LEGACY ARTICLES

Thumbnail History of Pharmacy
in the U. S. Army

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As is indicated by the title, no attempt is here being made to set down the whole glorious history of pharmacy in the United States Army. For that awaits another day, and thorough research.* Rather, it has been thought desirable to record in a short space, certain pertinent historical events which are at present not generally known. The record of these events then will provide a sound though brief basis for future thought and action with respect to pharmacy in the U. S. Army.

*Now being conducted under the auspices of the American Institute of the History of Pharmacy.

75th 1937-2011 ANNIVERSARY || AJPE

224 *American Journal of Pharmaceutical Education*

As might have been suspected, medical supplies at the time of the beginning of the Revolutionary War, were brought by the individual physicians who rallied to the defense of their country. Very shortly, of course, these supplies were exhausted, and then and there arose the problem of resupply. That this matter of resupply was handled unsatisfactorily is indicated by the fact that: "A committee was appointed by Congress on the fourteenth of September, 1775, 'to devise ways and means for supplying the Continental army with medicines.' This committee, however, could suggest nothing better than the old system, and only modified it to the extent of requiring all accounts to be audited by the President, before being paid by the Treasurer. The defects in administration, however, became so great, and so many complaints were made that the army was inadequately supplied, that on the twentieth of August, 1776, Congress resolved: 'That a druggist be appointed in Philadelphia, whose business it shall be to receive and deliver all medicines, instruments and shop furniture for the benefit of the United States.' "

To this position Dr. William Smith was elected, with a salary of thirty dollars a month. Thus Dr. Smith, apothecary, became *de facto*, Chief Medical Purveyor of the United States Army. In the improvement of the organization of the Army which followed, Andrew Craigie of New York was appointed Apothecary General, and J. B. Cutting, New York, and Henry C. Flagg of South Carolina were appointed Apothecaries. These three men served to the close of the Revolution and were honorably discharged in 1783.

In the period from 1789 to 1818, though not all during that time, Francis LeBarron served as Apothecary General, and David Neilson, James Cutbush, Christopher Backus, Richard Brownell, Joseph West, David Low and Cornelius Cunningham were Assistant Apothecary Generals. In the period from 1818 to 1821 Francis LeBarron was still Apothecary General and Christopher Backus, James Cutbush, C. G. Foster, and Robert P. McCalla served as Assistant Apothecaries.

That Apothecary General Francis LeBarron cut quite a figure can be judged from a description of his uniform. It was black, the coat had a standing collar, and on each side of the collar, a star of embroidery within half an inch of the

Thumbnail History of Pharmacy in the U. S. Army 225

front edge. His coat was furthermore single-breasted, with ten buttons, and had button holes worked in blue twist in front, five inches long at the top and three at the bottom. The standing collar rose to the tip of his ear. His cuffs were between three and a half and four inches wide. The skirt of his coat reached to the bend of his knee. On his collar was one blind hole five inches long with a button on each side. He wore breeches or pantaloons with four buttons on the knee and gilt knee buckles. He was equipped with high military boots and gilt spurs. His stock was variously of black silk or black leather. His chapeaux had a black loop and button, and a black cockade four and a half inches in diameter with a gold eagle in the center. His sword was straight, and yellow mounted, with a black or a yellow gripe. His waist belt was of black leather, and his epaulettes were of gold. He was not allowed to wear a sash.

Though on Tuesday, January 23, 1821, the House of Representatives by a vote of 109 to 48 passed a bill for the reduction of the Army whose section 4 provided "one apothecary general with a salary of fifteen hundred dollars per annum," by the time this bill went through the Military Affairs Committee and the Senate and finally became law on March 2, 1821, any mention whatsoever of Apothecary General had been stricken from it.

The reason for abolishing this office in the Army may lay in the impoverished condition of the Federal Treasury at the time.

In spite of the fact that the position of Apothecary General had thus been summarily done away with, the need for pharmaceutical services was still attendant upon the U. S. Army. Consequently in the 1825 Medical Regulations, the duties of the former Apothecary General and his assistants were given to the officers of the Purveying Department. Surgeon T. G. Mower took up these duties, for which purpose he was stationed in New York at least from 1821 to 1831.

On May 19, 1862, Congress passed without debate a ruling, "That the Secretary of War be authorized to add to the Medical Department of the army, medical storekeepers, not exceeding six in number, who shall have the pay and emoluments of military storekeepers in the quartermaster's department, and who shall be skilled apothecaries or

226 *American Journal of Pharmaceutical Education*

druggists, who shall give the bond and security required by existing laws for military storekeepers in the quartermaster's department, and who shall be stationed at such points as the necessities of the army may require; Provided, That the provisions of this act shall remain in force only during the continuance of the present Rebellion."

On the approval of this act, the following general order was issued in reference thereto:

"WAR DEPARTMENT,
Adjutant General's Office
Washington, May 24, 1862.

GENERAL ORDERS, NO. 55

* * * * *

II. The following are regulations which will govern the appointment of medical storekeepers, under the first section of the foregoing act of Congress.

1. A board of not less than three medical officers will be assembled by the Secretary of War, to examine such applicants as may, by him, be authorized to appear before it.

2. Candidates to be eligible to examination, shall be not less than twenty-five years, nor more than forty years of age; shall possess sufficient physical ability to perform their duties satisfactorily; and shall present with their applications, satisfactory evidence of good moral character.

3. Candidates will be required to pass a satisfactory examination in the ordinary branches of a good English education, in pharmacy and materia medica; and to give proof that they possess the requisite business qualifications for the position.

4. The board will report to the Secretary of War, the relative merit of the candidates examined, and they will receive appointments accordingly.

5. When appointed each medical storekeeper will be required to give a bond in the amount of forty thousand dollars, before he shall be allowed to enter on the performance of his duties.

BY ORDER OF THE SECRETARY OF WAR:

L. THOMAS
Adjutant General."

In keeping with this act the following were commissioned, as Medical Storekeepers, on August 13, 1862: Hannel Stevens, H. N. Rittenhouse, Victor Zoeller, Henry Johnson, Robert T. Creamer and George Wright. Other medical storekeepers appointed between June 20, 1863, and August 3, 1867, were William M. Giles, George T. Beall, A. V. Cherbonnier, and F. O'Donoghue.

Thumbnail History of Pharmacy in the U. S. Army 227

That the Confederate Army recognized the need of pharmacists and had them, is indicated in paragraph 53, General Orders (Union Army), No. 100 April 24, 1863: "The enemy's chaplains, officers of the medical staff, apothecaries, hospital nurses, and servants if they fall into the hands of the American Army, are not to be treated as prisoners of war unless the commander has reason to detain them."

As few years ago as 1929 pharmacy problems were still plaguing the Medical Department as was recounted at that time by Major Edgar C. Jones, M. C., U. S. Army.

"The necessity for giving medical officers detailed to finance and supply work a course of training before assigning them to responsible positions or sending them to the Industrial College has been recognized by the Surgeon General's Office ever since the World War." " - - officers who had had no opportunity and probably no desire to know anything about supply work have had to be assigned to responsible positions in the Surgeon General's Office and in depots with little possibility of ever giving these men the training required to make them fully qualified supply officers. Is it any wonder the old boat has sprung a leak occasionally? The wonder is that she has not swamped.

"Another feature of supply work that has been neglected and which works a hardship, not only upon personnel but on the hospitals, is the lack of opportunity for the personnel selecting and procuring supplies to use or see the supplies in practical use in the hospitals. The result is that in some instances supplies have been procured that appear ideal for the purpose intended but when placed in practical use medical officers find that the items are deficient in some way and will not use them; yet these officers take no steps towards correcting the deficiency, with the result that the supply division continues to approve requisitions and procure the same items under the belief these items are what is desired, while such supplies continue to pile up in the store rooms and are not used. An example of what is meant occurred recently. An officer at one of the smaller stations wrote the Surgeon General's office stating that a certain item furnished that hospital was not suitable for the purpose intended. The records showed this particular type of the item had been procured in fairly large quantities on several occasions and was being issued regularly to all stations. It was thought peculiar this item was not suitable for use at this one small station when practically all stations were requisitioning for it regularly and there had been no other complaints received. Inquiry as to its efficiency was made of the officer using the item at one of the larger hospitals, and he said he had found it was no good over a year before and had used none of it since. Yet requisitions from this hospital showed that it had been requested regularly and there was sufficient quantity in the store room to supply a good part of the Army.

"The supply division is handicapped in not having an officer who has been thoroughly trained in all phases of supply work. on duty in some

228 *American Journal of Pharmaceutical Education*

of the larger hospitals. The instance cited above would not have occurred if such an officer had been on duty at this hospital; the officer using the item would have been furnished material he could use and the government would have saved money through discontinuing the purchase of material that was not used. Also, if this were done, new and up-to-date equipment could be sent to such hospitals for practical test, after which detailed reports from the standpoint of practicability of the item and difficulties in procurement thereof could be submitted to the Surgeon General's office for use in making future purchases. The officers engaged in professional work are too busy to make the reports required on new items and furthermore do not understand the limitations placed on certain procurements by the Comptroller General, the difficulties in making purchases, or the necessity for drawing up proper specifications.

"Such conditions as all of the above will continue to exist until officers engaged in supply work are properly trained and these officers then detailed to the responsible positions in the Surgeon General's office and the depots, and a part of the permanent cadre given a tour of duty at some of our larger hospitals."

Or, perhaps, until such time as these specifically pharmacy duties are made the responsibility of pharmacist officers.

On July 12, 1943, as is currently well-known, Congress passed an act creating within the Medical Department a Pharmacy Corps. It is hoped that this recent legislation will be sufficient to provide the U. S. Army with the adequate pharmaceutical service it so richly deserves.

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