) says that "a few gums and drugs" are among Peru's export items, and that the soil and climate of Asia's tropical region make it fit for the production of, among other things, drugs (p. 110). Swinton (p. 117) also says the Dutch East India Company "supplied the world" with many items, including drugs. In the Andrews commerce play (p. 20), Vera Cruz says simply that it has drugs. Trotter's section on commercial vegetable products (p. 139), says "Plants yielding substances from which various drugs are extracted abound in tropical forests." Later, in Trotter's appendix, he lists drugs as one of the exports from Mexico (p. 152). Redway and Hinman (p. 97) say that medicinal plants are found in the Mexican lowlands, and also that in Afghanistan (p. 138), "drugs are produced."

The chapter "Commerce in the World" in *Geographical Plays* by Jane Andrews

includes a section on the topic of medical trade goods (pp. 20-21). It will be quoted here completely because of its interest. The book is in a different format than the other eight books. While they are the typical kind of illustrated textbooks that one might expect, this one has no illustrations and was intended for children to read passages aloud as they "personate" the different countries and cities.

United States merchant: "There is one class of goods that our country is not rich in, I mean drugs and medicines. I think the druggist has to send abroad for almost everything he sells."

Druggist: "You are right there. It takes the whole world to cure you if you are sick."

Callao: "I suppose Guayaquil and I send you one of your most valuable medicines. Ourcinchona-tree gives Peruvian bark and quinine; and if I do not mistake South America is the only country where it grows."

Calcutta: "Didn't you know that the cinchona had been transplanted to our country, and grows finely at the foot of the Himalayas? We shall have the best quality of quinine to export; and I will send you castor-oil, too."

Alexandria: "And you can have African castor-oil from me, and senna, too, if you like; and gum-arabic, which you always find in a drug-store, comes to me across the desert, to be shipped to other countries."

Vera Cruz: "And I, also, have drugs."

Naples: "And so have I."

Malaga: "You will need my sherry wine, too, sometimes, as a medicine."

Calcutta: "And my opium and ginger, too."

Paris: "I will supply you with perfumery and soap."

Trieste: "I send alum."

Canton: "And I camphor."

Leghorn: "And I borax and sponges, which you will surely want."

French merchant: "But let us all be well, and not talk longer of drugs and medicines. There are pleasanter things to think of in this world."

This last sentence might be a clue as to why medicinal plants and other medical products (with the exceptions of cinchona and opium) were not more completely discussed in nineteenth-century geography books. Certainly, disturbing topics like the continuing slave trade, cannibalism, and the foot-binding of Chinese women were not kept from the young people who read these geography books. While plants in general were discussed in terms of their various uses to people, perhaps discussing what specific plants might treat particular diseases was simply not considered an appropriate topic for these books.

In conclusion, this small sample gives us an idea concerning what medicinal plants some nineteenth-century young people learned about in their geographical studies. But, this is not the complete picture, by any means. Other geography books of the time might yield more or other types of information, and they are suggested as possible sources for anyone interested in the medicinal plant aspect of the history of pharmacy.

Notes From Abroad

Based on the *Newsletter of the International Society for the History of Pharmacy* (a confederation of national societies) and the *"Communications" of the International Academy of the History of Pharmacy* (an honorary body)

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* The biennial **International Congress on the History of Pharmacy,** scheduled for June 22 to 25, 2005, will be held in Edinburgh, Scotland. It is being organized by the British Society for the History of Pharmacy (www.bshp.org), under the aegis of the International Society for the History of Pharmacy. For registration forms and information, contact the Local Secretary, Peter Homan (peter.homan@lineone.net). Teachers of the profession's history will find the Congress an occasion for exchanging ideas and experience with their counterparts in other countries. The program includes volunteer papers, symposia, and business session, usually followed by a historical tour. A symposium at the 2003 Congress in Romania, for example, included a symposium on the development of the history of pharmacy as an academic subject in several countries.

* Faculty members with a research interest in industrial pharmacy may have occasion to consult a **new British resource**: *The Pharmaceutical Industry: A Guide to Historical Records,* L. Richmond, J. Stevenson, and A. Turton, eds. (Aldershot, Hants, GU11 3HR: Ashgate Ltd, 2003), 561 pp. Included are company sketches, historical essays, a guide to industrial archives, bibliography, and historical tables. Unfortunately we have no American counterpart.

* A **new research fellowship** established by the International Society for the History of Pharmacy provides up to 2,500 Euros biennially "to support research projects in pharmaceutical history with a truly international focus." Any member of a constituent society of the ISHP may apply through General Secretary Axel Helmstaedter (helmstaedter@govi.de). The first two grants have been awarded, one to Dr. Sabine Anagnostou from the University of Marburg, Germany, to explore the transfer of pharmaceutical knowledge by Christian missionaries between South America and Europe during the 16th to 18th centuries, and the other to Prof. Andreea Nitulescu and Dr. Doina Draganescu at Bucharest University, Romania, to study comparatively the development of pharmaceutical legislation in selected European countries in two time-periods, 1920-45 and 1945-95.

* Spain has long been known for productive university programs in the history of pharmacy, both teaching and research. Last year the **Folchia Group** (www.ucm.es/info/folchia) sponsored a conference on pharmaceutical museology to commemorate the 50th anniversary of the Museum of Spanish Pharmacy in Madrid. Those who cannot visit this remarkable museum—housed in nine rooms of the Faculty of Pharmacy, Universidad

Complutense de Madrid—will find pleasant hours perusing a trilingual volume about the collections, *El Museo de la Farmacia Hispana,* Madrid: Grafica International, c. 1993, 197 pp. (ISBN: 84-600-8406-X).

* Academic reform in Austria, under EU guidelines, includes provision for the **history of pharmacy** at university level. Lectures have been programmed at the universities of Vienna, Innsbruck, and Graz. A historical thesis may be elected, and several already have been undertaken in aspects of pharmaceutical botany and pharmacognosy.

* The University at Louvain-la-Neuve, in the French speaking part of Belgium, embraces a "Centre d'Etudes d'Histoire de la Pharmacie et du Medicament." The Center sponsors three historical conferences annually at the University—one in 2004 will be devoted to the history of galenic science and technology.

* In Copenhagen Dr. **Poul R. Kruse** has been appointed Honorary Professor of the history of pharmacy at the Royal Danish School of Pharmacy. He also serves as President of the Danish Society for the History of Pharmacy. . . . In Germany there are several professorships for the history of pharmacy in German universities, whose advanced students become productive historians, frequently as an avocation. . . . Prof. **Robert A. Buerki** of Ohio State University's College of Pharmacy has been elected to the International Academy of the History of Pharmacy, an honorary body, for contributions to the history of pharmacy through his research and teaching. . . . Seven **Polish universities** currently include instruction in pharmacy's history as part of the curriculum.

* Talent for historical research may be too scarce, within pharmacy, to generate an ongoing, meaningful history of pharmaceutical events. To counter this challenge, the **Swedish Society** for the History of Pharmacy therefore is considering such measures as: (1) engaging a professional historian to offer seminars for interested pharmacists in the methodologic basics of historical research and writing, and (2) encouraging university historians to choose a pharmaco-historical theme for their next research.

* A paper titled **"Teaching the History of Pharmacy"** was presented at the 2003 Meeting of the British Society for the History of Pharmacy, by the pharmacist-historian Stuart Anderson. Dr. Anderson is Senior Lecturer in the history of pharmacy at the London School of Hygiene and Tropical Medicine, University of London.

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Announcements

13th International Social Pharmacy Workshop
July 19-23, 2004, Msida and Sliema, Malta

The 13th International Social Pharmacy Workshop will be held in Malta from July 19-23, 2004. The Teacher's workshop will held at the University of Malta in Msida on July 19th, while the main workshop will be held on July 20-23 at the Crown Plaza Hotel in Sliema. This event is hosted by the Malta College of Pharmacy Practice. The official language of the workshop is English. Abstracts are due March 30, 2004. For further information about all aspects of this very interesting workshop, please check their website: www.mcppnet.org.

International Congress of History of Science
July 24-30, 2005, Beijing, China

The next International Congress of History of Science will convene 24-30 July 2005 in Beijing, China. The central theme will be "Globalization and Diversity," focusing historically on cross-cultural diffusion of science and technology, and its impact on the world today. The program includes plenary lectures, symposia, poster sessions, and volunteer papers in three sections, one of which is devoted to medical history, broadly defined. The Congress website is: http://2005bj.ihns.ac.cn. To e-mail the Congress Secretariat address: 2005bj@ihns.ac.cn.

Australian National Medicines Symposium, 2004
July 28-30, 2004, Brisbane, Australia

This symposium will focus on the quality use of medicines. More information can be obtained at : www.nps.org.au, and then click on "Events."

Health and Medicine in North America in the Era of Lewis and Clark
November 4-6, 2004, Philadelphia, PA.

The Francis C. Wood Institute of the College of Physicians of Philadelphia is planning a major conference on medicine in the U.S. circa 1800, to be held Thursday evening through Saturday, November 4, 5, and 6, 2004. Co sponsors will include the American Philosophical Society, the Library Company of Philadelphia, and the McNeil Center for Early American Studies at the University of Pennsylvania. The conference is timed to coincide with the opening of a national touring exhibition on the Lewis and Clark expedition at Philadelphia's Academy of Natural Sciences. Another exhibit, "Only One Man Died: Medical Adventures on the Lewis and Clark Trail" is on display at the College of Physicians through 2006.

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