

APOTHECARIES, DISPENSERS, STUDENTS AND NINETEENTH-CENTURY PHARMACY AT ST. GEORGE'S HOSPITAL, LONDON

by

JOHN K. CRELLIN

THE nineteenth-century transition from apothecaries to dispensers in hospital pharmacy was not always so clear cut as that indicated in the general view of its occurrence, whereby the apothecary became resident medical officer, around the 1850s, and thus vacated a post to be filled from the ranks of chemists and druggists. This article shows that at St. George's Hospital, the changeover formed part of a long complex chapter in voluntary hospital organization and administration. Though the increasing importance of the apothecary as a general practitioner in British medicine¹ undoubtedly had an important influence, it was but a backcloth to the more tangible internal considerations of financing expanding departments, notably the out-patient department and to the Board's earnest desire to maintain an efficient pharmaceutical service.² It was this, as will be seen, coupled with the early introduction of dispensers in place of apprentices and medical school pupils that led to a cautious transference of duties from the highly paid, medically qualified apothecary to the lower salaried dispenser and to the house physician—a valuable financial saving to the hospital.

In addition, the dichotomy in the apothecary's duties—on the one hand medical and administrative and on the other pharmaceutical—was amenable to the creation of house medical staff and dispensers. This dichotomy had always been a feature of the apothecary's duties,³ but became more pronounced in the nineteenth century. In 1810 the twofold nature of the work was pin-pointed by apothecary Prosser's difficulty in pursuing both with an equal enthusiasm:

the apothecary [was] called in . . . and he attempted to justify one of the instances of neglect viz. the not giving to a patient full diet altho' it had been ordered by his physician three weeks before by stating he considered his occupation in the laboratory below to be of greater importance than attention to the prescription books; and his conduct in doing this being indecorous and intemperate he was directed immediately to withdraw whereupon it was resolved that the apothecary be reprimanded for the impropriety of his conduct before the Board and be informed that the most important part of his duty is considered to be the distribution of his medicines and diets as prescribed by the proper officers. (13 July 1810.)*

Prosser's inefficiency had, however, gone too far and he was eventually sacked for a reason showing a customary concern for the smooth running of the hospital—'that [his] management . . . is injurious to the interests of the hospital.' (26 September 1810.)

* The hospital minutes are quoted verbatim throughout this paper, apart from changes in capital letters.

1800–1839

It is convenient to deal with the status of the apothecaries, their work and assistance, first till 1839, when the employment of the first dispenser was finally sanctioned. Three pivotal points belong to this period. The relatively little effect on the hospital apothecary of the 1815 Apothecaries' Act (except for many entering private practice), the reintroduction of pharmacy apprentices into the hospital, and the effects of the medical school (formed in 1830) and the pharmacy training of the students.

The filling of the vacancy created by Prosser's dismissal was carried out with perhaps even more care and thoroughness than the practice in the eighteenth century. The elected apothecary had to be 'a single man of fair character and that his age shall not be under 25 nor exceeding 45'. He had to produce testimonials of age, character and qualifications. As previously, a committee was formed to inquire into the candidate's qualifications. Inadequately qualified candidates were advised by this committee not to submit themselves for election and assistant apothecary Thomas Hammerton was ultimately elected after preliminary difficulties of his being under age. (7 December 1810.) Hammerton's background was recorded in the minutes prior to his election as assistant apothecary.

[He] produced . . . indentures by which it appeared he had served four years as apprentice to Mr. Chorley an apothecary at Leeds—and a certificate of his having attended diligently during four years the practice of the Leeds Infirmary and that he had engaged to produce on Wednesday next the requisite certificate of his good conduct during his apprenticeship. (11 April 1810.)

This was the first time an assistant apothecary possessed the same qualifications as his senior.

Both Hammerton (on 27 August 1817) and the assistant apothecary Neville (on 4 December 1816), resigned shortly after the 1815 Apothecaries' Act. The importance attached to their positions and their revitalizing work after Prosser's inefficiency earned them handsome farewell gratuities of a hundred and fifty guineas respectively. In advertising the vacancies, cognizance was taken of the 1815 Act:

that advertisements be inserted in the usual papers to announce a vacancy in the office of assistant apothecary and that the candidates must be qualified according to the late Act of Parliament relative to apothecaries . . . (4 December 1816.)

William Wright Hewett, a house surgeon of the hospital, was elected assistant apothecary and afterwards obtained Hammerton's position. In his examining committee's report for the last post, it was again emphasized that 'owing to the late Act of Parliament [he] is duly authorized to practice physic'. (10 September 1817.) Notwithstanding that this was advantageous for the nursing and welfare duties laid down in the laws (see Appendix), it certainly did not allow him to encroach on the duties of the other medical staff. The following three instances are noteworthy in that they indicate any extension of his duties in the medical sphere, without the concurrence of the Board, was actively discouraged. It is,

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however, to be remembered that for the successful running of the hospital, within a limited budget, the Board found it necessary to ensure that the laws and regulations were rigidly followed.

On 15 October 1834, Hutchins (apothecary from October 1824 till October 1836) was requested to explain why he had performed two post-mortem examinations. After his defence (unrecorded) it was resolved that

Mr. Hutchins in examining these bodies did not act in accordance with the laws of the hospital [and he was informed it was] the business of the house surgeon and assistant house surgeon only to examine bodies.

Earlier Mr. Gray (apothecary from March 1821 to September 1824) had been directed not to

administer spiritual consolation to any of the patients in the house and that if he is applied to by the patient to mention the probable result of their disease that he refer them to their physicians and surgeons. (24 October 1821.)

A more erring lapse reminds one of the required celibacy of the apothecary. A complaint was received (27 May 1818) from the mother of

Mary Ann Crapp a girl who was lately a patient in the house that the apothecary had taken her into the house surgeon's room with an improper motive. The Board investigated the charge and were of opinion that there was nothing to require a private examination and the apothecary was called in and severely reprimanded and the girl's mother was afterwards admonished to be very attentive to the conduct of her daughter who appeared to have acted with levity.

Regulations were subsequently made for female patients to be examined only by house surgeons (and not the apothecary), in the presence of a nurse and on the order of the physician or surgeon.

Brief mention can be made of a few incidental duties that did fall in the apothecary's province, other than those given in the Appendix, to underline the variety of his work. One throws a little light on pharmaceutical practices. On 8 July 1812, as part of an economy drive, the apothecary was directed to

make a small quantity of plaster with lard instead of oil as an experiment and to exhibit the result to the Board:

an acceptable result being a plaster made with equal quantities of oil and lard. The apothecary also had to attend to ventilation and prepare, for the Board, a weekly list of patients given extra diet (3 April 1822), etc.

It is therefore understandable that difficulties arose in completing the day's work. A letter was received from Gray (5 February 1823) stating that

in the office of apothecary to the hospital it has been the result of my own experience and I believe that of my predecessors that the apothecary and assistant apothecary have more to do in the business of dispensing medicines than can at most times be accomplished without embarrassment to themselves and loss of time to the outpatients . . . I would suggest that the apothecary be allowed to receive an apprentice who should be in no wise chargeable to the hospital, either provide board and lodging for himself or by the pay of the appropriate sum.

The request was acceded to, reviving a system discontinued in 1803 due to the 'inefficiency of such assistance'. The new apprentice's tasks were limited to 'assisting in the dispensing of medicines solely'. The manufacture of bulk preparations was largely in the hands of an experienced, but unqualified laboratory man.

The need of assistance for out-patient dispensing gradually became more acute, paralleling the nineteenth century's increases in population and migrations to London. It was met by increasing the number of articulated pupils, though seemingly without the knowledge of the Board. This *laissez-faire* arrangement was upset on 22 April 1835, it being resolved:

that the apothecary and assistant apothecary be called in to return to the Board in writing the number of pupils under their charge with the date of entrance and duration of the terms for which the pupils are respectively bound to serve.

The reply came a week later, listing five pupils. That the state of affairs had not been sanctioned by the Board was immediately rectified, and, though one of the pupils had been in the hospital over two years, they were officially admitted. Matters did not rest here, being extensively aired during discussions on revising the laws. As a result, the number of apprentices or articulated pupils was limited to one, a move perhaps to facilitate the ruling allowing the apothecaries to instruct medical and surgical pupils. The two pertinent laws (7 and 8) in final form read:

the apothecary shall be allowed to take one apprentice or articulated pupil and only one in each year and no more who shall be introduced to the weekly Board and shall undertake to comply with the laws of the hospital and shall obey such rules and regulations as the weekly Board shall from time to time appoint so far as the same shall be in accordance with the laws of the hospital, provided that all fees received shall be divided in the proportion of two parts to the apothecary and one part to the assistant apothecary.

The apothecary and assistant apothecary shall instruct in pharmacy and avail themselves in the shop of the services of such of the physician's and surgeon's pupils with such limitations to numbers and on such terms and with such privileges as the physicians and assistant physicians surgeons and assistant surgeons and visiting apothecaries shall from time to time direct with the sanction of the weekly Board, provided that all fees paid for such instruction shall be received by the assistant apothecary. (27 July 1835.)

During the revisions, Hutchins put his consternation about staffing problems to the Special Court. He wrote that owing to the above new regulations, he

had only one application of a pupil in pharmacy for a short term during the last year; the business of the shop cannot be carried on with the requisite promptitude and facility in a few months more unless more additional assistance be afforded. [And] the new regulations in the shop appear to be rather too rigid for practice [needing] three or four pharmacy pupils annually. (25 January 1836.)

The letter had no effect and the laws were again approved. Hutchins, possibly peeved that the employing of pupils had been passed to the weekly Board,

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wrote a second time urgently requesting that the terms of admission of pharmacy pupils be settled

so that new pupils . . . be initiated in their duties before those at present occupied in [the] department quit their post.

In consequence fees were fixed:

for each pupil entering to the medical practice of the hospital the fee of one guinea, besides the fee to the physician and the fee for an apprentice articulated to him for 5 years £250. (1 June 1836.)

As seen below the arrangement was not altogether satisfactory, perhaps a reason why in 1858 only two London hospitals, St. George's and the Middlesex, were teaching practical pharmacy⁴ (in return for cheap labour!). The question of apprentices posed another difficulty. With an increasing theory curriculum, the literal fulfilment of the five-years' apprenticeship was progressively modified⁵ and apprentices were less forthcoming. The problem was raised in 1838 by the apothecary, John Hammerton (elected 5 October 1836).

In my present situation I do not enjoy any increase of income beyond what I formerly received as assistant apothecary, such income was after 12 years service £100 p.a. together with the fees arising from the pharmaceutical pupils. In present office I receive the same amount of salary . . . with the fee of one guinea from each physician's pupil, together with the *liberty of having one apprentice in each year*. From this latter source the principal apothecary's income has hitherto arisen, but during the time which I have held the situation I have been unable to procure an apprentice and various changes which are likely to take place in this department of the profession render it a very uncertain source of income. (7 March 1838.)

A Quarterly Special Court of 6 April 1838 considered his remuneration and in spite of disagreement on the means of helping Hammerton, a motion of giving him £100 was eventually carried.

Disagreements on the gratuity must have provoked thoughts on the shop and the Committee of Drugs and Medicines was asked to find ways to improve 'the mode of dispensing medicines'. (25 July 1838.) Pupils were the main concern of the Committee, for

from the evidence brought before us by Mr. Hammerton, we are of opinion that in order to insure regularity and correctness in the dispensing of medicines it will be necessary to have one paid dispenser.

Dissent on involving the hospital in more expense immediately sprang up, but a motion not to receive the report failed. Disagreement persisted and to the motion to employ a 'dispenser of medicine for three months', there was a defeated amendment,

[to refer the report back] so as to ascertain . . . whether by the united assistance of the medical officers certain general formula might not be established in a similar way to other hospitals, and such other improvements made, as will tend greatly to expediate and simplify the business of the dispensing establishment. (8 August 1838.)

A final stand, the following week, failed to annul the minutes recording the decision to employ a dispenser, and thus, on 29 August 1838, the Drug Committee reported they had engaged the hospital's first dispenser at £80 p.a. without board. He was

Mr. Frederick Malton, who had been two years in the apothecaries' department as apprentice to Mr. Hutchins and is well acquainted with the details of dispensing and acquitted himself perfectly in reference to prescriptions. [He was engaged] in preference to two candidates who were wanting of competent knowledge in reading prescriptions which might lead to great mischief in reference to out-patients.

Meanwhile heated arguments arose as to who were to be members of a committee inquiring into apothecary laws 7 and 8 (p. 134). The trouble appears to have been between physicians and other members of the Board, for it had to be moved 'that the motion to exclude the medical officers from the Board be expunged not having been seconded'. (7 November 1838.) The eventual report of the committee agreed with the Drug Committee, suggesting the

defect in the dispensary . . . appears to have arisen from the inefficiency and irresponsibility of the pupils as dispensers and from the apothecary not having had any apprentice. (5 December 1838.)

It also recommended rescinding law 8 on instruction in pharmacy and reiterated the necessity for a paid dispenser. A Special Court referred the report back (4 January 1839), resulting in a fuller discussion being received. (5 April 1839.) This stressed conviction in previous views, which were felt to be of utmost importance for the safety and welfare of the patients. Thoughts on rescinding law 8 were expanded:

. . . your committee are perfectly sensible of the great importance of a school of pharmacy being attached to the hospital, and without being prepared to enter into the details they feel fully convinced that an arrangement for pharmaceutical instruction might be made, by which the essential duties of the apothecary shall not be interfered with, and by which the direct and principle objects of the institution namely the safety and welfare of the patients shall not be endangered.

Eventually a Special Court had the final word in confirming the post of dispenser, who was to be 'subject to the general law of the hospital, under the immediate direction and control of the apothecary'. (3 May 1839.)

1839–1866

This period, with the dispensers taking their place alongside the apothecaries and laboratory man, can be aptly called the Hammerton Era. It was not until 1865, when Hammerton announced his retirement, that there were any major upheavals in the staffing of the dispensary. His very meritable service, giving stability to the department, was rewarded with a pension of £200 p.a. until his death.⁶ It was also a time when the apothecaries, owing to changing medical practices, assumed more non-pharmaceutical duties, a situation to be resolved by the separation of duties and the introduction of more house staff.

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After the 1839 episodes there were no pupils, apart from an apprentice, till 1846. Then a Quarterly Court agreed to the resolution that

pupils of the hospital shall be permitted to be instructed in pharmacy, in the dispensary and laboratory of the hospital under such regulations as the weekly Board shall from time to time direct. (11 March 1846.)

The two senior physicians and two visiting apothecaries drew up regulations for the pupils: (a) the names to be written in a book (kept by the apothecary), six pupils being allowed; (b) a fee to be paid of twelve guineas for six months; (c) for the first three months, the pupil was to be allowed, under the inspection of the apothecary, to assist in making those preparations that are kept in readiness and making themselves acquainted with chemicals and drugs. Afterwards they could dispense for 'inpatients under inspection provided they shall severally have received from the apothecary a certificate of diligence and competence'. They were not to dispense for out-patients. These were enacted except that the fees were changed to fifteen guineas for twelve months, of which two-thirds went to the apothecary and the remainder to the assistant apothecary. (15 April 1846.)

A few of the new duties that fell, in this period, to the two apothecaries, reflecting the then current trends in medicine will now be considered. Administrative tasks, not unexpectedly, went to the apothecary, while the assistant apothecary assumed the more manual duties. Of the latter, one of the most important was the administration of chloroform and ether, entrusted to him from May 1849. Later, on the instigation of the notable Dr. Bence Jones, the assistant apothecary was given the care of 'an apparatus for chemical analysis'. (6 March 1850.) The onerous task of applying electricity also came his way in 1853.

[Neither] the care of the electrical apparatus nor the administration of electricity has been committed to any person specially appointed for the purpose. Hence the instruments have been frequently out of order, and the application of electricity has been imperfectly carried out. (23 March 1853.)

The Medical School Committee disagreed with the suggestion that the visiting copper should be 'electrifier' to the hospital, preferring the assistant apothecary. They also proposed, among other arrangements, the help of a 'nurse [to assist] when the women are electrified and one of the porters when the men are electrified'. (4 May 1853.)

Even so, this time consuming duty hit the already hard-working dispensary staff and a committee investigated

the present strength of the dispensary staff and the emoluments of the officers . . . with a view to enabling them to carry out the Medical School Committee's report on electricity.

The verdict was that the number of staff was not 'competent to discharge of the duty of electricity and [we] recommended an additional permanent dispenser

of £80 p.a.' (8 June 1853.) To offset the new salary the committee wished the assistant apothecary to perform the cupping. A new assistant apothecary, in 1858, was separately appointed cupper and anaesthetist, but the administering of chloroform and ether was not taken lightly; he could not practice until the Medical School Committee had 'certified his fitness for that duty'.

A miscellany of administration added to the apothecary's burden, for instance, taking the names of dressers who had become competent to perform the operation of cupping. (28 July 1841.) It was in 1860 that dressers completely took over cupping from the assistant apothecary. Importance was, at this time, being attached to convalescence and in 1851 (29 October) the apothecary was given a ward to place 'such patients from other wards as may be convalescent'. The biggest problem posed, however, was the increasing numbers of out-patients. Regulations made in 1852 led to

patients coming without letters to receive them from the apothecary—such letters to remain in force for six weeks. . . . That the male and female patients be separated and remain in different rooms until the apothecary shall have given them their letters and clarified them as medical or surgical patients. When the numbers shall exceed the limited number, any patient over this number [20 per physician, 20 per surgeon] being urgent cases shall be prescribed for by the apothecary or house surgeon and directed to come the following admission day when they shall have precedence over patients not more ill than themselves. (14 January.)

The non-pharmaceutical duties of the two apothecaries probably led to the brunt of dispensing falling to the dispensers (who were anyway precluded from other duties). Despite a considerable turnover of dispensers, there was no sign of discontent until the idea that to save money the

services of the second dispenser be done away with for the present. But if the apothecary finds that the business of the dispensary cannot be carried on without two dispensers, that he be allowed to engage a successor upon so reporting to the Board. (8 August 1860.)

In six months this precipitated difficulties, the dispenser, Mr. Hayland, resigning and the resignation

referred to [the] Committee of Drugs and Medicines to see if advisable two dispensers should be engaged instead of one and to enquire into [conditions] in other hospitals.

In consequence the committee's conclusions were made after considering the London, Westminster, Middlesex, Kings College and St. Mary's hospitals, as well as apothecary Hammerton and a complaining letter from Hayland about dispensary conditions. From this data

it [appeared] that the average number of in-patients dispensed for in the other hospitals is much less than in St. George's and the out-patients also in three is less, while in all with the exception of the Westminster and the Middlesex (which have the same number) the persons employed in the dispensary is less. That it appears from the evidence of those who direct, or are engaged in the dispensary at St. George's, that the work has been carried on for the last six months, by the assistant apothecary and a dispenser, assisted by a pupil, who has volunteered

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his assistance, and that in the busiest days it has been got through with difficulty and that the out-patients have been often obliged to their great inconvenience, to wait for their medicines a long time, or to go away without them. From these considerations the committee are of opinion that for the proper working of the dispensary, the services of a second dispenser are absolutely necessary. (29 May 1861.)

Another dispenser was again engaged at a salary of £80 despite Hayland's probably accurate claim, in his refused request for a £10 gratuity, that 'he did for some years receive a salary [£90] than under ordinary circumstances such a dispenser can be obtained'. (26 June 1861.) This upset was but a prelude to the radical changes occurring on Hammerton's retirement, when the Medical School Committee conferred on 'whether the laws relating to apothecary and assistant apothecary require any alterations'.

The gist of their lengthy report (14 January 1866), was that the work of the two apothecaries

might be performed with equal efficiency, greater economy and some other advantages under a different system of arrangement . . . and the resignation of the apothecary . . . offers a favourable opportunity for the trial of this scheme.

The twofold duties of the apothecary were briefly elucidated.

1. To visit daily the physician's in-patients.
2. To have the care and arrangement of the shop: to give orders to and be obeyed by the laboratory man; to superintend the compounding and preparing of all medicines; to dispense; to take charge of all the drugs and to keep a drug book.

They then considered that (1)

might with advantage be discharged by two house physicians under rules for their appointment and duties similar to those for the house surgeons, nor does the committee doubt that the physician's patients might be safely entrusted to the care of the house physicians, and would be treated by them with as much ability, kindness and care as are the surgeon's patients by the house surgeons.

The second part of the duties, it was thought, could be

discharged by a skilled dispenser, who should not reside in the house but who should attend the hospital during certain hours and have a sufficient number of assistants under his direction.

Such immediate reorganization was felt to be too drastic and a typical British compromise was put forward.

That a house physician to take charge of patients of two physicians and be under their superintendence and also that an apothecary be temporarily appointed who should take charge of those of the other two physicians and also for the time to superintend and direct the dispenser in his duties and should the system of a house physician work well the services of the apothecary might be discontinued and a second house physician appointed in his room.

The report was accepted, and the laws amended. Previous dispenser's laws were

repealed; the new ones including apothecary's laws 19, 21, 22, 23 (modified), 26, (see Appendix), and

there shall be one dispenser and two or more assistant dispensers. They shall be appointed by the weekly Board on the recommendation of the Committee of Drugs and Medicines. They shall receive such salaries and allowances for board as the weekly Board shall from time to time determine. They shall be under immediate control of the Committee of Drugs and Medicines but shall be subject to general laws of the hospital and shall obey all the orders of the weekly Board, and shall be liable to suspension and removal by the weekly Board at any period of the current year. (21 February 1866.)

The Committee of Drugs and Medicines soon implemented this with the following proposals:

1. SALARIES: the dispenser £120 p.a., 1st assistant £80, 2nd assistant £70.
2. ATTENDANCE: the dispenser from 9 a.m.–4 p.m. The assistant dispensers from 9 a.m.–5 p.m., except on Sunday, when either the dispenser or an assistant had to attend from 1–3 p.m., or longer if required.
3. All were to be 'under the direction of the apothecary as long as that office shall continue'.

Selection and arrangements were also settled for house physicians, who had to have been hospital pupils for four years and held the position of clinical clerk. And, though receiving board, they had to pay £50. The seemingly nebulous situation of one house apothecary and one house physician, worked well with the additional orders:

Apothecary

1. That he should superintend the cupping, and the administration of electricity for all the physician's patients under his charge.
2. That he should administer chloroform and ether when required by the physicians and surgeons.
3. That he shall report to the dispenser all wine and spirits that have been required for the patients during his absence from the hospital.
4. That he shall instruct in pharmacy those pupils who require such instruction and shall receive the fees from such instruction.
5. That he shall pay particular attention to the conduct of the pupils and if he observe any improper behaviour or language he shall report it to the physician of the week or chaplain.

House physician

1. He is not to absent himself without permission and in case of illness or temporary absence the apothecary shall reside in his stead.
2. If apothecary absent, the house physician to take his stead.
3. He shall attend the physicians in their visits to their patients when they shall require him to do.
4. and 5. Identical to numbers 3 and 5 of the apothecary. (2 May 1866.)

1867–1900

The next thirty-three years saw the final disappearance of the apothecary, and the firm establishment of dispensers, who could, by competence and diligence, become of inestimable value to the hospital.

In 1871, apothecary Dr. Jones duly resigned, leaving the Board to face a problem voiced by Dr. Wadham,

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that it was found difficult to find gentlemen willing to pay for the office of house physician and expressed a strong opinion that it would be difficult to find two candidates for the post in June. (8 March 1871.)

A proposed remedy, to give the appointment gratuitously, was rejected by the General Purposes Committee, holding the views

that the vacant office of apothecary be not filled. [After] the most careful consideration [they decided] that in the present condition of the funds of the hospital they would not be justified in recommending to the weekly Board that the house physicians and house surgeons should in future receive board and lodging gratuitously. (3 May 1871.)

However, the committee were prepared to give free board and lodging to anyone who had held a house surgeon's position for a year, even if not at St. George's.

A special committee completely revised house medical staffing (28 June 1871), who were to be two house surgeons, two house physicians (both for twelve months), an assistant house surgeon and an assistant house physician (for six months), and an ophthalmic and an orthopaedic assistant (for three months). This and other arrangements were successfully tried, a safeguard being that each house physician and house surgeon had to pay £50, returnable on the expiration of his term on [his receiving] a certificate from the Medical School Committee that he had discharged his duties to [their] satisfaction.

Subsequently, the Quarterly Special Court of 14 July 1871, was able to abolish the laws of the apothecary.

From 1866, the position as dispenser grew in popularity. Even then, there were between forty to fifty applicants for the post of assistant dispenser. (18 July 1866.) Folkard (dispenser from 1 July 1861 to February 1884), during the transition period, quickly established himself in an advisory capacity; as an example he was, early on, requested to make 'enquiries as to the expense of [drug-grinding] machines'. (31 October 1866.)

Teething troubles at times occurred, and in 1871 a clash of personalities in the dispensary was noted in a report of the Committee of Drugs and Medicines.

[The committee] have not found the relations of the assistant dispenser to the head dispenser satisfactory. They have however had before them the head dispenser, Mr. Folkard, and assistant dispenser Mr. Sopp, and have called the assistant dispenser's attention to the law of the hospital on the subject, which they believe will remove any further difficulty. (29 November 1871.)

The trouble led to a more detailed inspection of the department, it being ascertained

that the laboratory man now has more time on his hands in consequence of not having to attend to the pills, etc. and that he is therefore able to give assistance to the dispensary. (29 November 1871.)

Thereafter it was decided to have only one assistant dispenser.

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Instructing added to the dispenser's prestige, after he took over the duty from the apothecary:

the head dispenser [be] allowed to give instruction to the pupils in the dispensary subject to the regulations of the Medical School Committee, such pupils never to exceed six in number at any one time and that no pupils other than pupils of the hospital be received except with the expressed sanction of the Board and that the pupils should be under the control of the head dispenser while in the dispensary. (29 November 1871.)

Again student help did not compensate for the reduction in staff. Folkard's request for another dispenser is informative.

There being too many out-patients, 50–60 skin patients equal at least a hundred ordinary patients . . . and [the laboratory man] complained that he cannot now find time to keep up his stock whilst I have not time to pay proper attention to the prices of drugs ec, ec, which is most important in keeping down our expenditure. I have also through the great press of work been compelled to rely on the students galvanising the patients. (30 July 1873.)

Though another assistant dispenser was appointed, galvanism was not taken up till 2 May 1877.

The galvanising of the patients which has hitherto been done by the dispensers now occupies so much time that they are unable to do their work properly in the dispensary, and therefore at present it is done by one of the senior students but the attention of the Board is drawn to the fact that the dispensers should no longer be expected to do this work.

After much discussion it was resolved that

the giving of galvanism be entrusted to the assistant house physician who by attending an hour earlier every day would have time for the work. Looking however to the very uninteresting nature of it, they [an appointed committee] would also suggest that the Board should pay him at least the same salary (£20 p.a.) as that formerly allowed the dispenser for the same duties.

(This was agreed to by the Board on 21 November 1877.)

Folkard continued to give good service to the Board with timely advice on pharmaceutical matters and the good standing of the dispensary staff became established. This was partly borne out when

in accordance with a previous notice of motion it was moved by Mr. William Fuller, seconded and carried that all the dispensers shall possess a qualification of the Pharmaceutical Society. (11 October 1882.)

Prior to this most dispensers did in fact possess such a qualification, but it is to be remembered, that hospital pharmacy was markedly divorced from retail practice. In 1882 a candidate was passed over for not having had hospital experience. More pointed was *The Pharmaceutical Journal* in

reminding those interested, that the duties of a hospital dispenser are entirely different from those of a chemist pure and simple, both in the kind of work, and in the way that the work is, or ought to be accomplished.⁷

The same editorial further stated that

a good hospital dispenser may do much useful service to the hospital . . . by keeping a wholesome check on the expenditure, and advising the administration as to how and where savings can be effected in the purchase of drugs. Medical men are seldom good financiers, and cannot be supposed to know much about the market value of the medicines that they prescribe. But the matters come fairly within the range of the dispenser's duties.

It was indeed in this matter that Folkard excelled, and after his death (9 February 1884), the Board recorded

the high sense they entertain of the valuable and efficient manner in which he served the hospital . . . in a very responsible situation.

Coupled with the awareness of the dispenser's value his financial and working conditions improved, but the latter was, on the whole, due to better facilities required to cope with out-patients. Assistant dispenser's regulations, approved on 16 December 1885, illustrate the detailed arrangements necessary to maintain the efficiency of out-patient dispensing.

1. That all medicines for out-patients shall be properly labelled according to the instructions on the prescription.
2. That no unnecessary talking shall take place at the windows.
3. That the windows at which medicines are served shall be opened at 9.30 a.m. and one window shall remain open until the out-patient work shall be finished.
4. That each assistant dispenser before leaving shall see that his bottles and drawers are properly stocked and the dispensary counter left clean and tidy.
5. That the trays containing medicines of in-patients shall be ready for the porter by 4 p.m. or as soon after as possible.
6. That the head dispenser shall see the proper observance of the above regulations.
7. Lunch 11.45–12.15 [increased to three-quarters of an hour in 1888.]
8. That the wholesale druggists be informed that their travellers are not to call at the hospital for orders and that all communications with wholesale houses be made by letter.

The last regulation, directed more towards preventing interruptions in the work of the head dispenser (Alfred Damon, from March 1884 to June 1911), high-lighted the growing complexity of the pharmaceutical industry. This and the introduction from 1873, of strict restrictions for the use and storage of poisons,² etc., meant that the appointment of dispensers, specializing in pharmacy, as distinct from the apothecary in the 1860s, had not been too soon. Nevertheless in concluding, it is important to note that the new hospital pharmacy specialist remained, perhaps naturally, under the supervision of medical staff. From 1874 a medical officer, instead of the Committee of Drugs and Medicines, had general supervision of the dispensary, countersigned all orders for drugs and saw that they were correctly delivered. He also checked the consumption of wine and spirits. Again special regard was given to preventing excessive spending, a consideration that played a large part, along with progressive medical and pharmaceutical changes, in the organization of pharmacy at St. George's throughout the century. It was later changes, in this century, that heightened the recognition of the pharmacist as specialist in his own field and lessened the subservience of the pharmacists to the medical staff.

APPENDIX

LAWS OF THE APOTHECARY AND ASSISTANT APOTHECARY AFTER
REVISION IN 1836

1. They shall be single men without incumbrance.
2. They shall be elected for life but subject to suspension and removal as aforesaid at any period of the current year.
3. They shall be members or licentiates of the Apothecaries Company.
4. They shall board and lodge in the house and take their meals at the Board Room table.
5. Salary of apothecary, £100; Salary of assistant apothecary, £60.
6. They shall not be absent without the leave of the weekly Board, and while either of them shall be out of the house, the other shall be at home, and both of them shall remain in the house as much as possible.
7. See p. 134.
8. See p. 134.
9. They shall not practice as apothecaries out of the hospital or for their own profit, nor engage in any other business than that of the hospital; and they shall not interfere with any surgical case, nor open any body.
10. They shall obey such rules and regulations as the weekly Board shall from time to time appoint, so far as the same shall be in accordance with the laws of the hospital.
11. In case of illness or absence of apothecary, the assistant apothecary in charge.
12. The apothecary or assistant apothecary to visit all physician's patients and start at 9.30; and shall attend on Wednesday at half past eleven, and shall divide and classify the persons applying for admission as patients into medical and surgical patients, in order that they might be ready for examination at half past twelve by the physicians and surgeons; and in case he shall make any alteration in the medicine or treatment of any patient, he shall make a note thereof, and shall deliver the same to the physician attending such patient on his next visit.
13. He [i.e. the apothecary] shall attend the physicians in their visits to their patients, when they shall require him so to do, and shall follow their directions respecting them.
14. He shall on every Thursday deliver to physicians of the preceeding week an accurate list of their respective patients marking the new ones and the date of admission of each of them, and shall when necessary carry communications from the physicians to the surgeons and receive directions from them as to particular cases.
15. Where the death of any physician's patient shall be enquired into by a coroner's jury he shall if required attend the same, and shall give every information in his power to the jury, and shall conduct himself towards them with civility and respect.
16. He shall keep a book wherein he shall enter the names of such patients and of the persons sending them into the house as cases of emergency and shall lay the same before the weekly Board.
17. He shall with the assistance of the matron and steward superintend the selection of the physician's patients who shall be employed in and about the hospital.
18. He shall superintend the assistant apothecary in all his duties.
19. The apothecary and assistant apothecary shall have the care and management of the shop and shall give orders to and be obeyed by the laboratory man and shall superintend the compounding and preparing of all medicines.
20. The apothecary to report to the weekly Board the number of vacant beds.
21. He shall keep and enter in a book an account of all wines and spirits which shall be ordered by the physicians or surgeons and shall lay such book before the weekly Board.
22. They shall not allow any medicines to be dispensed except in accordance with the orders of a physician or assistant physician or surgeon or assistant surgeon, or in their absence the apothecary, assistant apothecary or house surgeon nor to any persons except patients, resident officers and servants who shall be regularly entered in a book.

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23. No more than 24 hours supply to inpatients and to be sent to the wards as soon as practicable after the visits of the medical officers, and each accompanied by a proper label.
24. They shall carefully instruct the head nurse of each wards verbally respecting the administration of medicines especially when newly ordered or altered.
25. They shall dispense to out-patients for two days only unless particularly directed to do so . . .
26. The apothecary shall take charge of all the drugs and keep a drug book in which he shall exhibit all the drugs purchased . . . and also procure samples . . . from the several wholesale dealers and merchants which he shall lay before the Committee of Drugs numbered together with their prices annexed.

ACKNOWLEDGMENT

I am grateful to the Board of Governors of St. George's Hospital, for access to the hospital minutes.

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5. *Ibid.*, 108.
6. For a fuller account see BLOMFIELD, J. (1933). *St. George's 1733-1933*. London, p. 61.
7. *Pharm. J. Trans.* (1871-2), 2 (3rd series), 147.