

ASPECTS OF THE HISTORY OF ORGANISED

PHARMACY IN SOUTH AFRICA, 1885 - 1946

by

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Master of Arts in History at the University of Cape Town.

1983

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ABBREVIATIONS

AG	:	Attorney General
A.P.S.S.A.	:	Associated Pharmaceutical Societies of South Africa
CCP	:	Cape Colony Publications
CO	:	Colonial Office
E. Districts Pharm. Soc.	:	Eastern Districts Pharmaceutical Society
GH	:	Government House
HA	:	House of Assembly
Jhb.	:	Johannesburg
Lab.	:	Labour Party
MC	:	Medical Committee
Nat.	:	National Party
P.S.S.A.	:	Pharmaceutical Society of South Africa
S.A.	:	South Africa
S.A.P.	:	South African Party
S.A. Pharm. Assoc.	:	South African Pharmaceutical Association
Tvl.	:	Transvaal
Tvl. Pharm. Soc.	:	Transvaal Pharmaceutical Society

NOTE : Unless otherwise stated, all manuscript sources cited in the footnotes are from the Government Archives, Cape Town.

PREFACE

The medical practitioner, nurse, midwife, dentist and pharmacist have played significant roles in the history of South Africa. Various histories¹ have dealt with their expansion into separate, clearly identifiable, professions. Nothing of a scholarly nature has been written about pharmacy in South Africa,² and this work attempts to fill a part of the gap. The thesis concentrates on the major issues which affected the development of the profession and attempts to establish the reasons for the creation of the first professional society in the Eastern Cape in 1885.

It was not until 1904 that voluntary professional pharmaceutical societies existed in most major areas of South Africa and it took a further nineteen years before these societies were able to form a loose federation - the Associated Pharmaceutical Societies of South Africa - to protect their interests. This was achieved as a result of a government imposed medicine stamp tax which threatened to ruin many pharmacists. Provincial rivalry, distrust and apathy plagued the profession and it was not until 1946 that the country could boast of a single, united Pharmaceutical Society of South Africa.

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1. See for e.g., P.W. Laidler and M. Gelfand, South Africa, Its Medical History, (Cape Town, 1971); E. H. Burrows, A History of Medicine in South Africa (Cape Town, 1958); C. Searle, The History of the Development of Nursing in South Africa, 1652 - 1960 (Cape Town, 1965.)
 2. Most of the articles on the history of pharmacy deal with episodes in its development and seldom rise above the level of chronicles of events. Some interpretative historical technique is evident in the works of C. H. Price, A. Bridge and Gus Ferguson, however: see Sources, pp. 220-3.

Following pressure from the pharmaceutical societies, a statutory body was established in each province between 1892 and 1904. It supervised the training, registration and examination of pharmacists. This involved the profession in a prolonged battle with administrators and legislators, forcing pharmacists to consider strong political action to protect their interests. The raising of the status of the profession was achieved by means of certain important Acts - in 1892, 1899, 1904 and 1928 - which are dealt with in Chapters IV, VI and VII.

There is a wealth of manuscript material available on the subject, mainly in the form of minutes of some of the pharmaceutical societies. Valuable published material included Parliamentary Select Committee reports and comments from pharmaceutical journals and newspapers. The dominant position of the Transvaal and the Cape in the development of organised pharmacy in South Africa is also reflected in the sources consulted for this work. The thesis contains some photographs which have not been published before, as well as several tables of statistics³ showing the growth in the number of pharmacists from the late nineteenth century to 1911.

The history of pharmacy is of international concern and is a discipline which has developed rapidly during this century.⁴ The subject has not enjoyed the same attention in this country and its most common expression is to be found in the re-erection of old pharmacies at museums in

3. See pp.18, 58, 79, 109.

4. See, "Pharmacy's History - A Growing Awareness", in E. Kremers and G. Urdang, History of Pharmacy (Philadelphia, 1976), pp. 387 - 96.

the major centres.⁵ A notable exception is The Society for the History of Pharmacy in South Africa - a small group of enthusiastic pharmacists who organise seminars and promote historical research. But the Society is concentrated in Cape Town, with only a few members in other centres. It is as a result of their initiative and in particular Mr. W. Bannatyne, that this work has been undertaken and I am grateful to them for introducing me to their fascinating profession. Mr. N. Feitelberg, the Convener of the Society and Messrs. H. Barnett and T. Carse supported the idea of this project and assisted me in every way they could.

I am particularly grateful to Mr. J. Israelsohn for his advice and support and for arranging a generous grant-in-aid for this project from South African Druggists Ltd.; to Mr. David Boyce, the Director of the Transvaal Branch who allowed me access to their archival material; to Mr. P.R. van der Merwe, Director of the P.S.S.A., and his staff for all their assistance during my visits to Johannesburg and for permission to use their archival material; to Mr. Doug Gordon, Director of the Natal Branch, who sent me information concerning the history of his Branch; and to Mr. Gus Ferguson, Director of the Cape Western Province Branch of the P.S.S.A., and his staff who assisted me with administrative details, travel arrangements and in liaison with the profession.

I wish to record my warmest appreciation of the advice, help and courtesy received from the librarians and staff of the following institutions:

The Government Archives, Cape Town.

The South African Library - Reference Section, Cape Town.

5. Cape Town, Johannesburg, Kimberley.

The Africana Museum, Johannesburg.

The Adler Museum, Johannesburg.

Special Collections Department, Jagger Library, University
of Cape Town.

Pharmaceutical Society of Great Britain - London.

My thanks are due to Prof. C. de B. Webb who assisted me in the early stages of this work, and to Lillian Hartley for her encouragement and support and for proof-reading the draft of this thesis.

Finally, I would like to register my sincere thanks to my promoter, Prof. B.A. le Cordeur, for his interest and help and for the improvements he proposed when he read the first draft of this thesis.

PUBLIC HEALTH AND PHARMACISTS IN THE NINETEENTH CENTURY

Nineteenth century man was afflicted by a host of epidemics and diseases such as leprosy, smallpox, cholera, syphilis and typhoid fever. Antidotes, miracle-cures, new medicines and in some cases fancy gadgetry were a part of the onward march of technological progress. A short description of the state of public health and the historical role of the pharmacist in the provision of basic health care, will provide the necessary socio-medical background to the formation of organised pharmacy in South Africa. This chapter also examines some of the major health issues, crises and achievements affecting the Cape Colony at the time, in addition to evaluating the status of the pharmacist in society in relation to the other medical professionals.

The minutes and correspondence of the Colonial Medical Committee¹ provide much of the source material for this review of public health in the Colony. As the supreme authority in all matters pertaining to public health; they were expected to advise the government on epidemics and quarantine regulations; comment on proposed health legislation; approve burial sites and sewage schemes; conduct examinations

1. Inventory of the Medical Committee, Vaccine Institute and Inspector of Colonial Hospitals (hereafter M C).

in pharmacy; register doctors, dentists and chemists; combat all forms of quackery; and encourage medical research. By no means the least of their onerous duties, was educating an ignorant public in health matters.

In a memorandum submitted to the Select Committee on Medical Reform in 1883, Dr. H. Everitt of Cape Town argued that the matter of medical reform was "urgent". He stated that the Colonists were "unable to protect themselves" in medical matters because they were ignorant and superstitious.² Examples of this were blood-letting and the use of many "traditional remedies" - especially amongst the scattered population in the country areas. Usually some distance from the nearest chemist and often many days' ride by cart to the nearest doctor, older country folk might have prescribed dog's blood for fits, goat's dung for measles, bread poultices for abscesses and wolf's dung for a sore throat.³

By 1885 the situation had improved slightly in the rural areas with the use of the Huis Apotheek. Pioneered in the 1850's by a Cape Town chemist, Dr. Juritz, these so-called Dutch medicines consisted of about thirty-six different preparations.⁴ A contemporary account of life in Kimberley gives a vivid description of some of the contents:

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2. S.C. 25 - '83, Select Committee on Medical Reform, 1883, Appendix ii, memorandum by Dr. H. Everitt of Cape Town.
 3. Burrows, A History of Medicine, p.187.
 4. See, C.F. Juritz and Co., List of Halle Medicines (Cape Town, circa 1870).

"... the liquids are put up in ounce vials, and the pills and powders in bottles and packets. Among the liquids ... [are] ... "Hoffman's Droppels", a spirit of ether; "Versterk Droppels", a tincture of bark; "Witte Dulcis", a spirit of nitre; whilst pills may be illustrated by "Obstruct pillen", an aloetic pill ... Amongst powders ... [are] ... "Rhubarber poeder" and "Jalappen poeder". These Dutch medicines are either retailed singly, at 9d. or 1s., or by the dozen at 5s. or 6s., or one of each kind is put into a tin box, called a "Huis Apotheek" which retails at 20s. ... Although there is a book of directions enclosed in the tin, very few can read it or need to, as the therapeutic effect is a tradition in the family and they go entirely by the appearance of the bottle, so that it is essential to stick to the old and original shapes."⁵

Considering the range of ailments which it claimed to cure, the Huis Apotheek was fairly priced at 20s. when compared to items such as pills (18 for 3s. 6d.); liniments (5s. 6d. for 8 oz.) and plasters for 5s.⁶

Patent medicines, freely available from shopkeepers and often sold at a cheaper price than chemists' mixtures, very often claimed a lion's share of the market, exploiting an ignorant public. For example, Holloway's Pills and Ointments claimed to cure all ailments anywhere in the world. The manufacturer sent out "a formula, saying 'insert here the diseases more common in your climate' so that the agents might advertise accordingly."⁷ (See illustration on p. 4).

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5. "Pharmaceutical Notes from Cape Colony", in The Chemist and Druggist, vol. 27 15 Oct. 1885, p.600.
 6. Ibid, pp.600-1, and Shepperson, "Pharmacy in S.A." in The Chemist and Druggist, vol. 29, 9 Oct. 1886, p.502. It was claimed that chemist retail prices were 50% higher than those in England.
 7. S.C. 25 - '83, evidence of Dr. H. Ebdon, President of the Medical Committee, 14 Aug. 1883, p.8.

PATENT MEDICINE - HOLLOWAYS PILLS



HOLLOWAYS PILLS

This Great Household Medicine ranks amongst the leading necessaries of Life.

These famous Pills purify the BLOOD, and act most powerfully, yet soothingly on the

Liver, Stomach, Kidneys,

and BOWELS, giving tone, energy, and vigour to these great MAIN SPRINGS OF LIFE. They are confidently recommended as a never failing remedy in all cases where the constitution, from whatever cause, has become impaired or weakened. They are wonderfully efficacious in all ailments incidental to Females of all ages; and as a GENERAL FAMILY MEDICINE, are unsurpassed.

There was no law requiring manufacturers or dispensers of medicine to print the ingredients of the mixture on the bottle. The Medical Committee and the government did not possess the money or manpower to classify all mixtures and medicines - many of which were advertised as "secret remedies" and "instant cures". By 1891, however, the Medical Committee advised the government that the law be amended so as to enable them to test any drug or medicine sold by a licensed dealer and prohibit its sale, if deemed advisable.⁸ The shopkeepers ordered these patent medicines in large quantities. The Attorney-General of the Colony ruled that they were entitled to sell these medicines without reference to the Medical Committee in terms of Act No. 15 of 1877 which required that they take out a general dealer's licence to carry on such a trade.⁹

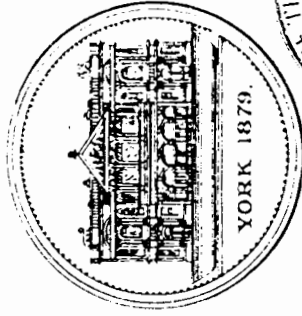
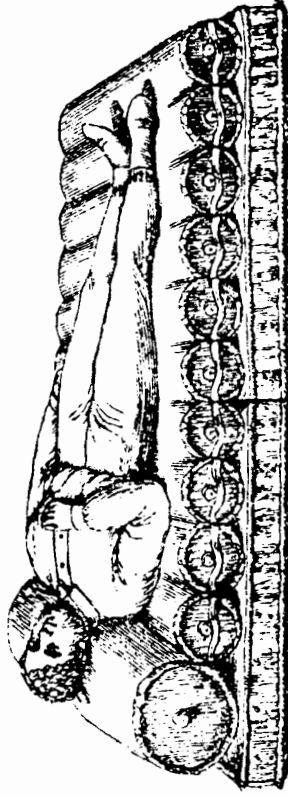
If patent medicines were plentiful and easily obtainable, their curative powers were limited and the Medical Committee was inundated with requests from inventors for public acknowledgement of their new gadgets and miracle-cures. These ranged from the latest European inventions such as a tubular waterbed (see illustration on p. 6) which could be adjusted to suit the particular needs of the individual

8. MC 31, Secretary of Medical Committee to Under Colonial Secretary, 10 July 1891, p.120.

9. See, CO 5350, Under Colonial Secretary to Malcher and Malcomess, general merchants in King William's Town and East London, 3 Oct. 1883. Some examples of patent medicine are Keating's worm tablets and cough lozenges, Kennedy's "medical discovery", pain-killers by Percy Davis, Poor Man's Friend ointment. See, MC 17, memorandum from Malcher and Malcomess to the Secretary of the Medical Committee, 27 July 1883.

WATERBED, CIRCA 1883

THE UNIVERSAL INVALID TUBULAR WATER AND AIR BED.
SUGGESTED BY J. MILLAR, L.R.C.P. ED.
MED. SUP. BETHNALL HOUSE ASYLUM.



POCOCK BROTHERS,
Patentees and Sole Manufacturers,
235, SOUTHWARK BRIDGE ROAD, LONDON, S. E.

This Invention consists of a series of separate and

(Government Archives,
Cape Town, MC 13,
enclosure in letter
28 May 1884).

patient by the release or addition of water from each tube,¹⁰ to a dry-earth toilet system and fail-safe snake bite cures. As interested parties, chemists in South Africa played their part in this process. For example, John Leslie of Port Elizabeth who, some time between 1874 and 1884, worked as Dispenser at the Grey Hospital at King William's Town assisted with the development of a dry-earth closet system to dispose of solid and liquid human excreta.¹¹

E.T. Fleischer, a pharmacist from Humansdorp and a member of the first (1885) executive of the South African Pharmaceutical Association, claimed to have discovered a fail-safe snake bite cure. He despatched four bottles of his antidote to Cape Town. It was then sent to the Agent-General for the Cape Colony in London who arranged for its transmission to the Indian government. After careful tests, Dr. Richards, medical officer at Goolundo in India, pronounced that the antidote was "useless".¹²

The Medical Committee was aware of the potential export value of a Colonial product with international potential but requests for assistance became too numerous and the Committee was forced to toughen their stance towards those who claimed a cure for snake-bites. Some

10. MC 13, enclosure in a letter from the Cape Government Agency, London, to the Colonial Secretary, Cape Town, 28 May 1884.

11. J.P. Fitzgerald, A Short History of the Native Hospital at King William's Town (King William's Town, 1885), p.11. Leslie later played a key roll at the annual general meeting of the South African Pharmaceutical Association held at Port Elizabeth in 1890 by urging the continuation of the Association which was in danger of disappearing from the scene. See pp.85-6.

12. CO 5351, pp. 296, 332, 403, correspondence from the Under Colonial Secretary to E.T. Fleischer, 20 May-28 July 1884; and CO 5352, Under Colonial Secretary to E.T. Fleischer, 20 June 1885.

three years later when E.C. Fletcher of Kimberley asked the government for assistance to send his CROFTS TINCTURE remedy to India to be tested, they replied that he would have to bear the costs and organise the transport himself.¹³

On the other hand, cures for cancer and syphilis were in demand and the Medical Committee appears to have been inconsistent in its official approach to these matters, encouraging some and rejecting others out of hand. This is well illustrated in the case of "Fourie's Cancer Cure". In 1887 researchers in London, prepared to try anything to find a cure for cancer, requested that the Agent-General for the Colony obtain large quantities of this cure, either "in the interests of trade or in interest of humanity."¹⁴ The government asked the Medical Committee to investigate the matter and, faced with a direct request for assistance, they politely obliged by identifying the source of supply of the cure as the The Sutherlandia plant which was available all over the Colony and the Orange Free State. The curator of the Botanic Gardens was asked to obtain supplies of the plant and the Colonial Government authorised the sum of £3.5.0. for the two trips which he had to undertake to collect the supplies. They also paid the freight charges to London.¹⁵

13. MC 5, minutes of meeting, 3 May 1888.

14. CO 1368, Agent-General to Colonial Secretary in Cape Town, 21 April 1887.

15. CO 1371, Curator of Botanic Gardens to Under Colonial Secretary, 4 June 1887; and CO 1372, *ibid*, 17 Oct. 1887; and CO 5356, Under Colonial Secretary to the Curator, 4 and 7 June 1887; CO 5357, *ibid*, 20 Sept. 1887.

The cure was tested at the Brompton Cancer Hospital by Dr. Fosbrooke who reported that it had relieved the pain of a patient with breast cancer and temporarily controlled the discharge in a patient with cancer of the uterus.¹⁶ This hospital ordered further supplies of the Sutherlandia plant. While the Committee's official attitude to the cure remained indifferent, their privately expressed views show that they were excited at the prospect that it could surpass Buchu leaves as an important Colonial export item.¹⁷

Despite these privately held views, little official encouragement was afforded to medical botanists and medical herbalists. Most of the so-called indigenous cures had been learned from the local black population. In 1883 for example, Jesse Shaw, a herbalist from Fort Beaufort, made application through his lawyers to be licensed to dispense herbal medicines and practise as a herbalist. However he probably found out about the Committee's view because he despatched a telegram to the Colonial Secretary before a reply could be written to him. The Medical Committee urged the government not to accede to his request¹⁸ enquiring what "protection" the government intended providing for medical botanists and "discoverers of new herbal remedies particularly students of Cape Medicinal Plants?"¹⁹ (see illustration on p.10) The Colonial government replied that the matter was "under consideration". Three and a half years later, Shaw again enquired whether anything had been done about his previous request, pointing out that anyone who developed Colonial produce

16. CO 1368, Agent-General to Colonial Secretary in Cape Town, 23 Aug. 1887.

17. See, MC 18, Note from the President of the Medical Committee, Dr. Roux, to his Secretary, 2 June 1887.

18. MC 30, Secretary of Medical Committee to Colonial Secretary, 27 July, 1883.

19. CO 4262, Telegram from J. Shaw to the Colonial Secretary, 7 Aug. 1883.

ADVERT AND LOGO OF JESSE SHAW, MEDICAL HERBALIST,

FORT BEAUFORT, 1880's

JESSE SHAW, M.D. (U.S.A.),

Medical Botanist by Diploma, Specialist in Cape Materia Medica,

Medallist at the Indian and Colonial, Queen's Jubilee, and Kimberley International Exhibitions.

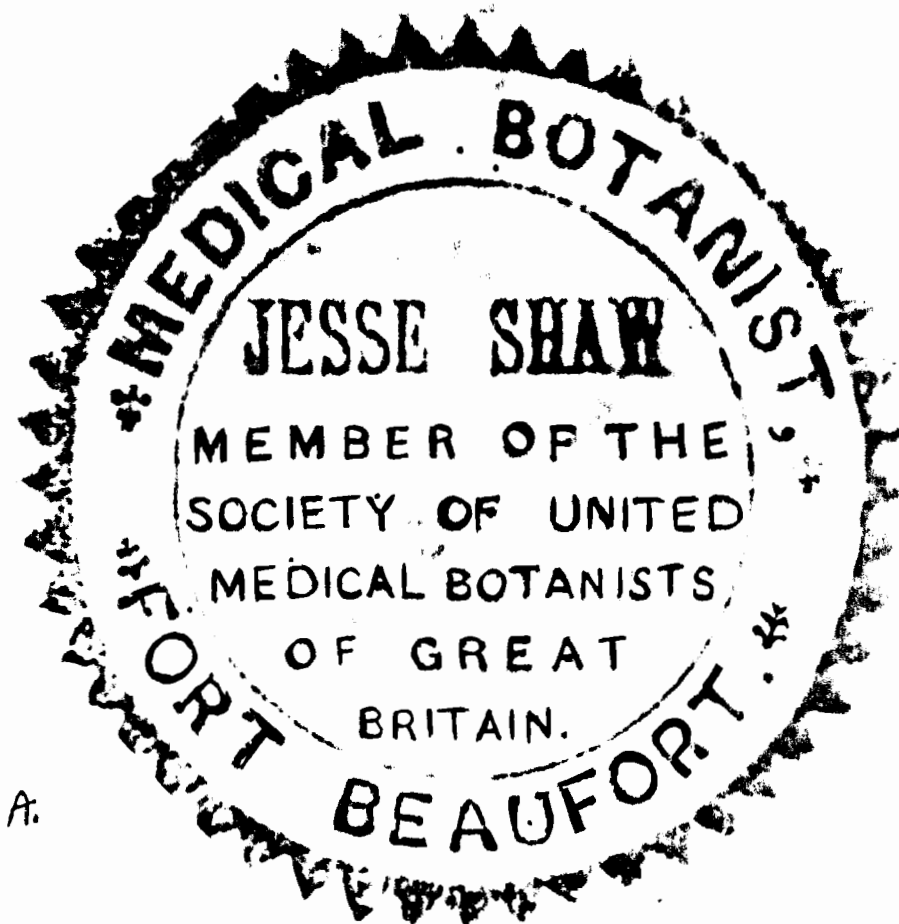
Manufacturer and Proprietor of the SURE CURE for Snake Bites.

The SPECIFIC for Dysentery, &c.;

The AFRICANUM for Toothache, &c., &c.

**PREPARED CAREFULLY AT HIS MEDICAL LABORATORY
FORT BEAUFORT.**

B.



(A. Government Archives, Cape Town, CO 4262, NO. 18, Logo on letter addressed to the Colonial Secretary, 22 April 1887.

B. Eastern Province Yearbook, 1882, p.XIII.)

should be afforded government "protection and encouragement."²⁰

The Medical Committee advised the government not to entertain his request as it was "purely a system of quackery"²¹ and the government informed Shaw that they had no intention of altering the law²². Shaw thereupon instructed his attorneys to apply for him to be registered as a medical practitioner on the basis of his Diploma from the Eclectic College of Medicine of America. This request was also refused.²³ Three years later a pharmacist in East London, S.M. Mackenzie, complained that Jessie Shaw was operating an illegal business as a chemist with the support of Dr. William Smith Lunan²⁴ (see illustration on p.10). It is safe to assume that complaints of this nature which reached the Colonial Secretary, concerned as he was with such a vast range of administrative, legal and diplomatic issues, were never dealt with as effectively as a statutory Pharmacy Board might have done. In their defence it should be noted that the problems which the Committee faced in combatting quackery were numerous; especially in the absence of a system of compulsory registration of births and issuing of death certificates. Consequently, it was difficult to identify and accuse a quack of incorrect treatment (or incorrect diagnosis and prescription) without knowing who had treated the patient, how he had been treated, how long he had been under treatment, and the cause of death (in the case of a fatality). Quack medical practitioners charged "extortionate" fees and were referred to as "adventurers" by the more established medical fraternity.²⁵

20. CO 4262, J. Shaw to Colonial Secretary, 22 April 1887.

21. MC 5, minutes of meeting, 5 May 1887.

22. CO 5356, Under Colonial Secretary to J. Shaw, 7 May 1887.

23. MC 30, Secretary of Medical Committee to Messrs. Fairbridge and Arderne, 1 Sept. 1887. See Chapter III for discussion of qualifications.

24. MC 5, minutes of meeting, 11 Dec., 1890.

25. S.C. 25 - '83, Appendix (i), memorandum by Dr. H. Everitt.

The former avoided prosecution by claiming that they did not charge for their advice but merely for the patent medicines which they sold; for which purpose they required a hawker's licence.²⁶

J.E. Hulling, a medical herbalist at Grahamstown, received a similar negative response from the Medical Committee when he applied for a 'Letter Patent' for his herbal remedy - Philogyne - for skin and syphilitic diseases.²⁷ A.R. Welsh of Herschel sent in a bottle containing a mixture made from the roots of a plant discovered by one Orsmond and said to cure syphilis (see illustration on p.13). The Medical Committee refused to sanction it being tested and referred him to Dr. Hahn to conduct an analysis of the 'remedy'. The Committee refused to have anything to do with the matter.²⁸ However, it appeared perfectly acceptable to the Medical Committee that doctors should dabble in herbal and other indigenous remedies; certainly this was not referred to as quackery:

"The Committee advise that Dr. Guild be invited and induced to pursue his investigations into the Efficacy and value of the roots and indigenous drugs said to be curative of syphilis."²⁹

The existence of a syphilis epidemic in the 1880's partly explains the Committee's inconsistency. On the one hand they were being

26. Ibid, evidence of Dr. Fisk of Cape Town, p.28.

27. MC 18, Acting Secretary of Law Department to Secretary of Medical Committee, 14 Sept. 1888; and MC 31, Medical Committee's reply, 20 Sept, 1888.

28. MC 5, minutes of meeting, 25 June 1885; and MC 30, Secretary of Medical Committee to Colonial Secretary, 27 June, 1885.

29. MC 30, Secretary of Medical Committee to Colonial Secretary, 20 March 1885. My emphasis.

AFRICAN

MIRACLE

CURE

ORSMOND'S GREAT

AFRICAN REMEDY

Is daily growing in popularity throughout the Colony.

THE notice of residents in the Cape Colony, Free State, Transvaal, and Natal is earnestly called to this valuable Medicine, prepared from Cape Roots.

Its being a **REMEDY FOR BLOOD DISEASES** and a **SPECIFIC FOR FEVERS**, no household should be without a supply for domestic use.

For Diseases peculiar to Females, it is unrivalled.

TRY THE REMEDY

FOR

Skin Diseases, Eczema,
Syphilitic and other Eruptions,
Complaints of the Urinary Organs,
Dyspepsia, Liver Affections,
and Chronic Rheumatism.

Pamphlet, in English, Dutch, German and Kafir, containing numerous Testimonials, accompanies each bottle.

Procurable by all Medicine Vendors throughout the Colony.

PREPARED SOLELY BY

G. E. COOK, Chemist,

KING WILLIAM'S TOWN.

(Mossel Bay
Advertiser, 11 Sept.
1888, p.1)

flooded with requests by discoverers of miracle-cures, many of whom were indeed quacks, while on the other hand they were faced with a disease of epidemic proportions which they barely understood. The disease spread rapidly and assumed epidemic proportions in some districts.³⁰ The government was forced to pass a Contagious Diseases Act in 1885 and to erect special Lock Hospitals for the treatment of syphilitics. By 1892 the disease appeared to be under control.³¹

Because the epidemic affected so many people both in the towns and in the country areas, the public, newspapers, legislators and the medical professionals were forced to act in the interests of public health. The epidemic and the strong government reaction to it are important to this work in so far as the campaign by pharmacists to be recognized as "a health professional" was fought during the worst years of the epidemic. This had the effect therefore of keeping the general subject of public health and its related services, practitioners, shortcomings and achievements very much in the public eye - a factor which seems to have aided pharmacists in their quest for greater legal safeguards for their profession.

The blame for the poor state of the Colony's health was somewhat unfairly placed on the shoulders of the Medical Committee who were regularly criticized in the House of Assembly.³² The fact that the Medical Committee was not adequately qualified or constituted to provide total health care for the Colony added substance to the charges made

30. See, CCP 4/10/1/2, Report of the District Surgeons of the Cape Colony, 1885.

31. See, G.14-'93, Report of the District Surgeons of the Cape Colony, 1892.

32. See, Cape House of Assembly Debates, 1886, p.217; 1888, p.288; 1889, p.203; 1890, pp.47-8, 79-80; 1891, pp.289, 321-3.

by pharmacists ^{that} the Medical Committee was not a fit and proper body to register chemists and druggists. This criticism took place against the background of a general move towards the establishment of a Public Health Department and the dissolution of the Medical Committee as it was known. The first steps in this regard were taken in 1892 with the establishment of a separate Medical and Dental Board on the one hand and a Pharmacy Board on the other hand, and the appointment of a part-time "Health Officer" to the Municipality of Cape Town.³³

No survey of public health would be complete without a comment on the state of the water supply and sanitation in the Colony. Many towns in the Colony reported that the open water furrows which supplied their water, were heavily contaminated by lime salts, organic matter and stable litter. Cesspools were in common use in some areas and these often polluted the shallow wells in a village. Unhygienic conditions prevailed in some places. For example, at Steynsburg, few properties possessed closets and there was "indiscriminate defecation ... in the backyards", while in Ceres, farm labourers made "use of any part of the town."³⁴ As late as 1885, it was common practice for residents at Richmond to empty their bedroom slops into the street and to wash their clothing, even that of fever patients, in the stream passing through the town.³⁵ Cape Town itself was an unsanitary city in many respects and many of the open grachts were clogged with household drainage, providing "an ideal culture medium for a wide range of pathogenic bacteria."³⁶

33. Burrows, History of Medicine, p.335.

34. G. 14-'93, pp. VI-VII.

35. Graham's Town Journal, 17 July 1885, editorial article.

36. Dr. Darley-Hartley in the S.A. Medical Record (1929), vol. 3, p.87, quoted in Burrows, History of Medicine, p.335.

The "giant-killer" epidemic world-wide, smallpox, had plagued Cape Town in 1882 and Kimberley in 1884, where 2300 cases were reported with 700 deaths.³⁷ Although compulsory vaccination was introduced in 1883/4, many were apathetic about the matter. In a moment of exasperation, Dr. Landsberg, Secretary of the Medical committee commented on Cape Town's apathetic citizens:

"... this community would be all the better and safer were smallpox in sporadic form always among us. Wholesale anxiety would then induce the Public to be careful in vaccinating their children, which they now systematically neglect."³⁸

The danger always existed that ships, visiting the harbours of the ^{Cape} Colony might bring with them people who were infected in such a way. Consequently, quarantine regulations at harbours were very strictly applied. It appears that as late as 1889 there was still a danger of people contracting smallpox in Europe and infecting others upon their return. For this reason, the lessening of the distance between Europe and Africa "by powerful steam communication" was a cause of concern for the Medical Committee.³⁹

37. Burrows, History of Medicine, p.242.

38. MC 30, Secretary of Medical Committee to the Colonial Secretary, 28 Sept. 1883.

39. MC 31, Annual Report for 1889.

Other diseases and sickness which were prevalent in the nineteenth century included phthisis, convulsions and debility. These were responsible for more than 40% of the eighty-eight deaths recorded in Cape Town in February 1886. Nearly half of those who died were under the age of fourteen years,⁴⁰ while about 60% of the ninety Black deaths recorded at King William's Town in 1890 were under five years of age.⁴¹ The high infant mortality rate was caused by diphtheria, and "disorders of digestion, occasioned by improper feeding, the result of ignorance ... of ordinary laws of health."⁴² Roughly one out of three Coloured infants died before reaching the age of one - mainly due to tuberculosis and gastro-enteritis (appelkoossiekte), common in filthy and overcrowded areas. By means of a vigorous education programme the high infant mortality rate was reduced by 6% within five years.⁴³ Pre-natal care and training was minimal and midwifery was practised by a host of persons-mostly unqualified. Prior to 1892 there was no law requiring midwives to register with the authorities. Giving evidence before a Select Committee, Dr. Herman calculated that of the 1400-1500 confinements annually in Cape Town, a mere 300-400 were attended by medical men. The rest were "attended by ignorant and unskilled women" who in many instances used instruments and performed "such operations as turning".⁴⁴

40. MC 18, Extract from the Death Register, Cape Town, Feb. 1886.

41. G.15-'91, pp. 30 and 41.

42. Ibid, p.41.

43. Burrows, History of Medicine, pp.336-7.

44. S.C.6-'90, Report and Minutes of Evidence of the Select Committee on the Medical Bill, evidence of Dr. C.L. Herman of Cape Town, p.39.

Calculating the number of medical men and others concerned with public health as a ratio of the total population of the Colony is an interesting but worthless exercise because as the President of the Medical Committee, Dr. Ebdon, noted in 1883 "few Coloured people support doctors in the Colony."⁴⁵ It is safe to assume that they and the white working class could not afford to pay the doctor's fees.

These were the following licensed medical professionals in the Colony at the time.⁴⁶

	<u>Doctors</u>	<u>Pharmacists</u>	<u>Dentists</u>
<u>1884</u>	432	236	33
<u>1891</u>	560	266	37

(It is important to note that these were the total numbers of practitioners registered in the Colony and that not all of them were resident there).

These statistics do not take into account the scattered nature of human settlement in the Cape Colony and the many physical obstacles which resulted in such poor communication with some areas. In such circumstances any medical help, no matter how unqualified, was welcome, or as Dr. Wright commented rather pointedly in regard to midwifery - "a good honest, intelligent old woman is better than no one".⁴⁷ In these remote areas, a pharmacist very often performed the

45. S.C. 25 - '83, evidence of Dr. Ebdon, p.6.

46. Information compiled from : Cape of Good Hope Government Gazette, 9 Jan. 1885, pp.41-5 and 3 July, 1891, pp. 1199-1206.

47. S.C. 25 - '83, evidence of Dr. Wright of Cape Town, p.60.

role of a general practitioner, particularly if a doctor was not within reasonable travelling distance of the area.

There developed in the Colony then two sets of conditions - those of the town and those of the remote (rural) settlements. The status of the medical professional in such a situation was confused, and this fact bedevilled the legislators and administrators who found themselves *having to close* their eyes to certain "infringements" of the law in rural areas. The pharmacist was the "poor man's doctor" and in the days before the labouring classes qualified for a medical aid system, he was for many the first line of defence in the maintenance of personal and family health.⁴⁸ In the critical period of an economic recession such as that experienced in the 1880's, this *feeling of* dependence was exacerbated. Therefore his position and status as a health professional was never *doubted* by this group. This was true in the towns as well. For example, in 1886, when a Woodstock resident, Henry Hallet, was saved from committing suicide and was discovered by his brother, black in the face and close to death, it was the local chemist, Hutchinson, who was summoned from his shop to render assistance, and not a doctor.⁴⁹

Despite this tacit recognition of their status and importance, pharmacists found their livelihood and position being threatened by the Medical Committee which determined who entered their profession; by doctors who dispensed their own medicines; and by shopkeepers who

48. In 1982 it was estimated that in SA 86% of whites and 4% of blacks enjoyed medical aid facilities.

49. Graham's Town Journal, 7 June 1886.

sold vast quantities of patent medicines and who traded in poisons - a monopoly sought by pharmacists. The struggle to rectify this situation and the first tentative steps taken by pharmacists towards forming an organisation to defend their interests is the subject of the next chapter.

CHAPTER II

THE ESTABLISHMENT OF THE FIRST PHARMACEUTICAL ORGANISATIONS, 1885 - 7

Europeans at the Cape in the seventeenth century showed a great interest in the medicinal plants used by the Khoi, and apothecary-botanists were sent from the Netherlands to collect and describe plants which could be used in pharmaceutical preparations. Alan Bridge has shown how Amsterdam became an important centre for apothecaries, how they formed their own guild with sixty-six members, and how they directly influenced the nature of the medical facilities offered by the Dutch East India Company to communities under its control.¹ Subsequently, aloes and buchu leaves became valuable exports of the Cape region. By 1807 there were nine licensed apothecaries at the Cape of English, Dutch, German or French nationality. In that year a proclamation was issued which brought into being the Supreme Medical Committee whose task it was to check qualifications and license chemists and druggists. This proclamation also made it illegal for physicians to dispense medicines, restricting this right to apothecaries. Like the later proclamations of 1823 and 1830 which prohibited the sale of medicines by storekeepers, it was not properly enforced.² In 1830 standards were laid down for entry into the chemist and druggist business when an apprenticeship of four years was introduced. This was to be followed by an examination before the Medical Committee. An apothecary or chemist and druggist served on the Medical Committee from 1807 to the 1850's. By 1840 there were twelve pharmacies in Cape Town³ and the total number of qualified pharmacists, including those who dispensed at hospitals, was probably not more than fifteen. However, there was no amendment to the 1830

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1. See, Alan Bridge, "History of Pharmacy in S.A.," in Prospectus of the School of Pharmacy at the Witwatersrand Technical College (Johannesburg, 1955), p.21.
 2. C.H. Price, "Pharmacy", in Standard Encyclopaedia of South Africa, (Cape Town, 1972) vol. 8, pp. 516-7.
 3. Bridge, "History of Pharmacy", p.24.

law governing pharmacy until 1891. Similarly, no chemist and druggist served on the Medical Committee from 1855 to 1891. These facts had a direct influence upon the formation of pharmaceutical societies in the 1880's because pharmacists demanded better treatment for their profession.

The group of seven pharmacists who met on 13 June 1885 in the public library at King William's Town to form the South African Pharmaceutical Association set into motion a chain of events which resulted in the establishment of branch pharmaceutical societies in many parts of the country and their later amalgamation into a nationally-based pharmaceutical society in 1946 with over a thousand members, representing about 70% of the registered chemists in the country at the time. This chapter attempts to explain why the first voluntary professional pharmaceutical society was formed in the Eastern Cape, and why so few pharmacists attended the inaugural meeting. It identifies some of the factors which combined in 1885 to make such a meeting possible and dicusses the validity of the view that the founding of this society was essentially the work of young pharmacists who became angry at the manner in which their interests were being threatened.

The spread of the population in 1885 reflected the main economic growth points in the Colony. Cape Town remained the largest and most important city, followed by Kimberley and Port Elizabeth. The latter owed its continuing economic growth to the fact that it handled much

of the trade to the inland areas such as Cradock and Kimberley which had been economically stimulated by the diamond industry and its ancillary activities, and to the fact that it was linked by rail to several important towns such as Graaff-Reinet and Graham's Town. The latter was the fourth most important town in the Colony, a distinction it had earned by virtue of the largely military function it had performed during the frontier wars earlier that century as headquarters for the British garrison and as a result of the "Kaffir trade". It also continued to serve as the centre of the economically-important Border area. Queens' Town was linked to it by rail and was a small, but vital area. However, it was King William's Town which had grown enormously during the 1880's mostly as a result of the very lucrative trade with the Xhosa in the area across the Kei river. It was linked with East London by a 36 mile stretch of railway. At the time, East London was developing its harbour facilities. Water transport was available on the Buffalo river between the two towns. At 5159, the population of King William's Town was more than double that of East London in 1885.⁴

King William's Town was an important market town for fruit, vegetables and cattle. Local industries included woolwashing establishments - five of which were situated on the banks of the Buffalo river, cart and wagon-making, several brickfields, a steam flour and sawmill and seven watermills, and two aerated water factories. The hardy German settlers who had remained in the district formed the

4. See, The Cape Almanac, 1885, (Cape Town, 1885) pp. 205, 229, 241, 244-5.

backbone of the farming community. However, even the usually optimistic report in the Cape Almanac of 1885 warned - "... trade at present is somewhat depressed ..."5

King William's Town was also a very important service centre for the surrounding area - catering for the social, spiritual, legal, commercial, and medical needs of the inhabitants. The Grey Hospital had been opened in 1859 as part of Sir George Grey's "civilising programme" for the Black population. Besides the numerous doctors in the district, there were also a number of pharmacists. Unlike their entirely urban-orientated brethren in Cape Town, pharmacists in the Eastern Cape relied on a large rural population for much of their livelihood. The usual competition with shopkeepers for the sale of patent medicines as well as for poisons such as strychnine and arsenic, both of which were in daily use in the area as wolf poison and sheep-wash respectively, was in danger of causing pharmacists great financial loss. This was exacerbated by the economic recession in 1885 and by the fact that shopkeepers generally were better able to offer lower prices (usually because of bulk-purchasing power) than pharmacists.

However, it is equally possible that pharmacists genuinely believed that the public should be prevented from accidentally poisoning themselves by striving for better legislation and safeguards and that a professional group of pharmacists should be founded to lobby govern-

5. Ibid, p.245.

ment for this purpose. Despite the fact that no evidence has come to light of a dramatic poisoning case in the Eastern Cape at the time which might have prompted such action, there is evidence to show that there was "agitation" amongst the medical professionals in the Eastern Cape regarding poisons in January and February 1885.⁶ The pharmacists at King William's Town organised a petition, dated 7 February 1885, which they delivered to the Colonial Secretary.⁷ They demanded that Ordinance 82 of 1830 which governed the pharmaceutical profession, be amended so that pharmacists would be in a position to regulate their own affairs. The matter was referred to the Attorney-General's department and it replied that "consideration was being given to the matter."⁸ The pharmacists, dissatisfied with this reply, addressed a further communication to the Colonial Secretary in May 1885, specifically requesting an amendment to the law governing the sale of poisons and patent medicines and demanding a "pharmacy act".⁹ The matter was referred to the Medical Committee, which reported as follows:

"... it is hardly possible to control and regulate the sale of Patent Medicines and Homeopathic globules if the Public will continue to imperil their health with them. The old Act No. 82 of 1830 requires that all Patent Medicines shall be examined by the Medical Committee - but this process would be impracticable ... Arsenic ... and Strychnine are in such general use in this Colony that they could hardly be restricted to Druggists' shops."¹⁰

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6. See, letter by the Secretary of the South African Pharmaceutical Association, G. E. Cook, to the Cape Times, 14 June 1886.
 7. CO 2516, Petition from King William's Town chemists, 7 Feb. 1885, and letter from G. E. Cook, 30 March 1885.
 8. AG 2192, Secretary of the Law Department to G. E. Cook, 9 April 1885.
 9. MC 5, minutes of a meeting, 29 May 1885.
 10. CO 1315, No 14, Secretary of Medical Committee to Colonial Secretary, 29 May 1885.

The Colonial Secretary's reply to Cook, based on this report, noted that as far as the government was concerned, the dispensing of drugs and poisons "was properly limited by law to qualified practitioners holding licences." It was considered "impracticable and inconvenient to the Public" to restrict the right of the sale of patent medicines and poisons to pharmacists only. Yet the reply did offer a glimmer of hope for the petitioners and hinted that it might be possible to amend the law so that pharmacists would no longer require a general dealers' licence to sell articles normally sold by shopkeepers. The Colonial Secretary recommended that Parliament be approached on the matter by "the numerous Chemists in the colony."¹¹ Clearly, such a lobbying campaign required a broad base of support, financial backing, and an organisational and administrative structure and this prompted the pharmacists to meet on 13 June 1885 to form the Pharmaceutical Association.

Pharmacists also felt aggrieved at having to submit to examination by the Medical Committee which, although two chemists (C.F. Juritz and F.H. Kunhardt) had served on it for a brief spell in the 1840's, was dominated by doctors.¹² A further imposition for those living in the Eastern part of the Colony was that they had to travel to Cape Town for their oral and practical examination.¹³ At the time the failure rate averaged about 50% so that many candidates had to make the trip more than once - at enormous personal cost. Between 1875 and January 1885, the Committee had permitted examinations to be

11. CO 5352, Under Colonial Secretary to G.E. Cook and other chemists at King William's Town, 3 June 1885.

12. Bridge, "History of Pharmacy", p. 24.

13. Cape of Good Hope Government Gazette, 3 March 1885, N.223, 1885, pp. 469-70.

conducted in written form before a Resident Magistrate or Civil Commissioner and the scripts were posted to Cape Town. The Eastern Cape pharmacists, not those in Cape Town, considered this change in procedure an insufferable imposition. This change in examination procedure was made known after the delivery of their petition, but probably served to harden their attitude towards the Medical Committee and to ^{move them to} strive with renewed vigour for a change in the examination system and this fact must have contributed to their resolve to go ahead and form a professional pharmaceutical association.

The Association received an offer of assistance from the Eastern Branch of the South African Medical Association in any attempt "to improve either the laws relating to chemists and druggists or to the sale of poisons."¹⁴ Indeed, it is likely that the pharmacists were encouraged in their decision to form a professional association by the similar action of the doctors who had formed the South African Medical Association¹⁵ in 1883, and more particularly, by the establishment of an active Eastern Province Branch of their Association at Graham's Town in February 1885.¹⁶ Their offer of assistance suggests that at that time, the chief target of the chemists' campaign was the shopkeeper and not the dispensing doctor.

These events took place against a broader background of sectionalism - of Eastern versus Western Province - which had its roots firmly planted in the separatist movement of the first half of the nine-

14. Africana Museum, Johannesburg, 69/499, South African Pharmaceutical Association, Minutes, 17 July 1885. (Hereafter, S.A. Pharm. Assoc. Minutes.)

15. For further information on the development of professional medical associations in South Africa, see Laidler and Gelfand, Medical History, pp.498-505, and Burrows, History of Medicine, pp. 350 - 67.

16. See, Report of the Second Annual General Meeting of the South African Medical Association in Cape Argus, 1 Aug. 1885.

teenth century.¹⁷ Not only did the Medical Committee - a group of doctors - examine and register pharmacists, but those doctors were all Cape Town based and this fact seems to have raised the ire of many in the Eastern Province who viewed this as yet another attempt by Cape Town to interfere in the affairs of their region. The Medical Committee was under growing public criticism for the poor state of the Colony's health. One of the pioneers of the Pharmaceutical Association and the man elected as chairman of the first meeting was Thomas Percival Mucklow, a harsh critic of the Medical Committee. He was the dispenser at the Grey Hospital at King William's Town¹⁸ and because of his "unique position" (of not being a retail chemist), he was made "an honorary member of the Association" at its first Annual General Meeting in July 1885.¹⁹ A contemporary comment by "Asphodel" in the local King William's Town newspaper confirms this view:

"Thomas Percival Mucklow is a man for whom I entertain the greatest possible respect and that respect is only heightened by his voluntary-undertaken hard labour in producing the elbow grease he has so lavishly expended before the eyes of an admiring public in the amiable endeavours to polish up to resplendency the reputation of the Medical Committee."²⁰

The other six pharmacists at the inaugural meeting (see illustration on p.29) were both young and older chemists and therefore it would be incorrect to view the founding of the Association as part of a "young Turk" revolution, although it is true that the average age of those present was considerably lower than that of the inaugural

17. See, B.A. le Cordeur, The Politics of Eastern Cape Separatism 1820-54 (Cape Town, 1981).

18. Fitzgerald, Native Hospital at King William's Town, p.14.

19. S.A. Pharm. Assoc., Minutes of the first general meeting, 17 July 1885.

20. Kaffrarian Watchman, 20 July 1885. The six pharmacists present at the inaugural meeting of the Association were: G.F. Brauns, E.L. McJannet, W.T. Tucker, F.J. Abbot, G.E. Cook.

ORGANISED PHARMACY - THE FIRST MEETING

Minutes of a meeting of the Chemists of the Eastern Province held on Saturday, the 13th of June, 1885, at the Public Library, King's Cross Town.

Present: - Messrs. Ducklow, McJannet, Tucker, Lumsden, Adams, Abbott and Cook.

Mr. Ducklow having been voted to the Chair, Mr. Cook then Secretary pro tem explained the reasons why the meeting was called and its objects.

It was moved and carried unanimously that an Association be formed, and thereupon a discussion arose as to the rules to be adopted.

It was resolved that the name of the Association be "The South African Pharmaceutical Association."

It was announced that replies favourable to the formation of an Association for the protection of the rights and interests of Chemists in this Colony had been received from the following Chemists viz. Messrs. Farnow, Tucker, Dutton, Smith, McJannet, Hager, Hamilton, Russell, James, Billinghurst, Anker, Broadhead, Wells and H. C. Bell.

Mr. Cook then showed that it was desirable that a new "Pharmacy Act" be framed and passed, also that a change be made in the present Constitution of the Medical Board in Cape Town.

meeting of the Cape Pharmaceutical Society the following year. (See footnote 65). Neither were the majority of those present British-trained and it would be wrong to see the founding of the Association as a natural outgrowth arising from the influx of newly-trained chemists, inspired to emulate in the Colony the structure and duties of the highly successful Pharmaceutical Society of Great Britain.²¹ Perhaps the most important of the seven pharmacists was George Estell Cook of King William's Town who was registered in the Colony in 1879. He was appointed the first Secretary/Treasurer, helped to draft the constitution, and served either as president or as vice-president of the Association during a long period of membership. He was twice elected Mayor of King William's Town and was a Justice of the Peace in his district. He was also a prominent freemason.²² This fact influenced the timing and location of the annual general meetings of the Association which were arranged to coincide with masonic meetings between 1885 and 1892. In the latter year, however, the masonic meeting times were changed and a special meeting of the Association was called to decide whether the Association should follow suit; "... especially as ... there were several chemists in the Colony who were also members of the Freemason society, and would be therefore more likely to attend the meetings of the Association."²³ It was agreed that in future the annual general meeting would take place on the second Wednesday in September. Cook's large contribution to the Association was often acknowledged by his peers. For example, in 1892 a member of the Executive, A.E. Austen,

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21. For further information on the Pharmaceutical Society of Great Britain, see L.G. Matthews, History of Pharmacy in Britain (Edinburgh, 1962), pp.96 passim; and F.N.L. Poynter, The Evolution of Pharmacy in Britain (London, 1965), pp.9 passim.
22. See, C. Atterbury "History of the Societies", in South African Pharmaceutical Journal, March 1935, p.12.
23. S.A. Pharm. Assoc., Minutes, 15 July 1892.

commented -

"... had it not been for his zealous and untiring efforts, it was probable it [the Association] would never have come into existence."²⁴

The Association changed its name to the Eastern Districts Pharmaceutical Association in 1911, and during its jubilee year in 1935, a special presentation was made to Cook consisting of an inscribed mortar and pestle made of mahogany. At this presentation Cook was rightly referred to as "the founder of organised pharmacy in South Africa."²⁵

The formation of this professional pharmaceutical association received favourable comment in the press: the Kaffrarian Watchman stated that it supplied "a want keenly felt by the qualified members of the profession" who, because they had no "representative body to appeal to for guarding their interests", had to endure "many defects in the law" affecting their business.²⁶ The Chemist and Druggist considered the event to be an important step towards professionalization. "It is difficult to properly feel the honour of having passed an examination and paid 50s. for the good of one's country", commented the editor, "without getting anything in return." He argued that pharmacists could now campaign for "base justice" and work for a monopoly in the selling of poisons.²⁷ The Cape Times welcomed the founding of the Association as "one step onward in the march of progress" in

24. Ibid, 2 June 1892.

25. "Presentation to Mr G. E. Cook", in South African Pharmaceutical Journal, Jan. 1936, p.31.

26. Kaffrarian Watchman, 26 June 1885.

27. The Chemist and Druggist, vol. 27, 15 Oct. 1885, p.601.

pharmaceutical matters.²⁸ Despite the chorus of enthusiastic comments which marked the Association's founding, its serious business - that of lobbying the government to alter the law - was almost shipwrecked by the level of animosity generated between the Eastern Province and Western Province pharmacists.

The Association's executive committee was elected at the first properly constituted annual general meeting in July 1885.²⁹ (See illustration on p.33). A notable inclusion on the Executive was John Heynes of Cape Town. Prior to the first general meeting of the Association, Cook had telegraphed Heynes enquiring whether he would agree to serve on the executive. His subsequent election to that position indicates a willingness on the part of the Eastern Province chemists to broaden the base of their Association by including Cape Town pharmacists. The former were acutely conscious of attempting to do so. This explains why they adopted the name "South African" and not "Eastern Provincial" Pharmaceutical Association which had been proposed.³⁰ Cook wrote to pharmacists in all parts of the Colony enquiring whether they supported the formation of the Association and he received favourable replies from chemists in Kimberley, Aliwal North, Cradock, Graham's Town, Somerset East, Uitenhage, Knysna, Worcester, Burgersdorp, Port Elizabeth, East London, Queen's Town - "the leading towns of the Colony."³¹

28. Cape Times, 28 July 1885.

29. S.A. Pharm. Assoc., Minutes of the first annual general meeting, 17 July 1885. The following were the executive (with their dates of registration in the Colony given in brackets): J.A.D. Des Vages, (1867), Member of the House of Assembly for Willomore, president; A.E. Austen (1867) of Cradock, vice-president; G.E. Cook (1879) of King William's Town, Secretary and treasurer; F.E. Constance (1884) of Port Elizabeth, H. Davison (1881) of Kimberley, E.T. Fleischer (1877) of Humansdorp, J. Heynes (1855) of Cape Town and J. McJannet (1885) of East London.

30. G.E. Cook to the Editor, Cape Times, 14 June 1886.

31. Cape Times, 28 July 1885.



Standing: (L to R)
A.E. Austen,
E.T. Fleischer

Sitting: (L to R)
F.E. Constance,
J.A.D. Des Vages (Pre-
sident), G.E. Cook
(Secretary), A. Davison.
(Absent - J. Heynes)

(South African
Pharmaceutical Journal,
Sept. 1935, p.13)

**FIRST EXECUTIVE COMMITTEE OF THE SOUTH AFRICAN PHARMACEUTICAL
ASSOCIATION—1885**

Des Vages, the president of the Association, enquired of the Medical Committee whether they would relinquish the right of examining candidates for the chemist and druggist licence if a Pharmacy Bill was introduced in Parliament the following year. The Committee replied that they could not "legally decline to do that which the Act of 1830" specifically charged them to perform. They recommended that the Association communicate with the "Executive Government" on the subject.³² A meeting of the Association's executive was called at Graham's Town later in October 1885 to discuss the Medical Committee's response and to plan their campaign. A draft Pharmacy Bill was discussed and approved at the meeting. Des Vages asked that the Association circularise all chemists in the Colony "with a view of obtaining suggestions from them ... and to request them to support the Bill by petitions during the coming session of Parliament." The Association appointed a sub-committee consisting of Heynes (who never attended the meeting), Davison and Austen to meet Des Vages in Cape Town in May 1886 "with a view of adopting further suggestions concerning the Pharmacy Bill."³³

The stage appeared to be set for a vigorous lobbying campaign by the pharmacists in the Colony for the introduction of a Pharmacy Bill - to be spearheaded by the Pharmaceutical Association's president and its sub-committee. In Parliament on 27 May 1886, Des Vages duly moved for leave to introduce a "Bill for regulating the sale of poisons and noxious drugs" and the Bill was read a first time.³⁴ Four days later a meeting was "hastily convened" in Cape Town by

32. MC 5, minutes of meeting, 1 Oct. 1885; and MC 30, Secretary of Medical Committee to J.A.D. Des Vages, 1 Oct. 1885.

33. S.A. Pharm. Assoc., Minutes, 22 Oct. 1885.

34. Cape House of Assembly Debates, 27 May 1886, p.298.

Heynes, presumably in fulfilment of the brief given him by the executive of the Pharmaceutical Association the previous year; viz, to obtain suggestions concerning, and support for, the Bill. Heynes did not attend and the meeting of fifteen pharmacists expressed their regret at his "unavoidable absence". (It is probable that he was ill at the time). The meeting was chaired by J.A. Mathew (licensed in 1858), who was co-director with Heynes of Heynes, Mathew and Co. - prominent wholesale and retail chemists in Cape Town. The meeting was held in Dr. Beck's consulting rooms in Adderley Street and was addressed by J.A.D. Des Vages, who introduced the Bill to the chemists. No minutes exist of this meeting but a report did appear in the local press. It is apparent that there was considerable opposition to the Bill and that the debate on the Bill was both heated and lengthy.³⁵

It is difficult to pinpoint the precise shortcomings of the Bill. However, some of the general objections to it were that it was "incomplete and, as a whole inapplicable in its provisions to the requirements of the public and the profession."³⁶ William Pocock, a prominent Cape Town pharmacist who was later to serve as secretary and president of the Cape Pharmaceutical Society and who was the first president of the Cape Pharmacy Board, protested against this

"unnecessary and uncalled-for legislation, which would affect the status of every chemist ... and would impose responsibilities which would be irksome and undesirable The Bill was absurd in its provisions and incongruous in its details We little feared that the Bill would ever meet with the sanction of either House, but we could not have it said that the chemists in the metropolis sat still

35. See, a report of this meeting in the Cape Times, 1 June 1886.

36. Ibid.

and allowed it to be presented in the name of the pharmaceutical profession of the Colony."³⁷

Furthermore, the Bill was referred to as "hasty legislation" and it was noted that the Pharmaceutical Association which sponsored the Bill was not representative of the majority of pharmacists in the Colony. Faced with such determined opposition to the Bill, Des Vages, the president of the Pharmaceutical Association, incredibly "disclaimed any responsibility for the Bill as it now stands" and agreed to "shelve the Bill for the present session."³⁸ The Bill was withdrawn by Des Vages the next day³⁹ after the following resolution, proposed by W. Pocock and seconded by J.W. Reeler, was adopted by the meeting:

"That upon consideration of Mr. Des Vages withdrawing his Bill for the present session, this meeting appoints a provisional committee of seven chemists to arrange preliminaries for the formation of a Pharmaceutical Society and report progress during the recess."⁴⁰

This was not the first time on which Cape Town pharmacists had united on an issue; in August 1884 they had presented a petition to the Medical Committee regarding "unfair government action" in regard to a Sea Point chemist, A.C. Courlois, who was being prosecuted for operating a pharmacy without being properly licensed. The petition was signed by twenty-five pharmacists and asked that Courlois be granted the necessary licence by the Colonial Secretary as he had been "engaged in the business of chemist and druggist" for more

37. Ibid, 21 June 1886, Letter to the Editor from W.M. Pocock.

38. Ibid, 1 June 1886.

39. Cape House of Assembly Debates, 1886, 2 June 1886, p.332.

40. Report of the meeting in the Cape Times, 1 June 1886. The seven pharmacists were: C.H. Bösenberg (1869), J. Heynes (1855), J.A. Mathew (1858), J. Mocke (1860), W.M. Pocock (1879), J.W. Reeler (1869), and H. Tebb (1876).

than thirty years and had "always proved himself a careful dispenser" and he enjoyed "the confidence of most of the medical profession."⁴¹ The Committee asked Courlois to present himself for examination and he was duly licensed a week later and all proceedings against him ceased.⁴² However, the significance of the 1886 meeting of Cape Town pharmacists lay in the fact that it specifically charged some of their number with the task of formally constituting a Cape Town Pharmaceutical Society and it may be regarded therefore as the first halting steps towards the creation of the second professional body representing organised pharmacy in South Africa.

Meanwhile, the withdrawal of the Pharmacy Bill and the accusation that the Bill was hasty legislation, coupled with Des Vages' claim that he had had nothing to do with the matter, enraged the members of the Pharmaceutical Association. To make matters worse, the secretary, Cook, first heard of the withdrawal of the Bill from a Press Association telegram that appeared in the Graham's Town Journal. An emergency meeting of the Association was called in King William's Town for 7 June

"... to consider the conduct of Mr. Des Vages in having withdrawn at the instance of a meeting of Cape Town chemists, ... the Pharmacy Bill ... without having given the Executive an intimation even of his altered intention, not to say consulted them on the point."⁴³

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41. MC 17, Petition by Cape Town chemists to the President and Secretary of the Medical Committee, 7 Aug. 1884.
 42. MC 5, minutes of a meeting, 8 Aug. 1884; and MC 30, Secretary of Medical Committee to Colonial Secretary, 15 Aug. 1884.
 43. Report of the emergency meeting of the Association on 4 June 1886 in the Kaffrarian Watchman, 7 June 1886.

The Association pointed out that as its president, Des Vages was "intimately acquainted" with everything that had happened and that he had attended the meeting of the executive held in Graham's Town which had discussed the Bill in detail. After Cook had forwarded to Des Vages the comments of members on the Bill, the latter had informed the Association that it was not necessary to call together the sub-committee of Heynes, Austen and Davison in Cape Town. The "last communication" received from Des Vages was on 22 April when he said that the Bill would have to be "modified" and that he was "waiting to get the support of Government for the measure." The emergency meeting of the Association thereupon adopted a resolution condemning the conduct of their president as "destructive of all confidence and as such highly censurable."⁴⁴

The matter was now politicised by the press in both parts of the Colony. In an editorial, the Cape Argus commented:

"... the ill-feeling which has arisen as to the withdrawal of the Sales of Poisons Bill, just illustrates the inadvisability of having headquarters at a distance from the scene of action ... Mr. Des Vages would have been very foolish to have persisted in going on in the face of the resolution of the Cape Town meeting of chemists and yet he now finds himself censured as if by the whole of South Africa ... We desire to see the very fullest representation possibly given to the views of places in the country; but there is seen - apart from any claims, which we will not argue - to be some practical inconvenience in leaving Cape Town out of account."⁴⁵

44. Ibid.

45. Cape Argus, 7 June 1886, editorial article. It was not possible to give an immediate and detailed explanation of events via the telegraph, and with no telephone system to rely on, communication between the Association's headquarters and Des Vages in Cape Town was poor and this undoubtedly exacerbated the crisis.

The Graham's Town Journal joined in the fray and in its "Current Topics" column commented:

"Another little instance of the grasp-all idea which seems to have possessed Cape Town is to be noted in the pressure brought by Cape Town chemists on Mr. Des Vages to withdraw the Bill he had introduced ... The Bill in question was opposed by the Cape Town chemists because it had not been hammered on their anvil. They were invited to join in the meeting at King William's Town last year which was a representative gathering of chemists from all parts ... Cape Town did not choose to join the rest. No doubt Cape Town thought it ought to have originated the movement. Consequently Cape Town chemists pressed Mr. Des Vages to withdraw the Bill on the plea that the King William's Town meeting was not sufficiently representative! and with the promise that they will arrange for the formation of a pharmaceutical society during the current year, it is a genuine little bit of Cape Town conceit and self-importance ..."⁴⁶

These two reports in the press were followed by several letters to the editors of newspapers in both Provinces. The three most important of these were by Cook, Pocock and "Calomel".

Cook traced the events which had led to the founding of the Pharmaceutical Association at King William's Town the previous year and explained how Des Vages had been approached to pilot a Pharmacy Bill through Parliament.

46. Graham's Town Journal, 10 June 1886.

"The chemists of Cape Town, having avoided the responsibility that lay upon their shoulders as to the representative chemists of South Africa," he declared, "now that the task has been taken up by a junior town, instead of assisting as one would expect, their confreres in performing it in the most satisfactory manner, called a meeting to arrange what would practically be an opposition ..."⁴⁷

Cook denied that the Bill was "hasty legislation" and stressed that its main purpose was "... to facilitate the sale of poisons for legitimate purposes, while raising obstacles in the way of dangerous drugs getting in the hands of those who are not or should not be legally qualified to deal with them."

He concluded by pleading for the two Provinces "to work harmoniously together" and to forget "petty jealousies" by striving for the common good of the chemists' cause.⁴⁸

Pocock, chief spokesman for the Cape Town chemists, described the reaction of the majority of Cape Town pharmacists to attempts to form the Pharmaceutical Association. "... circulars were received stating that a meeting was about to be held at King William's Town for the purpose of organising a Pharmaceutical Association," he wrote "The names attached to this circular were no doubt, sufficient to inspire the knights of the pestle in and around that commercial centre (King

47. Cape Times, 14 June 1886, Letter to Editor by G.E. Cook, Secretary of the South African Pharmaceutical Association.

48. Ibid.

William's Town) with the importance of the meeting, but it did not have the same effect upon the more staid and conservative men who vegetate in Western abodes, and more especially in the metropolis. These old fogies viewed with alarm the undertaking involved in trudging up to 'King', and so they sat themselves down to think upon the question 'What do they want to meet for?' No practical solution to the query suggesting itself to their minds, they decided upon staying at home."⁴⁹

Pocock described how another circular had been received in which it was stated that the Association had been founded at a meeting of "six or seven chemists." He twitted them for having the temerity to call themselves a "South African" association. "We in this corner of the Colony," he commented "viewed the matter with unconcern, or at the best with amusement, quite recognising that all great undertakings have small beginnings; but the whole proceedings seemed so farcical that they were utterly ignored by the 20 or 30 chemists in Cape Town."⁵⁰

Notwithstanding the contemptuous and sarcastic tone of Pocock's letter, its contents do afford some insight into the reasons for the Cape Town chemists' action in forcing Des Vages to withdraw his Bill. Not only did they consider the Pharmaceutical Association an "upstart organisation" and therefore unworthy of speaking on behalf of chemists in the Colony but they clearly objected to the contents of the Bill. It is possible that the full legal ramifications of the

49. Cape Times, 21 June 1886, Letter to Editor from W. Pocock.

50. Ibid.

Bill were realised only after it had been read for the first time in Parliament and that some of the legal experts in Cape Town had discovered basic flaws in the Bill which would have made it "unworkable". It is also possible that the government was not prepared to support the measure and that it would have been doomed to failure. This would be a partial explanation for Des Vages' extraordinary behaviour in disclaiming any responsibility for the Bill. Des Vages must have realised that it would have been futile to insist that the Bill be read a second time-bearing in mind the better lobbying position of the Cape Town chemists. It is worth mentioning that Des Vages' brother, Balthazar, owned a pharmacy in Wale Street, Cape Town and almost certainly kept his brother informed as to the feeling of the Cape Town chemists at grass roots level. Such an important issue would have been debated frequently among pharmacists and their apprentices and assistants throughout the town.

Despite the fact that the Pharmaceutical Association had censured Des Vages for his behaviour, they accepted his explanation for withdrawing the Bill as "satisfactory" at their annual general meeting the following month.⁵¹ Des Vages ceased to be a member of the Association's executive - possibly at his own request. While the minutes give no indication of this, it is possible that he considered that his position vis-a-vis pharmacy and Parliament would be strengthened if he were not also an elected office-bearer of the Association.

51. S.A. Pharms. Assoc., Minutes, 17 July 1886.

The last of the important letters to the press - that of "Calomel" - was written from a "Country Village" and accused the Cape Town chemists of acting in their own interest. The writer pointed out that the proposer and seconder of the resolution adopted at the meeting at Cape Town - W. Pocock and J. Reeler - were wholesale chemists and stood "to lose their best customers", the shopkeepers, who would have been "restricted from selling medicines and poisons" in terms of the proposed Pharmacy Bill. The writer concluded:

"... do you not think it a shame - a downright sin - that the public should be longer left at the mercy of these money seekers?"⁵²

Reeler and Pocock were wholesale chemists and it is true that the other wholesale chemists of Cape Town were strongly represented at the Cape Town meeting. (See illustration on p. 44). It is also true that this group stood to lose a substantial share of their business if the Bill was passed. On the other hand, the urban-orientated Cape Town pharmacists did not share the exasperation of many of the country chemists in having to compete with storekeepers for a livelihood. This lack of empathy combined with a good deal of self-interest - both from the wholesale chemists in Cape Town for the wholesale side of the trade and from the country chemists for a monopoly in the selling of poisons and medicines combined to make the future relationship of the Cape Town chemists and the Association a confused one. "Calomel" drew attention to the fact that in a case of death by poisoning the pharmacist could be held responsible for

52. Cape Times, 4 June 1886, Letter to Editor from 'Calomel'.

J. T. POCCOCK & CO.,

ESTABLISHED, 1836,

Pharmaceutical Chemists and Wholesale Druggists,

MEMBERS OF THE PHARMACEUTICAL SOCIETY, GREAT BRITAIN.

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Have always on Hand a Large and well-selected Stock of Purest Drugs and Chemicals, Druggists' Sundries, Patent Medicines, Perfumery, Toilet Requisites, and everything pertaining to the Business.

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Dispensing conducted with greatest accuracy at very Moderate Prices.

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(General Directory of South

Africa, 1888, p.28 of adverts at the back.)

negligence (if this was proven) and could lose his licence and with it his means of a livelihood, while no such action was possible against storekeepers who sold poisons.⁵³

Perhaps it is unfair not to record the apparent good intentions and integrity of the Cape Town chemists.

"My contention" wrote Pocock, "is that, taken as a whole, the chemists' position in this Colony is one of comparative immunity from unnecessary responsibilities and obligations, and any attempt to gratify the ambitions of a few by hasty legislations will assuredly be followed by increased and probably irksome duties ...

... no Bill will meet with approval that does not provide for the maximum of security to the public as well as to the profession, and ... any attempt to secure a monopoly in trade at the expense of the public will meet with the fate it deserves."⁵⁴

These widely divergent interpretations of each other's actions stemmed partly from the rural-urban nature of trade and partly from the inherent political suspicion between the Eastern and Western Province.

Political feelings in the Eastern Cape were at fever pitch at the time of this crisis. The issue gained fresh impetus when an Eastern Province Political Association was formed in June 1886. This

53. Ibid.

54. Cape Times, 21 June 1886. Letter to Editor from W. Pocock.

Association was able to exploit past Eastern Province complaints and claims of injustice to rally support. The press played a vital role in this - particularly the Graham's Town Journal which was vehement in its criticism of Cape Town

"... Cape Town", it declared, "is gorged at the expense of the provinces ... the government is being worked for the benefit of Cape Town ... and it loses sight of the real needs of the Colony. ... Parliament, ... is ruled by a dull and inactive Western majority careless of the mischief they are doing to the country. ... all the wealth of the country ... [is drawn to] ... one over-fed centre and it is high time indeed for patriotic and energetic citizens to join in declaring that these abuses shall no longer last and in taking action ..."⁵⁵

Some of the "abuses" felt by the Eastern Province included attempts to centralize railway administration at Cape Town and phase out the Uitenhage railway workshops; the threat to the existence of the courts in the Eastern Province; "unjust" Bills before Parliament such as the Scab Act, Phylloxera Act, Excise Act, Transkei Representation Bill; the large sum of money spent on the Houses of Parliament; the large sums of money spent on the Table Bay harbour works while Eastern ports were "neglected"; and the manipulation of railway rates in favour of the Western Province.⁵⁶

55. Graham's Town Journal, 28 May 1886, editorial article. The Eastern Medical Association of South Africa had seceded from the South African Medical Association in March 1886. See Burrows, History of Pharmacy, p.351.

56. Graham's Town Journal, 27 May 1886, Letter to Editor by "An Eastern Man", and *ibid*, 28 May and 1 June 1886, editorial articles. See J. L. McCracken, The Cape Parliament, 1854-96 (Oxford, 1967), pp. 20-5, 107-12, 125-6, passim.

Whether or not these abuses were real, imagined or grossly exaggerated is not important. What is important is that they were felt to exist by those in the Eastern Province and this fact hastened the formation of the Eastern Province Political Association. In another editorial, the "absurd political status" of the Eastern Province in relation to its economic importance was highlighted - it was seen as "one that no other British community in the world would submit to."⁵⁷

The intensity of this agitation and, in particular, its unexpected timing, coinciding as it did with the crisis over Des Vages' Poisons Bill, goes a long way towards explaining the vindictiveness generated at the time between pharmaceutical interests in the Eastern and Western Provinces.

Fortunately for the cause of pharmacy, cool heads prevailed and an attempt was made at a rapprochement between the two bodies. They shared a fair amount of common ground, especially in their desire for reform of the Medical Committee and the system of examinations for chemists. The seven chemists appointed by the Cape Town meeting of pharmacists to form a local pharmaceutical society met on 14 June 1886 and appointed a sub-committee to draft the rules of the society. It consisted of Pocock, Reeler and Mathew. They completed their work and set aside a date on which to present the rules to the committee but the meeting was never held and the matter was left "in abeyance".⁵⁸

57. Ibid, 1 June 1886, editorial article.

58. Report of a meeting of the Cape Pharmaceutical Society, in Cape Argus, 29 Jan. 1887. The surviving minutes of the Cape Pharmaceutical Society begin in 1897 and consequently use has to be made of newspaper reports of their earlier meetings.

Meanwhile, Pocock had written to the Pharmaceutical Association inquiring whether, if the Cape Society was formed, the Association would join with it and make "one strong representative body."⁵⁹ This letter was discussed by the Association at its annual general meeting on 17 July 1886. The Association changed its rules by not insisting on an entrance fee of one guinea (although annual subscriptions remained £2.1s.), and by altering the number of people on the executive committee so as to accommodate a greater percentage of Cape Town chemists should there be "an influx of members from the Cape district." Heynes and L. Mally of Cape Town were appointed to the executive for the ensuing year in what was a conscious effort on the part of the Association to involve more Cape Town chemists in the affairs of the Association. Ironically, no Cape Town chemists attended meetings of the Association because of the great distance involved and the Association consequently agreed at this meeting that four would be a quorum for executive meetings. (The executive was to consist of a minimum of eight persons). But even the members of the Association in the Eastern Cape found great difficulty in attending meetings in adjacent towns and voting by proxy - for those resident outside the boundaries of the host town of a meeting - was introduced in 1887.⁶⁰

After a "long discussion" of Pocock's letter it was resolved that the Cape Town chemists should be informed that the Association was a society already in "full work and with a cash balance in hand" (£21.19.9) and that "it was not possible to amalgamate with a Society

59. "Cape Town Pharmaceutical Society", in The Chemist and Druggist, Vol. 30, 5 March 1887, p.291.

60. S.A. Pharm. Assoc., Minutes, 17 June 1887.

not yet in existence." The fact that the constitution had been amended so as to make it more attractive to Western Cape members was also mentioned.⁶¹ At the same meeting it was suggested that the Association be incorporated "with a view to being recognised as the head of the profession."⁶² This clearly demonstrates the thinking of the Association at that time; they were prepared to amalgamate with the Cape chemists on their terms only. Almost predictably, the Cape Town chemists rejected the Association's overtures at a meeting of its steering committee which met on 25 January 1887 when "it was unanimously decided to reply that they could not see their way clear to join the Association as they were forming a Society of their own ..."⁶³ the formation of such a Society, Heynes pointed out that the Association had flourished and that "if they put little local feelings on one side ... the same should ... occur here."⁶⁴

Only ten pharmacists attended the meeting and J. Mathew argued that they should wait until there was a larger attendance because "if anything was done now, it might be looked upon as a hole-and-corner affair." Ironically, it was Pocock who urged that the Society should be formed without delay, : "They should strike the iron while it was hot," he urged, "the office-bearers should be elected at once." Presumably he had forgotten his earlier sarcastic comments about the seven chemists who had started the Pharmaceutical Association! Bösenberg recommended that the rules of the proposed Society be printed and circulated to all chemists in and around Cape Town, but

61. Ibid, 17 July 1886; and The Chemist and Druggist, Vol. 30, 5 March 1887, p.291.

62. S.A. Pharm. Assoc., Minutes, 17 July 1886.

63. Report of meeting in Cape Argus, 29 Jan., 1887.

64. The Chemist and Druggist, Vol. 30, 5 March 1887, p.291.

Pocock stressed that they were "in duty bound to form the Society before the meeting of Parliament as they had promised Mr. Des Vages to do so."⁶⁵

Cape Town pharmacists were no longer appointed to the executive of the Association once the Cape Town Society was properly constituted.⁶⁶ Thus, by January 1887, South Africa had two bodies representing the professional interests of pharmacy. On the surface it would appear as if the cause of pharmacy was severely weakened by the lack of unity between the Association and the Cape Society. On the other hand, it may be argued that future lobbying of the government would be more effective - coming as it did from two bodies, not merely one - on those issues upon which they agreed. Even if the will had existed to unite the two groups, it is unlikely this would have been possible in practice because of the distances separating the areas and the prohibitive costs involved in attending meetings. This fact was recognised by the Association during one of its later meetings aimed specifically at greater co-operation with the Cape Town Society.⁶⁷

As so often happens to competing groups, the two pharmaceutical bodies joined forces to resist the common enemy, the Medical Committee. Both groups desired a strong elective pharmaceutical presence on the Medical Committee, and a re-structuring of the examining function of the Committee so that the task could be performed by pharmacists. The Association expressed its desire for the establishment of

65. Cape Argus, 29 Jan. 1887. The executive of the Cape Society consisted of; J. Heynes (1855), president; C.H. Bösenberg (1869), vice-president; W. Pocock (1879), secretary and treasurer; J.W. Reeler (1869), J. Peacock (1864), S. Cox (1875), J. Mocke (1860), A. Drummond (1873), L. Mally (1867), H. Hutchinson (1862), J. Juritz (1840).

66. S.A. Pharm. Assoc. Minutes, 17 June 1887.

67. See, *Ibid*, 2 June, 1892.

local examining bodies in the Eastern Province. This had been suggested by the chairman of the Select Committee on Medical Reform in 1883, Dr. Atherstone, who was a member of the Legislative Council for the South Eastern Province.⁶⁸ This campaign forms an integral part of the agitation by chemists to improve their professional status and is best understood in the light of details of the methods of examination, syllabi, apprenticeship, the standards for the licensing of chemists, the competition between prescribing chemists and dispensing doctors and the growing public dissatisfaction with the Medical Committee - all of which aspects are discussed in the next chapter.

68. See, S.C. 25 - '83, pp.14, 17, 28.

CHAPTER III

EDUCATION AND TRAINING OF PHARMACISTS: COMPETITION OF

DOCTORS AND SHOPKEEPERS

In order to understand more clearly the issues which roused pharmacists into forming their own professional societies, it is essential that the competition between the doctor and the pharmacist and between the shopkeeper and the pharmacist, should be closely examined. The system of training for pharmacy requires a full explanation so that an evaluation can be made of the justice of the campaign for reform in this area. Other factors that need to be examined further include an evaluation of the impact of social class upon the training of pharmacists in South Africa; the number of pharmacists in relation to doctors who qualified to practice, a comparative study of the training of pharmacists in Europe with that in South Africa; and an evaluation of the lobbying influence in Parliament of the two pharmaceutical societies.

Competition between pharmacist and shopkeeper was limited to matters such as patent medicines and poisons. No less an authority than the president of the Medical Committee, Dr. H. Ebden, admitted that "a great deal of mischief" was caused by patent medicines in the Colony. In his opinion, a large number of people "died because of their misuse each year; particularly the "American opiate preparations". He maintained that all the cough mixtures contained morphia and that many patients took sedatives instead of simple preparations "to facilitate expectoration". "Many children" had been poisoned because these had had "paregoric" prescribed for coughs.¹

1. S.C. 25-'83, p.8 evidence of Dr. H. Ebden.

Several pharmacists who gave evidence before the Select Committee insisted that all patent medicines should be subject to careful testing by the Medical Committee and their ingredients printed on the bottle "if only for the sake of warning the public against dangerous medicines." This practice was common in Holland at the time.² A member of the Medical Committee recalled that when he had worked at Steynsburg, he had treated a case of arsenic poisoning which had occurred because a shopkeeper had failed to label a bottle clearly and the contents had been used as baking powder.³ Pharmacists were required to mark all bottles containing poisons clearly and to keep a Poison's Book, but this was not required of shopkeepers. It was argued that pharmacists should be protected from competition with shopkeepers in the selling of poisons because they were required to pay an extra £3 licence in addition to the general dealer's licence of £3. On the other hand it was claimed that if pharmacists were to obtain a monopoly in this sphere, the public would have to be protected in some way and a price list would have to be introduced.⁴ There appeared to be no solution for those districts where no pharmacy existed; in such places, shopkeepers would have to continue to supply both medicines and poisons. Reacting to the suggestion that poison permits, similar to gunpowder permits might be introduced, J. Heynes protested that this "would interfere with business very much ... because a man hasn't always got time to go to a Magistrate for a permit...."⁵

2. Ibid, pp.37, 45-6, evidence of L. Mally and H.W. Dieprinck.

3. Ibid, pp. 29-30, evidence of Dr. Fisk.

4. Ibid, p. 24, evidence of Dr. H. Saunders of Cape Town.

5. Ibid, pp. 52-3, evidence of J. Heynes.

E.T. Fleischer, a pharmacist at Humansdorp, pointed out to the Medical Committee that the manner in which "the Chemist Druggist's business" was carried on by shopkeepers was "somewhat disgraceful."⁶ Some twenty months later he addressed a further communication to the government on the matter and made a plea for government protection of the pharmacists and suggested that these should be no more than one pharmacist in a village with a population of 6-7 000 people. He stated that he was prepared to pay an annual licence of £10 for this protection and that the government could "frame a scale of charges for the retail chemists" which would prevent exploitation of the public in such a monopoly situation.⁷ The Medical Committee, asked to comment on this letter, pointed out that they had repeatedly advised the government to limit the sale of patent medicines and poisons "to licensed apothecaries only." However, they considered Fleischer's proposals as to how the government might restrict the number of pharmacists and to control prices as "so puerile as to call for no formal refutation."⁸ Despite this official dismissal of the problem, Fleischer was representative of many country chemists who found their livelihood threatened by competition from shopkeepers and doctors and it is noteworthy therefore, that Fleischer was an enthusiastic supporter of the Pharmaceutical Association and was elected to the executive committee at the Association's first annual general meeting in July 1885.⁹

6. MC 17, E.T. Fleischer to president of Medical Committee, 4 Aug. 1883.

7. CO 1315, E.T. Fleischer to Colonial Secretary, 22 April 1884.

8. MC 30, Secretary of Medical Committee to Colonial Secretary, 1 May 1885.

9. S.A. Pharm. Assoc., Minutes, 17 July 1885.

Like the competition between shopkeepers and pharmacists, the conflict between the pharmacist and the medical practitioner was more intense in the rural areas than in the towns. Many towns did not have doctors, and farmers relied on the local pharmacist or their Huis Apotheek in times of illness. Doctors charged per mile they travelled to visit patients, and a consulting fee, as well as any board and lodging expenses they incurred on the journey. Consequently, their assistance was summoned only in extreme cases. Such doctors dispensed medicines on the spot and charged for them. Pharmacists did not object to this practice. They tried to persuade the government to agree to limiting such dispensing by doctors to *outside* a specified radius of a pharmacy. This, it was felt, would give protection to the chemist and at the same time ensure that the public had ready access to medicine. However, the chemists objected to the fact that doctors could dispense without having to purchase a druggist's licence. Dr. J. Ritchie of George commented: "I have no open shop and only dispense my own medicines so as to be able to save expense to my patients." However, as he candidly admitted later: "...this of course increases my practice"!¹⁰

The Select Committee on Medical Reform examined the problem of dispensing by doctors and counter-prescribing by pharmacists. The president of the Medical Committee, Dr. Ebdon, pointed out that all doctors were examined in practical pharmacy, botany, materia medica "and in branches of the apothecary's calling". However, he did note that

10. MC 17, Dr. J.L. Ritchie to Secretary of Medical Committee, 24 July 1883.

many medical men lacked the practical experience required in order to be a fully competent dispenser, and that few were qualified to make an analysis of poisons. He acknowledged that many doctors had learned such skills for examination purposes only. The official position of the Medical Committee may be deduced from the following:

"... we take it for granted that a man who is competent to prescribe for disease, is also competent to prepare the medicine he requires for the treatment of it."¹¹

Dr. Saunders of Cape Town pointed out that he had seen cases in hospitals of patients whose eyes had been ruined because they had used prescriptions given them by pharmacists instead of consulting a doctor. Such counter prescribing was common. He noted furthermore, that many chemists did "a great deal of harm" because they merely repeated doctor's prescriptions for ailments that appeared similar to those for which the prescription was first recommended by a doctor.¹² While it was acknowledged that counter prescribing by pharmacists was common in the rural areas, Ludwig Mally, a Cape Town chemist and proprietor of the firm of Wentzel and Schleswig retail and wholesale chemists, argued that in his opinion there was little conflict of interest between the doctor and chemist in the urban areas because the pharmacist was "bound to remain in his place where he practises" and therefore did not compete with the doctor who was free to travel to his patients.¹³

11. S.C. 25-'83, pp.12-3, evidence of Dr. H. Ebdon.

12. Ibid, p.24, evidence of Dr. H.W. Saunders.

13. Ibid, pp.46-7, evidence of L. Mally, pharmacist at Cape Town.

However, J. Heynes commented that it was in the rural areas that many licensed pharmacists were unable to make a living and were forced to fall back "on prescribing over the counter." Furthermore, it was admitted that the bulk of such counter prescribing fulfilled a much-needed demand by the poorer classes for access to educated medical professionals and their remedies.¹⁴ This evidence served to underline once again the difficulty facing administrators and legislators - viz., the huge gap that existed between town and country in the availability of medical services. Because they feared depriving the bulk of the rural population of their source of medical assistance, the government was loth to alter the status quo in so far as it affected dispensing by doctors, prescribing by chemists and the selling of certain medicines by storekeepers in remote areas.

As late as 1892 two doctors in the Kimberley area owned and operated pharmacies. They were Dr. T. van der Heurel, 384 Curry Street, Kimberley and Dr. E. H. Croghan, 2280 Marking, Beaconsfield.¹⁵ In the same year, the new Medical and Pharmacy Act was promulgated, requiring doctors to purchase the same licence as chemists and druggists if they wished to dispense medicines.¹⁶ The following table illustrates the large number of doctors and dentists who were affected by this legislation. It also shows very clearly the absence of pharmacists in certain rural areas.¹⁷

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14. Ibid, pp. 51-4, evidence of J. Heynes, pharmacist at Cape Town.
15. CO 4749, "List of persons in the Kimberley Division with annual chemist and druggist trade licences for 1892."
16. C.H. Price, Pharmacy - Yesterday, Today and Tomorrow (Grahams-town, 1962), p.24.
17. Information compiled from CO 4743 and 4749.

TABLE SHOWING THE TOTAL NUMBER OF DRUGGISTS' LICENCES
GRANTED TO MEDICAL PROFESSIONALS IN SELECTED DISTRICTS
OF THE CAPE COLONY IN 1892

DISTRICT	1892 Chemists & Druggist Trade Licenses	Total no. of Medical Professionals in each District		
		Medical Practitioners	Pharmacists	Dentists
Aliwal North	8	5	2	1
Barkly East	4	3	1	
Calvinia	2	2		
Clanwilliam	2	2		
Graaff-Reinet	9	5	2	2
Paarl	10	6	5	2
Philipstown	5	4	1	
Namaqualand	1	1		
Worcester	6	5	2	1
Wynberg	7	9	5	
Kimberley	21	10	16	7
Queen's Town	10	6	4	2
King William's Town	5	6	4	1

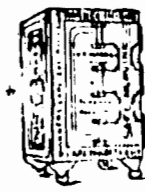
In many areas, chemists competed with both doctors and dentists. (In some cases doctors practised also as dentists and sometimes chemists practised as dentists). It is noticeable that in the urban areas, such as Wynberg, few doctors traded as pharmacists; while in the rural areas, such as at Graaff-Reinet, all the doctors in the district took out licences to trade as chemists and druggists.

In stating its view of the matter in 1894, the Cape Pharmaceutical Society submitted the "following reasons why medical men~~s~~ should not be granted chemists' licences": They argued that it was convenient for the public that pharmacists "be encouraged to settle in country districts" and that if medical men were licensed as chemists this would not happen. It was felt that medical men were unable to cater for the "multifarious requirements of the public" such as the supply of all descriptions of drugs and chemicals for household and agricultural purposes, and they were unable to give "the attention necessary for the conducting of a chemist's business" because they were necessarily absent from their shops "for the greater portion of their time". It was considered unreasonable that medical men should be placed on the same footing as pharmacists considering that doctors devoted "only a very short time to the study of pharmacy and materia medica".¹⁸

The Medical Board, which had assumed the duties of the Medical Committee in 1892, insisted that doctors should be able to dispense

18. CO 8043, Chairman and Secretary of Cape Pharmaceutical Society to Colonial Secretary, 23 May 1894.

PATENT MEDICINE -
A FINE EXAMPLE
OF NINETEENTH
CENTURY MARKETING
STRATEGY



Ladybrand, Orange Free State
Nov^r 22nd 1888.

Messrs H & Warner & Co

Dear Sirs " Mr Thomas Shone
Private Secretary to His Honor, the
President of the Orange Free State, was
sick with Dysentery, Dyspepsia, and
a great bleeding of the nose, which
no medical man including myself
could cure, until I resorted
to a bottle of your "Safe Cure"
which completely cured him.

I am, Yours faithfully
Arthur Gibbon M.D.

The Remedy which Cured MR SHONE
- WARNER'S SAFE CURE - can be had of
all Chemists, and **B.G LENNON** and Co
CAPE TOWN, PORT ELIZABETH, and
EAST LONDON

Write **LENNON and Co** for 32 Page, Illustrated
Pamphlet, which will be sent **FREE. POST PAID.**

(Mossel Bay
Advertiser, 19
Feb., 1889, p.2)

without paying a licence fee on condition that they were resident in the district in which they dispensed. The latter consideration was more of a protective mechanism against doctors competing with one another than aimed at limiting their dispensing capabilities vis-a-vis pharmacists.¹⁹ The Pharmacy Board suggested that medical men be allowed to sell or dispense medicines in any place further than thirty miles distance by the nearest main road, of the shop of a licensed chemist."²⁰ The debate raged on until 1899 when the Medical Board and S.A. Medical Association persuaded the government to amend the Act, and the clause that required dispensing doctors to purchase a full druggist's licence was repealed.²¹ The question of the dispensing doctor has continued to concern pharmacists up to the present and remains an unsolved problem which poses a serious threat to the livelihood of pharmacists in some areas. (See illustration on p.62).

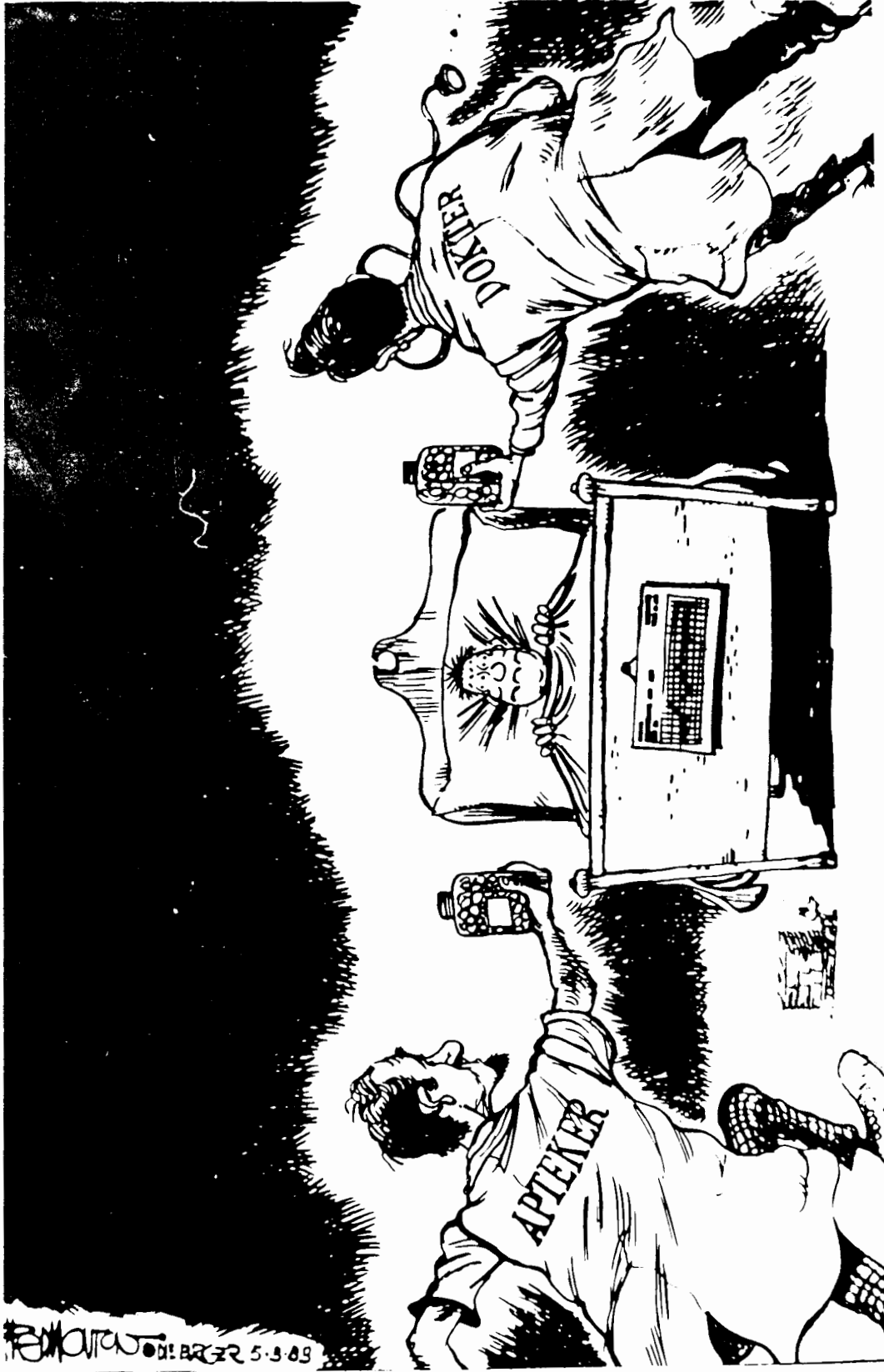
An important issue which further confused the relationship between the chemist and the doctor was the fact that government agencies - such as gaols and the supreme court - and local authorities employed unregistered medical practitioners in official capacities such as district surgeons. As was to be expected, this was done in the rural, and not the urban areas. It had the effect of underlining the government's inability to legislate and administer correctly in terms of the law in rural areas and this, it may be argued, further bedevilled attempts by pharmaceutical societies to gain absolute clarity on the status of the pharmacist in relation to the other

19. Ibid, Secretary of Medical Board to Colonial Secretary, 24 May 1894.

20. Ibid, Secretary of Pharmacy board to Colonial Secretary, 24 May 1894.

21. Price, Pharmacy-Yesterday, p.24.

THE COMPETITION BETWEEN PHARMACIST AND DOCTOR



(Burger, 5 March, 1983.
This cartoon underlines
the relevance of this
thesis to the relation-
ship between the
pharmacist and doctor
today.)

medical professionals. It also made it more difficult for the government to act forcefully in prosecuting quack operators. On the other hand, it demonstrated to the public the urgent need for reform of the health services in the Colony and this added to the pressure brought to bear on the government to act vigorously in the matter.

In defence of the government, it should be noted that in two of the three examples that follow, the men had had additional training as well as being qualified as pharmacists - although they had not completed full and acceptable medical courses. It would appear that in all three cases, the men took up positions as "doctors" in the late 1850's when there was an acute shortage of trained medical personnel in the rural areas. F.B. Spencer, a pharmacist who had received his training in Britain, was appointed as Acting District Surgeon at Hanover in August 1860. He was employed in this capacity for many years and received remuneration from the government "for services rendered to paupers and prisoners". He was eventually licensed by the Medical Committee as an "apothecary" in February 1877. He then moved to Beaconsfield where he continued to work until his retirement. In 1887, Spencer issued a death certificate which the Town Clerk refused to accept. Spencer expressed his anger and indignation at such treatment and accused the Town Clerk of having "little general and still less legal knowledge."²² Despite the fact that the government had previously employed him as a doctor, it replied that his chemist's licence did not entitle him to issue certificates of death.²³

22. CO 4262, No. 55, F.B. Spencer to Colonial Secretary, 18 Nov. 1887.

23. CO 5357, Under Colonial Secretary to F.B. Spencer, 7 Oct. 1887.

The case of Thomas O'Hare was more complicated. He had served an apprenticeship of four years with a Fellow of the College of Surgeons and had spent a further six years acting as assistant to various practitioners in England. He had never attended lectures but did have hospital and post mortem experience. He arrived in the Colony in 1857 without a diploma and was appointed as District Surgeon of Oudtshoorn. When the Medical Committee expressed its intention of publishing O'Hare's name in the revised list of qualified chemists and druggists which appeared in 1862, he objected because he thought that it would affect his practice.²⁴ The Medical Committee's reply reflects both its hold over such unqualified people and the lengths to which it was obliged to go in order to fulfil its aim of bringing medical help to as many rural areas as possible. The Committee stated that it had no option but to place O'Hare's name on the list to prevent his being confused "with the ordinary run of irregular practitioners" which would result in his losing his "professional status". While admitting that the Oudtshoorn surgeoncy was "not a very lucrative one", the Committee felt that no one was likely to dispossess him of the position and offered to strike his name off the list if he felt sufficiently strongly on the matter. It acknowledged that his "position was a very painful one" but that it was "entirely due to [his] want of qualification." The Committee agreed to parry any criticism of O'Hare's appointment and urged him to acknowledge the fact that he was merely "a qualified apothecary". Qualified doctors were twice refused O'Hare's appointment and he continued to

24. S.C. 6-'90, Report and Minutes of Evidence of the Select Committee on the Medical Bill, evidence of T. O'Hare, pp.56-8, 61.

conduct surgical work and post mortems. Dr. Russel, a qualified practitioner, became his partner and the two were often consulted by other doctors in the area. The district surgeons at Humansdorp and Worcester, Messrs. Addams and Philcox, were in the same situation as O'Hare.²⁵

H.W. Dieperinck was licensed as a chemist and traded as a pharmacist in the Helderberg district. At the same time he practised as a doctor and his patients willingly paid him for his services. He consulted with other doctors and was employed as a doctor by the government during the outbreak of fever in Montagu in 1874. He also gave evidence in court on medical matters. The Cape government refused to recognise his Dutch qualification of Plattelandse Heelmeester, although the Royal College of Surgeons in London was quite prepared to do so. Dieperinck had been apprenticed to a surgeon in Holland, had hospital experience, attended lectures at the University of Utrecht for four years and had worked as a ship's surgeon. He was forced to abandon a leaking ship and settled in South Africa, first at Aberdeen in 1856, then in Natal and later at Montagu. Other heelmeesters such as I.J. Pronk and H. Fockens, were registered as doctors by the Medical Committee, and it was clear that Dieperinck had suffered an injustice.²⁶ Consequently, the Select Committee recommended²⁷ that both O'Hare and Dieperinck be granted relief and the Medical and Pharmacy Act which was promulgated in 1892 made special provision for those in their position; they were duly licensed as doctors.

25. Ibid, p.57-8. For further examples of pharmacists acting as district surgeons and doctors in the first half of the nineteenth century, see Burrows, History of Medicine, p.186.

26. Ibid, evidence of H.W. Dieperinck, pp.5-9; and Dr. J.P. Landsberg, p.12.

27. Ibid, see, Report of Select Committee on the Medical Bill.

While the situation of unqualified persons working as doctors confused the public and made a mockery of the law governing medical matters, it was the issue of examinations and training of pharmacists that was seized upon by the two pharmaceutical societies in their campaign for improving the status of their profession. The method of pharmaceutical training in use in Europe at the time was based on a system of two examinations. For example, in Germany apprentices had to undergo an entrance examination in chemistry before being allowed to work as an apprentice in a shop. After serving four year's apprenticeship, the candidate was examined in pharmacy. This tested his knowledge of poisons and the making up of prescriptions, and allowed him to be called an "assistant chemist and druggist". After a further four years, during which time the student was required to attend lectures at university in chemistry and botany, he was examined again. Upon successful completion of this examination, he received his certificate or "approbation" which permitted him to have his own pharmacy.²⁸ A similar situation existed in Britain where since 1868, the Pharmaceutical Society had examined candidates for the chemist's minor and major qualification. The minor examination was almost entirely of an oral nature and included questions on chemistry, botany, materia medica, prescription reading and practical dispensing. The person who passed this examination was permitted to use the designation "chemist and druggist". The major examination consisted of questions on advanced botany, organic and inorganic chemistry and materia medica and a practical section on volumetric and quantitative

28. S.C. 25-'83, evidence of Ludwig Mally, pharmacist at Cape Town, pp.48-9.

analysis and the detection of mixed alkaloids. Upon completion of this examination the person could use the title "pharmaceutical chemist".²⁹ Because of the scattered nature of human settlement and the lack of suitable educational institutions in the Cape Colony, a syllabus was designed by the Medical Committee which required a period of four year's apprenticeship and one examination only. It was admitted that the examination in the Colony was far easier than its European counterpart and consequently, European-trained pharmacists enjoyed greater respect from their fellow professionals and the public than did the locally qualified chemists. Nevertheless, it was acknowledged by the Medical Committee that the Cape's qualifications was of a higher standard and therefore sought after by those living in other areas of southern Africa. The Committee used this to justify the introduction of unpopular regulations such as insisting in 1887 that candidates for the pharmacy examination first pass the matriculation examination of the university before presenting themselves for examination before the Committee. They claimed that this was desirable "on account of their deficiency in classical knowledge and improving their status generally".³⁰ While it is clear that the pharmaceutical societies desired to raise the status of their profession, they resented the fact that such arbitrary decisions were made without their having been consulted on the matter.

All candidates of the Cape pharmacy examination had to be twenty-one years of age; have a thorough working knowledge of the Latin langu-

29. S.C. 6-'90, evidence of W. Pocock, p.48.

30. MC 30, Secretary of Medical Committee to Colonial Secretary, 29 Sept. 1887; and extract from the Committee's Annual Report, 1887.

age and of organic and inorganic chemistry; be familiar with urinary tests, and tests for poisons and their antidotes; and be able to write and interpret prescriptions correctly so as to avoid the danger of supplying an overdose.³¹ Most of those who failed did so because of the chemistry and Latin requirements. Many pharmacists complained that having to read and write Latin was no longer fashionable or practical, but the Medical Committee looked upon it "as a test of general education."³² In 1886 and 1887 there was a 50% failure rate with four and five candidates respectively managing to pass.³³ When challenged by the Pharmaceutical Association and the Colonial Secretary to account for this alarming waste,³⁴ the Medical Committee claimed that most of those who failed, mistakenly underestimated the examination before the Committee "as only qualifying [them] as dispensers".³⁵ This is an unsatisfactory explanation and a more likely one is the fact that there were not formal colleges or schools of pharmacy. Consequently, formal instruction was available in few towns and this was further limited by the cost involved. For example, John Mathew's son, Alfred, was considered very fortunate in being able to attend two years of lectures with Dr. Hahn at the South African College.³⁶ Prior to this he attended classes for chemist's apprentices and assistants given by William Pocock in Cape Town. Pocock, who had passed the minor and major examination in London in 1879, established an informal school where he passed on his knowledge to candidates preparing for the Medical Committee's examination. In 1885 his class consisted of nine aspirant pharmacists and they

31. MC 30, Secretary of Medical Committee to C. Clarke, of New Wandsworth, London, 6 Dec. 1887. See Appendix A.

32. S.C. 25-'83, p.12, evidence of Dr. Ebdon, president of the Medical Committee.

33. MC 30, Secretary of Medical Committee to Colonial Secretary, 29 Sept. 1887.

34. CO 1372, Secretary of South African Pharmaceutical Association to the Colonial Secretary, 22 Aug. 1887.

35. MC 30, Secretary of Medical Committee to Colonial Secretary, 15 Sept. 1887.

36. MC 5, minutes of meeting, 24 Nov. 1887.

presented him with an inscribed silver plate for his altruistic service.³⁷ For the vast majority of the trainee pharmacists who lived outside Cape Town, there remained only two sources of assistance when preparing for the examination; Dr. Marloth's correspondence course and the qualified pharmacist to whom they were apprenticed.³⁸

The Pharmaceutical Association considered the doctors on the Medical Committee "inadequate to test the capabilities of the candidates in the theoretical and more especially the practical part of the business ..." and they demanded that pharmacists be represented on the Committee.³⁹ The Committee argued that in the first place there were very few chemists experienced and competent enough to serve on the Committee as examiners and secondly that it was better "having the examiners quite independent and disinterested from the Teachers."⁴⁰ This view is contrary to that expressed by the president of the Medical Committee before the Select Committee on Medical Reform in 1883 that his Committee would be "happy to have such assistance" from a pharmacist at examinations.⁴¹ The Select Committee recommended that the Medical Committee be "of a more representative character" and that it include at least one pharmacist.⁴² This recommendation was ignored by the government and the Medical Committee. Within three years the chemists' demands had been increased from one representative pharmacist on the Medical Committee to an entirely separate body of pharmacists to govern affairs relating to their profession. The success of the lobbying campaign of the pharmaceutical societies

37. South African Library, MSC 18, Pocock Family Papers, Box 24. (Hereafter MSC 18, Pocock Papers).

38. C.H. Price, "The Pococks : Pioneer Pharmacists of the Cape, Part II", in Africana Notes and News, vol. 14, no. 8, 1961, p.298. See also, "The Cape Pharmacy Board", in The Chemist and Druggist, 19 Feb. 1898, pp.301-2.

39. CO 1372, Secretary of Pharmaceutical Association to Colonial Secretary, 22 Aug. 1887.

40. MC 30, Secretary of Medical Committee to Colonial Secretary, 15 Sept. 1887.

41. S.C. 25-'83, p.12, evidence of Dr. Ebdon.

42. Ibid, p.X, Report of the Select Committee on Medical Reform.

is evident from the fact that such a measure was recommended by the Select Committee on the Medical Bill in 1890⁴³ and came into existence the following year.

Another demand from the Association was for examinations to be held in various centres instead of candidates having to travel to Cape Town. The Colonial Secretary was not unsympathetic to the chemist's demands and requested the Medical Committee to supply him with statistics showing the places of residence and the number of trainee chemists who travelled to Cape Town for the examination. He also enquired why questions could not be posted to the candidates "to meet the question of expense which to a young candidate is often of importance."⁴⁴ The Committee pointed out that between 1875 and 1885, questions had been posted to candidates⁴⁵ but that certain irregularities had arisen and that since 1885, examinations had consisted of separate oral, theoretical and practical sections; it was therefore essential that candidates should attend the examination in person.⁴⁶ The Association considered the government's response to their demands "very unsatisfactory" and it was resolved to continue to campaign for "the required representation" on the examination body and for examinations to be held in more than one centre.⁴⁷ Several doctors and pharmacists who testified before Select Committees in 1883 and 1890, indicated that they were in favour of a Medical Committee based in the Eastern Province; or at least examiners travelling to various centres such as Kimberley, Port Elizabeth and King William's Town on

43. S.C. 6-'90, Report of the Selection Committee on the Medical Bill.

44. CO 1378, No. 18, Note written by Colonial Secretary on back of Medical Committee's letter of 15 Sept. 1887.

45. The first person to be examined in such a way in the Colony was F.P. Hamlin of Somerset East. See MC 30 Secretary of Medical Committee to Colonial Secretary, 19 June 1875. See Appendix B for list of questions asked of Hamlin.

46. MC 30, Secretary of Medical Committee to Colonial Secretary, 29 Sept. 1887.

47. S.A. Pharm. Assoc., Minutes, 20 June 1888.

an annual basis. The problem of how best to finance such an arrangement was discussed at length and it was suggested that an examination fee be charged to offset the costs of either bringing examiners to Cape Town or sending an examining board on an annual tour of the main towns in the Colony. W. Pocock pointed out that the examinations in pharmacy in the British Isles were conducted by the Pharmaceutical Society of Great Britain at two centres - London and Edinburgh.⁴⁸

The period of apprenticeship or of internship as it is known today, became shorter as more time was devoted to academic study. The most significant change in the apprenticeship system has occurred in the nature of the relationship between the apprentice and his master. For example, the apprentice no longer has to stand to attention when being addressed by the pharmacist,⁴⁹ nor does he have to promise to refrain from frequenting bars and hotels and playing dice and undertake not to marry during his period of apprenticeship of four or five years. Formal indentures were compiled and signed in the presence of witnesses and a legal practitioner. Thus a vivid contemporary description of the ceremony:

"Later in the morning my guardian arrived, also the solicitor with the Apprenticeship Indenture. My master, the Manager and the rest of us retired to a room behind the shop, and the solicitor read out the indenture and I was asked if I wished to ask any questions."⁵⁰

48. S.C. 6-'90, p.48, evidence of W. Pocock. (This evidence is mistakenly attributed to J. Pocock. The latter, who was W. Pocock's uncle, died in 1876).

49. Interview with Mr. Benny Jacobson, 30 April 1983. His apprenticeship lasted from 1918 to 1922.

50. Africana Museum, Jhb., 69/772, Fred Firth, "An Old-Time Apprenticeship, 1890-6" p.1.

The commencing salary varied between £4-5 per month for the first year. The pharmacist agreed to teach his apprentice the chemists' trade and, in some cases, supplied him with board, lodging, clothing and the books necessary for his studies. He also had to undertake to do all in his power to see that the apprentice was licensed as a chemist and druggist and obtained employment at the end of his apprenticeship.⁵¹

Large pharmacies employed several apprentices and sometimes (non-indentured) assistants as well. In such a situation, there would be junior and senior apprentices in a shop. The senior apprentice had to open the shop while the junior apprentice might have started his day "by taking down the shutters, dusting cases, bottles and shelves."⁵² One of the initiation ceremonies practised on new apprentices involved the pouring of fortified liquid ammonia from a ten gallon carboy into a gallon measure. The seniors would take a deep breath and the junior who was told to hold the measure was "soon in a bad way" while the seniors "expressed surprise and said the smell did not worry" them and they "hoped he would soon get used to it."⁵³ During the boom days of the Anglo Boer War in Natal, it was customary to greet the arrival or departure of an apprentice with a special "evening". Eight or nine apprentices and assistants would meet in the back of the pharmacy after closing time. Each person had to sing, recite or tell a story and this was followed by a "community sing-song". Each person would enjoy a (quart) bottle of beer and because

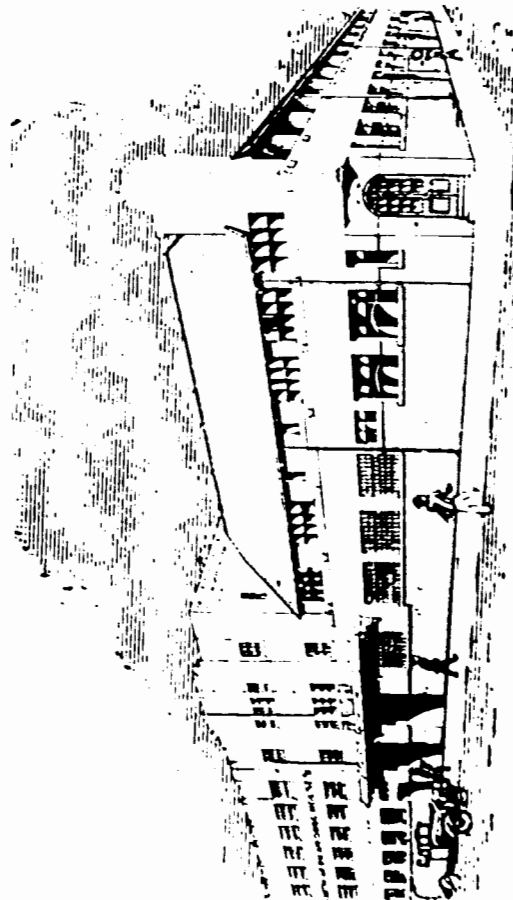
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51. Ibid, pp.1-2. See also, MC 18, Deeds of Apprenticeship between W. Pocock and P.W. Immelman, 25 Feb. 1881; MSC 18, Pocock Papers, Box 24, Deed of Apprenticeship between W. Pocock and J.T. Pocock, 12 Oct. 1872; and Africana Museum, Jhb, 69/773, Deed of Agreement between F. Firth and G. Smith, 14 May 1890.
 52. Africana Museum, Jhb, 69/772, Fred Firth, "An Old Time Apprenticeship, 1890-6". p.2.
 53. Ibid, 69/771, Fred Firth, "Reminiscences of an Old Time Chemist by his Apprentice," p.8.

they normally did not take "liquor of any kind", they considered they "were going all out" on these "special evenings."⁵⁴.

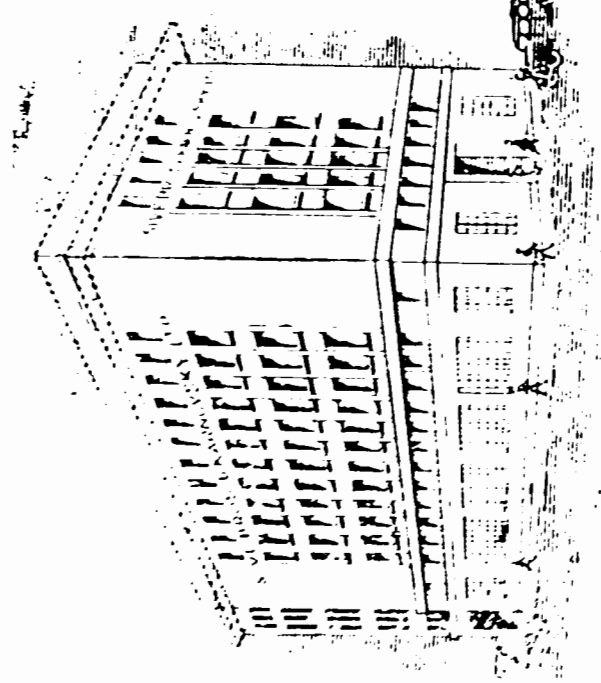
Many of those who became apprentices were following a family tradition. Such people had a distinct advantage over other newly qualified pharmacists because the capital required to start a pharmacy - with its vast stock of medicines, fittings, pharmacy jars, carboys and implements - was considerable. This fact tended to limit retail chemist activity in South Africa to two main groups; the family business and the chain of outlets owned by the large drug companies such as Lennon Limited and Sive Bros. and Karnovsky (see illustration on p. 74). In the case of the latter group, newly-qualified pharmacists were offered positions managing a retail pharmacy - very often situated in the less-populated areas of the country. The pharmacist's success or failure often depended on how well he did in these circumstances. After establishing themselves in the country areas and acquiring some capital, many pharmacists moved to the larger urban centres where they either bought into, or took over existing pharmacies. For example, Philip Davis, settled in Trompsburg, a village south of Bloemfontein in 1931 and took over a small business owned by Sive Brothers and Karnovsky. There he made a living - mostly from patent medicines, counter-prescribing and optics and not dispensing, which was handled by the doctors. He opened a business in the neighbouring village of Edenburg in partnership with his brother-in-law. They returned to Johannesburg in 1939/40 where the family was based because they did not want their children to grow up

54. D.S.B. Anderson, "Pharmacy was Some Business Way Back in the 1900's" in South African Pharmaceutical Journal, Dec. 1944, p.4. (Hereafter, Anderson, "Pharmacy in the 1900's").

LARGE PREMISES OF WHOLESALE PHARMACISTS IN THE 1930's



Durban Premises



Johannesburg Premises

(South African Pharmaceutical Journal,
July 1935, p.20)

in the area and also because of a certain amount of "ferment" against Jews in the area. They then bought a small business in Johannesburg.⁵⁵ When Mr. Benny Jacobson arrived in South Africa from England in 1923 he found employment in a pharmacy in Boksburg which was also owned by Sive Brothers and Karnovsky. He was initially paid £35 per month and eventually bought the business.⁵⁶ It was in the interests of these large drug companies to own as many distribution points for their products as possible and in many respects these outlets enjoyed a relationship with the drug company similar to that between a brewery and a tied house (public house) where only a certain range of products was sold. Not all qualified pharmacists work in the retail trade. There are pharmacists in hospitals, in research, in teaching and in the manufacturing and distribution side of the profession. This was also true in the late nineteenth century although the retail pharmacists dominated affairs in the pharmaceutical societies by virtue of their numbers and because the manufacturing of medicines in South Africa was not yet a separate specialised industry such as that which exists today, but usually formed part of a retail chemist's business.

The family business of Heynes Mathew in Cape Town was both a retail, wholesale and manufacturing business. It was for this reason that most apprenticeship agreements specifically forbade apprentices from divulging the contents of their master's mixtures. The same was true of other large pharmacies in the mother city such as J.T. Pocock and

55. Interview with Mr. Philip Davis, 1 May 1983.

56. Interview with Mr. Benny Jacobson, 30 April 1983. His future wife was apprenticed to him before they were married. She still occasionally works in the same pharmacy in which he began work.

Co., Wentzel and Schleswig, Petersen and Co., S. Cox, and Messrs. Reeler and Son.⁵⁷ It was common for brother and sons in a family to train in pharmacy. Thus, John Mathew's two sons, Alfred and Franck, who qualified in 1887 and 1891 respectively, joined the family business (see illustration on p. 77). William Pocock was apprenticed to his uncle, John Pocock, and eventually took over the latter's pharmacy in Cape Town. Robert Darroll's son, Charles, joined his father in business at Wynberg and Simon's Town. Robert Lumsden and James McJannet were both founder members of the South African Pharmaceutical Association in 1885 and served as president of the Association. Fifty years later their sons, E. Lumsden and H.J. McJannet served together on the executive committee of the Eastern Districts Pharmaceutical Association.⁵⁸

Prior to the introduction of the matriculation requirement in 1887, it was easier for aspirant pharmacists from poorer backgrounds to enter the profession and use it as a means of upward social mobility. The matriculation requirement meant that the candidate had to have financial support from some source while he attended the university. In the absence of private scholarship schemes and state bursaries, such education would not have been open to children from poorer homes. Prior to 1887 it was possible for an apprentice to qualify as a chemist and druggist through his own hard work and skill. The apprenticeship system offered an exchange of labour for the acquisition of certain required skills. Much depended on the individual pharma-

57. MC 5, minutes of meeting, 11 July 1889.

58. "E.D.P.A. Celebrates Fiftieth Anniversary", in South African Pharmaceutical Journal, Aug. 1935, p.14; and "Presentation to Mr. G.E. Cook", in ibid, Jan. 1936, p.31. The S.A. Pharmaceutical Association changed its name to the Eastern Districts Pharmaceutical Association in 1911.

ALFRED H. MATHEW'S LETTER TO THE EXAMINING AUTHORITY -
THE MEDICAL COMMITTEE

Memorandum

From:

HEYNES, MATHEW & CO.,

Wholesale Chemists & Druggists,

NO. 6 & 37, ADDERLEY STREET, AND 96, LONGMARKET STREET,

CAPE TOWN.

7. 1. 86

188

To Dr. Lansberg
Cape Town

Dear Sir.

Could you kindly oblige me by letting me know exactly what work has to be done, in order that I may pass the examination to practise as Chemist in this Colony.

I remain

Your Obedt^t Servant.

Alf. H. Mathew

(Government Archives,
Cape Town, MC 18,
memorandum from A.H.
Mathew to the Secretary of the
Medical Committee,
7 Jan, 1886.)

cist. For example, he might have made it difficult for his apprentice to study by giving him an excessive workload. Similarly, he may have been loth to part with such an inexpensive source of labour. No statistics exist which show the number of pharmacists who qualified in relation to those who were apprenticed. It is probable that many apprentices never reached the standard of competence required by the Medical Committee - especially in chemistry and in reading and writing Latin - and consequently never travelled to Cape Town for the examination. The cost of a re-examination for those living in the more remote areas of the Colony would have been prohibitive. After 1892, however, examinations were held in other centres.

Similar conditions applied in England at the time. For example, Fred Firth, an orphan who was "sent to be a pupil teacher" in 1890, decided to become an apprentice chemist and successfully applied for a vacancy during his vacation from school.⁵⁹ The widow, Aletha Immelman of Worcester in the Cape, was fortunate in having her seventeen year old son, Petrus, accepted as an apprentice by William Pocock of Cape Town in 1881.⁶⁰ Four years later a black Mfengu boy, Solomon Chambers Dinga, was formally indentured to a doctor - James Woolby - who was based at Engcobo. There is no evidence to show that Dinga ever wrote the examination or qualified as a pharmacist. It is likely that Dinga was of particular use to Woolby among his predominantly Black patients. The signing of formal indentures indicates a certain amount of sincerity on the part of Woolby to help

59. Africana Museum, Jhb., 69/772, Fred Firth "An Old-Time Apprenticeship, 1890-6", p.1

60. MC 18, Deed of Apprenticeship, P.W. Immelman to W. Pocock, 25 Feb. 1881.

Dinga to qualify because he could have employed him as an ordinary assistant.⁶¹ The following table shows that as late as 1911, the majority of qualified medical professionals in the Colony were European males.⁶²

TABLE SHOWING THE NUMBER OF MALAYS, INDIANS AND FEMALES
IN RELATION TO THE TOTAL NUMBER OF LICENSED MEDICAL
PROFESSIONALS IN THE CAPE COLONY IN 1911

PROFESSION	TOTAL NUMBER LICENSED IN COLONY*	MALAYS/ INDIANS	FEMALES
Doctors	1 052	4	12
Pharmacists	485	1 [¶]	-
Dentists	177	-	2

* not all these persons were resident in the colony at the time.

¶ Abdul Kariem Abdurahaman of Cape Town, licensed in July 1903.

61. See MC 5, minutes of meeting, 9 July and 3 Sept. 1885.

62. Compiled from the Medical and Pharmacy Register for Province of the Cape of Good Hope to 1 Jan 1912, pp.64-142.

An explanation for this European male predominance in pharmacy may be found in the existing social structure and in the comments on the apprenticeship and examination system above. Many qualified pharmacists immigrated to South Africa from Europe and they contributed further to this imbalance. For example, J.A. Willet, a chemist who had qualified in Britain, settled at Port Elizabeth in 1881 and set up a company with a fellow immigrant, one Wooraker. Willet served as secretary of the Pharmaceutical Association in 1888/9 and prospered in Port Elizabeth where he purchased another three pharmacies.⁶³ Kirby James, an English chemist of some thirty year's experience, immigrated to Port Elizabeth in 1894 and enjoyed a lucrative business, specialising in night calls.⁶⁴

Robert Lumsden was forced to immigrate to South Africa for health reasons. Having completed two years of medicine at the Aberdeen Medical School, he easily passed the set of questions sent to him by the Medical Committee in 1883 and he was duly licensed as a chemist and druggist.⁶⁵ He set up business in King William's Town and played a prominent role in the affairs of the Pharmaceutical Association. I.L. Drege, who had a pharmacy in Queens Street in Port Elizabeth, served his fellow German countrymen in the surrounding area. He specialised in importing German drugs and patents and a German doctor in the town, Dr. Hohmann, used Drege's pharmacy as his consulting room for a few days each week.⁶⁶

63. J.W. Couldridge, "Reminiscences of P.E. Chemists and Doctors of Thirty-Eight Years Ago", in The African Chemist and Druggist, Dec. 1926, p.29.

64. Ibid, pp.27-9. Normal closing time was 21h00 during the week and on Sunday, and 22h30 on Saturday.

65. MC 17, R. Lumsden to Secretary of Medical Committee, 16 Jan. 1883 and MC 30, Medical Committee's reply, 29 June 1883.

66. Couldridge, "Reminiscences of Port Elizabeth Chemists", p.26.

The regular influx of qualified pharmacists who emigrated to South Africa, prevented a crisis from developing in the health services of the country. Those who wished to train and qualify in South Africa faced many hurdles, not least of which were the poor facilities for education and training in pharmacy. The pharmacists were determined to raise the status of their profession and their voluntary organizations campaigned for a change in the law that prescribed their relationship to doctors, shopkeepers and the general public.

CHAPTER IV

WHY A PHARMACY BOARD? - THE CAPE SETS THE EXAMPLE

Criticism of the Medical Committee in Parliament and in the press intensified in the late 1880's as pressure mounted for general health reform. The Pharmaceutical Societies demanded that a statutory body of pharmacists be appointed to control the affairs of their profession.

The 1883 Select Committee on Medical Reform brought into sharp focus the many shortcomings in the provision of health care in the Colony. The Committee noted that the Medical Ordinance No. 82 of 1830 had been "allowed to become obsolete" and that its provisions had not been carried out in practice. They recommended that the Medical Committee be enlarged and its powers extended so that it could function as a board of health. They envisaged a paid, full-time secretary and registrar, and the inclusion of a pharmacist on the board.¹

These recommendations, as we have seen, were not implemented partly because of opposition from the Medical Committee, and partly because of the economic recession that troubled the Colony until 1887 and the government's reluctance to authorize any change in the status quo which might involve increased expenditure. This led to the establishment of the first pharmaceutical society in 1885 to campaign for pharmaceutical representation on the Medical Committee. (see Chapter II). But government resources were being strained by the costly campaign against venereal disease and it was unwilling to vote extra funds for reforming the Medical Committee. The Pharmaceutical Association presented petitions to Parliament and began lobbying indivi-

1 S.C. 25 - '83. pp. X-X1.

dual members of Parliament and the press. Thus in April 1886, the editor of the Cape Argus requested detailed information from the Medical Committee concerning the rules and regulations governing the licensing and examining of chemists.² The Cape Pharmaceutical Society was formed in the following month and the publicity surrounding the withdrawal of Des Vages' "Poison Bill" and the friction between the two pharmaceutical societies in the Eastern and Western Provinces ensured that the matter of pharmaceutical reform would remain in the public eye.

When asked by the Attorney-General what amendments should be made to Ordinance No. 82 of 1830, the Medical Committee proposed a number of minor changes. This suggests that they did not conceive of themselves as requiring reform.³ Meanwhile, criticism of the Committee was voiced in Parliament. John X. Merriman, member for Namaqualand, thought the Committee should be "placed on a more satisfactory basis" and suggested that "the scope of their function might be enlarged". He also urged that some members of the Committee be elected by the Medical fraternity.⁴ When the annual vote of £447⁵ for the Committee came up for discussion two years later, Sir Gordon Sprigg, the prime minister and treasurer-general admitted that he did not think that the expense was justified and that "he had seriously thought of not putting it on the Estimates this year." He promised to make a thorough investigation of the work of the Committee.⁶ An inquiry was

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2. MC 5, minutes of meeting, 29 April 1886.
 3. CO 1336, Secretary of Law Department to Under Colonial Secretary, 12 Feb. 1886; MC 5, minutes of meeting, 25 Feb. 1886; and MC 30, Secretary of Medical Committee to Colonial Secretary, 25 Feb. 1886.
 4. Cape House of Assembly Debates, 1886, p. 217.
 5. £447 was spent as follows: President = £140; Secretary = £100; 4 members @ £50 each; £7 = administrative costs; See S.C. 25 - '83, p.20, evidence of Dr. Landsberg.
 6. Cape House of Assembly Debates, 1888, p.288.

held and there is strong evidence that the matter of general reform of the medical, dental and pharmaceutical services was discussed at cabinet level in June 1889.⁷ When Parliament resumed its business later that month, criticism of the Medical Committee reached its peak. Rose-Innes, the member for Victoria East, called it "a most effete and useless body", while T.J. O'Reilly, member for Cape Town, wondered "how it was that the Medical Committee had been allowed to exist so long." The government members promised to introduce a bill to amend Ordinance No. 82 of 1830 the following year.⁸ The fact that updated regulations governing pharmacy were introduced into Parliament in 1890, five years after the founding of the first pharmaceutical society, suggests that the political influence of the pharmacists was not sufficiently strong or co-ordinated to ensure reform at an earlier date. Another important factor causing the delay was the realization by the public, the government and the pharmaceutical societies alike that any reform of the regulations governing pharmacy would out of necessity form part of a general reform package affecting doctors, pharmacists, dentists, midwives and public health in general. While this undoubtedly made progress slow, it may be argued that the general public dissatisfaction with medical and health services at least guaranteed that reform of the regulations governing pharmacy would occur.

It appears as if both the Pharmaceutical Association and the Cape Town Pharmaceutical Society were inactive, or at least in danger of

7. See CO 1336, Attorney General to Secretary of Law Department, 10 June 1889 and an informal note written by Secretary of Law Department, 6 June 1889. (NOTE: The relevant Government House minutes of the Cabinet meetings, GH 15/10 - 15/44 were withdrawn from circulation for binding in 1980 and were still unavailable at the time of writing).

8. Cape House of Assembly Debates, 1889, p.203.

dissolution in 1889: no minute books of the Society survive for that period, nor is there any mention of pharmaceutical matters in W.F. Pocock's diary for that year.⁹ The Association's Secretary was asked to enquire whether the Cape Town Society "really exists". When a meeting of Cape Town chemists was called the following year, Pocock signed himself as "convener" and not as secretary, the position he had held when the Cape Town Society was formed two years previously.¹⁰ There is no record of the Association in the Eastern Province holding an annual general meeting in 1889. At their 1890 meeting the secretary, J.A. Willet of Port Elizabeth, was granted secretarial assistance after he had complained of the workload. He resigned as secretary in May the following year. It is likely that a small meeting was held in 1889 because the vice-president's post was filled by a new incumbent, A.E. Austen, at the annual general meeting in June 1890 and the Association continued to number its annual meetings as if a meeting had occurred in 1889.¹¹ Interest had waned, and letters were sent out to the Association's thirty-six members enquiring whether the Association should continue to function. Several positive replies were received. For example Messrs. Reed and Champion of Durban (see illustration on p.121) stated that they were "opposed to winding up the Association", and W.K. Mager of Queen's Town agreed. The convener of the Association in 1885, G.E. Cook of King William's Town, wished the meeting "every success" and hoped that the Association would "be continued".¹² John Leslie of Port Elizabeth played a crucial role at the annual meeting of the Associa-

9. MSC 18, Pocock Papers, Box 11, Diary of W.F. Pocock, 1889.

10. S.A. Pharm. Assoc., Minutes, 28 June 1888; Cape Argus, 16 June 1890.

11. S.A. Pharm. Assoc., Minutes, 28 June 1888 and 5 June 1890. If an annual general meeting was indeed held in 1889, it would have been the 5th one.

12. Ibid, 5 June 1890. See pp.25-35, 40, 85-6 for more information on Leslie and Cook.

tion which was held in his home town in 1890. He enthusiastically urged that the Association continue.¹³ A possible explanation for the inactivity of the pharmaceutical societies lies in the fact that the turnover of most pharmacists was greatly increased as the economic recession in the Colony lifted. They consequently no longer felt their livelihood threatened by dispensing doctors and shopkeepers. In such a blissful state, apathy among retail pharmacist members of the societies was common. Another possible explanation was the slow nature of the reform process. The fact that the government had agreed in principle to reforming the regulations governing pharmacy had the effect of lessening much of the tension between the government and the profession which had originally inspired many chemists to join the professional organizations.

If apathy nearly resulted in the dissolution of the pharmaceutical societies in 1889, they were soon revived and stimulated into action when the government introduced into Parliament its new Medical, Dental and Pharmacy Bill in June the following year. Strangely, the Pharmaceutical Association did not discuss the Bill at their annual general meeting which was held two days after the first reading of the Bill in the House of Assembly. It is probable that because of difficulties with communication and because of the confused state of the Association's administration and doubt over its very existence, the executive was not in a position to discuss the matter. However, this situation soon changed as news of the details of the Bill reached the Eastern Province.

13. Ibid.

The government honoured its undertaking to investigate the regulations governing medical professionals and the Law Department was instructed to draft a comprehensive bill affecting all medical professionals. As part of this process, the Colonial Secretary requested the Medical Committee to submit their recommendations for a new Bill. They discussed the matter for four weeks before submitting an ordinance which closely resembled the 1830 ordinance.¹⁴ They carefully avoided recommending that a pharmacist or a dentist serve on the new Medical Committee, but suggested that the governor appoint "members of the Medical Profession as he shall think proper". A section dealing with midwives and chemists' assistants was also included.¹⁵ The Medical Committee did not attempt to address the grievances of pharmacists concerning the selling of poisons and patent medicines by shopkeepers, dispensing by doctors, the demand to be represented on the examination board, and the desire to have certain pharmacists elected, and not nominated, to the Medical Committee.

Ordinance No 82 of 1830, had contained some of the safeguards which pharmacists desired. For example, any unlicensed person who practised as a medical professional could be prosecuted. No trader could import and sell any drug or patent medicine without the Committee's approval of its quality and effectiveness. The latter was impossible to enforce because of the huge expense involved. Contravention of either of these rules was subject to a heavy fine of £50. Anyone who informed the government of such breaches in the law was entitled to

14. MC 5, minutes of meeting, 20 March and 17 April 1890, and MC 31, Secretary of Medical Committee to Colonial Secretary, 22 April 1890.

15. MC 31, copy of the Medical Committee's draft Ordinance enclosed in letter of its Secretary to the Colonial Secretary, 22 April 1890.

half the fine in the case of a successful prosecution.¹⁶ However, the Ordinance had become obsolete and was aptly described by Dr. Saunders as "simply a paper ordinance".¹⁷ The 1883 Select Committee on Medical Reform investigated the reasons for the ineffectiveness of the old Ordinance. Several people testified that this was caused by the lack of "informers" and the fact that no-one was responsible for carrying out the Ordinance and prosecuting offenders. It was felt that a paid government official should be available to initiate action against offenders. The idea of a joint doctor-and-chemist mutual protection association with the necessary financial backing to meet the cost of prosecuting quacks was mooted.¹⁸

It is apparent that medical professionals did not wish to involve themselves as witnesses in any time-consuming matter of the law. The unsolicited publicity that accompanied such a prosecution was something which the medical professionals wished to avoid. The red tape of officialdom also discouraged people from reporting offenders to the authorities. For example, when Dr. Robert Watson of Ladysmith complained to the Medical Committee that there were quacks in his district, they advised him to address the government on the subject "and when the matter was referred to the Committee they would express an opinion".¹⁹ When the Committee received information that a Mr. Webber was illegally carrying on business as a qualified chemist and druggist at St. Mary's Dispensary in Cape Town, they resolved to ignore the matter because the writer of the letter did not give his

16. Ordinance No. 82 of 1830, Sections V and VI in The Medical and Pharmacy Register, 1912, pp. 28-9.

17. S.C. 25 - '83, p.24, evidence of Dr. H. W. Saunders.

18. Ibid, pp. 47-8, 55, 58, evidence of L. Mally, W. Pocock, and J. Heynes.

19. MC 18, Dr. R. Watson to Secretary of Medical Committee, 16 Oct. 1888; MC 5, minutes of meeting, 25 Oct. 1888; and MC 31, Secretary of Medical Committee to Dr. Watson, 26 Oct. 1888.

name!²⁰ Certain complaints were submitted directly to the Law Department for prosecution and these were dealt with vigorously. For example, the district surgeons of Namaqualand, Kenhardt, Carnarvon and Prieska complained about one Jeppe who claimed to be a pharmacist and who was "practising in their districts to their detriment".²¹ To overcome this problem, the proposed legislation on general medical matters made provision for a paid, full-time secretary of a Medical Board who would initiate prosecutions against such offenders. An annual registration fee levied from medical professionals would ensure that the necessary funds were available to pay for such an official.

While the Bill introduced in June 1890 did make provision for such a post, the pharmacists remained unhappy with the proposed scant representation of one member on the new Medical Committee. Cape Town pharmacists were called to a meeting to discuss the matter on 17 June. It co-incided with the second reading of the Bill in parliament and was attended by six pharamcists.²² The executive of the Pharmaceutical Association in the Eastern Province had discussed the Bill and had suggested certain amendments. These were presented to the Cape Town meeting by Henry Tebb.²³ Pocock argued that the section of the Bill dealing with poisons, which was taken from the English Act, would be "unworkable in this colony" because of the scattered nature of human settlement. It would prevent chemists sending poisons by post and the farmers "would have to attend person-

20. MC 5, minutes of meeting, 2 Oct. 1890. St. Mary's Dispensary was alleged at the time to have belonged to Heynes Mathew Ltd.

21. Ibid, 26 Sept. 1889.

22. MSC 18, Pocock Papers, Box 11, Diary of W. Pocock, 16 June 1890; and a report of the meeting in the Cape Argus, 17 June 1890.

23. Of the firm Lennon and Tebb, Adderley and Strand Streets, Cape Town.

ally and purchase them". This would have resulted in a loss of valuable revenue for the many wholesale chemists (like Pocock) in Cape Town. Pocock complained that the medical profession, which had been consulted on the Bill, "had legislated for them" and he suggested that pharmacists communicate their views to the government by deputation or letter. Alexander Cleghorn looked upon the bill "as an earnest of good things to come" because it "was the first time the chemists had been allowed a seat" on the Medical Committee. The meeting decided to appoint a sub-committee of Pocock, Cleghorn, Mally and Heynes "to go through the amendments proposed by the South African Pharmaceutical Association and report to a future meeting."²⁴

Pharmacists at Kimberley, led by Davison and Gardner had enjoyed increasingly close ties with the Pharmaceutical Association and they met to discuss the Bill on the same day as the Cape Town pharmacists. They resolved to support the Association's amendments to the Bill and they objected strongly to doctors being allowed to take out a chemist's licence. They demanded that there be three pharmacists, not one, on the proposed Medical Board.²⁵

The South African Medical Association which protected the interests of the doctors was well represented in the House of Assembly by Dr. Pope, member for Victoria East, and by Dr. Smuts, member for the Cape Division. The pharmacists' cause was taken up by Thomas Fuller, member for Cape Town, who noted that there were pharmacists "in every

24. Report of the meeting of Cape Town Pharmacists, in the Cape Argus, 18 June 1890.

25. Ibid.

town and village over the colony" representing "an extensive interest." He argued that an examining body should be found for the profession. He also suggested that the Bill be referred to a select committee because the "chemists and druggists were not quite satisfied with the Bill as it stood." L. Wiener, another member for Cape Town, who drew much of his political backing from the merchant class in Cape Town, noted that the wholesale chemists in the city "were almost unanimous" that the Bill should be referred to a select committee. The doctors declined to serve on the proposed Medical Board with a pharmacist and dentist even though the latter would not be permitted to vote on any item that did not directly relate to their respective professions. "Nowhere in Europe", complained Dr Pope, "were chemists allowed seats on a Medical Council."²⁶ The matter was referred to a select committee which heard evidence from 25 June to 21 July.

The determination of the doctors not to include a pharmacist on their Medical Board made it easier for the pharmaceutical societies to press home their demands for a separate Pharmacy Board to regulate pharmaceutical affairs. Many doctors practised dentistry in addition to medicine and they reluctantly agreed to tolerate a dentist on the Medical Board. However, his voting powers were carefully circumscribed. The attorney-general, Sir Thomas Upington, asked whether the doctors considered themselves "of such high importance" that they could not work on the Board with a dentist and a pharmacist.²⁷ This

26. Cape House of Assembly Debates, 1890, pp. 48, 79 - 80.

27. Ibid, p. 79.

raised the ire of the doctors and the matter was taken up by the local Cape Town press. This debate took place while the Select Committee was in progress and must have impressed upon them the need for a separate Medical and Pharmacy Board. For example, the writer of the weekly "Saturday Sallies" column of the Cape Argus, noted the old rivalry that existed between the M.B.s and the M.D.s in the medical profession, and suggested that the dentist and pharmacist who would sit on the new Medical Board would have "a pretty bad time of it" and would be made "to feel duly small". He continued:

"... they should be told to tile the door while the arch-masonic higher members consult. That division of labour would keep them employed and out of mischief and prevent them from thinking of themselves more highly than they ought to think."

He concluded by noting that most pharmacists and dentists were "today highly educated gentlemen" and that few of them would be willing to serve on the Medical Board if their position was considered an inferior one.²⁸

This comment elicited a wide response from readers. For example, "Medical" pointed out that doctors studied pharmacy as part of their training and were therefore qualified to regulate the pharmaceutical profession. The writer asked why pharmacists did not "legislate for themselves" and "agitate for the management of their own affairs" and establish a body for that purpose along the lines of the Pharmaceu-

28. Cape Argus, 21 June 1890, "Saturday Sallies".

tical Society of Great Britain.²⁹ He then accused the retail pharmacist of counter prescribing and intruding upon the domain of the doctor and recommended that pharmacists be sued for "the indiscreet supply of unsuitable remedies". He noted that this was common in the United States and some countries in Europe and tended "to keep chemists and druggists closer to their own line."³⁰ In a reply to this letter, a pharmacist acknowledged that the profession required a body "to manage their own affairs and defend their much maligned interests". He pointed out that many pharmacists struggled to make a living because of the competition from dispensing doctors and shopkeepers. He argued that the pharmacist should be afforded some protection from this competition because the pharmacist, unlike the shopkeeper, was bound by a strict code of conduct relating to the sale and storage of poisons and he was liable for any indiscretion made by an apprentice or assistant in his employ.³¹

Meanwhile, the sub-committee appointed by the Cape Town pharmacists to study the Bill, met at Reeler's shop on the evening of 23 June.³² They reported their findings to a general meeting of Cape Town pharmacists a week later. These included a request that the sale of poisons through the post and by storekeepers be clearly defined; that periods of apprenticeship served outside of the Colony be recognised as well; and that an annual registration fee be charged to cover the salary of a full-time secretary. The most important recommendation dealt with the creation of a separate Pharmacy Board on the

29. That Society controlled all aspects of the profession in Britain.

30. Cape Argus, 24 June 1890, Letter to the Editor by "Medical".

31. Ibid, 27 June 1890, Letter to Editor by "Fairplay".

32. MSC 18, Pocock Papers, Box 11, Diary of W. Pocock, 23 June 1890.

lines of those in existence in the Australian colonies at the time. This Board was to consist of pharmacists and was to "be empowered to deal authoritatively with all questions relating to the practice of pharmacy". This included the examination of candidates for the chemist and druggist's licence, registration of pharmacists from abroad, and all matters relating to poisons. If the government found this unacceptable, it was recommended that a Pharmacy Committee consisting of a majority of pharmacists, be established as part of the new Medical Board to deal with all matters pertaining to the pharmaceutical profession. Pocock and Cleghorn agreed to convey these recommendations to the Select Committee.³³

The Cape Town pharmacists played a vital role during the months before and after the publication of the Select Committee Report. While the Pharmaceutical Association in the Eastern Province had to rely on their members of Parliament, such as C.T. Jones of Port Elizabeth, to argue their case, the Cape Town pharmacists were on the spot. Consequently, they were able to lobby for support among the members of Parliament resident in the city during the session of Parliament; influence public opinion through the local press; and meet and discuss the issue both privately and officially with different government departments and committees. For example, Thomas Fuller, who was chairman of the Select Committee on the Medical Bill, invited Pocock and Mally to study the Victoria Pharmacy and Poison Act at the library of the House of Assembly. This occurred three days after the

33. Report of the meeting of the sub-committee of the Cape Pharmaceutical Society, in the Cape Argus, 1 July 1890.

Select Committee had heard its last evidence in public and while the Committee was drafting its final report.³⁴ What is significant about the role of the Cape Town pharmacists is that they presented to the Select Committee some of the views of the Pharmaceutical Association and it may be argued therefore that the pharmacists of the Colony were united in their struggle to raise the status of their profession.³⁵ This was a far cry from their attempts at co-operation four year's previously.

The Select Committee reported on 5 August that they "considered it desirable to create separate governing bodies for the purpose of regulating Medical and Pharmaceutical affairs" and they presented a new Bill for the consideration of the House of Assembly.³⁶ Fuller recommended that the Bill be discussed the following year because the session was nearing its end.³⁷

The new Bill was discussed during the 1891 session of parliament. It introduced several new principles which had not been present in the original Bill. These included the creation of a Pharmacy Board with a majority of elected, and not nominated members; restrictions on the sale of scheduled poisons by shopkeepers; and the imposition of the full chemist and druggist's annual licence of £5 for doctors who wished to dispense medicines. Previously doctors had merely paid a £2.10 licence to dispense medicines, over and above the £5 annual licence which they paid to practise as medical practitioners.³⁸ A

34. MSC 18, Pocock Papers, Box 11, Diary of W. Pocock, 24 July 1890.

35. See for example, S.C. 6 - '90, p. 51, evidence of A. Cleghorn, where he presented a clause relating to the wholesale distribution of poisons which had been "recommended by the Eastern Province Association."

36. Ibid, Report of the Select Committee on the Medical Bill, 5 Aug. 1890.

37. Cape House of Assembly Debates, 1890, pp. 285-6.

38. Tariff 15, Act No. 20 of 1884 - Licences, in The Medical and Pharmacy Register, 1912, p.31; See also, Medical and Pharmacy Act, 1891, Section 22.

shopkeeper was now required to obtain a letter from the resident magistrate to the effect that he was a "fit and proper person to deal in poisons". To prevent shopkeepers from competing with pharmacists, they were permitted to sell poisons only on condition that they were used for the destruction of wild animals and vermin or for the treatment of scab on sheep. Shopkeepers were not permitted to sell arsenic or strychnine in quantities smaller than 1lb. in weight, and they were bound to keep a "poisons book" with the name and address of the purchaser, the nature and quantity of the poisons sold and the purpose for which they were required. This book could be inspected by the resident magistrate at any time. Any contravention of these rules was subject to a fine of £50, while any member of the public guilty of storing or handling poisons carelessly was liable to a £10 fine. A pharmacist was subject to the same conditions, except that his poisons book was subject to scrutiny by the secretary of the Pharmacy Board, and the pharmacist was obliged to accept liability for any criminal or civil action arising from mistakes made by his apprentices and assistants.³⁹

The Pharmacy Board was to consist of a doctor nominated by the Medical Council with full voting powers, and five pharmacists; two of whom were to be nominated by the governor. The Board was constituted for a period of five years before new elections were held. Appeals against their decisions could be made to the supreme court. This principle was borrowed from the New Zealand Act.⁴⁰ Much of the

39. See, Medical and Pharmacy Act, 1891, Sections 45 - 53.

40. Ibid, Sections 7, 9 and 18.

Bill was copied from the Victoria Medical and Pharmacy Act, while the section dealing with poisons was a mixture of the British and Victorian Acts. Certain clauses were copied from Ontario's Medical Act. The secretary of the Pharmacy Board was specifically charged "to take and institute any proceedings, civil and criminal, on behalf of the Board."⁴¹ This ensured that the new Act would have a definite impact and that it could be applied vigorously in the Colony. Thus the onus for firm action against quacks no longer rested with "informers" but was accepted as an integral part of the functioning of the Pharmacy Board.

Meanwhile, special meetings of pharmacists were held to gain support for the Bill at Port Elizabeth, King William's Town, Kimberley, Queen's Town and Cape Town between May and July 1891.⁴² Several of the amendments proposed at these meetings were accepted - such as the deletion of the clause entitling an "informer" to half of the fine in the case of a successful prosecution, while others were rejected. For example, the plea by E.W. Wells of Graham's Town that pharmacists (like doctors) be exempt from burgher duty and serving on juries.⁴³ The Bill was read a third time on 10 August and promulgated eleven days later.⁴⁴

The new Act was a great achievement for the pharmacists of the Colony. For the first time they had exercised control over the destiny of their profession. They also enjoyed a measure of protection

41. Ibid, Section 55.

42. See S.A. Pharm. Assoc., Minutes, 4 June 1891.

43. Ibid, and CO 1479, Secretary of S.A. Pharmaceutical Association to Colonial Secretary, 15 June 1891.

44. Cape House of Assembly Debates, 1891, pp. 361-2; i.e. Act No. 34 of 1891.

from dispensing doctors and the sale of poisons by storekeepers. It is most significant that no clause was inserted in the Act limiting the sale of medicines by shopkeepers. Members of Parliament who represented rural constituencies were adamant that such a clause should be omitted from the Bill.⁴⁵ Ironically, the creation of a totally separate and partly-elected Pharmacy Board was due in a large measure to the stubborn refusal of the medical fraternity to have a pharmacist on the Medical Board. Nevertheless, the pharmaceutical societies had demonstrated that, given the necessary organization and unity of purpose, they were capable of mobilising pharmaceutical opinion and entering the political arena with great determination and success.

Meanwhile, in the closing years of its existence, the Medical Committee continued to be attacked. In October 1889 it recommended to the government that any person submitting qualifications to the Committee for licensing should swear in an affidavit that he was the legal holder of the qualification concerned. They also suggested that such a person attend personally at the Cape Town offices of the Committee.⁴⁶ The government considered the latter suggestion too costly for the individual concerned, but enforced the other recommendation.⁴⁷ In terms of clause IV of Ordinance No. 82 of 1830, no apprentice could be examined by the Committee unless he had completed four years' apprenticeship in the Colony. The absurdity of this regulation became increasingly apparent. For example, A.J. Richards served two-and-a-

45. See Cape House of Assembly Debates, 1890, p 48; in particular the speeches of A.S. le Roux, member for Victoria West and I.J. van der Walt, member for Colesberg.

46. MC 5, minutes of meeting, 10 Oct. 1889; and MC 31, Secretary of Medical Committee to Colonial Secretary, 10 Oct. 1889.

47. Government Gazette, N. 190, 25 Feb., 1890, p. 348.

half years' apprenticeship with Lennon and Tebb in Cape Town and a further two years' apprenticeship with one J. Fiddick in England. He was not permitted to take the examination.⁴⁸ Ironically, the Committee recognised British qualifications without re-examination but they refused to recognise periods of apprenticeship completed under the care of British-registered chemists in England. In 1891 Edward J. Turner, submitted certificates from J.E. Billingham, a qualified pharmacist, to the effect that he had completed his four years' apprenticeship. The Committee enquired whether Turner had served this time in the Colony because Billingham had moved to the Transvaal two year's earlier. In other words, the Committee would not have examined Turner if any part of the apprenticeship was served in the Transvaal even though they had examined and licensed Billingham and he had worked in the Colony for twelve years.⁴⁹ The new Act, passed in 1891, permitted official recognition by the Pharmacy Board of any period of apprenticeship, whether in the Colony or elsewhere, on condition that the Board was satisfied that the pharmacist to whom the person was apprenticed, was properly licensed.⁵⁰

Even though it was clear by 1891, that they would be replaced by the new governing body for the pharmaceutical profession, the Medical Committee continued to be highly critical of the standard of the candidates who entered the chemists' examination. In addition to registering their usual complaint about the lack of expertise in chemistry, the Committee stated that many of the candidates "... simply

48. MC 5, minutes of meeting, 9 July 1891; and MC 31, Secretary of Medical Committee to A.J. Richards, 9 July 1891.

49. MC 5, minutes of meeting, 9 May 1889 and 11 June 1891; MC 31, Secretary of Medical Committee to E.J. Turner, 11 June 1891 and his reply of 17 June.

50. Medical and Pharmacy Act, 1891, Section 23.

spent the time of their apprenticeship in pouring medicines from one bottle into another, without apparently ... acquiring the necessary knowledge for this examination and their calling."⁵¹ Such derogatory remarks about another profession inflamed the ire of the pharmacists and made them even more determined to regulate their own profession. In its final days in office, the Committee agreed to examine J.W. Gould even though not all of his period of apprenticeship had been served in the Colony. In their eagerness to assist him, they agreed to examine him without an appointment being made - something that had never happened before. They agreed to help Gould in this way "as he came all the way from the Transvaal".⁵²

Gould was registered in the Transvaal and had a business in Potchefstroom⁵³ and wanted to obtain work in Cape Town. Consequently, he had to pass the examination there before he could be licensed in the Cape Colony. This partly explains the Medical Committee's attitude towards his case. He was among the last four chemists examined by the Committee before they officially ended their duties on 31 December 1891.

Meanwhile, elections for the first Pharmacy Board were held during September and October 1891. The three elected pharmacists were A. Walsh of Port Elizabeth, W. Mager of Queen's Town and W.H. Helmore of Kimberley. Pocock and Cleghorn of Cape Town were nominated by the governor to serve on the Board.⁵⁴ (See illustration on p. 101). The

51. MC 31, Extract from Annual Report for 1890, 26 Jan. 1891.

52. MC 5, minutes of meeting, 3 Dec. 1891.

53. See, General Directory of South Africa, 1890-1, (Cape Town, 1890), p. 537.

54. Government N. 873 of 1891.

THE FIRST PHARMACY BOARD IN SOUTH AFRICA -

THE CAPE PHARMACY BOARD, 1892



Standing: (L to R) W. Pocock, A. Cleghorn (nominated by the government)

Seated: (L to R) W.H. Helmore, A. Walsh, W.K. Mager (elected by the pharmacists in the Cape Colony)

(From an original at the offices of the Cape Western Province Branch of the P.S.S.A., Cape Town).

Board met in an unofficial capacity on 13 November to draft rules and regulations and to prepare themselves for their new function. This was done so that there was no break in continuity between the phasing out of the Medical Committee and the assumption of duty by the Pharmacy Board. The members of the Board were paid £1.10 per sitting and the Colonial Secretary, J.W. Sauer, offered them a room in which to meet and the services of a clerk. Sauer was determined to limit government spending and he commented:

"I shall make it quite clear that all they can expect to receive in the way of primary aid ... will be a proportional share of the vote grant and the registration fees granted to them by the Act."⁵⁵

They agreed at this informal meeting to hold the first formal meeting of the Board on 7 January 1892.⁵⁶ Pocock undertook to find out from the Medical Committee the average number of candidates for the chemist's examination and the failure rate as well as which foreign qualifications they had recognized.⁵⁷ Pocock was elected president of the Pharmacy Board at its first meeting.⁵⁸ This was a fitting acknowledgement of the enormous part he had played in the creation of the Board. His appointment also had practical considerations because he was a respected and experienced pharmacist and was based in Cape Town.

Although the quorum was set at three, problems were soon experienced by the Board and it was enlarged in 1899 by an extra nominated pharmacist. Among other major changes, was the exclusion of a

55. CO 4433, exchange of notes between the Acting Under-Colonial Secretary, H. de Smidt, and the Colonial Secretary, J.W. Sauer, 13 Nov. 1891.

56. Government N. 1096 of 1891.

57. MC 5, minutes of meeting, 3 Dec. 1891; and MC 31, Secretary of Medical Committee to Under Colonial Secretary, 3 Dec. 1891.

58. Government N. 53 of 1892.

doctor's surgery or rooms as being a "shop" in terms of the Law and the resulting reduction of the annual licence from £5 to £2.10 required by doctors in order to dispense medicines; the amendment of the rules relating to the schedule of poisons; the laying down of the minimum age of a child to fifteen years to whom poisons could be sold; the doubling of the fine from £50 to £100 for any unlicensed person found to be practising as a medical professional; and the inclusion of a fee of £1 for the certificate acquired from the resident magistrate by shopkeepers who dealt in poisons.⁵⁹

The passing of the Medical and Pharmacy Act in 1891 heralded a new era for pharmacists in South Africa. In the space of one year, the government conducted a detailed inquiry into the true nature of pharmacy in the Colony. Encouraged by the Pharmacy Board, they circularised all resident magistrates, requesting them to complete a return giving the name, qualification and date of registration in the Colony of all doctors, pharmacists and dentists. Any discrepancies between the Board's records and the return were investigated and several quacks were exposed as a result.⁶⁰ Early in 1892, resident magistrates were asked to complete returns indicating who was entitled to sell poisons in their respective districts,⁶¹ while in November they were asked to note those who had a licence to sell medicines and the names and addresses of any shop in the charge of an unlicensed chemist.⁶² These returns revealed some startling facts and the Pharmacy Board, armed with reliable, up-to-date data, saw to

59. Medical and Pharmacy Act Amendment Act, 1899, Clauses 3 - 7 and 16.

60. See Circular No. 27 of 1891 in CO 4743.

61. Circular No. 22 of 1892 in CO 4749.

62. Circular No. 48 of 1892 in *ibid.*

it that the government acted vigorously to correct any contravention of the Law. This fact demonstrated that, unlike the 1830 Ordinance, the Medical and Pharmacy Act of 1891, and the Pharmacy Board were workable and effective.

The real significance of the 1891 Act lay in the fact that it was used as a model for other ^{areas in southern Africa} and, as such, influenced pharmaceutical affairs throughout the country. The choice made by the Cape pharmacists to recommend to the Colonial government the adoption of a system of Pharmacy Boards, based on the Australian example, rather than the example of Britain with its incorporated pharmaceutical society,⁶³ influenced the direction and scope of pharmacy in South Africa because it led to the creation of colonial pharmacy boards in each province and the eventual creation of a South African Pharmacy Board in 1928. The Board performs much the same functions today as the Cape Pharmacy Board did in 1892.

63. See p.191.

CHAPTER V

PROFESSIONAL BODIES ESTABLISHED 1892-1904 -

EXPANSION OF ORGANISED PHARMACY

If the Cape Pharmacy Board was the example emulated by the rest of the country in the administration of pharmacy, it was the Transvaal which increasingly dominated the profession by the sheer intensity of pharmaceutical activity in that region. More and more manufacturers, wholesalers, retailers and hospital pharmacists moved across the Vaal river to participate in the economic boom associated with the mineral revolution.

The Cape Colony experienced a shortage of qualified pharmacists periodically as a result of a lack of planning and training facilities. In the late nineteenth century qualified pharmacists from England were employed in an attempt to meet this shortage. They received a free passage and a salary of £12 per month for the first year and £13 and £14 per month for successive years. In some cases, accommodation was provided.¹ William Mager, who emigrated from England and settled at Queenstown in 1881, was responsible for importing several pharmacists from England. Among them were A. Lomax, T. Wardley, G. Bacon and J. Choat.² Mager took over Lennon's in Queenstown, became mayor in 1900 and served on the Cape Pharmacy Board for thirty years from its inception in 1892.³ This growth was sustained in the first decade of the present century - especially in Natal and the Cape Province as a result of the influx of thousands of foreigners during the Anglo-Boer War and the period of reconstruction that followed. For example, one of the pioneer firms of wholesale pharmacists in the Transvaal was B. Owen Jones Ltd. which began business in Standerton

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1. Couldridge, "Reminiscences of Port Elizabeth Chemists", p.29.
 2. Lomax, Wardley and Choat later played an important part in organised pharmacy in South Africa as office-bearers of the S.A. Pharmaceutical Association.
 3. F. Bradlow, "An interesting piece of pharmaceutical Africana", in Africana Notes and News, vol. 14, No. 8, 1961, pp.311-3.

In the 1890's. Its growth was closely linked to the expansion of the goldfields and branches were established at Van Ryn, Springs, Benoni, Brakpan and Boksburg. (See illustration on p.107). It supplied the needs of the mining industry and specialized in heavy chemicals and laboratory equipment. Active in retail pharmacy as well, it enjoyed the sole agency in South Africa for Carl Zeiss products, world leaders in optical and scientific instruments.⁴ B. Owen Jones played a leading role in the affairs of the Transvaal Pharmaceutical Society in the first decade of the present century. (See pp.116-8, 139-41).

P.J. Spruijt, who was educated in Amsterdam, emigrated to Pretoria in 1898 and established a successful business. He served as president of the Associated Pharmaceutical Societies of South Africa in the 1920's.⁵ J. Reid, a Scot, arrived with the British troops in 1900 and was stationed at a military hospital in Bloemfontein. He remained there after the war in the employment of Heynes Mathew Ltd. He subsequently became a lecturer in pharmacy at the Grey University College and was an examiner for the Orange Free State Medical and Pharmacy Council.⁶ H.H. Greenwood of England travelled to South Africa with the St. John Ambulance Brigade in 1900 and joined Petersen Ltd. in Bloemfontein two years later. He became a president of the Orange Free State Pharmaceutical Society and also served as an examiner in pharmacy.⁷ A. Lipworth emigrated to the Transvaal from England in 1903 and set up a business which eventually expanded into the Transvaal Drug Co. Ltd. which was in turn absorbed by Sive Bros.

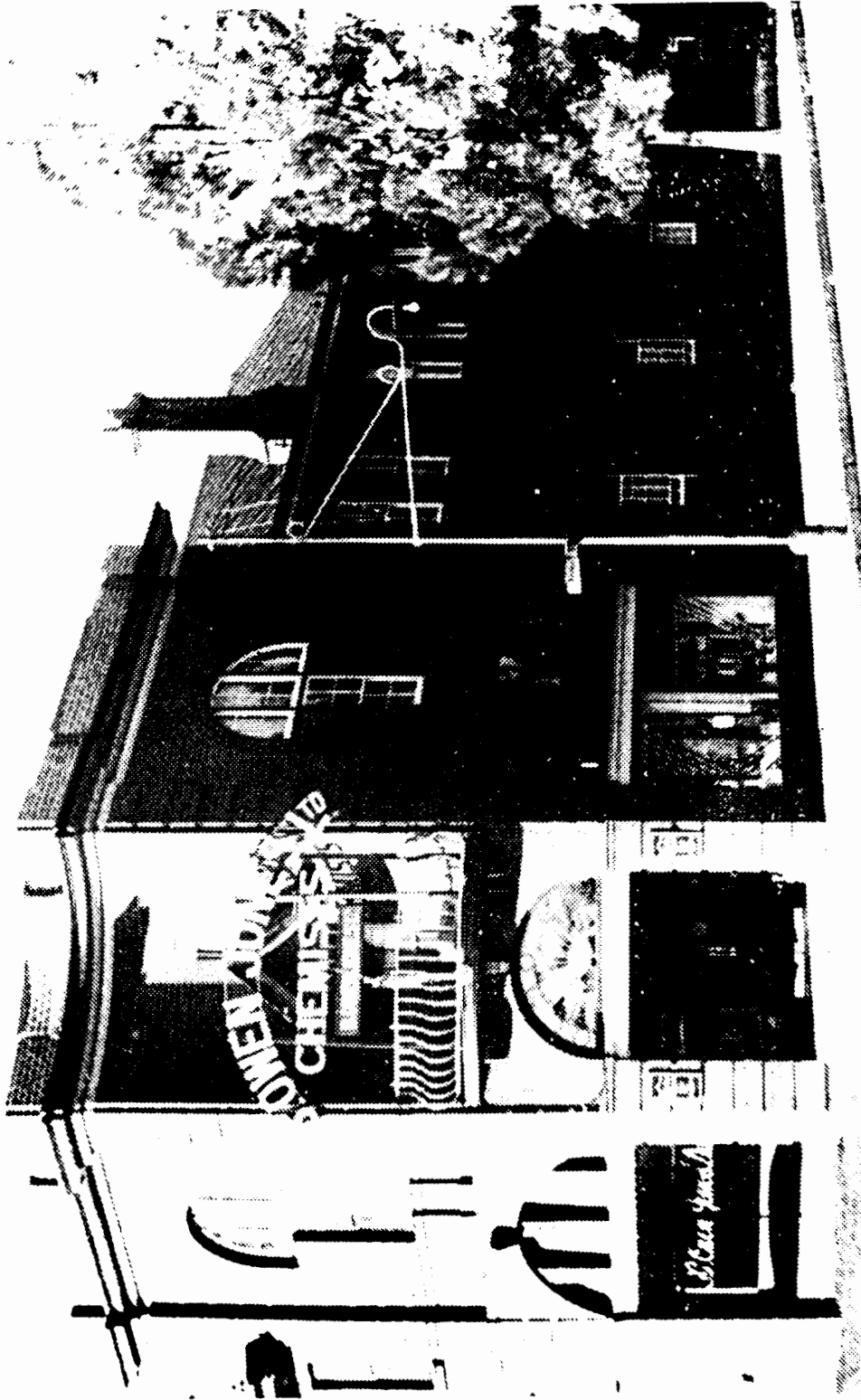
4. "Messrs B. Owen Jones, Limited", in South African Pharmaceutical Journal, Oct. 1934, p.19.

5. "Our Portrait Gallery, No. 11, Mr. P.J. Spruijt", in the The African Chemist and Druggist, June 1925, p.7.

6. "Mr James Reid", in South African Pharmaceutical Journal, May 1935, p.38.

7. "Mr. H.H. Greenwood", in *ibid.*

PREMISES OF B. OWEN JONES IN STANDERTON



(South African Pharma-
ceutical Journal, Oct.
1934, p.3)

novsky Ltd. during the Great Depression.⁸ D.S.B. Anderson arrived in Durban from England in 1903 and inaugurated pharmacy classes in the city four years later. He also served as a Durban city councillor and as president of the Natal Pharmacy Board.⁹

Many of the Scotsmen who were to play an important part in pharmaceutical affairs in South Africa arrived during this period. For example, R. Macintosh settled in the Transvaal in 1903 after six years in Rhodesia. He served as chairman of the northern executive of the Associated Pharmaceutical Societies of South Africa and as a member of the Transvaal and later, South African Pharmacy Board. He was responsible for inaugurating the Transvaal School of Pharmacy in 1904.¹⁰ Two year later A.M. Fyvie settled in East London where he worked for Lennons. He later served as secretary of the Natal Pharmacy Board and as president of the South African Pharmacy Board in 1945. Significantly, he succeeded R. Macintosh as chairman of the Education and Examination Committee of that Board.¹¹ Both Macintosh and Fyvie were thus in a key position to influence the training and examination of pharmacists. (See illustration on p.150).

The table below illustrates that between 1884 and 1911 there was a general increase in the number of medical professionals in the Colony.

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8. "Growth of Pharmaceutical House", in *ibid*, Feb. 1946, p.27.
 9. "New Pharmacy Board - Mr. D.S.B. Anderson", in *ibid*, June 1945, p.6.
 10. "Mr. R. Macintosh", in *ibid*, Oct. 1934, p.17.
 11. "New Pharmacy Board - Mr. A.M. Fyvie", in *ibid*, April 1945, p.14.

TABLE SHOWING THE TOTAL NUMBER OF DOCTORS, PHARMACISTS
AND DENTISTS LICENSED TO PRACTISE IN THE CAPE COLONY/
PROVINCE FOR 1884, 1891, 1911¹²

PROFESSION	1884	1891	1911	Increase between 1884 and 1911
Doctors	432	560	1 052	143%
Pharmacists	236	266	485	104%
Dentists	33	37	177	436%

The huge increase in the number of dentists may be explained by the fact that dentistry developed at this stage as a profession separate from the work carried out by a medical practitioner, largely as a result of improved techniques. The number of pharmacists increased because of the new legislation governing pharmacy in force from 1892-8, which required doctors to take out a full druggist's licence of £5 if they dispensed medicines and which had the effect of discouraging doctors from dispensing and encouraging more pharmacists to settle in

12. Compiled from Cape of Good Hope Government Gazette, 9 Jan. 1885, pp. 41-5; 3 July 1891, pp.1200-1207; and the Medical and Pharmacy Register for Province of the Cape of Good Hope to 1 Jan. 1912. Not all these persons were resident in the Cape Colony/Province.

the rural towns. There was also more scope for pharmacists to be employed in the local manufacturing of medicines which began to expand in the first decade of the present century. Natural growth and an expanding economy, coupled with increased public awareness and greater provincial and state concern with public health, further added to the increased demand for doctors, pharmacists, dentists, nurses and midwives.

Pharmaceutical affairs in the Transvaal were controlled by the Transvaal Medical Committee, which had been established by Law No. 8 of 1881. The occupying British authorities of the Transvaal merely copied Natal Ordinance No. 9 of 1856 which in turn had been taken from the Cape's Ordinance No. 82 of 1830. However, there were certain modifications to the 1830 law. The most important of these was the clause forbidding unlicensed practitioners from practising within a radius of ten miles from the residence of a licensed medical professional. This tacitly recognised quackery and discouraged many pharmacists from taking out a licence. However, no quack could rely on the courts if there was any dispute concerning the non-payment of fees or accounts by a client. When the Republican government succeeded the British Administration of the Transvaal, the Transvaal Medical Committee was renamed the Geneeskundige Commissie,¹³ but its composition remained unaltered. Act. No. 13 of 1886 created a Board of Examiners for whom the Commissie advised on medical matters and the Medical Act (No. 12) of that year re-stated the 1881 Act except

13. The Health Commission.

that the clause relating to the ten mile radius limit for quacks was amended and a higher annual licence fee was introduced.¹⁴

In 1888 there were twenty-four licensed pharmacists in the Transvaal; eighteen of whom lived in Pretoria, Johannesburg and Barberton.¹⁵ This meant that at the time there were as many licensed pharmacists in Cape Town as there were in the entire Transvaal. Ten years later, there were at least eighty-four licensed pharmacists in the South African Republic.¹⁶ Many had immigrated from overseas, but a large number moved from the Cape Colony and Natal to participate in the vigorous economic growth North of the Vaal river. For example, E.H. Simpson, who had qualified six years previously, requested in 1888 that the Cape Medical Committee forward proof of this to the Secretary of the Medical Board in Pretoria, P. Postma. Simpson, who had worked for Heynes Mathew Ltd. in Cape Town, was granted a temporary licence by the Mining Commissioner's Office while he awaited this information. He eventually opened a thriving business in Johannesburg.¹⁷ Another Cape-qualified chemist who settled in the Transvaal was J.E. Billingham, who migrated to Klerksdorp in 1889 and later settled at Middelburg.¹⁸ Charles Conrath passed the Cape examination in 1889 and almost immediately left for the Transvaal, settling first in Pietersburg from where he moved further north to Bulawayo in the mid-1890's.¹⁹

14. Burrows, History of Medicine, pp.284-5.

15. See The General South African Directory 1888 (Cape Town, 1888), pp.687-712

16. See The General Directory of South Africa, 1898, pp.509-12.

17. MC 18, note from Heynes Mathew Ltd. to the Secretary of the Medical Committee, 20 and 26 Nov. 1888.

18. MC 5, minutes of meeting, 9 May 1889.

19. Ibid, 12 June 1890.

Thomas Jolly and Edwin Adcock left the Cape and established a pharmacy in Rissik Street, Johannesburg in 1890. One of only a dozen pharmacies in the city in the early 1890's, the business proved very profitable.²⁰ Adcock played an important part in the formation of the first pharmaceutical society in the Transvaal. He was one of ten Johannesburg pharmacists who travelled on the newly-opened railway line to Pretoria in 1894 to discuss the idea of forming a pharmaceutical society with the seven pharmacists in the capital. The latter reciprocated some months later and Het Pharmaceutisch Genootskap van de Zuid-Afrikaansche Republiek was formally inaugurated. Adcock was elected secretary of the Society; a post he filled until 1897 when he was elected president.²¹ The first president of the Society was Victor Browne who qualified in Britain in 1886 and who came to this country to work for Lennon Ltd., managing their pharmacy in President Street, Johannesburg. Thus, the first office-bearers of a Transvaal Pharmaceutical Society brought to the area their own experience of pharmaceutical politics and administration from the Cape Colony and Britain respectively. When Jolly and Adcock dissolved their partnership, Jolly continued as Jolly and Co. in Roodepoort and Adcock as Adcock and Co. in Krugersdorp. Adcock's business flourished because he focussed attention on soliciting business from the Afrikaans-speaking section of the population - many of whom had "to be weaned away" from their traditional Dutch remedies by an aggressive marketing strategy - such as that conducted by Adcock and Co. in the 1930's. (See illustration on p.113).²²

20. MC 5, minutes of meeting, 24 Jan. and 20 Feb. 1890.

21. A. Kramer, Seventy-Fifth Anniversary Brochure of the Pharmaceutical Society of the Transvaal, (Johannesburg, 1969), pp.1 and 5 (Hereafter Kramer, Anniversary Brochure). Translation: The Pharmaceutical Society of the South African Republic.

22. See, A.J Adcock, Die Apteker (Krugersdorp, 193 ?)

ADCOCK'S ADVERTISEMENTS AIMED AT THE AFRIKAANS-SPEAKING
SECTION OF THE POPULATION IN THE 1930'S

WATTE ONSIN—VERMINK VIR LEWENSLANK.
 IK WAS RADE ERGER DAN JY VOOR DAT EIK
 "RHEUMATICINE"
 (GEBRUIK HET



E. J. ADCOCK, BPK.,
 OCKERSESTRAAT,
 KRUGERSDORP POSBUS 198
 DIE BEROEMDE RUMATIEK MIDDEL
 "RHEUMATICINE"
 IS VERKRYGBAAR BY
 E. J. ADCOCK, Bepk.,
 Aptekers, Krugersdorp.
 10 6 vir n Maand se Behandeling; 20 - vir Twee Maande se
 Behandeling.
 VRY OP SPOOR OF PER POS.

Skryf Aan

E. J. ADCOCK, Bpk.

IN AFRIKAANS

vir enigiets en alles wat u
 by 'n Aptek n nodig het

Posbus 198 — KRUGERSDORP

(E.J. Adcock,
 Die Apteker, pp.
 112 and 169.)

Fewer pharmacists moved from Natal to the Transvaal. One of ^{Klose to do so} was W.O. Turner and Co. Turner had settled in South Africa in 1870 and started a business in Pietermaritzburg. Frank E. Turner²³ served his apprenticeship with W.O. Turner, and after having been engaged in transport-riding to Barberton during the days of the gold rush in the mid-1880's, was sent to the Rand to open a branch of Turner and Co. The first shop was located on the corner of Pritchard and Harrison Streets in Johannesburg. Later the company opened three further branches in Johannesburg.²⁴

The movement of an increasing number of pharmacists between the two Boer republics and the Cape and Natal raised the thorny issue of reciprocity between those areas in the recognition of qualifications. The chairman of the Medical Board in Pretoria, Dr. G.B. Messum, enquired of the Cape Medical Committee whether it was necessary for pharmacists who had been examined in the Transvaal to be re-examined before being licensed in the Cape Colony. The Medical Committee replied that it was necessary "at present".²⁵ The matter required careful consideration if both reciprocity in the recognition of qualifications, and the required standard of examinations was to be achieved. As a first step towards fostering a spirit of trust between the parties, the Transvaal Medical Board gave notice in September 1889 that Cape licences would hereforth be fully recognised in the Transvaal.²⁶ The question remained a highly sensitive one that reached beyond the purely pharmaceutical domain into the political

23. It is not clear whether or not he was related to W.O. Turner.

24. "Messrs Turner and Co. - Martizburg", in South African Pharmaceutical Journal, Nov. 1934. p.11.

25. MC 18, Chairman of the Transvaal Medical Board to Secretary of the Cape Medical Committee, 27 June, 1889; and the Committee's reply, 11 July 1889.

26. MC 5, minutes of meeting, 24 Oct. 1889. The Medical Board's letter was dated 30 Sept. 1889.

arena. When the Cape Pharmacy Board was preparing to take over the functions of the Cape Medical Committee in 1891, it was informed that the "Certificate of the Colonies [were] not accepted by them."²⁷ It is not clear whether the Cape Pharmacy Board objected to the standard of training in the other areas of South Africa, or whether their stand was politically-inspired. The atmosphere in the sub-continent was not conducive to rapprochement in the mid and late 1890's as first the Uitlander question, the Jameson Raid and then the Anglo-Boer War destroyed the confidence so vital for such negotiations to be successful. T.C. Glaeser of Pretoria optimistically suggested to the Pharmaceutical Society of the South African Republic in 1899 that a congress of Cape, Transvaal and Natal pharmacists be held in Johannesburg the following year to discuss ways of raising the standard of the profession and to suggest improvements to the law.²⁸ He regarded the Boer republics as obstacles to a common South African policy in regard to pharmacy. However, the war rendered such negotiation impossible.

Meanwhile, there was mounting pressure from the pharmacists in the Transvaal Republic to be represented on the Transvaal Medical Board. When a vacancy became available, Het Pharmaceutisch Genootskap submitted a memorandum to Kruger's government requesting that a chemist and druggist be included on the Board of Examiners. W.T. Klonowski, a Polish pharmacist based at Krugersdorp, was duly appointed to that position in 1899. The Society was unable to meet during the Anglo-

27. MC 31, Secretary of the Medical Committee to the Under Colonial Secretary, 3 Dec. 1891.

28. Kramer, Anniversary Brochure, p.5.

Boer War and at their 1902 meeting, the president, R. Butters, complained that they would have to commence negotiations "all over again" with the new British Crown Colony government; and this occurred as the Society was making progress with Kruger's government. The retiring Secretary, A. Smith, noted that they had been working "under many difficulties" and had been "snubbed by the Powers at Pretoria or met with rebuffs" when they had asked for their own examining board. He thought that under a British government, the Society would soon "achieve its proper sphere of work" and "be given power to say whether a man shall be allowed to practise in the Transvaal or not."²⁹ It was at this meeting that the Genootskap's name was officially changed to the Pharmaceutical Society of the Transvaal, probably in an attempt to smooth the way for negotiations with the new English-speaking regime. The Society was led by a president, a secretary/treasurer and six committee members; five of whom were from Johannesburg. The annual subscription was fixed at two guineas. The committee met once a month at a local hotel.³⁰

The period of reconstruction in the Boer republics after the Anglo-Boer War and the presence of many British administrators and advisers resulted in an extensive programme of reform. Pharmacy was not excluded from this process and the Transvaal Attorney-General, Sir Richard Solomon, negotiated with the Transvaal Pharmaceutical Society concerning a new pharmacy act for the province. Solomon used the 1891 Cape Act as the basis for the Transvaal Pharmacy Act and this

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29. Transvaal Pharmaceutical Society, Johannesburg, minutes of meeting, p.2, 5 Aug. 1902. (Hereafter Tv1. Pharm. Soc., Minutes.)
30. Kramer, Anniversary Brochure, pp.5-6. They were: R. Butters, president; A. Purnell, Secretary/Treasurer; J.H. Dinwoodie, A. Rennie, F. Adams, R. Martlew, and A. Smith all of Johannesburg; and B. Owen Jones who represented the "country area" of Boksburg.

once again underlines the significance of the Cape Act in relation to other areas in South Africa. The Pretoria pharmacists co-operated with the Johannesburg-dominated Transvaal Society until the promulgation of the Pharmacy Act in 1904 when they formed their own Pharmaceutical Society. This remained active until 1914 when it became a branch of the Transvaal Pharmaceutical Society. In 1931 an autonomous Pretoria Society was re-established. At that time, the Transvaal Society included four branches - Eastern, Northern, and Western Transvaal, and the Vereeniging District branch. The Pharmacy Act of 1904 provided for a Transvaal Pharmacy Board of six members; two nominated by the government, three elected by pharmacists, and one representative nominated by the Transvaal Medical Board.³¹ The government refused to announce the names of its nominees before the election was held because it wanted "to give representation to parts of the Transvaal which [did] not receive such representation by the elections".³² The Transvaal Society organised a meeting of pharmacists to put forward nominations for the Pharmacy Board after the government had announced the date on which the elections were to take place.³³ The meeting was held in Johannesburg on 28 October 1904, and eleven nominations were approved. The Pretoria Chemists' Association received support for their candidate, J.R. Jones, from their Johannesburg colleagues in return for which they supported the Johannesburg candidates, R. Butters and W. T. Skinn.³⁴

31. Ibid, pp. 6-8. This was the same ratio of elected and appointed members which served on the first Cape Pharmacy Board in 1892. The first Transvaal Pharmacy Board consisted of: B. Owen Jones and J. Dinwoodie (nominated), R. Butters, J. Jones, W. Skinn (elected), Dr. J. van Niekerk (appointed).

32. Tvl. Pharm. Soc., Minutes, p.44, Acting Assistant Colonial Secretary to the secretary of the Transvaal Pharmaceutical Society, 12 Oct. 1904.

33. See, Transval Government Gazette, 28 Oct. 1904, N. 916.

34. Tvl. Pharm. Soc., Minutes, pp.45-6, 16 Sept. 1904.

The Transvaal Pharmaceutical Society played a vital role in promoting the 1904 Pharmacy Bill. They interviewed the legal sub-committee of the Transvaal Medical Society in 1903; addressed memoranda to the Transvaal Colonial Secretary; organised extra-ordinary general meetings to rally support from pharmacists; lobbied individual members of the Transvaal Legislative Council for their support for the Bill; and interviewed the Transvaal Attorney-General to state their case in person.³⁵

Unlike its northern neighbour, the economic growth in the Orange Free State was slow, dependent as it was upon its agriculture and upon its strategic position between the Cape and the economically vibrant Transvaal. Legal provision was made for the registration of apothecaries in 1887. An unsuccessful attempt was made seven years later to pass a medical act based on the 1891 Cape Act.³⁶ Between 1888 and 1898 the number of registered pharmacists in the Free State doubled to number about twenty.³⁷ After the Anglo-Boer war the Orange River Colony was subject to the same British administration as that of the Transvaal. Consequently, the promulgation of the Medical and Pharmacy Ordinance in 1904 occurred at the same time as the Transvaal Act became effective. The Ordinance created the Medical and Pharmacy Council of the Orange River Colony.³⁸ As had happened in the Transvaal and Cape, interest in a pharmaceutical society for the Orange River Colony was stimulated by the need for pharmacists to speak with one voice in the face of legislation that affected their

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35. See *Ibid*, pp.2-42, minutes of monthly committee meetings and annual and special general meetings, 5 Aug. 1902-23 Aug. 1904.
36. MC 18, State Attorney of the Orange Free State to chairman of the Cape Medical Committee, 11 Feb. 1890; and MC 31, the Committee's reply, 18 Feb. 1890.
37. General Directory for South Africa, 1888, pp. 639-652, *ibid*, 1898, pp. 509-12.
38. Burrows, History of Medicine, pp.294-5.

livelihood. Consequently, the local Bloemfontein Chemists' Association invited pharmacists to meet in that town on 9 November 1903 with a view to the formation of a pharmaceutical society. Eight pharmacists attended and letters of encouragement and support for the idea were received from a further eleven pharmacists. The Society was formally constituted with a president, vice-president, secretary-treasurer and four committee members.³⁹ It is probable that pharmacists were encouraged to take this step partly because of the example set by pharmaceutical societies in other parts of South Africa, and partly by the formation of a Medical Society in the Orange River Colony the previous year.⁴⁰

Interest in the Society waned after the promulgation of the Pharmacy Act in 1904 and a general meeting was held in February 1907 "to consider the reconstruction of the Society". Meetings began to be held more regularly and the Society found itself involved in issues dealing with reciprocity between the colonies in South Africa, the customs tariff, and discussion on a uniform system of training and examination of pharmacists.⁴¹ In 1910 it took the initiative in conjunction with the Orange River Colony Medical and Pharmacy Council, in organising a congress to discuss closer unity among pharmacists in South Africa. (See p.127)

The Natal Medical Committee was created by Ordinance No. 9 of 1856 and performed much the same work as that of its counterparts in the Cape and the Transvaal. Inspired by the promulgation of the Cape

39. H.S. Armstrong, "The Pharmaceutical Society of the Orange Free State", in South African Pharmaceutical Journal, May 1935, p.37. The first elected Council consisted of: Messrs. W. Flint, president; J. Kernsley; F. Carter; J. Main; S. Hewitt, vice-president; S. Taylor; and J. Hewitt, secretary and treasurer.

40. See Burrows, History of Medicine, p.297.

41. Armstrong, "Pharmaceutical Society of the Orange Free State", p. 37.

Act, eight Durban pharmacists met to discuss the possibility of forming a Natal Pharmaceutical Association on 12 April 1892. G.A. Champion was elected chairman of the meeting. In his opening address he stated that there were "two courses open to the Durban chemists", - a pharmaceutical society open to all registered pharmacists in the Colony whose task it would be "to draw up laws and regulations relating to chemists, and to submit them to the Legislative Council for approval", or a Durban Chemists' Association whose functions would include "promoting an interchange of ideas, by reading papers on scientific and commercial subjects and by discussing ... matters concerning the trade".⁴² The meeting supported the formation of a pharmaceutical society and appointed Champion as convener of a general meeting of Natal pharmacists which was held a week later. The invitation to attend the meeting noted that it was intended to found a Natal Pharmaceutical Society "upon similar lines and with the same objects as the Cape Pharmaceutical Association." Fifteen pharmacists attended the meeting and another fourteen indicated their desire to join the proposed society. It was formally constituted; a constitution was ratified; an executive elected, meetings scheduled and the annual subscription set at one guinea.⁴³

In 1896 a Medical Council and Pharmacy Board was created upon the lines of the system adopted by the Cape four years earlier.⁴⁴ The Natal Law was amended in 1899 and again in 1904 when special provision was made for certain pharmacists to practise as dentists.⁴⁵ The

42. Durban, Pharmacy House, Natal Pharmaceutical Society, Minutes, p.1, 12 April 1892. (Hereafter, Natal Pharm. Soc., Minutes).

43. Ibid, pp.4-8, 19 May 1892. The first executive was: G.A. Champion, president; H.H. Printan, vice-president; C. Forth, secretary and treasurer; H. Williams, H.J. Brereton, J.E. Burn, C.G. Challinor, members of the executive. (See illustration on p.121) showing a contemporary advert of Reed and Champion).

44. Act No. 35 of 1896, in Burrows, History of Medicine, pp.212-3.

45. Meyer Feldberg Associates, "The Future of the Retail Pharmacy in South Africa, (Johannesburg, 1978), Part I - "Historical Background", p.14.

REED & CHAMPION,

DISPENSING AND HOMŒOPATHIC CHEMISTS AND DRUGGISTS,

West Street and Gardener Street (opposite the Town Hall),

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Importers of Pure Drugs and Chemicals, Homœopathic and Patent Medicines, Surgical Appliances, Toilet Requisites and Perfumery from the best English and French Houses.

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CHEMISTS AND DRUGGISTS,

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BARBERTON, TRANSVAAL REPUBLIC.

fact that this clause was later inserted in the 1928 Medical, Dental and Pharmacy Act has been attributed to the obstinacy of C.A. Fawcett of Pietermaritzburg, who regularly extracted teeth, particularly these of black customers. "He was", declared a contemporary "a character out of Dickens with a fine, longish, square beard, and his head always adorned with a cross between a bowler and a tophat."⁴⁶ He was secretary of the Natal Pharmacy Board and attended the 1910 congress of provincial pharmacy boards. Fawcett insisted on the clause being inserted in the new bill, despite numerous attempts to persuade him to change his mind and make the proposed provisions of a pharmacy bill apply uniformly throughout South Africa. Thus Section 98/1 of the 1928 Act specifically mentioned that any pharmacist registered in Natal before 1928 was permitted to extract teeth.⁴⁷

It may be argued that the Anglo-Boer War played a vital role in hastening the formation of a national pharmaceutical society. A prerequisite for unity - similar regulations governing the profession in all parts of the country - occurred after the War when the British authorities saw to it that all the Colonies had a similar approach to pharmaceutical matters. As we have seen, the legislation necessary to enforce this by law had been enacted by 1904. The War affected many retail pharmacists, particularly those in the South African Republic and Orange Free State. By far the majority of licensed phar-

46. Anderson, "Pharmacy in the 1900's, in South African Pharmaceutical Journal, Dec. 1944, p.3.

47. Ibid.

macists in these areas were English-speaking and many were British subjects. While there is no evidence to show that any pharmacists played a prominent part in the Jameson Raid and Uitlander agitation which preceded the outbreak of hostilities, many of them were forced to close their pharmacies and leave the Boer republics with their families. Most of those who fled the Transvaal went to Natal after ensuring that their possessions were safely locked away. Enough pharmacists remained to ensure a reasonable service for the war-torn Republics.⁴⁸ However, the confused state of affairs did prevent the Transvaal Pharmaceutical Society from meeting for three years. Some pharmacists were instructed to close their premises by the Boer governments. For example, N. Coaker of Jagersfontein in the Orange Free State, who was a member of the South African Pharmaceutical Association, requested in 1901 that his subscription to the Association be refunded as he was "temporarily compulsorily closed" (sic) and therefore unable to benefit by continuing as a member of the Association.⁴⁹ Other pharmacists found themselves employed by the victorious British forces as the fortunes of the Boer forces changed. For example, Norman L. Gauldie, a Scot who had emigrated to South Africa after qualifying in 1897 and who had worked in Cape Town, Kimberley and Aliwal North, was appointed dispenser at the concentration camp at Krugersdorp. After the War, Gauldie was induced to set up a business at Rustenburg by several of the interned families he had looked after at the camp. He remained there for over forty years until his death in 1945.⁵⁰

48. Kramer, Anniversary Brochure, p.6.

49. S.A. Pharm. Assoc., Minutes, 12 Sept. 1901.

50. "Mr Norman Lewis Gauldie", in South African Pharmaceutical Journal, Feb. 1946, p.17.

There was a shortage of stock in Johannesburg when normal business was resumed after the War and there was "great difficulty" in getting imported goods inland from the coast. "Cheap articles like Hypo and Epsom Salt" was often sent by mail.⁵¹

If business was severely disrupted by the War in the Boer republics, pharmacists prospered in Natal as a result of the influx of thousands of foreign troops, the demand for medicines to treat the sick and wounded, and the sudden increase in the population as more and more persons fled the Republics. Because of its strategic importance in relation to the War, Durban was at the forefront of the economic boom. A vivid contemporary account of pharmacy in Durban was given by D.S.B. Anderson who emigrated to South Africa from Britain after studying in Scotland and working in London. He wrote that the pharmacy to which he had come was "the largest and best equipped I had seen anywhere." It was "the centre for all photographic work" and it accounted for most of the sale of cameras sold in Durban during the War. "Another innovation" he continued, "was the soda fountain with a marble-top slab, about eight feet long and four feet deep." He and the other four members of the staff employed a special assistant to act as barman. "At that time", he wrote, "it was the only thing of its kind in Durban and became very much in favour!"⁵² Anderson served as secretary of the Natal Pharmaceutical Society in 1903 and played a prominent part in pharmaceutical training in Natal. In 1909 he was elected president of the Natal Pharmacy Board - a position he held for over twenty years.⁵³

51. Ibid. Nov. 1934. p.11.

52. Anderson, "Pharmacy in the 1900's", p.4.

53. See, South African Pharmaceutical Journal, Oct. 1934, p.15 and June 1945, p.6.

Large areas of the Cape Colony were subject to martial law as a precaution against the real or imagined dangers of an invasion of the Colony by the Boer forces. This disrupted the normal lines of supply as the railway was harnessed for the British war effort. Many rural-based pharmacists had to apply for a special pass to enable them to attend to night calls during martial law. (See illustration on p.126) The president of the South African Pharmaceutical Association, W. K. Mager, blamed "the war" and the illness of the secretary for the fact that no written reports of the work of the Association were available at the annual general meeting held in Port Elizabeth in September 1900.⁵⁴ Pharmacists in Cape Town were far removed from the war zone and the only mention of the War in the minutes of the Cape Pharmaceutical Society occurs in the president's report for 1902. It referred to the "unsettled state of things in the Colony" which "tended to hamper" the Society's "efficiency" at encouraging its ninety-six members to participate more actively in the Society's activities.⁵⁵ The Cape Society's political sympathies quite clearly lay with the British cause in South Africa.⁵⁶

The Society recognized the significance for pharmacy of a British victory in South Africa and the president reported that it could "reasonably expect considerable additions to [the] membership from new-comers to the Land of Hope." The "broadening vista of a United South Africa" was recognized by the pharmacists as requiring a bill to bring all the provinces under a central pharmaceutical administra-

54. S.A. Pharm. Assoc., Minutes, 13 Sept. 1900.

55. Cape Western Province Branch of the Pharmaceutical Society of South Africa, Cape Town, Minutes of the Pharmaceutical Society of the Cape Colony, p.105, report of the president, 1902, (Hereafter Cape Pharm. Soc., Minutes.)

56. See, Gus Ferguson, "From the Minutes of the Pharmaceutical Society of the Cape Colony, 1875-1906", in the South African Pharmaceutical Journal, Oct. 1982, pp.472-3.

DISTRICT PASS FOR PHARMACIST DURING MARTIAL LAW IN CAPE COLONY, 1902

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tion.⁵⁷ The Pharmaceutical Association took more positive action towards this end and at their annual general meeting held in September 1901, it was decided that the English Pharmacy Act should be circulated to members. It was printed with "blank spaces" so that alterations and suggestions could be made for a draft bill for "a General Pharmacy Act" for the country.⁵⁸ Despite the eagerness and enthusiasm that accompanied the British victory in the sub-continent, the conference of provincial pharmacy boards that met to discuss a national pharmacy bill met only in 1910. Possibly inspired by the euphoria surrounding the event of Union, the Medical and Pharmacy Council of the Orange Free State convened a conference of delegates from the respective pharmacy boards to discuss closer co-operation among pharmacists. It was held at Bloemfontein on 16 May 1910. The Cape delegation failed to attend because of an administrative miscalculation on the part of their government. However, there was a full attendance of delegates at the second conference held in Johannesburg on 6 June. A Pharmacy Bill was drafted and submitted to the Union government "with a strong and unanimous" recommendation for its "acceptance and introduction ... at the earliest date."⁵⁹ The proposed Bill was not published because of disagreements among pharmacists in some parts of the Union who argued that "special provisions" should apply in their areas.⁶⁰ The protracted and complex nature of the negotiations is illustrated by the fact that a national Pharmacy Bill was promulgated only in 1928. (See pp.145-8).

57. Cape Pharm. Soc., Minutes, p.105, president's annual report, 1902.

58. S.A. Pharm. Assoc., Minutes, 12 Sept. 1901.

59. "Report of the Cape Pharmacy Board, 1910", in The Medical and Pharmacy Register for the Province of the Cape of Good Hope, 1912, pp.255-6.

60. "Report of the Cape Pharmacy Board, 1911", in *ibid*, p.295.

It is safe to assume that the labour movement in South Africa received little support from retail pharmacists. As shopowners they were principally concerned with their own affairs. Only the manufacturing chemists employed large numbers of workers and the average retail, research and teaching pharmacists would have had little exposure to the demands of the workers. The 1914 rebellion and the outbreak of the World War did have a more tangible influence on pharmacy. Because of the "unsettled state of the country" in the Orange Free State, meetings of the Pharmaceutical Society were held less frequently and attendances were small.⁶¹ Several pharmacists volunteered for service in German South West Africa, among them W. Hodson, who was the honorary secretary of the Transvaal Pharmaceutical Society at the time.⁶² Other pharmacists joined the South African Medical Corps. Volunteers who worked as pharmacists while in the army demanded a commission. This was rejected by the authorities and the issue was taken up by the Transvaal Pharmaceutical Society who appointed a sub-committee to deal with the matter. They interviewed the authorities and wrote letters to the press pointing out the "injustice" suffered by such pharmacists. The Australian Pharmaceutical Society inquired in September 1917 if the Transvaal Society could apply increased pressure on the Union government to persuade the British authorities that pharmacists serving with the Allies be accorded the rank commensurate with their status as medical professionals.⁶³ The issue remained unresolved and was raised again during World War II.

61. Armstrong, "Pharmaceutical Society of the Orange Free State", p.38. Extract from the annual report, 1915.

62. Tvl. Pharm. Soc., Minutes, pp.61-2, 14 June 1915.

63. Ibid, pp.103-4, 18 May 1916 and p.169, 21 Sept. 1917.

The Cape Pharmaceutical Society decided that it could not follow the example of other organisations in the mother city and form a separate unit of the Private Citizens Training Association "on account of the late hours worked by members and the long distance separating them". Members were urged to join the unit most conveniently placed to their residence.⁶⁴ In 1915 pharmacists in the Transvaal collected £150 towards a fund to acquire equipment and medicines for the South African Red Cross Society and Medical Corps. This occurred after a letter had been written to the Rand Daily Mail urging pharmacists "to donate a machine gun to the South African contingent". This was felt to be an inappropriate gesture from a Society representing medical professionals. The Transvaal Society also invested £160 of its own funds on fixed deposit in the Home War Loan Scheme.⁶⁵ The Eastern Districts Pharmaceutical Society⁶⁶ voted donations to the governor-general's war fund but these were never paid because of procedural and constitutional complications.⁶⁷ The Transvaal Society requested medical men to substitute sodium for potassium in their prescriptions because most of the potassium was imported from Germany. In 1915 the Society circulated a list to all medical practitioners giving the non-proprietary names of all German proprietary medicines so that suitable substitutes could be used. Some four years later the Natal Pharmaceutical Society asked other pharmaceutical societies in South Africa to support their campaign to have the Union government cancel the registration of all German proprietary medicines.⁶⁸ The Transvaal Society encouraged the government to follow the example of the

64. Cape Pharm. Soc., Minutes, p.296, president's report for 1914 delivered at the annual general meeting, 11 Feb. 1915.

65. Tvl. Pharm. Soc., Minutes, pp.75, 84, 99, 126, 12 Aug. and 28 Oct. 1915, 23 March and 24 Aug. 1916.

66. The South African Pharmaceutical Association based in the Eastern Cape changed its name to the Eastern Districts Pharmaceutical Society in 1911.

67. See, Eastern Districts Pharmaceutical Society, Minutes, 24 Oct. 1914, 25 Oct. 1915, 24 Jan. 1916. (hereafter E. Districts Pharm. Soc., Minutes.)

68. Tvl. Pharm. Soc. Minutes, pp.202-4, 30 Jan. and 27 Feb. 1919.

British government which had forbidden the medicinal use of glycerine unless required for preparations of medicines according to formulae laid down in the British Pharmacopeia. Glycerine saved in this way "would release a large supply for the purpose of munitions".⁶⁹ The Union government did not implement the proposals because there was a guaranteed supply of the product from the United States of America.⁷⁰

The war also caused a shortage of bottles and the public was requested to return their used medicine bottles to the supplier.⁷¹ Most imported items were increased in price as trade was disrupted by the War. For example, the annual subscription of The Chemist and Druggist, published in London, increased from £7 to £7.6s.⁷² Social activities such as dances and dinners were curtailed or postponed until hostilities ceased. Pharmacists in the Transvaal combined to beat the 1918 influenza epidemic by pooling supplies of drugs so as to ensure a guaranteed supply of medicine to the Special Health Committee of the Johannesburg Town Council. This service was available at any time of the night or day. Many pharmacists also assisted in the organization of inoculation centres in the Witwatersrand.⁷³

The period 1891-1918 was a critical one in the development of organised pharmacy in South Africa. It saw the creation of a system of pharmacy boards and the establishment of pharmaceutical societies in each province. The British victory in the Anglo-Boer War accelerated the trend towards standardization of training and the creation of

69. Ibid, pp.110, 123, 126, 29 June and 24 Aug. 1916.

70. Ibid, p. 133, 28 Nov. 1916.

71. Ibid, p.190, 15 July 1918.

72. Ibid, p.91, 17 Dec. 1915.

73. Ibid, pp.199-200, 14 Oct. 1918; and Kramer Anniversary Brochure, pp.9-10.

uniform regulations governing the profession. The Transvaal Pharmaceutical Society established itself as the largest and most influential of the pharmaceutical societies in South Africa. By 1918 the Cape, which had the second largest pharmaceutical society, and the Transvaal reached near agreement concerning reciprocity of qualifications; except for the qualifications of five pharmacists which the Cape Pharmacy Board refused to accept.⁷⁴ During the latter stages of the War the pharmaceutical societies concentrated their attention on the Medical, Dental and Pharmacy Bill which was published in 1917. This was the forerunner of many attempts at closer co-operation between South African pharmacists and culminated in the dogged resistance to the medicine stamp tax in 1923 and the passing of a new Pharmacy Bill five years later which created a South African Pharmacy Board and standardised all pharmaceutical training, qualifications and procedures for the first time.

74. Tv1. Pharm. Soc., Minutes, p.181, 30 May 1918.

TOWARDS PROFESSIONALIZATION - PART I:

THE LEGAL BATTLE AND THE CREATION OF A NATIONAL PHARMACY BOARD

Progress towards the establishment of a national pharmaceutical body remained frustratingly slow. Many pharmacists believed that attempts by the government to introduce a national pharmacy act would hasten the formation of such an organization. In the event however, the proposed legislation initially proved to be a divisive, rather than an unifying factor. The ten year struggle (1917 - 28) to have the new Medical, Dental and Pharmacy Bill approved may be divided into two distinct periods: 1917 - 23 when the provincial pharmaceutical societies often presented a divided front as regional prejudices and suspicions were aroused and the period 1924 - 8 when united opposition to the medicine stamp tax resulted in the formation of a federation of pharmaceutical societies - the Associated Pharmaceutical Societies of South Africa in 1923. This national society campaigned forcefully for pharmaceutical reform in Parliament. However, international and local events often demanded the government's immediate attention and the Pharmacy Bill was put to one side. The Bill was also the subject of three select committee investigations and numerous debates in both the House of Assembly and the Senate.

It affected all medical professionals and a wide spectrum of interests including storekeepers, osteopaths, chiropractors, dental mechanics, faith-healers and midwives and it therefore proved to be a controversial piece of legislation. It also attempted to rationalize and standardize procedures, examinations and appointments in the various medical professions.¹

1. It is not proposed to deal with this complicated legal struggle in detail and only those areas that relate to the main theme of this work will be dealt with.

Three major factors influenced the progress of this legislation. The first was the passing of a national Public Health Act which led to the creation of a Department of Public Health in 1919. This provided a sharper focus on public health and symbolized increased government concern with the matter. Previously, health matters had been controlled by the Department of Internal Affairs.² The second factor was the establishment of The African Chemist and Druggist in December 1921. (See illustration on p.134). Most members of the pharmaceutical societies in South Africa subscribed to the British Journal, The Chemist and Druggist, but although it contained a substantial section on South African affairs, the new journal, based in Johannesburg, was in a better position to report more fully on matters of local concern. It set out to "promote and maintain a spirit of fellowship" among pharmacists, and hoped "to knit them in a closer bond of union, to elevate their status ...". It also played a major part in providing a forum for discussion of major issues such as the Pharmacy Bill and had the effect of increasing communication between pharmacists in the urban and rural areas.³ The third factor influencing the rate at which the Pharmacy Bill progressed was government and public pre-occupation with the Great War, the 1922 Rand Revolt and the events leading to the fall of Smuts' government in 1924.

The Bill was first introduced in the Senate on 19 February 1917.⁴ Before the scheduled second reading, the pharmaceutical societies met in conference at Bloemfontein to devise a common approach to the

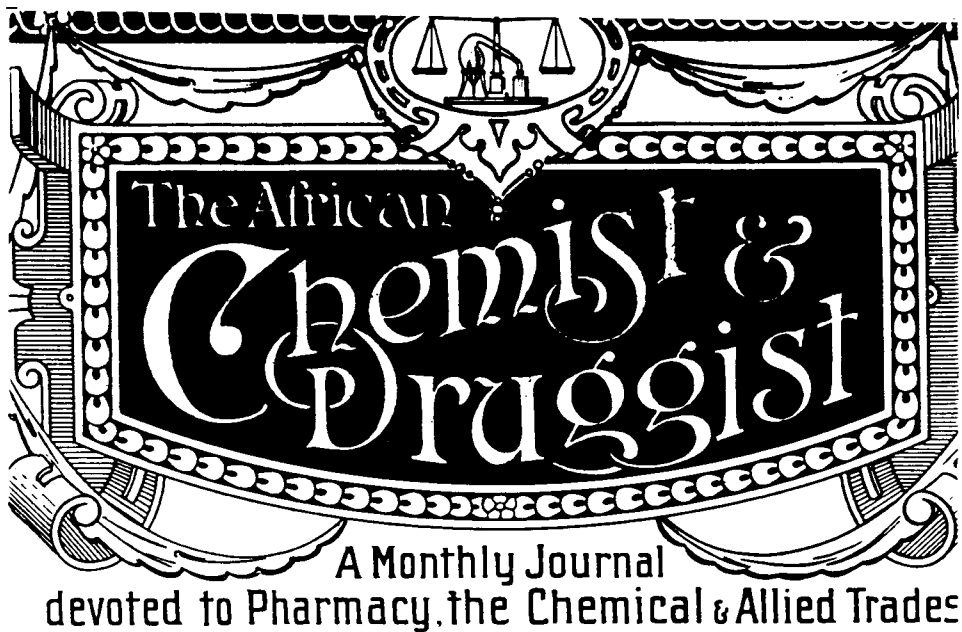
2. J.D. van Zyl, "Die Wet op Geneeshere, Tandartse en Aptekers: Wat was die Bedoeling van die Wetgewer", in South African Pharmaceutical Journal, July 1971, p.7.

3. The African Chemist and Druggist, Dec. 1921, p.5, editorial article. See Chapter VII for further information on the impact of the journal on pharmacy in South Africa.

4. Minutes of the Proceedings of the Senate, 19 Feb. 1917, p. 18.

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Bill. Inexplicably, the Cape Society did not send a delegation to this conference. It is possible that they considered their lobbying position in the legislative capital to be a strong one and did not consider it necessary to discuss the matter with their fellow pharmacists. After the conference, each pharmaceutical society sent a delegation to Cape Town,⁵ both to interview and lobby members of Parliament on the matter and to give evidence to the Senate Select Committee appointed to examine the Bill. The Eastern Cape delegates complained that the Cape Society had "done nothing whatever towards bringing the delegates together" and consequently they had "very uphill work there".⁶ The Select Committee interviewed the Natal delegation, B. Owen Jones, the representative of the Transvaal Society and president of the Transvaal Pharmacy Board, and A. Walsh, president of the Cape Pharmacy Board.⁷

In addition, B. Owen Jones submitted a memorandum to the Select Committee which contained a list of amendments which had been approved by the Transvaal Pharmaceutical Society and by the delegates at the Bloemfontein conference.⁸ The strong lead given by the Transvaal Society at the conference was a foretaste of the role it was destined to play as the Society representing the economically most important area of the Union and boasting the largest membership. The most important amendments proposed by the delegates covered provincial representation on the national pharmacy board, the use of the word "pharmacist" instead of "chemist and druggist" the re-wording of

5. The Natal delegation consisted of D.S.B. Anderson, representing the Pharmacy Board and Pharmaceutical Society, and M.W. Stranack, president of the Pharmaceutical Society.

6. E. Districts Pharm. Soc., Minutes pp. 212-5, 5 March and 20 Sept. 1917.

7. See Senate S.C. 2 - '17, Report and Minutes of Evidence of the Select Committee on the Medical, Dental and Pharmacy Bill, pp. 1 - 10 and 38 - 45.

8. Ibid, Appendix D, p.IV; See also Tvl. Pharm. Soc., Minutes, p. 151, 14 March 1917. The organizations represented at Bloemfontein included the pharmaceutical societies of the Orange Free State, Transvaal and Natal, and the pharmaceutical associations from the Eastern and Northern Districts of the Cape Province.

clause thirty-one which dealt with persons entitled to give advice on medicine, the sale and storage of poisons, and the need for a registered pharmacist to head a body corporate which operated as a pharmaceutical concern. A closer look at how these sections of the Bill were amended by the government during the ten years in which the Bill was before Parliament will illustrate the effectiveness (or otherwise) of the lobby of organised pharmacy in the country.

Provincial representation on the proposed national pharmacy board proved to be a difficult issue. The Transvaal Society considered that representation on the Board should be decided by the number of registered pharmacists in each Province, while the Cape Society was suspicious of the intentions of the Transvaal Society.⁹

When he introduced the Bill, the Minister of Internal Affairs, Sir Thomas Watt, noted that the pharmacy board would consist of eight pharmacists. Two would be government nominees and six would be elected by pharmacists, with not more than two pharmacists from any one province. The Minister argued that this provision would "meet the Provincial feeling" and allay the fears of "the smaller Provinces".¹⁰ The Orange Free State Society remained dissatisfied and called for the relevant section to be amended to read: "... not less than one, nor more than two elected pharmacists from one Province ...". The delegates at the Bloemfontein conference endorsed this proposal and M. Stranack of Natal agreed to present the amendment to the Select

9. See *Iv1. Pharm. Soc., Minutes*, pp. 143-4, 5 March 1917.

10. Report of the debates in the Senate on 19 Feb. 1917, in the Cape Times, 20 Feb. 1917.

Committee. Stranack acknowledged that this was not his personal belief and expressed the view that the few registered pharmacists in the Orange Free State did not warrant a full seat on the proposed pharmacy board.¹¹ B. Owen Jones of the Transvaal opposed the suggestion that the number of government nominees on the Board be increased. He pointed out that there were no government nominees serving on the pharmacy boards in England and Canada.¹² D.S.B. Anderson and Stranack pointed out that Natal was in favour of four government nominees on the Board - one from each Province. The Board could thereby be increased to ten persons. They argued that in their experience, the government nominees did not operate as "official members" because they had "quite a free hand" and did not have to report to the government.¹³

The Senate Select Committee completed its Report in May 1917 but because of technical problems concerning the creation of the Public Health Department, the pre-occupation with the World War, and resistance to the Bills being re-introduced into the Senate, it was not until six years later that it was brought before the House of Assembly by the new Minister of Health, Patrick Duncan. It was very similar to the original piece of legislation introduced into the Senate in 1917. It contained the clause which the smaller Provinces desired ensuring that at least one elected pharmacist from each Province would serve on the national pharmacy board. The Bill was again referred to a Select Committee after its second reading. This

11. Senate S.C. 2 - '17, pp. 9 - 10, evidence of M.W. Stranack, and Appendix D, p.IV.

12. Ibid, pp. 38 - 9, evidence of B. Owen Jones.

13. Ibid, pp. 9 - 10, evidence of D.S.B. Anderson and M.W. Stranack.

Committee heard evidence from delegates representing the Cape, Transvaal, Orange Free State and Natal Pharmaceutical Societies and completed its work against the background of increasing discontent among pharmacists as the full implications of the Medicine Stamp Tax (introduced on 29 March) became apparent.¹⁴

The Bill was passed in 1928 and it laid down that two pharmacists and one medical practitioner were to serve as government-nominees on the Board. Their names had to be made known before nominations were invited for the six elected positions on the Board. This made it more difficult for the government to ensure that all the provinces were represented equally on the Board because they had to anticipate the results of the election if they wanted their nominees to be from a province not represented by one of the elected members of the Board. The larger provinces such as the Transvaal and Cape Province were unable to dominate the Board because no province was permitted to return more than two elected representatives. Provision was also made in the Act for an approved member of the governing body or staff of any pharmacy school which might be established in South Africa in the future to represent such an institution on the Board. This was not automatic, and the appointment was to be sanctioned both by the Minister of Health and by the Board.¹⁵

The various pharmaceutical societies presented a strong case in support of their claim to the monopoly in the sale of poisons. Many of

14. See S.C. 10 - '23, Report and Minutes of Evidence of the Select Committee on the Medical, Dental and Pharmacy Bill, pp. 30 - 6, 67 - 73, 86 - 9. For further information on the Patent Medicine Stamp Tax, see Chapter VII.

15. Act No. 13 of 1928, Medical, Dental and Pharmacy Act, Section 2, clauses 3, 4 and 7. Close liaison between the Board and Schools of Pharmacy was a prerequisite for improving the standard of training and examinations.

the arguments to which they resorted were similar to those put forward by the chemists in their struggle with the Cape Medical Committee in the period from 1885 to 1891.¹⁶ In their determination to persuade the Parliamentary select committees that the matter required bold and urgent action, some of the pharmacists made sweeping accusations against "uneducated shopkeepers" who in some cases, handed over dangerous poisons "just like bars of soap". The position in the Orange Free State was most unsatisfactory and Mr. Francis Carter complained bitterly that the province's Attorney-General regularly failed to enforce the regulation limiting the sale of poisons to chemists only. Many a shopkeeper in the area could barely understand Dutch as he was "generally an uneducated Jew with a foreign name". In contrast to this, argued Carter, the pharmacists' training was "a life-long one" and it was his education, licence fee and knowledge of the antidotes and effects of poisons that qualified him for the privilege of a monopoly in poisons and ensured "the safety of the public."¹⁷ The Transvaal pharmacists argued that special certificates which authorized shopkeepers located more than five miles from a pharmacy to sell poisons, should not be granted to "Asiatic storekeepers" because they were not considered dealers of "good standing". Anticipating the swart gevaar¹⁸ tactics that characterized a later period of South African history, the Transvaal pharmacists warned that "native and coloured people" might get hold of poisons and use them "against employers and property". The pharmacists considered poisons a "greater weapon" than a rifle which

16. See Chapters III and IV.

17. S.C. 10 - '23, pp. 86 - 7, evidence of Francis Carter, executive member of the Orange Free State Medical and Pharmacy Council and a pharmacist with fifty year's experience.

18. Literally, "black danger" or "black peril".

Blacks were forbidden to carry or own at the time.¹⁹ Another pharmacist observed that people were unaware of the "peculiar dangers to which the white population of this country are exposed".²⁰ "We need to carry the war into the enemy's camp", urged the editor of The African Chemist and Druggist, "and let some of our Asiatic (and other) competitors know there is such a thing as law in South Africa". If pharmacists failed to become more aggressive about such matters, they would soon find "Ah Sing sporting coloured carboys and attempting to dispense" and no-one "will interfere with him till he has killed somebody".²¹

Such reasoning made an impact on the legislators and in the 1928 Act, magistrates were given sweeping powers in the granting of special certificates to general dealers to sell poisons. Only those dealers more than five miles distant from a pharmacy were eligible to apply for a certificate which was renewable annually and subject to a 10s. revenue stamp. It had to bear the name and address of the person responsible for the poisons on the premises. The dealer had to be over twenty-one years of age and had to be able to read and write one of the official languages. All poisons had to be stored, handled and sold in a part of the shop separate from other goods and a poisons book had to be kept in which was to be recorded the nature and quantity of poison sold, the date of the sale, the name and address of the purchaser and the purpose for which the poison was required. The book was subject to inspection by any person authorized by the Minister of Health or by any member of the police force above the

19. Senate S.C. 2 - '17, p.v., memorandum by B. Owen Jones.

20. 'Cypher' (pseud.), "A General Review of the Pharmacy Bill", in The African Chemist and Druggist, Feb. 1923, p.10.

21. "Editorial : The Pharmacy Bill", in Ibid, p.3, editorial article. A carboy is a large globular glass bottle which usually contained brightly coloured liquids.

rank of sergeant or by the Registrar of the Pharmacy Board. Patent, proprietary and Dutch medicines containing poison were exempt from the provisions of the Act.²² The Union Chamber of Commerce objected to the principle in the Act which granted magistrates such power in the issuing of certificates²³ because they could refuse an application for a certificate if it was not "desirable in the public interest" or if the general dealer was "otherwise unsuitable", without having to explain their actions.

In 1923 the Transvaal Pharmaceutical Society argued that pharmacists should be given the monopoly in patent medicines as well as poisons. They complained that many general dealers "made a point very often of pushing patent medicines" and with the added bonus of home delivery, pharmacists were unable to compete with the shopkeepers, especially the "coolie and Chinaman's store". They argued that as a result of this tough competition, both qualified and unqualified chemists were "a glut in the market" and many men were unable to "get billets". A total monopoly in selling medicines would not lead to higher prices because "price lists" were "issued in conformity with the Board of Control" which laid down a certain profit on patent medicines.²⁴ Clancy and Hughes of the Cape Pharmaceutical Society supported these suggestions of the Transvaal and Free State delegates, but they went further by recommending that no medical practitioners be permitted to dispense within a radius of three miles of a pharmacy.²⁵ The medical lobby successfully withstood pressure from the pharmacists to

22. Act No. 13 of 1928, Sections 51 - 4 and 58.

23. S.C. 10 - '23, p. 71, evidence of D.S.B. Anderson.

24. S.C. 10 - '23, pp. 71 - 2, evidence of J.S. Ferguson and H.L. Karnovsky, executive members of the Transvaal Pharmaceutical Society.

25. Ibid, pp. 30 - 33, evidence of M.W. Clancy and T.J. Hughes, president and vice-president respectively of the Cape Pharmaceutical Society.

have such a clause included in the 1928 Act. Section 73 of the Act allowed medical practitioners "to compound or dispense medicines on payment of the licence fee (if any)". This applied to any prescriptions that the doctor or his partner prescribed. The only limit placed on dispensing by medical practitioners was that they were not permitted "to keep an open shop or pharmacy."²⁶

Other "unfair" competition cited by the pharmaceutical societies was the tendency for a body corporate to register and trade as a pharmaceutical concern when only one of the directors was a duly registered pharmacist. This loophole in the law was exploited by some people who had failed to pass the pharmacist's examination and who paid "for the service of a registered chemist".²⁷ It was pointed out that all such bodies would have to be registered in the Union so that the national pharmacy board would have "control over them".²⁸ Stranack admitted that from a business point of view it would be "very impracticable" to insist that all the directors of such a company be registered pharmacists. His proposal, that the managing director (and not merely any of the directors) be a registered pharmacist, was accepted by the Senate Select Committee.²⁹ Some years later Clancy and Carter urged that all, or at least the majority, of the directors be registered pharmacists.³⁰ Although the pharmacists were unsuccessful in having this clause inserted in the 1928 Act, Stranack's 1917 proposal was written into the Act. The name of the managing director had to be entered in the Register kept for the purpose by the Pharmacy Board. He was liable for the same registration fee with the Board as

26. Act No. 13 of 1928, Section 73.

27. Senate S.C. 2 - '17, p.8, evidence of M. W. Stranack.

28. Ibid, p.44, evidence of A. Walsh, president of the Cape Pharmacy Board.

29. Ibid, p.9, evidence of M. W. Stranack.

30. S.C. 10 - '23 p.35, evidence of M.W. Clancy; and p.89, evidence of F. Carter.

that paid by individual pharmacists, viz. £12.10.0. To overcome the use of qualified pharmacists in name only, all pharmacies which operated as a body corporate had to be under "the continuous personal supervision of a registered chemist and druggist" whose name had to be displayed over the main entrance. The registered name of a body corporate might not include the name of any person who was not a registered pharmacist. Contravention of these regulations was subject to a fine of £50.³¹ This section of the Act went a long way towards meeting the demand of the various pharmaceutical societies for tighter control over a body corporate which functioned as a pharmacy.

Pharmacists disagreed on whether or not they should retain the designation "chemist and druggist" or opt for "pharmacist" or "pharmaceutical chemist". When he introduced the Medical, Dental and Pharmacy Bill in the Senate in 1917, Sir Thomas Watt noted that the word "pharmacist" was being used "for the first time in our South African Law."³² Many pharmacists objected to the abandonment of the word "chemist" in their official designation. Howard Ferguson, an executive member of the Cape Pharmaceutical Society, argued that the public was used to the word "chemist"³³ which had been established over a long period of time and that the designation of "pharmacist" was "little used and hardly known". He pointed out that in the 1890's the Cape Pharmaceutical Society had entered into an "arrangement" with various voluntary associations of scientific chemists over the use by pharmacists of the designation "chemist". This had worked

31. Act No. 13 of 1928, Section 76.

32. Report of Senate debates on 19 March 1917, in the Cape Times, 20 March, 1917. See, S.B. 1 - '17.

33. This designation had officially replaced the word "apothecary" in the Cape's Medical, Dental and Pharmacy Bill in 1891. For further information on the historical usage of the words apothecary, chemist, druggist and pharmacist, see Kremers and Urdang, History of Pharmacy, pp. 441, 449, 455, 479.

well and the Fellows of the Institute of Chemistry had expressly recognized this right. Ferguson argued that the professional chemist "with all his university degrees" was in a "poor way indeed" if it was now necessary for him to gain "the appreciation of the public" by "robbing" chemists and druggists of their good name.³⁴

The matter was taken up by the South African Chemical Institute which published a "Memorandum on the Use of the Word Pharmacist" in 1921. It warned that members should "exercise the greatest possible care" in the use of the terms "chemist" and "pharmacist" and that "much harm" was being done to their profession because the public did not realise the difference between the two. It urged its members to insist on their "own rights" first. The Institute defined a chemist as someone "engaged in scientific chemical operations". The work of the pharmacist as "a purveyor of drugs and chemicals" in small and large quantities, whether "free or mixed" and dispensed according to prescription, certainly did not fit their interpretation of a chemist. The Memorandum noted that the public was entitled to "brevity of designation commensurate with accurate classification" and it strongly recommended the use of the word "pharmacy" to describe a chemist's shop and "pharmacist" to denote a chemist and druggist. To meet the special case of the retail chemist and druggist, it suggested the title of "drug store" which was in common use in the United States of America. Wholesale houses could be named "chemical supply dealers" or "manufacturers of drugs and chemicals".³⁵

34. Cape Times, 23 March 1917, letter to the Editor by Howard Ferguson, executive member of the Cape Pharmaceutical Society.

35. "Memorandum on the Use of the Word Pharmacist", from The Proceedings of the South African Chemical Institute for 1920 - 1, reproduced in The African Chemist and Druggist, Dec. 1921, p.22.

The Editor of The African Chemist and Druggist rejected the Institute's recommendations and urged instead the adoption of the title "pharmaceutical chemist". He stated that the public would continue to use the term chemist "in spite of all the deliberations of the savants of the soap and sugar world!"³⁶ Francis Carter, who represented the Orange Free State Pharmaceutical Society, noted that a pharmaceutical chemist was someone who had passed the Higher Examination in Britain and he argued that it was wiser to retain the term "chemist and druggist" than grant status to people who were not deserving of it.³⁷ It was pointed out that a chemist and druggist referred to someone who had passed the "minor examination" in Britain (See illustration on p.146).³⁸ The Secretary of the Transvaal Pharmaceutical Society was instructed to ascertain the views of organised pharmacy on the subject. A special meeting of the Transvaal Society was arranged for 4 January 1922 to discuss the matter. Only thirteen pharmacists attended the meeting and without the necessary quorum no decisions were possible.³⁹

There is no apparent explanation for this poor attendance. It is unlikely that the uncertainty over agitation by white labourers and miners in the period leading up to the Rand Rebellion would have affected pharmacists in any significant way.⁴⁰ A possible explanation for their apathy might have been their lack of concern with the subject of the meeting. Meanwhile, replies were received from the Cape Society objecting to the use of the term "pharmacist", while the

36. "Chemist or Pharmacist", in The African Chemist and Druggist, Dec, 1921, p.22, comment by the Editor. This was a reference to sugar, brewery, soap and leather chemists.

37. S.C. 10 - '23, pp. 88-9, evidence of Mr. F. Carter.

38. 'Cypher' (pseud.), "A General Review of the Pharmacy Bill", in The African Chemist and Druggist, Feb. 1923, p.9.

39. Tvl. Pharm. Soc., Minutes, pp. 280 - 2, 23 Dec. 1921 and the special meeting, 4 Jan. 1922.

40. The South African Industrial Federation called the white coal-mines out on strike two days before the special meeting and the goldminers, engineers and power workers followed suit six days after the meeting. See T.R.H. Davenport South Africa : A Modern History (Johannesburg, 1977) p.193.

EXAMINATION CERTIFICATE OF FRANCIS CARTER - FROM THE
PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, 1879



We the undersigned Examiners appointed by the Council
under the Provisions of the Charter of Incorporation
and the Pharmacy Acts 1852 & 1868, having examined
Francis Carter,
do hereby certify that he is duly qualified to be
Registered as a Chemist & Druggist,
under the provisions of the 31 and 32 Vic. Cap. 121.

J. Thacker Chairman.

<i>John M. D. B.</i>	} Examiners	<i>Samuel Gale</i>
<i>William Pittell</i>		<i>George St. John</i>
<i>C. Baden Ringer</i>		<i>Octavio Corser</i>
<i>A. L. Brown</i>		<i>Edward Greenish</i>

London, July 9th, 1879, N^o 4132.

Natal Society approved of the title.⁴¹ The matter was debated at the annual general meeting of the Transvaal Society in September 1922 and this led to a petition being presented to the Minister of Health in January the following year requesting that the designation "chemist and druggist" be retained in the Pharmacy Bill.⁴² The Society's president, J.S. Ferguson, admitted two months later that "on further consideration" the Society felt that it "might be in a position to accept the term "pharmaceutical chemist". He pointed out that whatever was decided, the word apotheker would be used by the Dutch-speaking people of the country to mean both a pharmacist and a chemist and druggist.⁴³ He admitted that the pharmacists did not wish to lose the word "chemist" in their official designation because it had a "certain commercial value" for them.⁴⁴ The Natal Society was "unanimous" in accepting the title of "pharmacist" but they were "prepared to accept pharmaceutical chemist".⁴⁵

The 1928 Pharmacy Act adopted the general term "pharmacy" when referring to the profession and to the place where medicines and drugs were dispensed. Persons who performed such a function were referred to in the Act as "chemists and druggists". Section 37 reserved for pharmacists exclusivity in the use of the terms chemist and druggist, pharmacist, pharmaceutical chemist, dispensing chemist or druggist, dispenser or compounder of drugs, pharmacy, chemist's shop, drug

41. Tvl. Pharm. Soc., Minutes, p.282, 14 Feb., 1922.

42. Ibid, pp.295 - 303, annual general meeting, 28 Sept. 1922; and committee meetings on 23 Nov. and 21 Dec. 1922 and 25 Jan. 1923.

43. When he introduced the Medical, Dental and Pharmacy Bill in the House of Assembly in 1927, D.F. Malan used the Afrikaans designation of apteker and drogis and not apotheker. See South African House of Assembly Debates, 10 Jan. 1927. Afrikaans had replaced Dutch as an official language in 1925.

44. S.C. 10 - '23, p.69, evidence of J.S. Ferguson.

45. Ibid, p.69, evidence of D.S.B. Anderson. For further comment on the subject, see "Pharmacist or Chemist. Which?", in The African Chemist and Druggist, March 1922, p.17 and van Zyl, "Die Wet op Geneeshere", in South African Pharmaceutical Journal, July 1971, especially pp. 8 - 9.

store. Anyone using these terms unlawfully was subject to a fine not exceeding £100.⁴⁶

In the ten years which it took to place the Medical, Dental and Pharmacy Act on the Statute Book, the pharmacists were often tempted to petition for a Bill separate from the other medical professions and occupations. Pharmacists of the Pretoria branch of the Transvaal Society were envious of the reciprocity that was achieved among the Provinces in respect of the qualifications of medical practitioners and dentists which became effective in January 1920.⁴⁷ The branch urged the Transvaal Society to see to it that the Pharmacy Bill was re-introduced in Parliament "without further delay".⁴⁸ The Orange Free State Pharmaceutical Society argued that organised pharmacy should "agitate for a Bill for Pharmacy, quite separate from the Medical and Dental interests." The Transvaal Society refused to support this view and its executive committee maintained that the Bill would receive "more consideration" if it was taken in conjunction with the other medical interests.⁴⁹ Many pharmacists remained indifferent to the efforts of their representatives in bringing about legal reform for the good of the profession. The president of the Eastern Districts Society found it "most regrettable" that there was such "a great deal of apathy ... for any organised movement" among the numerous pharmacists in the Eastern Cape who refused to join the Society.⁵⁰

46. Act No. 13 of 1928, Section 37, Clause (b).

47. See Act No. 21 of 1919, The Medical Practitioners' and Dentists' Registration Amendment Act.

48. Tvl. Pharm. Soc., Minutes, p.228, 11 Dec. 1919.

49. Ibid, p.234, 22 April 1920.

50. E. Districts Pharm. Soc., Minutes, annual general meeting, 28 Oct. 1920, annual report of the president, W. Godding.

John Christie who often spoke on behalf of organised pharmacy in the House of Assembly, proved to be an able and effective representative. He was a Member of Parliament for Langlaagte from 1921 to 1933 and again from 1936 to 1938. In 1943 he was returned as the member for the South Rand constituency. The fact that he was a member of the Labour Party might have slowed progress of the Pharmacy Bill during the 1917 - 24 period when the South African Party of Botha and Smuts ruled the country. During the period of Pact rule after 1924, his position as a member of the ruling party ensured that organised pharmacy enjoyed the close attention of Hertzog's government. Christie qualified as a pharmacist in the Transvaal in 1908 and operated a number of pharmacies in the province. He served as president of the Transvaal Pharmaceutical Society in 1912 and was a member of the Transvaal Pharmacy Board from 1913, serving as president from 1919 to 1922. He was also an active city councillor for Johannesburg from 1915 and was mayor in 1921. When the 1928 Act created the first national Pharmacy Board in South Africa, Christie was elected its president, a position he occupied for sixteen consecutive years.⁵¹ (See illustration on p. 150).

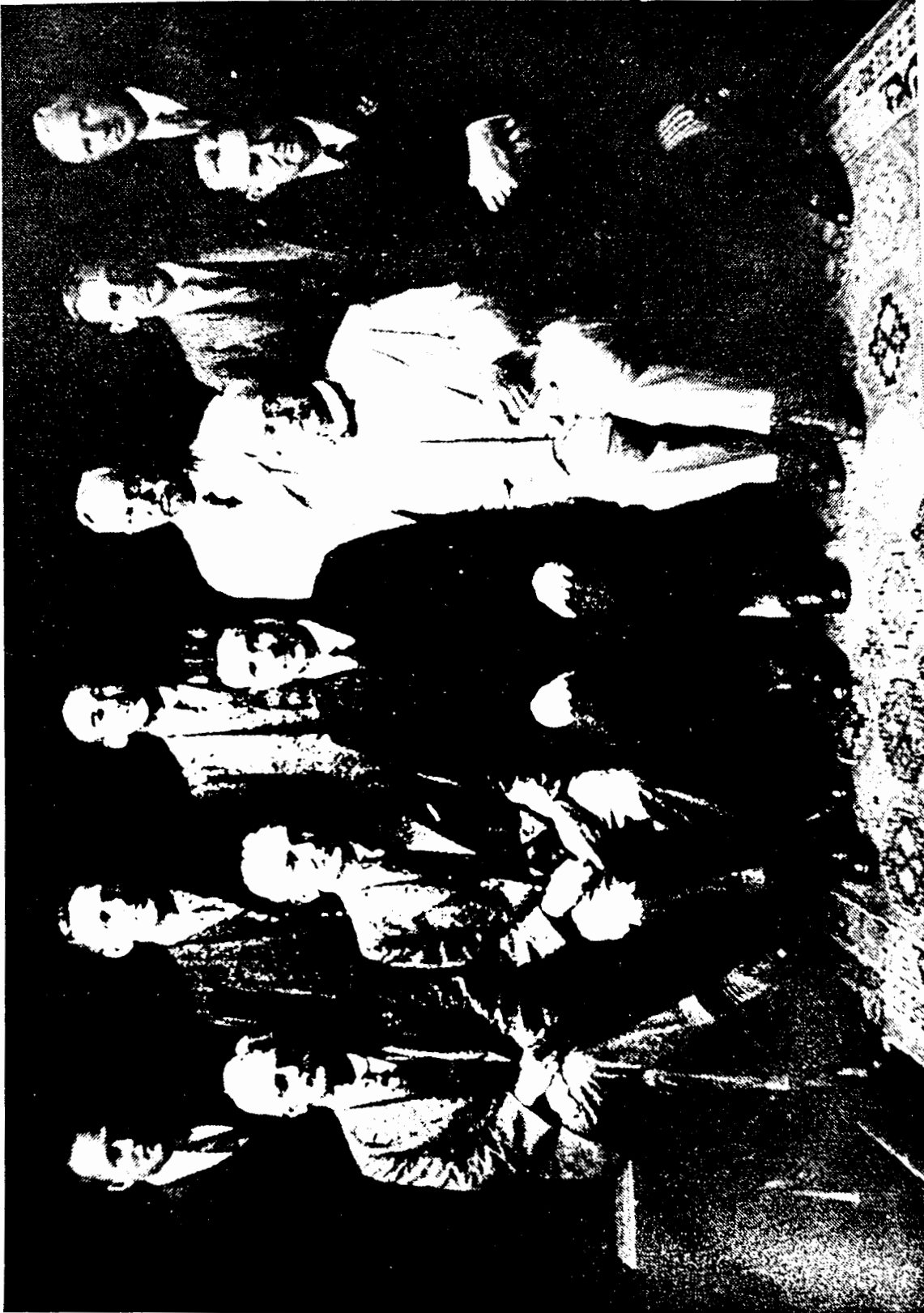
Despite numerous setbacks and delays,⁵² the Medical, Dental and Pharmacy Act was finally passed in May 1928.⁵³ It was a milestone in the development of organized pharmacy in South Africa, establishing a

51. "New Pharmacy Board : Mr John Christie", biographical article in the South African Pharmaceutical Journal, May 1945, p.9.

52. A good example of this is S.C. 5 - '24, The Report and Minutes of Evidence of the Select Committee on the Medical, Dental and Pharmacy Bill which never called for evidence from pharmacists and dealt with the position of dental mechanics and drugless healers such as hydropaths, chiropractors, naturopaths and persons who gave exercise classes. Pharmacy was hardly mentioned in the very long debate on the Bill in the House of Assembly in 1927. See South African House of Assembly Debates, p.90, 7 Feb. 1927, passim.

53. See South African Government Gazette Extraordinary, N. 1706, 22 May, 1928.

FIRST NATIONAL PHARMACY BOARD, 1928



Standing (L to R)

H.J. McJannet,

A.M. Fyvie, J. Sanders,

F. Carler, E. Herbert
(Registrar),

W.A.J. Cameron.

Sitting (L to R)

R. Macintosh, M.W.

Clancy, J. Christie,

P.J. Spruijt, Dr.

Wilmot.

(South African
Pharmaceutical Journal,
May 1953, p.31)

single set of regulations for the profession in the country. Reciprocity between the provinces became a reality and some of the pharmacists who had qualified in the Boer republics could at last be registered in the Cape and Natal. The Act provided a good measure of protection for pharmacists in respect of competition from general dealers; it tightened control over the sale of poisonous substances; laid down a strict code regulating the functioning of a pharmacy as a body corporate; and carefully defined the use of certain habit-forming drugs. Perhaps its most important long-term effect was that it granted pharmacy a degree of professional recognition in law. By their action, the pharmaceutical societies had demonstrated that they were an essential and necessary part of this process of professionalization.

CHAPTER VII

TOWARDS PROFESSIONALIZATION - PART II : DRUG DRINKING, THE MEDICINE

STAMP TAX AND THE FORMATION OF A NATIONAL PHARMACEUTICAL SOCIETY

The new national Pharmacy Board symbolized the increased status of the profession. But it was in their own voluntary professional organisation that pharmacists made the most progress towards true professionalization. Such voluntary associations, by their very nature require a true commitment from members in order to be successful. It is ironical that the government-sponsored medicine stamp tax of 1923 was to provide the spark which inspired this new commitment from pharmacists, leading eventually to the establishment of a national federation of pharmaceutical societies at a conference held in Johannesburg in October of that year.

Some background information needs to be given on the medicine stamp tax¹ so that its impact on the pharmacists in South Africa can be appreciated. A tax on patent medicines, perfumes and toiletries was introduced in the Cape Colony by J.X. Merriman's government in 1908. Like all taxes, its prime purpose was to boost state revenue. However, Merriman argued that patent medicines were being abused "for the purposes of intoxication" and the tax would limit the consumption of these "obnoxious compounds". He noted that the producers of these medicines made enormous profits and they were therefore in a good position to afford this taxation.² There is evidence to suggest that "drug drinking", as it was known, was on the increase in the Colony: a shopkeeper reported having bought 33 dozen bottles of Hoffman's

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1. For a good account of the origin of medicine tax stamps, see George B. Griffenhagen, "Private Die Proprietary Medicine Stamps", in Amercian Topical Association Medical Handbook Series, vol. 4, No. 66, especially pp.3-8. I am grateful to Mr. P.R. van der Merwe, Director of the Pharmaceutical Society of South Africa, for drawing my attention to Griffenhagen's work.
 2. Annual Budget Speech in the Cape House of Asembly, 30 June 1908, cited in George B. Griffenhagen, "Medicine Tax Stamps Worldwide", in *ibid*, vol. 5, No. 75, p.76.

Droffel, 31 dozen bottle of Red Lavendar and 19 dozen bottles of Jamaica Ginger in a nine month period. All these medicines contained high quantities of alcohol. (See illustration on p. 154). The House promptly agreed to the taxation³ before the Cape Pharmaceutical Society could discuss the matter with Merriman. The arrangements for the implementation of the tax were tardy and a sufficient supply of the stamps was available only in January 1909. Inexplicably, the Act made no provision for the punishment of offenders and many general dealers and pharmacists simply ignored it. Following a test case in the supreme court, in which the judge acquitted the defendant, the government requested the assistance of the Cape Pharmaceutical Society so that the Act could be made to "work satisfactorily". The Act was amended in November 1909.⁴ The new rates of taxation were very similar to the old ones but the Act did contain provision for a stiff penalty of £50 for failure to stamp medicines and £100 for obstructing a revenue inspector. Following intense lobbying from the Members of the House who represented rural constituencies, Dutch remedies were exempted from the provision of the Act. This angered the pharmacists at the Cape because "known, admitted and approved" remedies in Britain, equivalent to the Dutch medicines, failed to secure exemption.⁵

The Cape Pharmaceutical Society threatened to cease negotiation with the government on the matter but a delegation did discuss the stamp tax with the Colony's treasurer. The Society failed in its attempt

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3. The rates of taxation were included in the Stamps and Licenses Act of 1908. For example, medicines selling at less than 1s.6d. were taxed by 2d., and those selling for between 4s. and 10s. were taxed by 1s.6d. The tax applied to all medicines protected by letters patent or to medicines which contained, or which were marketed in such a way that they appeared to contain, a secret formula or miracle cure; or to medicines which purported to possess special curative powers over man.
 4. Griffenhagen, "Medicine Stamps Worldwide", pp.76-7. The revenue obtained from the tax varied. For example, Oct. 1908 = £892; Nov. = £749; Dec. £777; Jan. 1909 = £608; July = £65.
 5. Ibid, p.77.

ADVERT ILLUSTRATING THE VARIOUS TONICS, WINES AND LIQUERS

ON SALE AT A PHARMACIST

HERMAN C. BELL, CHEMIST AND DRUGGIST

ESTABLISHED 1856.

GRAHAM'S TOWN & QUEEN'S TOWN.

Bell's Steam Ferated Water Manufactory

Soda Water,
 Potas ..
 Lithea ..
 Seltzer ..
 Seidletz Water,
 Tonic ..
 Ginger Ale,
 Lemonade,
 Rosaline,
 Sarsaparilla.

Hop Ale,
 Claret Cup,
 Orange Ale,
 Lemon Syrup,
 Pine Apple Syrup,
 Raspberry ..
 Red Currant ..
 Strawberry, ..
 And Others.

Ginger Brandy
 Lime Juice Cordial.
 Pure Lime Juice.
 Pine Apple Cordial.
 Raspberry Cordial.

Aniseed Liqueurs.
 Cloves ..
 Carraway
 Peppermint.
 Red.

Angostura Bitters
 Cordial ..
 Niceny ..
 Orange ..
 Quinine ..
 Stomachic ..

BELL'S * CELEBRATED * GINGER * ALE

to influence the government's decision on exempting Dutch medicines. Although a few offenders were fined in February and March 1910, the tax was being largely ignored by pharmacists, storekeepers and the authorities as the Union of the four provinces neared realisation. Although each province continued exercising authority over its own medical affairs after Union, it would have created a great amount of discontent and placed a great administrative burden on the new Union administration if such a stamp tax applied in one region of the Union only. The Cape's patent medicine stamp tax was officially repealed in April 1911.⁶

Twelve years later Major Burton, Minister of Finance in the Smuts government, announced that a medicine tax was to be introduced. The rates of tax were almost identical to those in force in the Cape Colony in 1908.⁷ Retail Chemists' Associations and the Pharmaceutical Societies in the main centres held emergency meetings to protest against the tax. The result of national disunity in the ranks of organised pharmacy was painfully clear to all. There was no central structure or organisation to bring strong pressure to bear on the government. About a hundred people attended a protest meeting in Johannesburg on 7 April 1923. A deputation of three pharmacists was elected to travel to Cape Town to seek the repeal of the Act, or at least to obtain some modification of the principle contained in the Act whereby the pharmacist became a tax-collector. Telegrams were exchanged between the various societies and associations and the Transvaal Society and the Pietermaritzburg Chemists' Association both suggested that a pharmaceutical conference be organised as a matter of urgency.⁸

6. Ibid, p.78.

7. "Excise Duty on Patent or Proprietary Medicines, Perfumery and Toilet Preparations", in The African Chemist and Druggist, March 1923, p.4.

8. Ivl. Pharm. Soc., Minutes, p. 310; "Protest Meeting in Johannesburg", in The African Chemist and Druggist, March 1923, p.9; see also a report of the meetings of the Orange Free State Pharmaceutical Society, 4, 5 and 7 April 1923, in ibid, p.14.

This new crisis over the stamp tax occurred at the same time as the Select Committee on the Pharmacy Bill was hearing evidence. This meant that there were two Transvaal deputations in Cape Town at the same time - one to lobby for a change in the Pharmacy Bill and give evidence before the Select Committee and the other to lobby members of Parliament and interview the Minister of Finance in regard to the stamp tax. Carter of the Orange Free State performed both tasks for his society.⁹ Burton agreed to make certain concessions in the implementation of the stamp tax and perfumery and toilet articles were exempted from stamp tax. In exchange for this, the import duty on these items was raised from 25 to 40%. Medicines mentioned in the British Pharmacopeia, the British Pharmaceutical Codex and any medicines not advertized to the public as a cure or remedy for any disorder in man were also exempted from the stamp tax.¹⁰ Of greater significance for organised pharmacy in South Africa was the fact that the deputation which interviewed Burton represented all the pharmaceutical societies and associations in South Africa.¹¹ The tax threatened their livelihood and proved to be the ideal "outside" threat to encourage talk of closer co-operation among the regionally-based societies. This process was temporarily stalled by the apparent conciliatory nature of Burton's response to the deputation's demands, and the misguided view of some that the Senate would reject the tax proposals.¹² Others argued that a national society would not work effectively in South Africa because of the vast distances between major areas of habitation.

9. "O.F.S. Notes", in *ibid*, May 1923, p.8.

10. Griffenhagen, "Medicine Stamps Worldwide", p.79.

11. The Associated Pharmaceutical Societies of South Africa, Medicine Stamp Tax and Why it Should be Repealed (Johannesburg, 1924), p.6. (Hereafter, A.P.S.S.A., "Stamp Tax Repealed".)

12. The Senate passed the proposals on 7 June 1923. See the addendum to the report of the meeting of the Cape Pharmaceutical Society in The African Chemist and Druggist, June 1923, p.14.

Arrangements were finalised for the implementation of the tax. The Orange Free State pharmacists agreed that all taxable items would be stamped by 1 May 1923¹³ while the Transvaal Society agreed that 24 April would be their deadline. The latter urged its members "not to use the Tax as a means of cutting price" and it undertook to publish a new price list as a matter of urgency.¹⁴ The Cape members of the deputation which interviewed Burton, along with an additional pharmacist representing a wholesale firm, were invited to collaborate with the Commissioner of Revenue, especially appointed by the Excise Department, to draft a list of taxable patents and establish which were to be exempt from the tax. After two working sessions, it became apparent to the pharmacists that the Excise Department "intended to push this tax to its limits - indeed, beyond the bounds intended by the government". The Department argued that any labels on items such as cod liver oil (which was a British Pharmacopeia medicine and therefore exempted in terms of the concessions granted by Burton) which indicated the contents of the bottle, its dosage and what its uses were, was in fact a "cure" and therefore taxable in terms of the Act. The pharmacists refused to co-operate further with the Department and reported their difficulties to a mass meeting of pharmacists in Cape Town on 1 June 1923.¹⁵ The meeting endorsed the action of the pharmacists and passed a motion withholding their co-operation with the government until clarity had been obtained regarding the use of pharmaceutical terminology. It was a "tax on phraseology" and infringed on the right of the chemist and druggist "to use descriptive

13. "O.F.S. Notes", report of a special meeting of the Orange Free State Pharmaceutical Society, 23 April 1923, in *ibid*, May 1923, p.8.

14. *Tvl. Pharm. Soc.*, Minutes, pp.311-3, special general meeting, 21 April 1923.

15. "The Stamp Tax. Important Meeting in Cape Town", report of a meeting held under the joint auspices of the Cape Pharmaceutical Society and the Cape Peninsula Retail Chemists' Association, 1 June 1923, in The African Chemist and Druggist, June 1923, p.14.

informative, and cautionary labels." Some pharmacists suggested that the issue be tested in the courts. A common defence fund would be established for this purpose.¹⁶

This proposal was supported by the Eastern Districts Pharmaceutical Association,¹⁷ but rejected by the largest pharmaceutical society, the Transvaal, because the "scheme did not seem to be necessary."¹⁸ The Orange Free State Society delayed its decision until the government published the official list of medicines subject to tax.¹⁹

This list containing the names of eleven hundred patent medicines, was released early in July and it raised a chorus of protest as many of the items which Burton had agreed to exempt, were in fact subject to tax. Use of such phrases as "throat lozenge", "cough lozenge", "toothache drops", "headache powders" rendered a medicine liable for tax. Yet secret proprietary remedies such as Woodward's Gripe Water and Ellimans Embrocation were exempt from tax. Other anomalous interpretations of the Act included the taxing of Dutch medicines bearing a bilingual label, while those bearing Dutch labels only were exempt from stamp duty.²⁰

More and more pharmacists complained to their societies about the inconsistent application of the Act by Customs inspectors. Confusion reigned in some regions and several pharmacists were fined for incorrectly stamping their stock. Meanwhile, the Food, Drug and Disinfectant Bill was published in May 1923. Section 8(C) of the Bill for-

16. Ibid.

17. E. Districts Pharm. Soc., Minutes, special meeting, 27 June 1923.

18. Tvl. Pharm. Soc., Minutes, p. 319, 21 June 1923.

19. "O.F.S. Notes", report of a special meeting of the Orange Free State Pharmaceutical Society, 22 June 1923 in The African Chemist and Druggist, July 1923, p.3

20. A.P.S.S.A., "Medicine Stamps Repealed", p.7.

bade the selling of any mixture or compound of any food or drug without the seller being fully aware of the contents of such a mixture. A conspicuous label showing the proportions of the ingredients was also required. This Section of the Bill did not apply to mixtures prepared by medical practitioners, dentists or veterinarians or to any compounds supplied by a pharmacist for immediate consumption on his premises. Pharmacists objected to the latter stipulation because it sounded "the death-knell to counter-prescribing." Chemists and druggists would be forced to divulge the secret ingredients of the mixtures they prescribed, thereby destroying one of the most important privileges of the old apothecary's craft. The African Chemist and Druggist, which had campaigned unceasingly for greater professionalization of the profession, repeated its call for the creation of "a South African Pharmaceutical Society" which would be "strong, united, single minded" and "a powerful body of a united professional body of men" who would "fight to the last ditch for their rights."²¹

It may be argued that this trade journal played a major part in stimulating discussions on the formation of a national pharmaceutical society by publishing letters in favour of the idea, by devoting space in the journal to reports of society meetings, and by urging its readers to greater action through its editorials. Writing in the first edition in 1921, for example, "Free Lance" warned that an "unorganised minority" would become "the obvious and easy victim for

21. "The Foods, Drugs and Disinfectant Act", in The African Chemist and Druggist, July 1923, p.1, editorial article. My emphasis.

class legislation and administrative injustice." He insisted that "trade co-operation" was a "vital necessity" if this was to be avoided.²² At the height of the Rand Revolt, the journal noted that the "only moral" the strike had for pharmacists, was to demonstrate how the workers had organised themselves for action while pharmacists remained apathetic towards their own profession by not attending meetings or writing about their grievances when asked to do so.²³ The journal made it very clear that it disapproved of the drastic attempts by these workers to overthrow "the whole fabric of the capitalist state."²⁴ More than a year later, the journal, now very conscious of its near obsession with the subject of a South African Pharmaceutical Society, admitted that its approach to the subject was based on "the principle of a drop of water wearing away the stone." The editor considered it their duty "to peg away at this all-important topic until the object is achieved."²⁵

Circumstances in South Africa were such in 1923 that it appeared as if pharmacy was being threatened from all sides. This resulted in greater support for the The African Chemist and Druggist in its crusade to encourage the founding of a national society. The four pharmacists in Graham's Town formed a local Chemists' Protection Association "to co-operate with other similar bodies in the country." They warned that unless all pharmacists co-operated, pharmacy in South Africa would be "at the mercy of any ravining person."²⁶ James Morris of George considered that the times were "more critical" than

22. "How it Strikes a Contemporary", letter to the Editor in *ibid*, Dec. 1921, p.7.

23. "The Strike", in *ibid*, March 1922, p.3, editorial article.

24. S.W. Ventham, "The Strike and the Aftermath", in *ibid*, April 1923, p.5.

25. "The Foods, Drugs and Disinfectants Bill, 1923", in *ibid*, June 1923, p.3, editorial article.

26. The African Chemist and Druggist, May 1923, p.15, letter to the Editor from "Pip".

at any other time in the forty-five years he had been a pharmacist. He suggested that pharmacists might "get hints from the trade unions as to internal management."²⁷ L.R. Tibbitt of Pietermaritzburg urged chemists to end their "policy of splendid isolation." He noted that there was a lack of "the spark of enthusiasm" so essential for the formation of a national body. He therefore proposed that a conference be called in a centrally located place such as Bloemfontein where delegates "from each centre" could discuss the situation pharmacy found itself in.²⁸

John Main of Cape Town criticized the journal for suggesting that the patent medicine stamp tax was proving to be "a blessing to Chemists." It had argued that pharmacists should mix remedies and mixtures which were equivalent to patent medicines. Counter prescribing, it continued, would guarantee a cheaper (yet no less effective) product for the consumer while at the same time ensuring a larger profit for the pharmacists. Another positive effect of the tax was that general dealers were no longer stocking expensive lines of patent medicines because of the high cost of the tax stamps. This trade would now revert "to the legitimate retailer", the chemist and druggist.²⁹ Main demanded to know from the editor why other journals, like The Cape Town Chamber of Commerce Journal (August 1923), were antagonistic to the stamp tax "in the interests of chemists at large" while their own trade journal praised a piece of legislation which had "caused more worry and trouble during the last month than any other Act", in the

27. Ibid, July 1923, p.16, letter to the Editor from "J.H.M."

28. Ibid, June 1923, p.15, letter to the Editor from L.R. Tibbitt, executive member of the Pietermaritzburg Chemists' Association.

29. "The Benefit of the New Excise Duty", in *ibid*, June 1923, pp.1 and 3, editorial article.

Union's history.³⁰ The journal defended some of what it had written, and explained that its editorial had been completed before the publication of the government's list of taxable items. It noted that during the last month, "the officials responsible for carrying it [the tax] out appear to have lost their heads."³¹

Attitudes towards the tax began to harden during July 1923. F.C. Mathew's motion that the Cape Pharmaceutical Society actively seek the co-operation of other societies "in combatting the anomalies of the tax" was accepted unanimously at their monthly meeting. D. Dale proposed that a new national society might be formed on the lines of a federation. A committee was appointed to act upon Mathew's motion.³² It compiled a "Memorandum" which was widely circulated throughout the Union. It noted that the deputation which had interviewed Burton had been misled and that the Minister's undertaking to exempt household remedies had caused "the withdrawal of a very great deal of opposition to the Bill in its passage through the House." It proposed the creation of a national pharmaceutical society along the lines of the Association of Chambers of Commerce which had a northern executive in close touch with the government departments in Pretoria, and a southern executive which would deal with matters while Parliament was in session. Each executive would operate "under confirmation of the other." It also proposed that a conference be held at the earliest opportunity so that the details of such a scheme could be finalized.³³

30. "A South African Pharmaceutical Society", in *ibid*, Aug. 1923, letter to the editor from John Main of Cape Town.

31. "Patent Medicine Stamp Tax", in *ibid*, Aug. 1923, p.3, editorial article.

32. Report of a meeting of the Cape Pharmaceutical Society, 18 July 1923, in *ibid*, July 1923, p.8. The Committee consisted of T.J. Hughes (convener), D. Dale, F.C. Mathew, C.W. Faull, A.E. Linley.

33. Copy of the "Memorandum", in *ibid*, Aug. 1923, p.8.

Inspired by Tibbit's letter and the praise it received in The African Chemist and Druggist, the Pietermaritzburg Chemists' Association again proposed that a conference be held to discuss the formation of a national pharmaceutical body. Many societies received this letter at the same time as the "Memorandum" from the Cape Society. In their reply to the letter, the Eastern Districts Pharmaceutical Society, for example, stated that they were quite willing to send two delegates to such a conference but "as this idea emanated from 'Maritzburg', they had communicated their views to that Association. They encouraged the Association "to push on with the idea as speedily as possible" and recommended Bloemfontein as a suitable venue for the conference.³⁴ The Orange Free State Pharmaceutical Society adopted the following resolution at a special meeting on 10 August:

"That it is desirable to form a South African Pharmaceutical Society - i.e. a central body representing the whole of South Africa - whilst still maintaining the existing local societies."

The resolution was sent to the other pharmaceutical societies with a recommendation that a conference be held at Bloemfontein on 3 September.³⁵

Meanwhile, the Transvaal Pharmaceutical Society had convened a special general meeting on 11 August to discuss the "drastic administra-

34. E. Districts Pharm. Soc., Minutes, special meeting, 15 Aug. 1923.

35. "O.F.S. Notes", in The African Chemist and Druggist, Aug. 1923, p.8.

tion" of the patent medicine tax. Mr. Bull asserted that the pharmacists had been "grossly deceived by the government" and Mr. Ashkanazy suggested a campaign of "passive resistance" with "all shops being closed for a time as a protest against the tax to draw Public attention to it."³⁶ John Christie considered that the Transvaal executive had "come to a compromise with the government" over the tax and he urged that firmer action should be taken. The suggestion of the Pietermaritzburg Association that a conference be held was also discussed at the meeting which noted rather pessimistically that a United Pharmaceutical Society would be "unworkable and cumbersome owing to the size of the Union."³⁷ It was apparent from their Minutes that some members of the Society had close links with the South African Party³⁸ and that there was much lobbying behind the scenes. A meeting was held in Pretoria with Patrick Duncan, acting Minister of Finance (because of Burton's absence in England), Dr. Mitchell, the Union Medical Officer of Health and Mr. O'Riley, acting Commissioner of Customs.³⁹

The Transvaal pharmacists claimed that the Minister had agreed to about fifty percent of the changes they had requested. Despite this, the forty pharmacists present at the annual general meeting in September passed Christie's resolution instructing the incoming committee "to secure the repeal" of the patent medicine stamp tax.⁴⁰ Sev-

36. Tvl. Pharm. Soc., Minutes, p. 326, special general meeting, 11 Aug. 1923.

37. Ibid, pp. 327-330.

38. For example, Mr. Ashkanazy assured the Society that he had spoken with Patrick Duncan who "was willing to meet the Deputation." See *ibid*, p.335, general meeting, 28 Aug. 1923.

39. "Chemists and the Stamp Tax; Interview with Mr Duncan", in The African Chemist and Druggist, Sept. 1923, p.10. Members of the deputation were Messrs. R. Macintosh, A. Paterson, and H. Karnovsky of the Transvaal Pharmaceutical Society, P. Spruijt of the Pretoria Branch, and A. Anderson of the Transvaal Retail Chemists' Association.

40. Tvl. Pharm. Soc., Minutes, pp. 340-3, annual general meeting, 29 Sept. 1923.

eral household remedies whether sold with a label or not were now exempted from tax. These included camphorated oil, castor oil, epsom salts, malt extract and zinc ointment, while it removed the burden of having to stamp medicines which contained such words as "laxative", "digestive", "tonic", "asperient". In his comments on the concessions, the editor of The African Chemist and Druggist noted that these changes would make the tax a little "more acceptable" to pharmacists. He pointed out however, that many of the so-called concessions were articles mentioned in the British Pharmacopeia and the British Pharmaceutical Codex which were supposed to have been exempt from the tax.

All avenues were exploited by the pharmacists in their determination to obtain a repeal of the tax. The founder of the Natal Pharmaceutical Society in 1892, G.A. Champion, submitted a resolution from the Umbilo Division of Durban to the South African Party Congress at Bloemfontein on 16 August. He urged the repeal of the tax because it was "unfair in its incidence and inequitable in its operation." It was "causing racial jealousy" between the Dutch and English-speaking sections of the population because of the ruling applicable to the words used on labels. Duncan rejected most of these claims and invited the pharmacists to discuss the matter with him⁴¹ because the government "did not wish to tax harshly or unduly." Other delegates "vigorously protested against the tax", but to no avail and Champion's resolution was defeated by "a large majority."⁴² The following day a deputation of Durban pharmacists argued their case before the Union Board of Trade and Industries at Durban. They highlighted many anomalies in the implementation of the tax and attacked the principle

41. It is partly as a result of this invitation that the Transvaal deputation visited Duncan in Pretoria some weeks later.

42. "Patent Medicine Tax Discussion", in The Chemist and Druggist, 15 Sept. 1923, p.378.

of taxing medicines which were already subject to an import tax⁴³ and to the fact that pharmacists became tax collectors.⁴⁴ Five days later the leader of this deputation, E.B. Dunkerton, protested to the Durban Chamber of Commerce about the unfair nature of the tax. The Chamber promised to give the matter their "sympathetic consideration" once they had received a report on the deputation's interview with the Board of Trade and Industries.⁴⁵ The Cape Town Chamber of Commerce also campaigned against the tax and raised the matter at the annual Conference of Chambers of Commerce held in October.⁴⁶

Meanwhile, arrangements were being finalised for a conference to discuss the formation of a national pharmaceutical society. The Orange Free State Society sent the following telegram to the other pharmaceutical organizations in the Union:

"Majority Societies favour Bloemfontein for Conference,
Monday, October 8th. Wire if agreeable."

The Transvaal pharmacists replied that "it seemed the majority of Societies and Associations favoured Johannesburg as the Conference centre." Alex Anderson, an executive member of the Transvaal Pharmaceutical Society and Secretary of the Transvaal Retail Chemists' Association, was responsible for convening the conference. The executive of the Orange Free State Society decided to agree to the Johannesburg venue "rather than do anything to retard the holding of the conference."⁴⁷

43. They maintained that locally manufactured patent medicines should be exempt from the tax as an incentive to local industries.

44. "South African Proprietary Medicine Tax", in The Chemist and Druggist, 13 Oct. 1923, p.503. The Durban deputation consisted of E.B. Dunkerton, T.R. Walton, T. Flemming, J.K. Murray, R.W. Gelling.

45. "South African News : Natal - Unfair Taxation Protest", in *ibid*, 15 Sept. 1923, p.378.

46. See "Cape Pharmaceutical Notes", in *ibid*, Sept. 1923, p.8.

47. "O.F.S. Notes", in *ibid*, p.9. The conference was scheduled for 15 Oct. 1923.

The Transvaal Society held a special executive meeting to discuss its approach to the conference. The president, R. Macintosh, argued that the Transvaal should "demand representation in proportion" to its total membership and the executive supported this view unanimously, adding that unless this occurred, "it would be impossible for the Transvaal to enter into the scheme at all."⁴⁸ Macintosh was elected chairman of the conference of twenty delegates who represented nine major cities or regions in the Union. In his opening speech, he explained that the purpose of the conference was to form a strong society which would present the views of organised pharmacy "with a united front on behalf of the whole profession."⁴⁹

The first major issue decided by the conference was whether the new organization should be a federation of the existing societies with a split executive, as proposed by the Cape Society, or a union of the groups into a single national society with one executive and with each society becoming a branch of the central body. L. Tibbitt of Pietermaritzburg argued in favour of union and his proposal was supported by the delegates from Port Elizabeth, Grahamstown and Kimberley. P. Walton of Durban supported the Cape's proposal for a federation, as did the Orange Free State, East London and Transvaal delegates. The Natal delegation retired from the proceedings for a brief spell to arrive at a compromise and when they returned to the hall, Tibbitt withdrew his proposal. J. Ferguson of the Transvaal and W. Clancy of the Cape agreed that a single South African pharmaceutical

48. Tvl. Pharm. Soc., Minutes, pp.344 - 350, special committee meetings, 2 and 10 Oct. 1923.

49. A.P.S.S.A., Minutes, 1923, Johannesburg conference, 15-17 Oct. 1923.

society was "the ideal that they should strive for", but that it was "premature" to insist upon it at the conference. A federation "would be a step in the right direction" and would "pave the way for the larger and more comprehensive Society." Clancy pointed out that the great advantage of the federation scheme was that it "could be put into action with less delay" and this would best serve the short-term interests of the profession because of the urgent nature of the legislation which threatened pharmacy.⁵⁰

The only item from the constitution and Articles of Association that required a decision was the name of the new organization. The Transvaal and Orange Free State delegates favoured "South African Pharmaceutical Federation", while the other delegates approved of the name "The Associated Pharmaceutical Societies of South Africa" by fifteen votes to five.⁵¹ A provisional committee was appointed by the delegates to serve until the first annual meeting of the Associated Pharmaceutical Societies' of South Africa (A.P.S.S.A.) which was scheduled for Cape Town in April 1924. It was agreed that the provincial representation on this committee would be as follows: Transvaal = 7, Cape Province = 6, Natal = 3, Orange Free State = 2. The conference of delegates spent the remaining time discussing the stamp tax, the Pharmacy Bill and the Foods and Drugs Adulteration Bill. The conference passed an unanimous motion to work for the total repeal of any tax on medicines.⁵²

50. Ibid.

51. The latter title was used by L. Tibbitt of Pietermaritzburg in his letter to The African Chemist and Druggist in June that year. See the journal, June 1923, p.15, letter to the Editor.

52. A.P.S.S.A., Minutes, Johannesburg conference, 15-17 Oct. 1923.

The provincial committee elected D. Dale of Cape Town the first president, and R. Macintosh of the Transvaal vice-president. The headquarters of the A.P.S.S.A. was to be in Johannesburg and a permanent secretary, M. Cassell, was appointed to co-ordinate the affairs of the Association and to maintain communication between the northern and southern executives. Alex Anderson, who did much of the organizing work for the conference, was appointed honorary treasurer. The A.P.S.S.A. would be financed by an annual levy of £1 from each pharmacist when he paid his normal subscription to his local society or association.⁵³ The editor of the The African Chemist and Druggist commented that each delegate "was imbued with the spirit of give and take" and that rarely had he seen "such a spirit of determination to agree on difficult points" at a conference. He considered Dale's election as the first president of the A.P.S.S.A. as a just reward for all his careful preparation and planning before the conference. He had "every detail at his fingertips", even to the extent of having drafted a constitution.⁵⁴

The conference next turned its attention to the medicine tax and the committee agreed that the following tactics be undertaken to secure the repeal of the stamp tax-petitions signed by the public and presented to the House of Assembly, interviewing and heckling members of

53. A.P.S.S.A., Minutes, meeting of the provisional committee in Johannesburg, 17 Oct. 1923. The following were nominated to the executives : northern executive - R. Macintosh, J.S. Ferguson, H.L. Harnovsky, (Transvaal), and P.J. Spruijt (Pretoria); southern executive - D. Dale, W. Clancy, T.J. Hughes, (Cape Town), and W. Couldridge (Port Elizabeth). Voting at general meetings and conferences of the A.P.S.S.A. was to be in proportion to the number of members of each society. For example, 10 members or less = 1 vote; 10-25 members = 2 votes; 25-50 = 3 votes; over 50 = 4 votes, and 1 vote for every 50 members over the first 50.

54. "The Associated Pharmaceutical Societies of South Africa", in The African Chemist and Druggist, Oct. 1923, p.1, editorial article.

Parliament, the exhibition of posters, and by sending standardized letters in reply to any appeal for funds from the South African Party. It was agreed that the local societies should concern themselves with the detail of the campaign while the A.P.S.S.A. concentrated on supplying "general directions and the necessary literature."⁵⁵ Having achieved a closer form of unity, pharmacists watched the progress of the A.P.S.S.A. with great interest to see whether it would be more effective in fighting for their rights than the regionally-based organizations had been. The formation of the A.P.S.S.A. demonstrated that pharmacists were able to put aside their provincial and local prejudices for the sake of the general good of the profession - albeit largely as a result of outside pressure which threatened its very existence.

55. A.P.S.S.A., Minutes, meeting of the provisional committee in Johannesburg, 17 Oct. 1923.

Most of the regional pharmaceutical societies acknowledged that the stamp tax was "the chief cause of unity"¹; forcing the pharmacists "into one camp for mutual protection and assistance". The A.P.S.S.A. would "watch closely" the attempts that were being made "to whittle away the privileges and the rights" enjoyed by pharmacists "from time immemorial" and "to deprive the public of some of their rights, by compelling them to be taxed for being ill."² The A.P.S.S.A. did not dissappoint its supporters, and it began working immediately on a programme of action, planned by the provisional committee and executed by the two executives who maintained close contact with one another.

Individual regional societies continued to encourage other forms of protest in addition to the campaign undertaken by the A.P.S.S.A. A printer at Ladybrand in the Orange Free State for example, despatched circulars to pharmacists who were requested to hand them to their customers over the counter and enclose them in their correspondence. The tone of the circular was unashamedly political and concentrated on the effect of the stamp tax on the poorer classes, and it suggested that the government was exploitative. It concluded rather prophetically - "the Government which taxes the poor and exempts the rich has not long to live."³ While the author of the circular is unknown, it is fairly certain to have been produced and funded by a strongly pro-Labour Party lobby. While the A.P.S.S.A. welcomed any assistance it could get in its struggle for a repeal of the stamp tax, it had to

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1. "Transvaal Pharmaceutical Notes", report of a special general meeting of the Transvaal Pharmaceutical Society, 24 Nov. 1923, in The African Chemist and Druggist, Nov. 1923, p.5.
 2. "O.F.S. Notes", report of the annual general meeting of the Orange Free State Pharmaceutical Society, 5 Nov. 1923, in *ibid*, Dec. 1923, p.12.
 3. See, the addendum to the report of the Transvaal Pharmaceutical Society's special general meeting of 24 Nov. 1923, in *ibid*, Nov. 1923, pp.6-7.

guard against losing the initiative in controlling the campaign. Consequently, it focussed its attention on the devastating financial effect of the tax on pharmacists, the inconsistent and autocratic manner in which the tax was administered by Customs officials, and the inconvenience it caused to the public.

While addressing a public meeting in his constituency in Port Elizabeth, Deneys Reitz, Minister of Lands and Irrigation, was asked by a pharmacist, J.W. Couldridge,⁴ whether he was in favour of the repeal of the medicine stamp tax. The question might have caught Reitz with his guard down because his very frank reply embarrassed the South African Party:

"It will sound rank heresy to tell you, but quite honestly I do not think the medicine tax was worth the trouble. It was one of our little breaks and it hits the chemists and the public very unfairly."⁵

The A.P.S.S.A. seized upon this as an indication of government disunity on the subject and Reitz's speech was quoted at length by the pharmacists and politicians working for the repeal of the tax.

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4. Couldridge was a member of the southern executive and had represented the Port Elizabeth and Districts Chemists' Association at the conference in Johannesburg the previous month. He had been involved in a dispute with a Customs Department official who had fined him £44 in error and the Department had subsequently refunded the amount. See, A.P.S.S.A., Minutes conference of delegates of pharmaceutical societies, 15 - 16 Oct. 1923.
 5. Speech delivered on 20 Nov. 1923 and reported in the Eastern Province Herald the next day.

In December 1923 the A.P.S.S.A. published a booklet⁶ of twenty pages in both official languages, setting out in detail their motivation for wanting the tax to be withdrawn. The booklet was sent to newspaper editors, Members of Parliament, political party workers and pharmacists. Lennon Ltd., which had extensive manufacturing, wholesaling and retailing interests in the Eastern Cape had suggested that "a leaflet containing anti-patent medicine stamp tax propaganda" should be prepared. The Eastern Districts Pharmaceutical Society appointed a sub-committee of three pharmacists to draft a circular which was to be forwarded to the A.P.S.S.A. If they considered it to be "satisfactory", then "20 000 copies" were to be sent to the Society. This work was halted when it was learnt what the A.P.S.S.A. had done in producing the booklet and petition forms.⁷

Petition forms were sent to each society which distributed them to their members. Posters drawing the attention of the public to the petition were displayed in pharmacies and other prominent places. 75 000 signatures were collected in a two month period. The general secretary of the A.P.S.S.A., M. Cassell, stated that "many more signatures" were expected and that "chemists in some districts did not show the enthusiasm that the cause warranted."⁸ A disappointing response to the petition was not their only problem. The wording in the preamble to the petition was "not in accordance with Parliamentary procedure" and it was only after the southern executive "were able to pull a few strings" that the necessary alterations were

6. See, A.P.S.S.A., "Stamp Tax Repealed".

7. E. Districts Pharm. Soc., Minutes, executive meetings, 16 Nov. 1923 and 1 Feb. 1924.

8. "Proceedings of the Annual General Meeting of the A.P.S.S.A., Cape Town", 16 April 1924, annual report of the general secretary, supplement to The African Chemist and Druggist, April 1924. (Hereafter, "A.G.M. of the A.P.S.S.A., 1924"). The provincial breakdown of the petition was as follows: Transvaal = 39 000; Natal = 13 000; Cape Province = 19 000; Orange Free State = 4 000.

effected. The petitions came from eighty-eight constituencies and were presented to the House of Assembly by each Member of Parliament on behalf of his constituents. Hundreds of telegrams were sent to the Members of Parliament encouraging them to present their petition to Parliament and to support the repeal of the tax.⁹

Meanwhile, preparations were underway for Thomas Boydell of the Labour Party to argue for the repeal of the tax in the House of Assembly. These preparations were probably completed in mid-February 1924.¹⁰ Earlier that month Boydell had argued passionately and persuasively in favour of drugless healers, claiming that he had been cured in such a way and that medical practitioners did "not study health, but how much medicine and drugs they could use".¹¹ As a result of his plea, the Medical, Dental and Pharmacy Bill was referred back to the Select Committee. The editor of The African Chemist and Druggist was so impressed by Boydell's influence over the House that he exclaimed: "Oh! for a Pharmaceutical Boydell!"¹² No South African Party Member of Parliament would have undertaken the struggle for the repeal of the stamp tax in Parliament and Boydell's choice in the matter was a logical one.¹³ It gave him a platform from which to attack the government and the two executives of the A.P.S.S.A. "kept him well primed with facts and arguments."¹⁴ His support for drugless

9. Ibid.

10. There is no mention of this in Boydell's biography; see T. Boydell. My Luck's Still in (Cape Town, 1948).

11. "Doctors and Quacks. The Medical Bill. Faith in Drugless Healers", report of the committee stage of the Medical, Dental and Pharmacy Bill, in The African Chemist and Druggist, Feb. 1924, p.6.

12. The African Chemist and Druggist, Feb. 1924, p.1, editorial article.

13. It is not clear why John Christie declined to take on this project. It is possible that he was afraid that charges of nepotism or self-interest might be levelled at him because of his position as chairman of the Pharmacy Board and because his brother, George Christie, was vice-president of the Transvaal Pharmaceutical Society at the time.

14. "A.G.M. of the A.P.S.S.A., 1924."

healers as well as pharmacists - the purveyors of drugs - left many Members of the House puzzled, and less convinced by Boydell's sincerity in what he was trying to achieve by campaigning for the repeal of the stamp tax. However, his argument in the House, illustrated with the help of a stock of medicines and an assistant, was both amusing and convincing. However, his motion to have the stamp tax repealed was defeated by 61 votes to 52 after a division.¹⁵ The Rand Daily Mail argued that if Members had been allowed to vote for what they believed in, the motion would have been carried.¹⁶

Shortly before this debate occurred, Burton announced certain amendments to the tax whereby imported patent and proprietary medicines were to be taxed upon entry into the Union. (See illustration on p. 176) Locally manufactured medicines would still bear a tax stamp, but this would become the responsibility of the manufacturer and not the retailer.¹⁷ Hughes, the vice-president of the Cape Pharmaceutical Society, argued that a visible stamp would still "prejudice the locally made article".¹⁸ The A.P.S.S.A. was in no mood to accept a compromise and it was determined to fight the government for the total repeal of the tax. During the debate in Parliament, Burton argued that the yield from the medicine tax would be greater once they had been able "to prevent the enormous fraud and evasion" that was being practised at the time. When asked by a Labour Party Member whether he was charging the pharmacists with "deliberate fraud", he replied: "I do; and many have been prosecuted and convicted ... There is no such thing as unconscious fraud ..."¹⁹ This infuriated the pharmacists and they urged the members of the A.P.S.S.A. to contact their Members of Parliament and protest against Burton's slur against

15. South African House of Assembly Debates, 11 March 1924, pp.762-776.

16. Rand Daily Mail, 12 March 1924.

17. Commissioner of Customs and Excise to the president of the A.P.S.S.A., in The African Chemist and Druggist, Feb. 1924, p.7.

18. Cape Times, 20 March 1924, letter to the Editor from T.J. Hughes, vice-president of the Cape Pharmaceutical Society.

19. South African House of Assembly Debates, 11 March 1924, p.768.

ONE OF THE PATENT MEDICINES

EXEMPTED FROM THE MEDICINE STAMP TAX, MARCH 1924

MEDICINE STAMP TAX

(1923).

To Doctors, Chemists and the Public.
Telegram C 149. March 12th, 1924.
From Commissioner, Customs and
Excise.

ROBOLEINE EXEMPT.

Retail Prices, 3/-, 5/6, 10/6.
NOT SUBJECT TO STAMP TAX.
ROBOLEINE. The Ideal Tonic and
Reconstructive Food for Infants,
Children and Invalids.

1—C6075m

their profession.²⁰ Burton subsequently issued a public apology which was distributed nationally by the Reuter news agency.²¹

Burton was sarcastic and cynical in his reply and tended to attack Boydell personally, twice calling him "a simple fellow".²² Tempers flared after this and Boydell with a wave of his arm, refused to allow Burton to reply to a question he had posed until he (Boydell) had finished speaking. The Minister of Finance then stormed out of the House. Commenting on this, Die Burger, thought that Boydell was quite entitled to behave in the way he had done after Burton's "on-hoflikheid, onbeleefheid, en sy brutale en bluffende optrede."²³ The Cape Times noted that Burton "was not so happy in his reply [to Boydell's speech] as he has been on other occasions" and they acknowledged that Boydell had "scored a point". The editor dismissed the interpretation put upon Burton's remark about the chemist's committing fraud as a blatant attempt at political gamesmanship.²⁴ However, he did take Burton to task for not repealing the stamp tax sooner: "He had both ears glued to the tenuous sound of little cash rattling in the nation's treasury", declared the editor, and the dissatisfaction with the tax was becoming more acute as a result of the "maladroit interpretative subtleties of the Customs and Excise Department."²⁵

The A.P.S.S.A. was determined to pursue all avenues to achieve the repeal of the stamp tax. (See illustration on p.178) These included

20. Copy of the letter from the A.P.S.S.A. to all pharmacists in the Union, in The African Chemist and Druggist, March 1924, p.18.

21. "A.G.M. of the A.P.S.S.A., 1924."

22. See, South African House of Assembly Debates, 11 March 1924, p.768.

23. Die Burger, 12 March 1924, editorial article. Loose translation : "discourteous, uncivilized, impudent and brash behaviour." The Cape commented that if the South African Party came to grief at the next election it would have been assisted there in no small measure by the "lofty cynicism and contemptuous attitude" of Burton.

24. Cape Times, 12 March 1924.

25. Ibid, 11 March 1924, editorial article.

becoming heavily involved in party politics. When Burton stifled all hope of a repeal in Parliament, the A.P.S.S.A. concentrated its energy on mobilizing its members to vote for a government that would best serve its needs. The Pietermaritzburg Chemists' Association managed to obtain a letter from the South African Party candidate in the Umvoti bye-election, W.A. Deane, that he would oppose "the continuance" of the tax because it was "a most iniquitous measure".²⁶ However, it was during the Wakkerstroom bye-election that the A.P.S.S.A. demonstrated its ability to become involved in party politicking. Sam Hooley, a prominent member of the Transvaal Pharmaceutical Society, owned a large pharmacy in Volksrust, one of the areas within the Wakkerstroom constituency. Hooley was deeply respected by the Society for his unswerving loyalty to pharmacy. In 1922 he had submitted a memorandum on the Pharmacy Bill which was then under discussion in Parliament. The Society accepted his comments on the Bill as the basis for their deliberations and, with a few minor alterations, it served as the basis of the Society's views presented to the Select Committee the following year.²⁷ Hooley was a keen member of the S.A.P. and was a well-known party-organizer in Volksrust. He had served as mayor of the town in 1915²⁸ and was therefore knowledgeable about the district and sensitive to their likes and dislikes - a valuable ally in a constituency with such a scattered electorate.

Hooley agreed to place himself at the disposal of the A.P.S.S.A. and he received his instructions from the general secretary, M. Cassell, and the vice president of the northern executive, R. Macintosh. Hooley

26. "A.G.M. of the A.P.S.S.A., 1924." W.A. Deane (S.A.P.) polled 778 votes to the 667 votes of A.I.J. Nel (Nationalist Party). The result was announced on 28 March 1924, one week before polling day in the Wakkerstroom bye-election. See Cape Times, 29 March 1924.

27. S.C. 10 - '23; See also Tvl. Pharm. Soc., Minutes, pp.302-308, executive meetings, 21 Dec. 1922 and 25 Jan. 1923.

28. Tvl. Pharm. Soc., Minutes, p.88, executive meeting, 25 Nov. 1915.

resigned from the S.A.P. This caused great consternation among the Party, coming as it did on the eve of a major bye-election. Hooley referred all queries concerning his resignation to the A.P.S.S.A. The S.A.P. chairman in the Transvaal, Sir Julius Jeppe, interviewed a delegation from the A.P.S.S.A. who informed him of their intentions in Wakkerstroom. Jeppe failed in his attempts to get Burton to agree to a repeal of the stamp tax. Meanwhile, Messrs. G. Pilkington and L. Esselin, organising secretaries for the Party in the Transvaal, wrote to Burton and Smuts. Burton's concessions were rejected by the A.P.S.S.A. Smuts intimated in his telegram that D. Dale, who was general manager of Lennons in Cape town as well as being president of the A.P.S.S.A., was in favour of accepting Burton's concessions. This resulted in an urgent exchange of telegrams between the northern and southern executives and Dale had an interview with Smuts. The latter sent the following telegram to the northern executive:

"... last paragraph was wrong and sent under misapprehension. General Manager Lennons and Cape Town Executive of Chemists' Association²⁹ still maintain strong opposition to Government proposals."³⁰

When these efforts came to nought, the A.P.S.S.A. instructed Hooley to continue with his efforts to bring about the defeat of the S.A.P. candidate.

29. Refers to the southern executive of the A.P.S.S.A.

30. "A.G.M. of the A.P.S.S.A., 1924."

Hooey chaired "a crowded" meeting on 26 March which was addressed by Senator Whiteside (Lab.) and Mr Kretzmar (Nat.). They raised some of the issues of the election, viz., native policy, unemployment, protection of the white worker, S.A.P. violence, teachers' salaries, the authority of Provincial Councils, tobacco and medicine taxes.³¹ Gustav Smolke, defected from the National Party and was touting votes for the S.A.P., especially from German-speaking voters.³² Hooey's "eleventh-hour conversion" to the Nationalist Party was viewed by The Star as compensation "for the loss of Mr. Smolke." The report did not appear to take Hooey seriously - because he reported as follows:

"What seems to have been taken as a touch of humour, was imparted to the lively proceedings at Volksrust last night, when a chemist joined the Nationalists - a convert, it was stated, owing to the medicine tax!"³³

This is contradicted by Cassell's version of what transpired. He claimed that Hooey addressed "over 900 people for nearly an hour. He was extremely well-received ..." ³⁴ The S.A.P. candidate, A.G. Robertson, was "a man of character and brains", while the Nationalist candidate, A.S. Naude, was a crippled Boer War veteran who was "almost an unknown man". Robertson had resigned as Administrator of the Transvaal to contest the bye-election and his defeat was a bitter pill to swallow.³⁵ Reacting to his defeat, Robertson cited the influence of the Labour Party in the railway centre of Volksrust, the

31. Report of the meeting in the Cape Times, 27 March 1924.

32. Ibid, 29 March 1924.

33. The Star, 4 April 1924.

34. "A.G.M. of the A.P.S.S.A., 1924."

35. W.K. Hancock, Smuts : The Fields of Force, 1919 - 50 (London, 1968), p.160. For more information on the country's economic problems as an aspect of the Wakkerstroom election, see ibid, pp.155-64.

agitation against the tobacco tax by the farmers in Piet Retief and discontent over the medicine tax, as being the chief reasons for his defeat.³⁶ (See illustration on p.183).

Hooey lost many of his best customers as a result of his having changed party allegiance. The S.A.P. intimated that they would open a pharmacy in opposition to Hooey to put him out of business. The A.P.S.S.A. circularised all wholesalers requesting them not to supply any new pharmacy opening for business in Volksrust. A special motion of gratitude to Hooey for his altruistic services to pharmacy was un-animously adopted by the general meeting of the A.P.S.S.A.³⁷

In its reaction to the result of the bye-election and the decision of Smuts to call a general election, the Rand Daily Mail argued that the S.A.P. had been responsible "for one or two ill-advised pieces of legislation - the medicine tax and the tobacco tax". It never considered these as "grave offences", but suggested that in certain circumstances, they could "easily serve to bring a Ministry to the ground."³⁸ Once the dust had settled following the shock announcement of a general election, the A.P.S.S.A. went about systematically obtaining assurances from all the political parties that they would not re-introduce a medicine stamp tax if they came to office. (See illustration on p.184) Some pharmacists wanted to make more of a party issue out of the tax by destroying the S.A.P. at the forthcoming election,³⁹ while others pointed out that pharmacists had very

36. See, Cape Times, 7 April 1924. A.S. Naude (Nat.) polled 1420 votes to A.G. Robertson's 1207 leaving a Nat. majority of 213 votes compared to the S.A.P. majority of 51 in 1921. During the period 1921 - 1924, the S.A.P. lost Oudtshoorn to the Nationalists, and Stamford Hill, Gardens, and Liesbeeck to Labour, and Turffontein to an Independent. See. Ibid, 8 April 1924.

37. "A.G.M. of the A.P.S.S.A., 1924."

38. Rand Daily Mail, 8 April 1924, editorial article.

39. See, letters to the editor by "Justitia" and "One Who Does Know" in The African Chemist and Druggist, April 1924, p.16.

CARTOON CRITICIZING THE MINISTER OF FINANCE, BURTON,
DURING THE WAKKERSTROOM BYE-ELECTION



GENL. SMUTS: „Hoe gaan dit, Majoor?”

MAJ. BURTON: „Generaal, ons word verslaan op alle punte.”

GENL. SMUTS: „Loop dan in vredesnaam en vra vir die vyand wat ons moet doen.”

(Die Burger, 26 March, 1924, p.6. This prophetic cartoon appeared nine days before election day during the Wakkerstroom bye-election.)

CONTEMPORARY COMMENT ON THE A.P.S.S.A.'s CAMPAIGN

AGAINST THE STAMP TAX

THE CHEMISTS
ON
THE TRACK OF
THIS "MAW KISK"
TAX.



NATION LABOUR GOVERNMENT

LABOUR S.A.P.

SHARP SHOOTERS

JULY

AUGUST

S.A.P.

THE GOVERNMENT HAS
PLEGGED ITS WORD THAT
THIS MONSTER WILL BE
DESTROYED WHEN
PASSING THE AUGUST
POST.

(The African Chemist and
Druggist, July 1924, p.11.)

little in common with either the Labour or Nationalist Parties and that they should support the S.A.P. One such pharmacist hoped that it would be returned to power "somewhat chastened", and more mindful of the status of the pharmacist and his profession.⁴⁰ The medicine stamp tax was eventually repealed by the Pact government in August 1924 and provision was made for pharmacists to obtain a refund on any unsold stamps.⁴¹

The pharmacists had demonstrated their willingness to enter the party political fray with vigour and purpose if their very livelihood was at stake. The timing of the crisis surrounding the three critical pieces of legislation that so threatened their interests was uncanny. The moral and financial support which the pharmacists received by possessing a national body, greatly enhanced their ability to stand up to the government in the way they had done at Wakkerstroom. With their newly acquired political leverage, they were able to secure an undertaking from all parties that no medicine stamp tax would be introduced in the future.

In a review of the major changes in pharmacy in South Africa between 1910 and 1934, it was noted that the business of the chemist and druggist had altered dramatically. Large wholesale houses adopted mass production methods to produce a wide range of galenicals, pills and tablets which meant that the pharmacist purchased, and no longer compounded, many British Pharmacopeia products. The increased use of patent and proprietary medicines, largely as a result of expensive

40. A.W. Ventham, "Chemists and the Political Situation. Another Point of View", in *ibid*, April 1924, pp.6 - 7.

41. Secretary of Finance, H.S. Wilkinson, to M. Cassell, general secretary of A.P.S.S.A., 5 July 1924, in *ibid*, July 1924, p.14.

advertising and promotion campaigns, resulted in fewer prescriptions being dispensed and a concomitant declining demand for the pharmacists' own nostrums. An increasing quantity of patent medicines, medical sundries and drugs were sold by merchants and storekeepers. As the Great Depression tightened its stranglehold on the country, these merchants reduced the price of the faster-selling drugs to below cost, using them as "loss leaders" to attract the public into their shops.⁴² Any new pharmacist who tried to begin a business during the days of the Depression was faced with a maze of obstacles - opposition from other pharmacists in the form of the local Pharmaceutical Society which would "instruct" many of the wholesalers not to supply the new pharmacy.⁴³

The combined effect of the Depression and the severe drought resulted in many people migrating to towns in the most concentrated period of urbanization in the Union's history. Many of these new arrivals in the towns were Afrikaans speaking. This created a new market, and pharmacists such as A.J. Adcock,⁴⁴ for example, were quick to realize the potential of such a market. He produced a special booklet in Afrikaans which advertized a wide range of his products. (See illustration on p.113).

An important milestone in the development of organised pharmacy was the launching of its own journal in 1934. The African Chemist and Druggist had only represented the interests of pharmacists since its

42. R. Mellon, "Pharmacy in South Africa, Past and Present", in the South African Pharmaceutical Journal, Oct. 1934, p.16.

43. Interview with Mr W. Gavshon, 2 May 1983. After a series of meetings with the Pretoria Branch of the Transvaal Pharm. Soc., he was permitted to open a pharmacy in Pretoria and was supplied by Sive, Bros. and Karnovsky.

44. See, E. J. Adcock, Die Apteker.

formation in 1921⁴⁵ and the A.P.S.S.A. was willing to purchase it from the Johannesburg based proprietors, Dr. H. Hunter and C.V. Becker. Negotiations were begun on a suitable purchase price after the death of Becker in 1933. Discussions lasted for more than a year and the A.P.S.S.A. finally decided that the £650 "for goodwill" was too high and they decided to launch their own journal which could be started without such a crippling liability. A limited liability company, the A.P.S. Journal (Pty). Ltd., was established with the president, three vice-presidents and the secretary of the A.P.S.S.A. as directors. Both journals were published from December 1934 to July 1935. The African Chemist and Druggist then announced that it was being incorporated with the South African Pharmaceutical Journal because there was not enough support for two pharmaceutical journals.⁴⁶ The innovative and capable editor-in-chief, W. Paterson, was considered the "guiding spirit" of the South African Pharmaceutical Journal.⁴⁷ In securing their own journal the A.P.S.S.A. achieved another milestone along the way to becoming a mature, professional organization (See illustration on p.188).

The onset of World War II led to shortages of paper, glass, drugs and medicines in the Union and pharmacists were forced to make use of synthetically produced menthol for example. The War acted as a sti-

45. Ernest Solomon was editor from 1922 until 1935. He died three months after his journal was officially incorporated into the South African Pharmaceutical Journal. See, obituary of E. Solomon in the latter Journal, Oct. 1935, p.6.

46. Provincial representation on the board of directors of the South African Pharmaceutical Journal, was guaranteed because the constitution of the A.P.S.S.A. laid down that each province had to have representation at the level of president or vice president. See, "The End" in The African Chemist and Druggist, June 1935, p.1, editorial article; and, "Associated Pharmaceutical Societies' Own Journal", in South African Pharmaceutical Journal, Nov. 1934.

47. "Presentation to Mr W. Last", in *ibid*, May 1945, p.17.

COVER OF FIRST EDITION OF THE SOUTH AFRICAN

PHARMACEUTICAL JOURNAL, OCTOBER 1934



A.P.S.

The South African
PHARMACEUTICAL JOURNAL

THE OFFICIAL ORGAN OF,
AND PUBLISHED FOR
THE ASSOCIATED PHARMACEUTICAL
SOCIETIES OF SOUTH AFRICA

DIE OFFISIËLE ORGAAN VAN, EN
GEPUBLISEER VIR
DIE GEASSOSIEERDE FARMASEUTIESE
VERENIGINGE VAN SUID-AFRICA.

Die Suid-Afrikaanse
FARMASEUTIESE TYDSKRIF



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mulus to the local manufacturing of medicines and medical sundries and even led to the construction of plant and the establishment of factories for the production of ethyl chloride (used in anaesthetics), cough lozenges, cotton wool and medical preparations of a biological nature.⁴⁸ Of greater importance to organized pharmacy, was the motion sponsored by the Transvaal Pharmaceutical Society, at the 1943 Bloemfontein conference of the A.P.S.S.A. for the formation of a South African Pharmaceutical Society. The motion, introduced by John Christie who was a member of the Transvaal delegation and president of the South African Pharmacy Board, urged: "That this Conference of the A.P.S.S.A. shall accept the principle of the establishment of a South African Pharmaceutical Society ...".⁴⁹ The reaction of the delegates was mixed; some rejected the idea out of hand and others gave it their qualified support. The Conference agreed to appoint a sub-committee to draft a constitution after the principle of forming such a Society had been agreed to by 18 votes to 4 in a division. They had to report progress to the constituent societies after six months.⁵⁰

The draft constitution was completed by August 1944 and arrangements were made to extend the time of the conference of the A.P.S.S.A., scheduled to be held in East London in March 1945, so that it could be discussed in detail. Aaron Kramer, chairman of the sub-committee dealing with the concept of a new Society, presented his report to the conference. Detailed discussions took place for one-and-a-half

48. See for example, "Colds and Controllers", in Pretoria News, 6 April, 1944; "Pretoria Factory to make Cotton Wool", in ibid, 8 April 1944; and "Medical Supplies Made in Union", in ibid, 7 April, 1944. This is an interesting subject in its own right and falls outside the scope of this work.

49. Report of the proceedings at the twentieth annual general meeting of the A.P.S.S.A. in South African Pharmaceutical Journal, May 1943, p.25.

50. ibid, pp.25 and 27. Members of the sub-committee were J. Christie, F.J. Garrard, E.V. Howell, A. Kramer, F.G. Mansfield, R. Pannall, W. Paterson, S. Saphire, E.E. Seymour, L.R. Tibbitt, F.J. Todd.

days. Sub-committees were appointed to deal with problems so that consensus could be reached more easily. The discussions "were conducted in a spirit of reasonableness and compromise." It was agreed that when five out of eight constituent Societies had ratified the constitution, the executive could proceed with the formation of the Pharmaceutical Society of South Africa (P.S.S.A.).⁵¹ It has been suggested⁵² that Kramer and Christie were largely responsible for the creation of the correct climate which allowed the motion for a national Pharmaceutical Society to progress so steadily. Christie "the fighter" and Kramer "the Philadelphia lawyer" were able "to rouse the rank and file [pharmacists] at large mass meetings" held in the Transvaal.⁵³

It was left to F.J. Todd of the Eastern Cape to translate the proposal into reality. Strangely enough, Todd, who had represented the South African Pharmacy Board at the 1943 Bloemfontein conference, suggested that there were little difference between the P.S.S.A. and the A.P.S.S.A. "There did not seem to be any valid reason for the change", he had argued, "particularly at this stage of world war."⁵⁴ Todd was elected president of the A.P.S.S.A. at the end of the East London conference. Subsequent meetings of the combined executives were held in Durban (July 1945) and Johannesburg (21 October 1945).⁵⁵ Although the pharmacists had demonstrated that they could

51. "Report of the proceedings at the twenty-second annual general meeting of the A.P.S.S.A. at East London, 12 - 15 March 1945", supplement to *ibid*, April 1945.

52. Interview with W. Gavshon, 2 May 1983.

53. Kramer, who was a member of the Transvaal delegation and secretary of that Society, was appointed secretary of the A.P.S.S.A. in the place of W. Last at the East London conference in 1945.

54. Report of proceedings at Bloemfontein conference, 1943, in the *South African Pharmaceutical Journal*, May 1943, p.25.

55. See, "The Combined Executive Meeting of the A.P.S.S.A.", in *ibid*, Sept. 1945, p.7, and Nov. 1945, p.35.

co-operate very successfully, there remained a deep-rooted provincialism and regional prejudice that threatened to wreck the formation of the P.S.S.A. The Cape Pharmaceutical Society stated that it was in full agreement with the principle of the proposals "but it had found many unsatisfactory features in the draft constitutions." Todd travelled to Cape Town to address a general meeting of the Society. They agreed that "in order to maintain unity", they would "concede to the wishes of the majority" and attend the special general meeting of the A.P.S.S.A. scheduled to take place in Johannesburg. Todd had to agree to allow the Cape delegates attending this conference an opportunity to put their amendments to the meeting.⁵⁶

All eight pharmaceutical societies sent delegates to the meeting in Johannesburg and the new constitution was adopted, as was a motion setting the date of inauguration of the P.S.S.A. on 1 January 1946. The advantages to pharmacy were numerous, because the new organization was far more broad-based and made allowances in its constitution for different classes of membership covering all spheres of pharmacy - academic, retail, manufacturing, wholesale. In Britain there were two organizations that controlled pharmacy. The British Pharmaceutical Society handled examining, registration, disciplinary action (all of which were dealt with by the Pharmacy Board in the Union), organising conferences, publication of a journal, administering benevolent funds and scholarships, and staffing a library and reference department. The National Pharmacy Union represented the interests of retail pharmacists dealing with such matters as insurance and employer's liability. On account of the small number of pharmacists in

56. Report of a general meeting of the Cape Pharmaceutical Society, 18 Sept. 1945, in *ibid*, p.33. One of the clauses over which the Cape Society disagreed was the six month notice period required for any amendments to the constitution of the proposed P.S.S.A.

South Africa, it was envisaged that the P.S.S.A. would deal with all matters pertaining to pharmacy. The united body would be in a better position to work for "the advancement or protection of its interests" and by working together so closely, there would be "a better understanding among the varying sectional interests within pharmacy itself."⁵⁷

The weakness of the A.P.S.S.A. had been the fact that its executive derived its power from the conference only and consequently individual societies "remained supreme even to the extent of being able to ignore conference decisions." The P.S.S.A. would be more centralized; the executive would be able to initiate action; the members of the executive could be drawn from any part of the Union; and the society could function faster and would be infinitely more efficient than the split executives could have been. In short, the P.S.S.A. created a structure with a "degree of autonomy" at Branch level and power concentrated at the centre, making the Society more of a "homogeneous entity".⁵⁸

One of the first tasks which the new Society undertook was the special programme of training in pharmacy made available for returning soldiers. Many were given financial assistance to attend college, while the Pharmacy Board agreed to a condensed, intensive pharmacy course.⁵⁹ The first group of sixty students completed their one-year course in March 1947 - 35 passed, 20 failed one or two subjects and

57. "Why a Pharmaceutical Society of South Africa?", in *ibid*, Feb. 1945, p.4.

58. "The Special General Meeting of the A.P.S. of S.A. - October 22", in *ibid*, Nov. 1945, p.9.

59. For further information on assistance to demobilized soldiers, see - P.S.S.A., "Correspondence between the Directorate of Demobilization and the Honorary National Advisory Pharmaceutical Committee, 1945-6"; and articles in the South African Pharmaceutical Journal dealing with returning soldiers, establishment of war fund, training for demobilized soldiers, Nov. 1945, pp.3, 4, 6, passim.

25 failed altogether.⁶⁰ Organized pharmacy in South Africa was now a force to be reckoned with. The outward symbol indicating the extent to which the Society had grown, was complete in the 1950's when the P.S.S.A. moved into its own building. Today it has a full-time director and secretary, and a staff of almost twenty. This is a far cry from the heady days of co-operation between the two executives in 1926, when the incoming secretary of the A.P.S.S.A., Willem Last, arrived at his predecessor's office and piled the books and papers of the Society into "a handcart" which he pushed down Fraser Street in Johannesburg.⁶¹

60. See "Success of New Pharmacy Course", in Natal Daily News, 24 March 1947.

61. "Presentation to Mr. Willem Last", in the South African Pharmaceutical Journal, May 1945, p.17.

CONCLUSION

In the period from 1885 to 1946, organised pharmacy had achieved much in South Africa. The position of the pharmacist as a medical professional was safeguarded in law; he was granted the exclusive right to sell certain scheduled drugs and poisons; the standard of training was raised substantially as more technical or training colleges offered pharmacy courses¹; and the status and functions of the pharmacist both in relation to the general public and to other medical professionals were far more clearly defined.

One of the most important reasons for the formation of the first Pharmacy Board at the Cape was the desire by pharmacists to set their own standards for the qualifying examination and to have pharmacists appointed to the examining board. When the South African Pharmaceutical Association and the Cape Pharmaceutical Society took up the matter with the government, they insinuated that one of the reasons for the 50% failure rate among examinees at the time, was the fact that the examination in pharmacy was conducted by doctors. This was not true; when the Pharmacy Board conducted the examinations in pharmacy, the failure rate remained high and in some instances rose further. For example, in 1923, only four out of twenty-one candidates passed the Cape Pharmacy Board's examination, and three out of seven satisfied the examiners in the Orange Free State.²

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1. The first degree course in pharmacy was not introduced until 1956 at Rhodes University.
 2. See "The Colonial Pharmacy Board", and "Orange Free State - Pharmaceutical Examinations", in The Chemist and Druggist, Vol. 99, 17 Nov., p.675.

Many of the voluntary pharmaceutical organizations were troubled by apathetic members. (See illustration on p. 196). This occurred to the Transvaal Pharmaceutical Society on several occasions during the period from 1917 to 1924 when meetings were postponed because there was no quorum.³ The Cape Society complained bitterly that their members had not responded to an appeal for financial support for the construction of offices for the Society,⁴ while many pharmacists in the Eastern Cape declined to join the Eastern Districts Society in 1920.⁵ However, apathy among pharmacists is not peculiar to South Africa. For example, the Chemists and Druggists' Trade Association of Great Britain had to convene a special meeting in 1887 to prevent its collapse and in 1898 the president of the Pharmaceutical Society of New South Wales deplored the fact "so little interest" was taken in the Society.⁶ A possible explanation for this apathy was offered by the editor of the South African Pharmaceutical Journal who noted that similar voluntary pharmaceutical organisations operated "throughout the Commonwealth" to "look after the various interests of Chemists". He pointed out that these organizations seldom provided protection for the public because they were concerned with the "protection of one or other groups" of interests.⁷ It was only when the pharmacists' interests were directly threatened that the members of the voluntary societies showed renewed interest in the affairs of their respective societies.

Such a situation occurred in 1923 when the Patent Medicine Stamp Tax Act threatened the livelihood of all pharmacists in South Africa.

3. See, Tvl. Pharm. Soc., Minutes, 1917 - 24.

4. See, Cape Pharm. Soc., Minutes, 1903, annual report of the president for 1903.

5. See, E. Districts Pharm. Soc., June 1920.

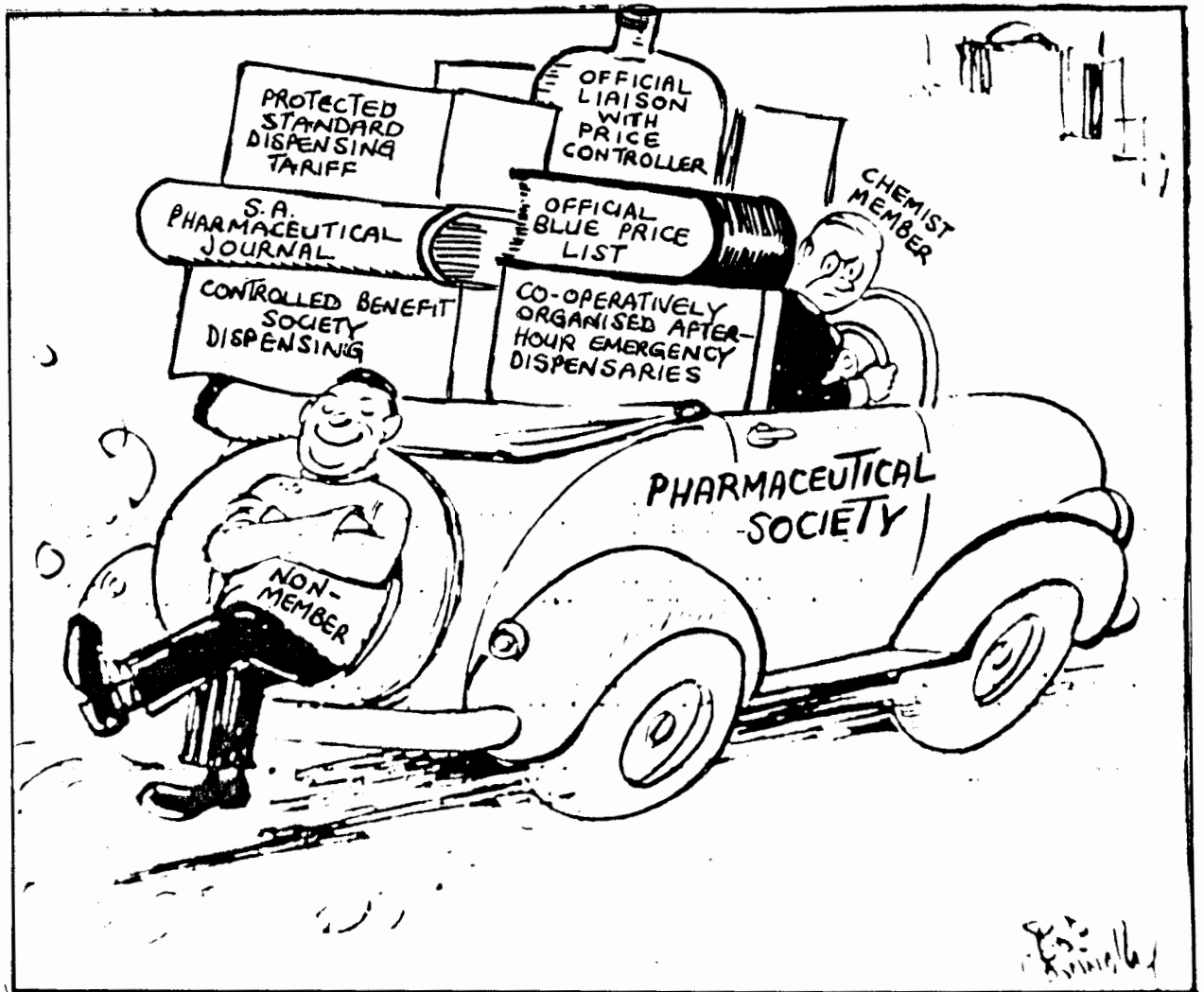
6. See, The Chemist and Druggist, 28 May 1887, p.645 and 19 Feb. 1898, p.302.

7. South African Pharmaceutical Journal, Feb. 1945, p.3, editorial article.

APATHETIC PHARMACISTS AND ORGANISED

PHARMACY - WHAT'S NEW?

Going MY way?



The latter soon realized that they would have to join forces to protect their interests. "If the Act did nothing else", commented the editor of The African Chemist and Druggist, "it drove the chemists into union, and we think it cheap at the price."⁸ To achieve the repeal of the tax it was necessary for the young A.P.S.S.A. to enter the party political arena, much to the disappointment of some pharmacists who considered such a field of activity unbecoming an association representing a professional group of people.⁹ "It was our protest against unfair treatment", argued the president of the A.P.S.S.A., and "the only way left of proving to the government that we spoke not only for ourselves but also for the large number of the general public ..."¹⁰ The pharmacists, who were traditionally supporters of the S.A.P. found themselves supporting the Labour and National parties in the crucial period preceding the general election of 1924. "You can take it from me the chemists do not usually give us their vote", stated Boydell in the House of Assembly, "they do not vote Labour."¹¹ The A.P.S.S.A. was able to claim that it had been instrumental, through the efforts of Hooey, in engineering the defeat of the South African Party candidate in the Wakkerstroom bye-election which led to Smuts' resignation from office and his subsequent defeat in the general election.

By achieving the repeal of the tax, the "Status of the Chemists had been raised to a height never reached before."¹² The successful conclusion of their campaign did have a negative side because the change

8. The African Chemist and Druggist, Jan. 1924, p.1, editorial article.

9. See for example the motion proposed by Mr. Asher of the Cape Society at the annual general meeting of the A.P.S.S.A. in 1924. See, "Proceedings of the Annual General Meeting of the A.P.S.S.A.", supplement April 1924.

10. Annual report of the president of the A.P.S.S.A. for 1924 in *ibid.*

11. South African House of Assembly Debates, 11 March 1923, p.764.

12. Report of the secretary of the A.P.S.S.A. for 1924 in supplement to The African Chemist and Druggist, April 1924.

in government resulted in further delay in the passing of the Medical, Dental and Pharmacy Bill. By 1928, the tax had been repealed and the new Pharmacy Act promulgated, and with their interests safely secured, the regional pharmaceutical organisations were less inclined to support the A.P.S.S.A. Consequently, provincial rivalry once again dominated the affairs of the A.P.S.S.A. It became apparent that if organised pharmacy was to achieve truly professional standing and cater for the many different pharmaceutical interests, then a strong, more centralized organisation was required which would rise above provincial pettiness and serve the best interests of the profession. This was achieved in 1946 when the P.S.S.A. was formed and became "a powerful instrument for the advancement of pharmacy" in South Africa.¹³

13. Comment by John Christie in the South African Pharmaceutical Journal, March 1946, p.12.

APPENDIX A

THE (CAPE) MEDICAL COMMITTEE'S SYLLABUS FOR THE EXAMINATION IN PHARMACY, CIRCA 1887

Prescriptions

Read without abbreviations autograph prescriptions.

Translate into English.

Render a literal as well as an appropriate translation of directions for use.

Detect errors, discover unusual doses.

Have a general knowledge of Posology.

To render in good Latin prescriptions written in English.

Pharmacy

Recognise the preparations of the British Pharmacopeia.

Give the proportions of the active ingredients.

Possess a practical knowledge of the processes and principles of processes by which they are made.

Materia Medica

Recognize specimens.

Give botanical and zoological names.

Natural families to which they belong.

Habitats of sources.

Prescriptions into which they enter.

Judge quality and freedom from adulteration.

Botany

Recognise the more important indigenous plants used in medicine.

Possess a general knowledge of elementary structure of plants.

Structures and distinctive characteristics of roots, stems, leaves and their parts.

Name and describe the various parts of the flower.

Chemistry

Recognise the ordinary chemicals used in medicine.

Possess a practical knowledge of the processes by which they are produced.

The composition of such as are compounded.

Explain the decompositions that occur in their production and admixtures, by equation or diagrams.

Determine practically by means of tests the presence in solution of the chemicals in common use, and explain the reactions which occur in each case.

Possess a general knowledge of the laws of chemical philosophy.

Practical knowledge of the means of determining specific gravities, densities and temperatures.

Of the instruments appertaining thereto and the physical and chemical constituents of the atmosphere.

APPENDIX B

LIST OF QUESTIONS FORWARDED TO F.P. HAMLIN FOR HIS EXAMINATION IN PHARMACY, 1875

1. Enumerate the Salts of Potash in the British Pharmacopeia, the doses, uses etc ...?
2. Enumerate the Salts of Potassium and the doses.
3. Give the strength and dose of the solution Ammonia - ? ... out of the British Pharmacopeia and the difference between it and the analogous preparations in the old Pharmacopeias.
4. What are poisons?
5. How are they classified?
6. To what classification does Strychnine belong? From what is it made - what symptoms does it produce?
7. How many metals are there?
8. Name two of highest specific gravity.
9. How would you ascertain the specific gravity of fluid.
10. Give the preparation of Tartrate Potash and Soda and explain the decomposition.
11. Give the various preparations of the Pharmacopeia containing opium.

12. What are the antidotes for poisoning by oxalic acid and by arsenic?
13. How do you distinguish between Epsom Salts, Arsenic, Strychnine, Calomel and Disulphate of quinine?
14. Describe the Atomic Theory in as few words as possible.

25 June 1875

Philip Landsberg, MD. Secretary.

MC 30, List of questions despatched to F.P. Hamlin of Somerset East, 25 June 1875. The examination was conducted in the presence of the Resident Magistrate and Civil Commissioner and the answers were then sent by mail to Cape Town where they were corrected.

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