

Celebrating Women in Pharmacy

NAWP Newsletter



December 2019

*NAWP
Past, Present and Future*



Media Release: National Association of Women Pharmacists to continue, as part of the Pharmacists Defence Association

The National Association of Women Pharmacists (NAWP) has secured a future as a network within the Pharmacists Defence Association (PDA). NAWP will become a semi-autonomous network open to PDA members and non-PDA members alike. The 114 year old organisation had previously announced that the organisation was closed to new members and would dissolve as an independent body at the end of year. The arrangement made public today means NAWP will now continue its work in a new format.

NAWP President Anita White said “The PDA has over 28,000 members and like NAWP is a UK wide organisation with international links. We have worked together in the past and I am delighted that we have agreed a future for NAWP to continue our work as part of the PDA. The next chapter in NAWP’s history looks bright and should bring new opportunities to women pharmacists.”

1 October 2019

The President's Letter



Dear Colleagues,

This will be last President's Letter I will write for NAWP. It is hard to believe that after 114 years our organisation will be coming to an end. The good news is that NAWP will be continuing, as part of the Pharmacy Defence Association (PDA), into a new era. It will be open to lots of new members who will take the new group wherever they think appropriate, while preserving its history and heritage. I hope many of you will join the new group, for at least a few years, to help form a basis of ideas for them to work from. Several past members will be given honorary membership and others are already members of PDA. NAWP's work on Gender and Diversity for both pharmacists and patients will continue to be the theme initially.

PDA National Conference is on March 28-29 2020 <https://www.thepda.org/events/pdanc2020/> in Birmingham, at which there will be an inaugural NAWP2020 event to which you are all welcome. You can register your interest in the new NAWP2020 on the PDA website.

Since April, when we announced that NAWP would cease to exist at the end of 2019, we have had discussions with several groups as to how we could continue. The Executive committee decided that the offer to become a semi autonomous group within PDA was the best solution to preserve the history and heritage of NAWP, whilst moving it forward into a more modern format. We know that face-to-face discussions and meetings do not appeal as much to younger women pharmacist, mainly due to the time constraints of the modern working women. We don't yet know what format the new group will take, but I expect it will be more online, via peer discussion/blog/webinar and podcast.

Dr Christine Heading and I attended The Pharmacy Show in Birmingham in September to make the announcement that NAWP and PDA would be joining forces. PDA hosted a 'Women in Leadership'

session on the Sunday morning, Dr Christine Heading was invited as a panel member. Despite the early timing of the session there was a good discussion on what makes a good leader. During the day we were able to have talks with women about their roles and give several interviews about NAWP's future. I was contacted by Pharmacy in Practice to do a podcast, my first venture into this modern media, which was aired at the end of September. My children were suitably impressed that I have now written a blog, taken part in a webinar, and recorded a podcast, all as President of NAWP. Things I would not have done in my role as a locum pharmacist.

On 4 November 2019, Dr Christine Heading and I were invited to attend the RPS Diversity and Inclusion workshops in London and Cardiff respectively. There was lively discussion at each session, with a live link up to London for some keynote speakers, IT gremlins at work for others. We look forward to seeing the RPS strategy in place, creating a sense of belonging in the profession.

At the end of November, 11 NAWP members plus several partners, attended the 14th European Women Pharmacists Meeting (EWPM) in Dresden, 'Working Better Together- Interdisciplinary Co-operation'. Cheryl Way spoke on her role in bringing IT to work for Community Pharmacists providing enhanced services. The close ties we have with EWPM will continue into next year when the meeting is hopefully going to be in Romania. The new NAWP/PDA Group will forge new alliances in Europe, as PDA has links in other European countries.

I'd like to thank you all for your friendship over the past 40 years that I have been involved in NAWP, for me it has been a very important part of NAWP. We have held some really ground breaking conferences in that time and had some great outings to many venues in the UK. I am very proud to have been a part of this great association and look forward to seeing it continue in its new form.

I hope to see some of you at future NAWP and EWPM events. Come and join us; we always have an adventure when NAWP goes travelling.

Regards
Anita White

Annual Report for 2018
presented at the 114th NAWP AGM, April 2019

The 2018 AGM was held at the PDA HQ in Birmingham and was preceded by a visit to the Birmingham Museum and Gallery. Despite the low attendance, much discussion took place regarding the future of NAWP. Also at the AGM Mrs Veena Dhadwal was elected to the EC for the first time.

In April, Mrs Dhadwal represented NAWP in a round table discussion with four other female pharmacy leaders on 'Equal Pay and Gender Equality in Pharmacy'. Also in April, Anita White, and Christine Heading attended the 'Vote 100 Women in Business Summit' opened by the Countess of Wessex. The focus of this event was about strategies to address gender imbalance.

Elizabeth Nye, who had agreed to stay on the EC for a further year, attended the 'Women in Leadership – Thrive and Survive' event in June.

In September a party of 15, made up of NAWP members and companions, attended the 13th European Women Pharmacists Meeting in Reykjavík, Iceland. The conference was held at the Icelandic Pharmaceutical Headquarters. Attendees enjoyed sessions with excellent speakers as well as trips around the beautiful countryside. Some even saw the Northern Lights during an evening stroll along the shoreline near the hotel where we were staying. Plans are well under way for the 14th European Women Pharmacists' Meeting which will be held in Dresden on November 23rd 2019.

Christine Heading represented NAWP at the Pharmacy Show, in October as part of a panel for the 'Women in Pharmacy' session. Other members of NAWP were also present on this occasion.

The past year has been a difficult time for NAWP, particularly with regard to the future of the organisation. After many years of discussions with RPS it appeared, at the time of the last AGM, that a way forward for the integration of NAWP into RPS may have been forthcoming. Unfortunately, since then not a lot of progress has been made, possibly due to restructuring within RPS and several new posts being formed. This led to the difficult decision, at the November EC meeting, to move towards winding up of the organisation. Dwindling

membership, and therefore dwindling funds, over the past 5 years means that NAWP can no longer sustain its existence. A motion to this effect will be placed before members at this AGM.

It is with a sense of sadness that we record the deaths of four long serving former members of the EC. Mrs Vela Burden, Mrs Barbara Maude, Mrs Brenda Ecclestone and Dr Sue Symonds. Tributes to these people can be found in the February 2019 Newsletter.

The EC would like to thank NAWP members for their continued support and encouragement as they have worked tirelessly to find a way forward for the aims and objectives that the NAWP has sought to represent since its inception in 1905.

Hazel Baker
Secretary



AGM April 2019

'The greatness of a profession perhaps primarily lies in the fact that it brings people together'
Antoine de Saint Exupéry

NAWP Newsletter, October 2005

National Association of Women Pharmacists': Pharmacy "her – story"

On the occasion of NAWP's final AGM, pharmacy historian Briony Hudson provided an insight into the origins of the Association of Women Pharmacists as it was at its start, coupled with some brief context for the historical role of women in pharmacy and the world within which the Association was founded. She also shared details of some of the key players in the early days of the Association.

On Thursday June 15 1905, a group of women pharmacists met at 5 Endsleigh Street in London, the home of Isabella Clarke-Keer. The meeting had the aim of establishing an Association of Women Pharmacists. The group's objectives would be to discuss questions relating to women's employment, establish a locum register and a register of all qualified women, and the 'furtherance of social intercourse'. Fifty women joined immediately, an impressive proportion of the 195 female pharmacists on Pharmaceutical Society's Register in 1905 (1.2% of 15,948 in total).

Isabella Clarke-Keer was persuaded, apparently 'with some difficulty' to become the Association's first President, with Margaret Buchanan as Vice President. The Association held their first public meeting on October 17 1905. One hundred women and 12 men heard Mrs Louise Creighton, who had been the first President of the Union of Women Workers, speak on 'The present responsibilities of women.'



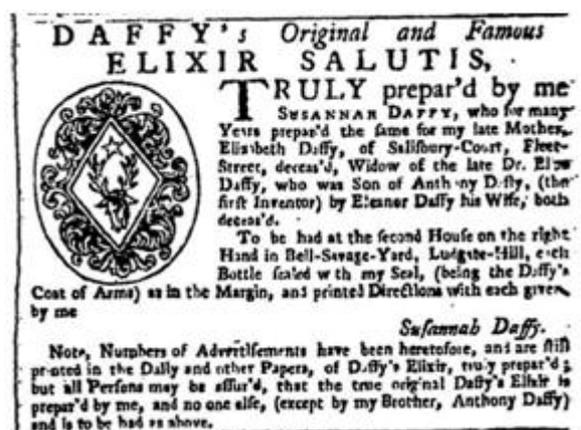
MRS. ISABELLA S. CLARKE KEER.

Reproduced by courtesy of the Chemist & Druggist

Of course, women have always been entwined in the history of making and selling medicines and, as far back as we have written records, it was normal for women to work alongside their husbands in family businesses, as usual for a cobbler as it was for a chemist or apothecary. Higher status women also made remedies in their still rooms, and distributed them to their communities. Women, of course, also continued to work producing medicines, when their fathers and husbands died. A famous example is Daffy's Elixir, which moved down through the family of its inventor, Anthony Daffy via his daughter-in-law Elizabeth, and then her daughter Susannah.

Were there women operating in the formal medical sphere? What if women wanted to become recognised registered members of the medical professions as they developed from the foundation of the Royal College of Physicians in 1518 onwards? The College of Physicians kept women out of their

membership for nearly 400 years until 1909.



There are a few accounts of women working as apothecaries and being permitted to do so by Apothecaries Hall, including three qualified widows allowed to run the family business. A good example is Susan Reeve who ran her Dutch husband's shop after his death, with apprentice Thomas Beedham. In 1627, she married her second husband, William Lyon. The Society of Apothecaries refused to allow Lyon to practice until 1629, having determined that Susan was a skilled apothecary and she should help her new husband learn the necessary skills. In 1632, the College of Physicians prosecuted Susan for selling medicines to a Dutch, unlicensed physician, but they did not question her competence or the quality of her medicines.

By the 19th century, apothecaries were mainly working as medics, general practitioners, rather than makers of medicines, leaving chemists and druggists to fill this role. The Pharmaceutical Society (PSGB) was formed on 15 April 1841. High on the agenda of the founders was education. The PSGB's School of Pharmacy opened its first courses in 1842 with botany, materia medica, chemistry and pharmacy.

Were there any women pharmacy students? On 9 October 1861, the minutes of the PSGB's Library, Museum and Laboratories Committee record that a lady had obtained a ticket of admission to lectures at the Society's School of Pharmacy. She was Elizabeth

Garrett, later Elizabeth Garrett Anderson, attending chemistry and botany lectures in order to prepare for the exams of the Society of Apothecaries. With the knowledge that a female student had entered the school, the Council passed a formal resolution banning the attendance of women in the lectures or laboratories. One Council member reflected that admitting women students to labs or lectures was 'a step fraught with great danger, and tending to revolution'.

This all changed in 1868, when the Pharmacy Act established the first compulsory register for practising pharmacists. To appear on the register, and therefore continue in the profession, for the first time you needed to pass the Society's exams. On this first Register, published in 1869, were 215 women (1.9% of total), who had been working as pharmacists at the time of the Act and therefore were eligible to appear on the register.

The Act also provided that assistants (male or female) who had been employed in compounding prescriptions for not less than 3 years could be placed on the Register if they passed a 'Modified' exam. Fanny Deacon (nee Potter) of Fleckney, Leicestershire was the first woman to pass the 'Modified' exam after the 1868 Act. However, when Elizabeth Leech, also having passed the exam, applied for Society membership in 1870, she was refused. Women could therefore work as pharmacists, but had no rights in the Society and therefore no role to play in the regulation of the profession. It seems likely that the Society leadership felt that the old fashioned practice of widows taking over from their husbands in a pharmacy business would die out once the exams became compulsory under the 1868 Act. Meanwhile Fanny Deacon, who had followed her father into the family business, having acted as his assistant, opened a chemist's shop in Kibworth in the same building as her husband's post office, and stayed on the register until 1930.

Once the 'Modified' exam window was closed, Alice Vickery became the first woman to qualify as a Chemist & Druggist by passing the Society's Minor exam in June 1873. Having qualified as a pharmacist and a midwife in the same year, she went on to qualify as a doctor in 1880, and with her partner Charles Drysdale founded the Malthusian League in 1877, promoting contraception and education in family planning.

But just because women could get on the PSGB Register, it didn't mean that they were necessarily welcome in the pharmacy profession. The Society's President, George Sandford, wrote in 1873 that he could not '*help thinking the tendency of the present*

day is too much towards upsetting that natural and scriptural arrangement of the sexes which has worked tolerably well for four thousand years'.



Alice Vickery

It needed a man within the Council to change things: Robert Hampson (1833-1902), as a member of the Pharmaceutical Society's Council, championed the rights of female pharmacists from his election in 1872. Historian Ellen Jordan has shown that Hampson worked with the support of the Society for the Promotion of Employment for Women to push for the equal treatment of women pharmacists in the profession, with the external support of Elizabeth Garrett Anderson. Dr Garrett Anderson wrote to the Council in 1872 requesting that women should be able to attend the School's lectures. In October 1872, Council agreed to allow female students to attend lectures, but not the laboratories. The female students had seats on the front row of the lecture theatre reserved for them and they had to enter via a special door on a level with the front row. As Hampson expressed, '*it seemed strange to allow the women to take the Society's exams, but deny them teaching for them'.*



Reproduced by courtesy of RPS Museum

Hampson wanted to go further than this and seek equal membership rights for women pharmacists in the Society. He met with opposition not only from within the Council, but also from the wider profession, and the concern that as women were paid less this would undercut the wages of the existing male chemists' assistants. Permission was finally granted to allow ladies access to the Society's

chemistry laboratories in 1877. Louisa Stammwitz, Rose Minshull and Alice Hart were the first three women students allowed in.

It took until 1879 for Isabella Clarke and Rose Minshull to be elected as the first women members of the Society. Both women had got experience via Garrett Anderson at her St Mary's Dispensary for Women and Children in Marylebone. In 1873 when she took the Preliminary Exam Rose Minshull had come top out of 166 candidates, then going on to get top marks in the Minor Examination in 1877. Both women went on to take the Major, highest level exam. Isabella Clarke came 4th out of 39 candidates, 16 of whom failed.

But still the Council's decision to allow women to become members in 1879, ironically, seems to have come about because some Council members wanted

to end the debate, or 'to avoid further agitation' as one put it, rather than through any widely-held ethical belief that women ought to be allowed equal rights. Indeed, Robert Hampson declared in 1879 that 'it was part of the executive duty of the Council to elect all eligible persons, irrespective of their sex. It would be as reasonable to ask what church they attended as to inquire as to the sex of eligible persons who applied for admission [to the Society's membership]'

Where were the increasing number of women pharmacists working? Many were dispensers in hospitals and other institutions, or assistants in shops. They met with lots of opposition, expressed most visibly in the pharmacy press from the 1870s onward.

A poetic plea to keep women out of the profession was published in *The Pharmaceutical Journal* in March 1873:

*I could not bear to see their hands as soft as alabaster
Begrimed all o'er with dirty pill and nasty smelling plaster
Oh! May I never see them with their chignons in confusion
Attempt to shake the tinctures or prepare the cold infusion.
How could they climb the shaky steps to clean the bottles dusty,
Or go below amongst the wets into the cellar musty?
Their sleek round arms were never made to work the iron mortar,
But some opine they might assist to cut the salary shorter.*

Some correspondents offered more practical opposition, such as Charles Fryer (*The Pharmaceutical Journal*, 17 November 1877)

There is a considerable amount of drudgery connected with it [the profession], which must be repugnant to ladies, and which I should seriously be disposed to think their constitution would not be adapted to endure... there are many cases brought to the notice of an ordinary chemist which would be exceedingly undesirable to bring her in contact with..

At the end of the 19th century, the Society for Promoting the Employment of Women found it possible to place women in hospital dispensing as an attempt to open up professions. The trailblazers, like Rose Minshull who was one of the first two women to become PSGB members, took both of the PSGB exams in the 1870s. By the 1880s, many women dispensers took the Apothecaries' Assistant's Certificate, rather than the PSGB exams, as a less academic option to get into the career. Although this was an easier entry into the job, it in turn caused issues in the 1890s when women, less qualified than male pharmacists above them in the hierarchy, were effectively unpromotable to head dispenser positions, so couldn't move up the career ladder. Meanwhile Rose Minshull worked as the Dispenser at the North Eastern Hospital for Children in London for most of her career. She wrote: 'As the result of many years' hospital work, I am decidedly of the opinion that certainly in women's and children's

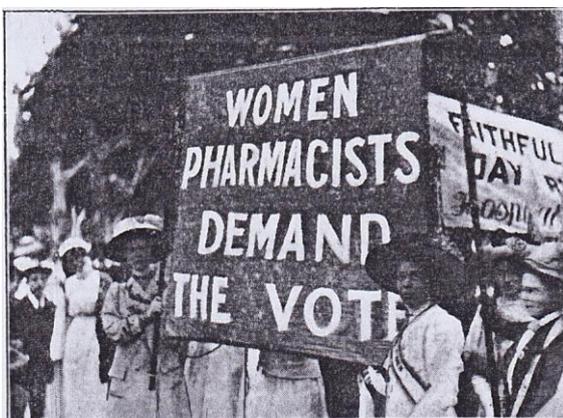
hospitals a lady dispenser is the right woman in the right place'.

Some women were able to excel in academic opportunities opened to them, particularly at the School of Pharmacy in Bloomsbury Square. In April 1888, Lucy Boole passed the Major exam and was immediately employed as a research assistant to Professor Dunstan, Director of the Pharmaceutical Society's new research laboratories. As such, she was the first woman to undertake pharmacy research in a formal way in Britain. Her interest was Tartar Emetic (potassium antimony tartrate), and the procedure that she proposed to assay Tartar Emetic was adopted in the *British Pharmacopoeia* in 1898 and remained the official assay method until 1963. In 1894, she was elected the first woman Fellow of the Institute of Chemistry. She was also a lecturer and demonstrator in Chemistry at the London School of Medicine for Women. Sadly, she

died in 1904 aged just 42.

This is the world into which the Association of Women Pharmacists was launched at that meeting at Isabella Clarke-Keer's house on Thursday June 15 1905. As well as being a trail-blazer as the first woman member of the Pharmaceutical Society, Isabella also managed to manoeuvre her way into business ownership, unusual for a woman at the time. She established her own pharmacy at Spring Street, Paddington, London, taking female medical students for their dispensing course. This led to her being appointed as tutor in pharmacy at the London School of Medicine for Women. In 1883, she married Thomas Keer and became a partner in his pharmacy in Bruton Street, Berkley Square.

The majority of women pharmacists were confined to community pharmacy, but looking at the experiences of one of the Association's first joint-secretaries, Elsie Hooper, gives us an insight into what was possible. We know from an account and photos in *The Chemist and Druggist* in June 1911 that she was a suffragette, named as taking part in a march of more than 40,000 women on Saturday June 17 1911 from Victoria Embankment to the Royal Albert Hall where a mass meeting was held, to demonstrate for the right for women to have the vote.



Reproduced by Courtesy of Chemist & Druggist

Having passed the PSGB's higher Major exam in 1902, she worked for a chemistry degree in the evenings at Birkbeck College. She then worked on the first *British Pharmaceutical Codex*, and studied for her Institute of Chemistry qualification, becoming a Fellow in 1909. She then worked on *Secret Remedies*, a publication produced by the *British Medical Journal* to expose the previously unknown formulae of popular medicines. Having spent time establishing Portsmouth's first pharmacy course just before the First World War, she went on to own two pharmacies in Belsize Park and Hampstead, and teach at the Gordon Hall School of Pharmacy where she herself had trained under Margaret Buchanan.

The First World War (WWI) was a turning point for participation of women in pharmacy, as well as in so many other spheres of work. This is well illustrated by the year group photos from the Bloomsbury Square School of Pharmacy. The group in the first year of the war shows men in the front row in military uniform, and a handful of women. The student magazine, the *Square Chronicle*, of December 1915 noted that for the first time on record, the number of lady members of the School equalled the number of men. By the end of the war, the year group photo illustrates that the year groups got smaller and there was an increase in the number of women students, which marked a milestone in their participation in the School's academic and social life.

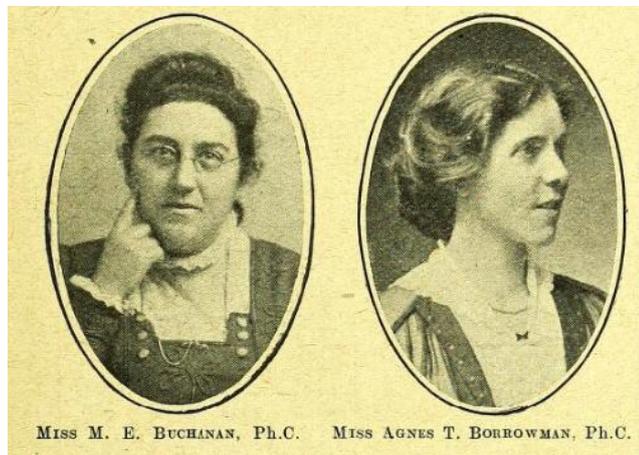
The shortage of pharmacists available to work during WWI meant, as in other professions, that women were able to increase their representation in the profession. A letter to *The Pharmaceutical Journal* from "M.P.S." on January 3 1916 stated: '*To say that only now women are coming to the forefront in usefulness sounds like the sudden awakening of a slumberer to economic consciousness. They have for a long time played in most large pharmacies a great and successful part, and the abnormal demand arising, as it naturally does in war time, does so in the first instance principally because they have been ready and eager and fit to step into the breach...'*

Two particular pioneer women, both NAWP members from its foundation, took advantage of this catalyst for change when a pharmacy at 17 The Pavement, Clapham Common became available at the beginning of WWI. Agnes Thomson Borrowman and Margaret Buchanan were both very able academically and, around the start of war, they took on the Clapham pharmacy alongside fellow directors Sophia Heywood and Margaret MacDiarmid, all Pharmaceutical Chemists.

In this early twentieth century period very few women had the opportunity to run their own business and they were determined to use their position to give women students every professional experience open to men. The business was staffed entirely by women, and as far as possible, everything was made on the premises, rather than holding large stocks of proprietary medicines. Agnes Borrowman believed firmly that if women were given the opportunity, they could achieve just as much as male pharmacists. She wrote to *The Pharmaceutical Journal* on December 10 1917: '*During the last ten years women in pharmacy have proved by their college careers that they have enthusiasm, that they intend to take first place, that nothing less will*

satisfy them. Unless I am very much mistaken, the same enthusiasm and determination will carry them through in the business world into which this war [WWI] has given them the entry'.

Miss Borrowman was able to carry this commitment to education and training into a wider sphere when in 1924, she became the first woman member of the PSGB Board of Examiners.



Reproduced by courtesy of Chemist & Druggist

Margaret Buchanan founded the Gordon Hall School of Pharmacy for Women. All of her pupils at Gordon Hall also worked in Clapham, three in the morning and three in the afternoon, to gain practical experience. She also taught female medical students as Lecturer on Pharmacy at the London School of Medicine for Women. Having served as AWP's first Vice President and then its President from 1909, Miss Buchanan became the first woman member of the Society's Council in 1918. Miss Buchanan also served as the chair of the PSGB Benevolent Fund. All of this was achieved against a continued background of opposition from the majority of pharmacists, many women as well as men. It is notable that many pioneers such as Margaret Buchanan and Agnes Borrowman were unmarried. Marriage was seen by many to be the end of any woman's aspirations for professional work. A letter from 'A Free Woman' to *The Pharmaceutical Journal* on 13 November 1920 described this attitude: *'It is easy to understand that men, and especially unemployed ex-Service men, in the drug trade should object to female competition, chiefly on the ground that competition tends to depress the wage standard...There is no more reason for excluding women from earning a livelihood in pharmacy than there is for excluding men who are less than 5 ft. 4 in. in height...let marriage be the gilding of a full life, not the end and object of an empty one'.*

It is worth noting that another key female figure in pharmacy was also a key part of NAWP's activities. Jean Kennedy Irvine, and active NAWP member, was

elected the first woman President of the Pharmaceutical Society in 1947. That she achieved this role more than 40 years before Dame Margaret Turner-Warwick served as the first woman President of the Royal College of Physicians in 1989, and more than 60 years before Dame Clare Marx became the first woman President of the Royal College of Surgeons in 2014, reflects the significant proportion of women working in the pharmacy profession and NAWP's role in championing their issues. Like Margaret Buchanan and Agnes Borrowman, it was the circumstances of WWI that gave Jean Kennedy Irvine her break: she moved from her native Scotland to London when her husband was enlisted to the army, and started a role checking the pricing of NHI prescriptions in 1914. She became superintendent for the south-east in 1916, and served on the staff for 35 years until her retirement. In her first speech as President, Jean Kennedy Irvine referenced the 1533 'Physica' by Hildegard of Bingen and said that anyone who doubted the place of women in pharmacy history should read it.

In conclusion, it might be interesting to press the fast forward button, and consider the issues facing women pharmacists today. When I took part in *The Pharmaceutical Journal's* Twitter chat on gender issues last year, the key themes were sharing experiences, finding role models and mentors, building confidence to shout about your successes, raising the profile of women leaders, and discussing challenges in the work place.

But the cynical historian in me notes that the women who established and built up the Association of Women Pharmacists more than a century ago were grappling with almost identical issues, if in a different context. The founding meeting of the Association of Women Pharmacists stated its aims to:

- discuss questions relating to women's employment, and
- the 'furtherance of social intercourse'.

They themselves were role models and mentors, and worked hard to promote their achievements, and move into positions of leadership, particularly within the Pharmaceutical Society.

So, has nothing changed? Of course, there have been many developments, not least the percentage of women in the pharmacy profession. However, I think that the key constant looking at women in pharmacy is the sense of camaraderie, the self-help attitude and the levels of determination from individuals that provide a catalyst for positive change.

Briony Hudson

The Pharmacist's Apprentice - A Personal Memoir

How it all began

It was on the night we had sardines on toast for supper that I decided to become a pharmacist. Thus are the most important decisions in our lives often inextricably linked to the most trivial events. I was in my final year at a girls' boarding school in Adelaide, and had been wrestling for some time with the problem of what I should do when I left school. It should have been an easy decision to make as I was the recipient of a Government Leaving Bursary which guaranteed me free tuition at Adelaide University, plus an allowance of 80 pounds a year. However, there were more immediate consequences to the sardine supper if we were caught in what was a forbidden enterprise. Eating while studying was not permitted. But a tin of sardines had been smuggled in to the boarding house by somebody's mother and the slices of bread taken from the dining room at tea time were carefully toasted on the one bar electric radiator in our small room. It was not until we had consumed the entire illicit treat that we realised there was a high risk of detection. Opening the window to the cold winter's night only very slowly cleared the air. As I sat there, shivering with the cold and our collective guilt, I announced to the others 'Right. I have decided. I am going to do Pharmacy next year'.

I had had many opportunities to consider this option. My father had been a pharmacist in a small South Australian town for more than 25 years and I found it fascinating watching him in his starched white coat, presiding over the compounding of medicines like some modern-day sorcerer. The characteristic smell of a pharmacy, so hard to describe, a mixture of camphor, musk, and a hint of Dettol, was very familiar to me from an early age. I also enjoyed investigating the store room behind the dispensary, where, in semi-darkness, the sunlight streamed down from tiny pinholes in the unlined galvanised iron roof; slender searchlights piercing the dusty air over the large storage bins and Winchester bottles containing the bulk stores. It all added to the magic and mystery.

My father had served his four year apprenticeship in Adelaide, attending evening lectures at the University, and passing his final diploma examinations in 1925. But because he was still not 21, he had to wait a further year before he was registered as a pharmaceutical chemist. He then took a position as Assistant Pharmacist to Mr Charles Wilkinson, whose grandfather, T W Wilkinson, had

established the business in a country town in 1862. Later Mr. Wilkinson offered my father a partnership and subsequently he purchased the whole business but retained the T W Wilkinson & Co trading name. He remained sole owner until 1951.

I remember him coming home late one hot summer's night after a day spent preparing large quantities of grasshopper poison, which he mixed in 44 gallon drums and then delivered to the farmers facing the insect plagues that regularly threatened their crops. There were several medicines which he made to his own 'secret' formulae, that were in constant demand in the town. Many years later I learnt that his Famous Cough Syrup had contained diamorphine, and when it became a Controlled Drug, he changed the formula, but somehow it was not the same. Being a rural pharmacist during the war meant long hours, hard work and some ingenuity due to shortages of many familiar drugs. There were occasional benefits to be had; one such was an allowance of ground white pepper, 'for medicinal use'. Not all of the supply found its way into medicaments.

First steps

Once my application for a place in the School of Pharmacy in the University of Adelaide had been submitted, I began the search for a master pharmacist who would accept me as an apprentice. The local Pharmacy Board had provided me with a list of potential masters. With some trepidation, I set out to visit them in their pharmacies. The first one I saw had already accepted another apprentice, the second hesitated only a moment, before saying 'Sorry, I was expecting a boy. I was only given your initials. I don't want a female apprentice'. The third looked equally doubtful, saying he had never had an apprentice before. He was, however, prepared to 'give it a go'.

My confidence in my brilliant career was waning fast, and was not helped by my first contact with Pharmacy's professional authorities. I was required to attend an interview at the headquarters of the Pharmacy Board, before I could be admitted to the Pharmacy course, and was very conscious of the fact that my uncle was the Registrar of the Board. I did my best to ignore him sitting at the end of the long oak table, while he twinkled at me from behind his glasses.

I was more occupied with the prospect of my first meeting with the legendary E F Lipham, Head of the University's Pharmacy Department. He looked at my

school reports and examination results, adjusted his hearing aid, a large and unwieldy machine, smiled his crooked smile at me and said with heavy emphasis, "Ah, yes, I'm sure you'll manage the first year quite well, but we'll knock you back in second year." My heart sank, and I nearly defected to a career in Science on the spot. But his ominous prophesy only served to make me determined to prove him wrong.

Indentures of apprenticeship

At the end of January 1952, I became indentured to a master pharmacist, and began work in his small suburban pharmacy in Adelaide. My Indentures took the form of a contract, drawn up in accordance with Regulations under the Pharmacy Act 1935 - 1947, between myself, my father, and my employer. I could not legally sign the contract without my father's consent as I was under 21 years of age. The contract confirmed that I was over sixteen, and had satisfied the Pharmacy Board that I had the required qualifications for apprenticeship. My employer for his part, had to be registered with the Board as a Pharmaceutical Chemist operating in an 'open shop' and had to be expressly approved as a person fit to take on an apprentice. I noticed when re-reading this official document that it consistently refers to 'he', 'his' and 'himself'. Despite there being a small, but growing, number of female apprentices, the old wording remained. Likewise the employer was assumed to be male. I also noted the use of 'employer' instead of 'master' throughout, although the latter term was still in common use.

The employer must possess the skills and knowledge to instruct the apprentice in the profession, occupation and business of a pharmaceutical chemist. He must permit attendance at the University of Adelaide for lectures and laboratory work, deemed necessary to pass the examinations. He will provide materials, plant and equipment as specified in the 'Official List', needed to instruct the apprentice. He will see that the apprentice, under supervision, dispenses not less than 1000 prescriptions, and manufactures Galenical's to conform to the 'Official List'. He will allow the apprentice two weeks holiday annually, on full pay, at a time convenient to him (the employer). The salary shall be in accordance with that fixed by the Industrial Court, but may be reduced by non-attendance due to sickness or failure to attend lectures, unless expressly approved by the employer. Parents will be responsible for the provision of food and lodging, wearing apparel, transport costs, textbook purchases, and to pay all fees and expenses due to the University.

The apprentice, 'of his own free will' binds himself to

serve as an apprentice for a full term of four years, with a three month trial period. He has a responsibility to 'truly and faithfully serve the employer as his apprentice, to obey lawful commands, and to only absent himself to attend lectures.' He will not damage, embezzle, waste, lend or dispose of goods belonging to the employer, nor do any damage or hurt to the employer's business credit or reputation. If the apprentice fails in any of his duties the employer can discharge him without notice, or may extend the period of apprenticeship. In every case a full written report must be made to the Pharmacy Board.

The Indentures do not make provision for the apprentice to contribute to such a report, to plead his case, or to take any action if he deems the employer has failed in his duties. There is no indication that a general appraisal of the apprenticeship would be expected either during, or at the conclusion of the four years. The Certificate of Completion of Apprenticeship, signed and dated by the employer, merely certifies that the apprenticeship has been completed to his satisfaction. Was I really an enslaved worker with so few rights? I am sure I did not think so at the time.

In the pharmacy

First impressions of the shop revealed a pale-coloured, clinical layout, with very little similarity to my father's warm cedar wood fittings and gold embossed drawers. One familiar feature was a large glass carboy, or flask, filled with coloured water, in a prominent position on the main counter. As time passed I watched the bright jewel colour of this pharmaceutical artefact gradually fade, until replacement with another solution was necessary. Given the carboy's size and fragility, this was no easy task.

On that first morning I am not sure who was more nervous, master or apprentice. I had never worked in a shop before, and was unaware of what might be expected of me, both as an apprentice and as a young person emerging from the sheltered life of a girls' boarding school. My master had only his own experience of apprenticeship to guide him. After some initial uncertainty my role settled into that of general factotum, charged with gaining experience in all levels of the operation of the pharmacy. My hours were 9 am to 6 pm Monday to Friday, with an hour off for lunch, and 9 am until noon on Saturday, and for that I received the salary of ten shillings a week. The pharmacy also opened for an hour on Saturday and Sunday evenings, but during my first year I was not required to be present.

Those early days were a continual round of washing bottles, dusting shelves, sweeping floors, unpacking

goods, checking invoices, altering prices, and recording prescriptions in the Prescription Book. The dispensary was small; on its meticulously tidy shelves were the bottles and jars containing the ingredients needed for extemporaneous dispensing, lined up in strict alphabetical order. To one side, was a section for tablets and other prepacked medicines, still a minor part of the dispensing. Under the window was the sink where I spent so much of my time in the early days. A small refrigerator held items such as antibiotics and eye drops, as well as milk for our morning coffee.

At first it was the testing of my social skills that I found the most daunting. I was expected to serve customers in the shop, but had no idea how to approach them with confidence. The shelves were filled with items I had never heard of, despite my childhood forays in my father's shop. There were the innumerable occasions when customers asked, in what I interpreted as exasperation, 'Can I speak to the chemist, please?' Establishing a good relationship with my master I found it difficult to judge how friendly or respectful or formal I was expected to be. My only previous experience of authority had been with parents or teachers, and having an employer was a new challenge. He was methodical, almost obsessive about what I saw as small details, and insistent on cleanliness. None of which I fully appreciated until years later when I began working as a locum in other, less well-ordered, pharmacies. There were times when I did voice some concerns ~ notably about how cold the shop became during the winter, with the front door wide open. I was told that if it was shut, potential customers might think we were not open for business. Eventually, complaining about my chilblains had some affect, and we acquired a small Calor gas heater for the dispensary. The front door remained open.

At the University

On 1st April 1952 I began the first year of lectures in the Department of Pharmacy, located on the University campus in the Darling Building. I had been keenly anticipating my life as a university student, and having intellectual discussions over long Refectory lunches, or romantic strolls along the banks of the River Torrens, but all were doomed from the start. As a faculty, Pharmacy was very much an outsider. The structure of the course, trapped within the apprenticeship system, meant that no time was free to enjoy the pleasures and perils of university life. When not attending lectures we had to return to our shops, and were never able to mix on a day to day basis with other students. As a result a strong sense of unity as pharmacy students

was built up, and the Adelaide University Pharmacy Student Association (AUPSA), had an enthusiastic following. From my first year I had been involved with AUPSA, and became the secretary in my second year. We organised meetings and social events, dinners and picnics, the high point being the Pharmacy Ball held each May. There we were entertained by our home-grown cabaret act, performed to great acclaim by May and Mack, two fellow students in my year.

The subjects covered in the course reflected the long-held concept of a pharmacist as a chemist and druggist and had changed little over the years. They included; Inorganic and Organic Chemistry; Botany; Pharmacology; Pharmacognosy; Forensic Pharmacy; Bookkeeping; and Pharmacy Services. Later Biology was added to the syllabus, and a varied collection of short topics covering First Aid, Nutrition, Social Biology, and History of Thought! No one who was a Pharmacy student then would fail to remember the Head of Department, Mr E F 'Lippy' Lipsham. This red-headed, short-tempered man with the colourful vocabulary, ruled his department with a rod of iron, and, it was rumoured, with a large No 10 pestle kept beside his desk. He spent long hours in the department, sometimes sleeping there, they said, beside his beloved balances. To receive back test papers with comments scrawled in the margin in his familiar green ink was not a happy experience. Many hours of work preparing what one believed was a well-reasoned argument, only to be dismissed by 'NBG' in large capitals, was the ultimate humiliation.

There was also the additional belief that Lippy did not approve of female students. Women now make up more than half the pharmacy workforce and it is hard to comprehend that not so long ago the struggle to win the same respect accorded to men, was very real indeed. In my year of 35 students there were eight girls, and we all encountered sexism to a degree, from within the profession as well as from the general public. I initially took extra care to keep out of Lippy's way, but eventually found that his bluster was evenly directed at all students, and he was an enthusiastic and stimulating teacher.

I had all but forgotten the prophesy of doom he uttered at my initial Pharmacy Board interview, when at the end of my second year I failed my Organic Chemistry Practical examination. Identification of Unknown Substances was an important part of both Organic and Inorganic Chemistry, and depended largely on employment of the senses. What a substance looked like, what it felt like, what it smelled like, and occasionally, what it tasted like, were given priority over, but did not

rule out, chemical assays. As I dusted the dispensary shelves in the pharmacy I systematically familiarised myself with the look and smell of the powders, tinctures, infusions, acids and other compounds. When I sat for the Supplementary examination the following January, one of our lecturers was the invigilator on that day and his friendly presence helped to settle my nerves.

'Everything OK?' he asked me as I stood at the laboratory bench during the Practical section of the exam. I was struggling with a particularly difficult Unknown. 'I've narrowed it down to three', I replied as I indicated the possible answers jotted on my notepad. 'This' (an almost imperceptible shake of his head), 'or this' (ditto), 'or this' (the merest suggestion of a nod). Perhaps it was not my finest hour, but this time I passed and moved on into the third year.

My only real claim to academic success came when I gained a credit in the Pharmaceutical Services examinations at the end of my third year. I was awarded the Parke Davis Prize, given annually to two students from each state and New Zealand, and which took the form of a three day visit to the company's Australian headquarters in Sydney. We were lavishly entertained, and taken on a tour of the factory, where we met the heads of various departments and had the opportunity to ask the questions we felt were important. As a public relations exercise it was extremely successful. Yet all these years later my two most vivid memories of that visit are of two 'firsts'. One was my first flight in an aeroplane, the three hour journey in an elderly propjet beginning at the airfield at Parafield, Adelaide's main airport at that time. When I returned a week later we landed at the new aerodrome at West Beach, which had opened in my absence. The other 'first' was my first taste of oysters.

The years pass

Most of my days as an apprentice and student involved attendance both at the shop and at University with the four mile journey between being taken on Adelaide's rattling and somewhat temperamental trams. When lectures were in the morning there was no time to relax over lunch, but a rush to be the first to reach the drug warehouses in the city, to use the free telephones provided, before 1 pm lunchtime closing. Long before the days of mobile phones we used this service to contact the boss to see if any drugs or other goods were required for afternoon orders. Afternoon lectures were late in the day, usually 5 or 6 pm, following a full day's work in the shop, and often a boring lecture could mean a less than attentive audience,

then a late return home. The practicalities of becoming a pharmacist took place in the pharmacy itself, and I progressed from mundane housekeeping duties to making up stock solutions of the most commonly ordered mixtures, and dispensing simple prescriptions. My first regular task was to ensure that the supply of Double Strength Chloroform Water was maintained. Added as a sweetener and preservative to almost all liquid medicines this solution was kept in a heavy Winchester bottle of two quart capacity. Strong arms were needed to manage the vigorous shaking required to ensure that all the tiny droplets of chloroform were dissolved. I learnt the correct technique for using a pestle and mortar to mix powders, how to deftly wield a spatula to mix ointments and creams on a porcelain slab, and, after many failed attempts, to prepare emulsions using the time-honoured mantra of Oil: Water: Gum 4:2:1. Even more important was to master the skill of retrieving the emulsion if it 'broke' or curdled.

I learnt to keep and send out the accounts of our regular customers, how to order goods, and check invoices, and to operate the bank sub-agency. Other aspects of the business were a mystery to me, and I went to extra information sessions run by big companies, to learn about cosmetics, and later, photography. I was occasionally entrusted with the important task of replacing the displays in the two front windows. Usually this was done by an outside company, who brought display materials featuring any current promotions ~ such as cough and cold remedies in winter. When I commented that their efforts were often drab and uninspiring, I was challenged to do better if I could. It was harder than I thought.

My master was also a qualified chiropodist and when these appointments occurred in shop time, I had to take responsibility for the shop and dispensary. The issue of supervision was still in the future and it was sufficient for the pharmacist to be on the premises, even if closeted away attending to troublesome feet. There was no connection with 'chemist's foot' ~ the development of an automatic response to items falling from the dispensary bench by strategically interposing a foot to prevent breakages. I had seen my father do this, but never quite mastered the knack.

There was one important aspect of my training that I could only learn from experience, and that was how to communicate in an effective way with customers. It was to my advantage that I was working in a small pharmacy within a close knit suburban community. I had the opportunity to get to know the families and their medical histories, ~ and often the highs and

lows of their lives. My interest in what is now known as patient counselling began with these interactions. It was not only customers with whom I came in contact. The local doctors and other health workers were regular visitors, particularly the GP from the nearby surgery, who called in for information, to 'borrow' coffee, or just to chat. Representatives from the drug houses called in each week to take the main goods orders, which were then delivered two days later. Long before the advent of same day telephone order and delivery, more forethought was needed to anticipate demands up to a week ahead. Even so this was an advance on my father's experience of ordering by post items which could take over a week to arrive. The personal contact with drug company reps was much appreciated, to learn about new products and to exchange news and views, not always pharmaceutical in nature. In particular I remember the stories told by Martin Chappell, who was later to achieve reflected glory as the father of three eminent cricketing sons.

Keeping the Prescription Book up to date was seen as my responsibility. This large leather bound volume held pride of place on the main dispensary bench. Every prescription had to be recorded in detail under the patient's name and address, with directions for administration, and the prescribing doctor's name. An entry was also made each time in the Index and woe betides the poor apprentice if this vital task was forgotten on a busy day. All prescriptions were handwritten and the skill of reading the doctor's writing was rightly judged to be the cornerstone of the pharmacist's art.

Deciphering what appeared to be an atrocious scrawl was a challenge I enjoyed, and I soon learnt the various tricks that helped. Traditionally, prescriptions were written in Latin, and began with the symbol Rx for 'recipe'. I was pleased I had studied this language at school, but still had to acquaint myself with the abbreviations of the most common Latin phrases.

Weights and measures were expressed in the mediaeval Apothecary system, and grains, scruples and drachms became as familiar to me as Imperial ounces and pounds. Metric measurements and computer-generated labels were still many years away. All labels were hand written, or later, typed, and it was not necessary to state what drug or drugs were contained in the medication; The Mixture, The Tablets, The Ointment etc., would suffice. Once a prescription was dispensed and labelled it had to be correctly packaged before handing out. There was a very precise method of wrapping an 8 fl.oz bottle of medicine, in exactly the right size piece of white

demi paper neatly folded over the cork and sealed with a lump of red sealing wax. It was a very satisfying conclusion to what was regarded by many as an art, as well as a science. But I was soon made aware that Pharmacy is indeed an exact science, where 'near enough' is never 'good enough'. The right patient must get the right dose of the right medication with precise directions for use. To this end the BP (British Pharmacopeia) became my invaluable reference book. From its monographs I had to memorise the maximum dosages of all the drugs in common use.

The advent of the National Health Act in 1953 meant we had to cope with more paperwork. Although it was anticipated to be a 'free' service in line with that operating in UK, only prescriptions issued to pensioners and in some other specified categories, were free. A small charge was made for other items covered by the Pharmaceutical Benefits Act. Each month the prescriptions had to be individually priced and then sent in for payment. Yet another job for the apprentice.

My memories of my time as an apprentice and student are mostly of individual events, rather than a continuous timeline. March 1st 1954, was a day I remember well. It was the day of the Earthquake – a very rare event in Adelaide. The violent shaking lasted only 20 seconds or so, but I was soon wide awake, and feeling very frightened. The rumbling died away followed by an unnatural silence. Because this was before all-night radio, we had no way of knowing just how widespread or serious any damage might be. Daylight revealed some new cracks in the walls of our house, and plaster fallen from the ceiling, but the news told of more severe damage in other suburbs. Fortunately there had been no fatalities and only minor injuries.

It was not until I arrived at the shop next morning that I realised other places had not fared as well as we had. Hundreds of items had been shaken from the shelves onto the floor, and the contents of the broken bottles formed a sticky mass. Friars Balsam, Larkspur Lotion, and Scott's Emulsion mixed together and decorated with shards of broken glass do not make a pretty sight. In one corner several bottles of Infants Corrective Cordial had very effectively curdled the Ponds Complexion Lotion. Not all sections of the pharmacy were affected. Only East or West facing shelves had shed their contents – an indication of the direction of the earthquake's path. A day long cleaning operation was necessary, as even items not dislodged from the shelves were covered in layers of plaster dust from the ceiling.

How it ended

My four years as a student came to an end in November 1955, when I sat for my final examinations. I had found my final year difficult, with the pressure of study still interspersed with my duties as an apprentice. Although by this time a shop assistant had joined the staff, I was taking more responsibility in the dispensary, and my salary had increased to four pounds a week. I worked every Saturday evening from 7–8 pm and occasionally on Sunday as well. The dispensing was still mainly extemporaneous, with mixtures, lotions, creams, ointments, ear and eye drops being the most common. Occasionally there were powders to be mixed and very rarely, suppositories to be made. I had to learn how to mix, cut and roll pills, even though tablets had largely replaced them. The last time I used a pill machine was in my final practical exam, when I had to produce a batch of silver coated Pil. Hydrarg. Ammon. Just before Christmas I learnt that I had passed my finals. I was obliged to work on into January to complete my four years' indentures

More than twenty years after the events, and after I had been living overseas for some time, I returned to Adelaide and decided to revisit some of the places associated with my student days. First, my old school, where the fateful sardine supper had taken place. As I hesitated about taking a photograph for the sake of nostalgia, a young boy came out of the front door onto the porch, and bounded down the steps. That sigh might have been the sound of my former headmistress turning in her grave. We were never, ever, permitted to use the front porch. Running was unladylike, and as for boys having free access to the school grounds... I left without my photograph. A visit to the University was no more rewarding. The Darling Building, where all our lectures were held, was still there but no longer housed the Department of Pharmacy. It had moved in 1965 to the South Australian Institute of Technology (SAIT), the apprentice system abandoned, and the first students enrolled in a BPharm degree course.

The Editor and members of the Executive Committee would like to thank Sue's family for sending us this memoir of her days as a pharmacy apprentice and for allowing us to reproduce it in our Newsletter.

RPS Museum Celebrating Women in Pharmacy Online

The on-line exhibition entitled *Celebrating Women in Pharmacy*, which was first exhibited on the RPS Museum website to coincide with the NAWP Centenary Celebrations in 2005, will be re-exhibited during 2020. No date is available at present but it is anticipated to be in the early Summer.

as an apprentice, and only then could be registered to practice as a pharmaceutical chemist.

The final episodes of my life as a student played out in April and May 1956. The ceremony of Commemoration and conferring of degrees took place in Bonython Hall, the grand neo-Gothic building that is the centre of the ceremonial life of Adelaide University. Having spent four years out on the fringes of the establishment, at the moment of leaving, we pharmacy associates were welcomed into the elite company of the alumni of the university. I wore my modest black cap and gown with pride, quite equal to that of the graduates in their more colourful robes, yet aware of a certain irony in the situation. Perhaps of more significance was the Dinner for Newly Qualified Members given by the Pharmaceutical Society of South Australia, when we officially received our Certificates of Registration. The programme states that I was one of the responders to the toast to the New Members, and although I was highly conscious of this honour, I have no recollection of what I said.

Addendum

With some trepidation I approached the pharmacy where it all began. I had been advised that the shop was now a mini-market and my former master had moved into new premises just a few doors away. It was reassuring to be greeted by that familiar pharmacy aroma, but the physical surroundings were different. I wondered if I had also changed beyond recognition, and would have to introduce myself. As I waited while a customer was being served, some of the old anxieties of my apprenticeship crept back. Surely he would feel, as I did, that this was an historic moment.

'Hullo' he said mildly, as if former apprentices called to see him every day, 'How are you these days? Still living in England?'

Oh well. *Sic Transit Gloria Mundi.*

*Sue Symonds (nee Martin)
Pharmacy Apprentice
1952 – 1956*

2020 onwards; A New Chapter

The PDA is delighted that we are able to support the next chapter in NAWP's history. When we saw that the association was dissolving after 114 years there was no doubt and no delay in our decision to find a solution to keep it in existence. Together, with the existing NAWP Executive, we have achieved that outcome.

After 16 years as a membership organisation and with membership numbers rapidly heading towards 30,000 we were planning to develop our own "diversity" networks and the opportunity to amend our plans to instead support NAWP was something we knew would bring a better solution for pharmacists.

Our existing straplines are "Representing your interests", "Defending your reputation" and "Supporting your career" fit comfortably together with the NAWP mission to "enable all women pharmacists to realise their full potential and raise their profile by being educationally, socially and politically active".

We will be actively encouraging all of our 17,000 women members to consider getting involved in NAWP, and making clear to the men that they can get involved too. We are currently making systems changes so that non-PDA members can join as well. We hope that many do, including all those of you who are currently members of NAWP. It will then be for NAWP to appoint its own leadership, decide priorities and undertake activity.

Funding from NAWP membership fees will be available to resource that work, and there is also existing PDA resources and personnel on which NAWP will be able to call. For example, we have

many thousands of social media followers and our members receive regular email communications from us. In future this will include information from NAWP.

As a defence association and trade union we understandably see a lot of the negative side of pharmacists' working lives, as they often come to us when faced with professional or employment difficulties. Though we are there finding positive solutions, this can nevertheless unfairly lead to our organisation being associated with negativity. In reality, our strategic and policy work and the career support we give to members is about celebrating what is good in pharmacy and making it even better. We know that things don't have to be bad to get better, and we believe everything can be improved.

So we expect the NAWP agenda will remain varied. It may include profiling role models of women in pharmacy, responding to government proposals for neo-natal leave, highlighting the potential dual discrimination faced by black women in some circumstances, or address many other topics. We hope through our membership of the Employed Pharmacists of the European Union (EPHEU) we can help enhance the European Women Pharmacists Meeting and through our UK trade union connections we can engage with wider campaigns on women's issues. PDA is a pharmacists' organisation and the subject of gender-linked aspects of pharmaceutical care should also continue to be a focus for NAWP.

We look forward to working with you.

*Paul Day
Director, Pharmacists Defence Association*

Maintain your NAWP Membership Annual Subscriptions 2020

Please make sure you maintain your NAWP membership after 31 December by 'joining' online via the PDA website at <https://www.the-pda.org/nawp>

The on-line joining process will be live on or just before the 1 January 2020 and your membership will enable you to continue your support for us to 'enable all women pharmacists to realise their full potential and raise their profile by being educationally, socially and politically active'.

As well as the ability to support and engage in the work of NAWP, members will now also have access to a number of other benefits, including:

- PDA and NAWP Publications
- PDA and NAWP Training & Education (at member rates)
- PDA and NAWP Conferences (at member rates)
- PDA Plus benefits (discounts and special offers).

PDA members can join NAWP for £10 per year, retired members for £20 per year and non-PDA members for £30 per year. In accordance with PDA's support for future pharmacists, NAWP membership is FREE for PDA student members (PDA student membership is also FREE).

New members are also very welcome and so please also encourage others to join us.

Our Treasurer, Monica Rose would like to remind existing members to make sure that Standing Orders have been cancelled for 2020 and thereafter

Jean Kennedy Irvine

I came across the name Irvine when I was researching a poster on the roles of pharmacists and technicians during WWI. The poster was for the British Society for the History of Pharmacy, Spring Conference 2014, which was held in Birmingham UK. For the poster I used information from letters which were published during WWI, in the *Chemist & Druggist* and the *Pharmaceutical Journal*, most were anonymous. I did discover a letter entitled 'The Dispenser and the Showman' and it was signed by Sgt Peter Irvine RAMC. This letter had been written after the armistice and was published in the *Chemist & Druggist* 1918 (1). Using the annual registers of the Pharmaceutical Society (2), it was possible to trace the career path of Peter Irvine and to eventually find his obituary (3).

From all of this information the life of Peter Irvine was revealed. He was an exceptionally talented, resourceful and resilient pharmacist especially during WWI. This biography formed the basis of a paper which showed that Peter Irvine was married (4). His wife was also a pharmacist and her name was Jean Kennedy Irvine. She had been the first woman President of the Pharmaceutical Society of Great Britain during 1947-1948 (4). I decided to research her, for I wanted to know if she had been a spirited and determined character like her husband had been.



From her obituary, written in 1962, it stated that Jean Kennedy Irvine, who lived from 1877 - 1962, was a pharmacist who was born in Hawick, Scotland (5). She qualified in Hawick as a pharmacist in 1900, after serving her apprenticeship in pharmacy with Thomas Maben. In fact she qualified as a chemist

and druggist but this term fell out of use after the Pharmacy Act 1953 when all pharmacists were known as pharmaceutical chemists (6).

She then worked as a pharmacist in Glasgow. From 1900-1904 she was employed as assistant pharmacist and then chief pharmacist at Glasgow Apothecaries Company. She was a pharmacist with John McMillan of Glasgow who was a well-known pharmacist. From 1904-1914 after her marriage to Peter Irvine, she helped manage two of his pharmacies in Glasgow (5). From 1914-1916 she worked as a retail pharmacist (7). In 1916 she was appointed Superintendent of the South-Eastern Pricing Bureau in Cedars Road, Clapham, where she worked until 1946. From 1932, Jean and Peter Irvine lived at 112 Beaufort Street, Chelsea, London (4). Her services to Insurance Committee work were recognised in 1928 when she was awarded an M.B.E. She was the first woman President of the staff side of the Whitley Council for the National Health Insurance administrative, technical and clerical services. She was the first woman elected to the Presidency of the Insurance Committee Officers' Association for England and Wales. During her thirty years as Superintendent at the South-Eastern Bureau, she was responsible under the National Insurance Act and the National Health Service Act (5). She was elected to the Council of the Society in 1937 and retired in 1952 (5). During WWII Peter and Jean Kennedy Irvine were registered at addresses in Marlborough, Wilts. After WWII she became the first woman President of the Pharmaceutical Society, in 1947-1948 (5).

In her Presidential address Mrs Irvine set to dispel the idea that women were comparatively new to pharmacy. She said that 'In the twelfth century St Hildegard abbess of Bingen on Rhone was the greatest scientific writer of the Middle Ages and one of her books gave a detailed description of drugs, mentioning hundreds that were still in use'. Jean Kennedy Irvine also mentioned 'Another woman who was a Sister Apothecary at Westminster Abbey' (8)

Jean Kennedy Irvine was a past President of the National Association of Women Pharmacists (5). In

December 1948, during the year of her presidency, Jean Kennedy Irvine was honoured by fellow members of the National Association of Women Pharmacists at their association's Christmas Fair. They presented her with a radio set, in token of the members' admiration for the way in which she had carried out her duties as the President of the Pharmaceutical Society 1947-1948 (9).

In November 1957, in the Council chamber at 17 Bloomsbury Square, after the monthly meeting of Council, Mrs Irvine unveiled her portrait which had been painted for the Society by Norman Hepple, A.R.A (5). This portrait hangs today in one of the RPSGB museum's display cabinets, which are situated in the reception area of the RPSGB headquarters in East Smithfield, London.

Mrs Jean Kennedy Irvine died on the 3 March 1962 and there were Council tributes and appreciations paid to her, at the meeting of Council on the 7 March 1962 (10).

Mr C. W. Maplethorpe said that 'when he joined the Council in 1943, Jean Kennedy Irvine was already an established member and she was looked upon as very vigorous and outspoken. She made it clear that she did not represent women pharmacists she represented pharmacy and pharmacists in general. She spent her energies in attempting to raise the status of the profession'. Mr Maplethorpe said that he 'valued her support and help greatly in educational matters'. He recalled 'In 1947 Jean Kennedy Irvine attended the Pharmaceutical Conference at Torquay with her husband. She took the chair at a meeting at Torquay when the Branch Representatives approved a new scheme of pharmaceutical education. Later that year the Council reversed the decision of the Branch Representatives meeting. Mrs Irvine referred to the Council loudly and clearly in public session, as 'crazy'. This was a measure of her strength of character. She was not afraid to speak out. She never courted popularity. She did much for pharmacy. Mrs Irvine was forthright and direct, yet sincere and kindly in her dealing'.

Another Council tribute came from Miss M. A. Burr (Vice President) who said 'she was pleased to pay tribute to Jean Kennedy Irvine, the first woman who held the high office of President of the learned Society. Mrs Irvine brought a wealth of experience and knowledge to her office and possessed great attributes that made her a good administrator'. Miss Burr reiterated Mr Maplethorpe's words, saying 'Jean Kennedy Irvine was forthright and direct yet at the same time in her dealings she was sincere and kindly'. Miss Burr said that 'Mrs Irvine was a

Scot and she was justly proud of her Scottish Heritage. Jean Kennedy's greatest asset in her work was the fact that she was blessed by the great characteristic of single mindedness, something seen on many occasions in the Council deliberations. During the latter years of her life Jean Kennedy Irvine continued to be interested in all affairs pertaining to pharmacy, which she frequently referred to as her first love'. Miss Burr said that she was 'grateful to the encouragement that Mrs Irvine gave her. Jean Kennedy Irvine was a great source of encouragement and inspiration to all and especially women pharmacists, for she had great faith in the future of pharmacy'.

Mrs G. R. Boyes wrote that 'There can be few women of her generation who had achieved so much in so many fields, from being the first woman President of the Pharmaceutical Society, the Superintendent of the Joint Committee for pricing prescriptions South Eastern Division, to being the acknowledged expert in the administration of the National Health Insurance Act, to being the first person to sit on a Whitley Council and finally to serve as President of the staff side of the Whitley Council for the Insurance Committee Service. Jean Kennedy Irvine was one of those who worked for and finally achieved the establishment of a superannuation scheme. To those who worked with her, her immense vitality and capacity for hard work were an inspiration and she expected the same high standards which she herself set. To younger and less experienced colleagues she gave constant help and encouragement from her own knowledge and experience. She qualified in pharmacy at a time when women in the profession were rare and not readily accepted by their male colleagues. In her early career she was closely identified with the efforts of women to attain the franchise. In pharmacy she was an active spirit and a major force in the organisation which set out to secure for women equal opportunities with men. She had a keen and lively mind, her thinking was often ahead of her time and her influence will be felt for a long time to come in the many spheres of activity to which she gave unstinting service'.

Mrs G R A Short wrote: 'By the death of Jean Kennedy Irvine, a great Scotswoman passes from the pharmaceutical scene. Jean Kennedy Irvine was a woman of wide interests and culture. Her great kindness and tactful persuasiveness made her a host of friends. She is remembered for her warm-hearted sympathy, shrewd common-sense and dry humour. As a hostess, Mrs Irvine was seen at her best, as she had the gift of making her guests feel at home and her cordial hospitality and friendship will

long remain in the memory of her friends. She retired in 1948 from an office she filled with distinction but the latter years were saddened by the sudden loss of her husband Peter in 1949. Her retirement from public life in 1952 caused a gap which was difficult to fill not only at No 17 but in a wider sphere outside. She will long be remembered as the most distinguished woman pharmacist of her time'.

Jean Kennedy Irvine was a Scot, an expert administrator and a talented pharmacist. Like her husband Peter who was also a Scot and a pharmacist, they were trail-blazers and of the same ilk.

Norma Cox

Editor's note: The latest issue of the Pharmaceutical Historian has published an article by Norma on four Victorian education entrepreneurs who founded three private schools of pharmacy in Liverpool (1849) and London (1872 and 1874) (Pharmaceutical Historian, Volume 49, Number 3, September 2019, pp. 74-82)

<https://www.ingentaconnect.com/content/bshp/ph/2019/00000049/00000003/art00002>

Building relationships with Europe.

Over the past 15 or so years NAWP has had a developing relationship with other women pharmacists in Europe. Prior to our centenary we had some contact with NOVA (Dutch Association of Women Pharmacists) and recently, when I was going through some of our archives, I discovered that in 1987 NAWP had been involved in an International Leadership Symposium: 'The Role of Women in Pharmacy' in London. However, 2005 proved a turning point when we were invited to the 2nd meeting of European Women Pharmacists (EWP) in Heidelberg. Organised and hosted by the dpv (Deutscher Pharmazeutinnen Verband), the aim was to bring women pharmacists from the European Union to share experiences and concerns. Six members of NAWP attended and we participated by giving a short presentation on the history of NAWP; undergraduate and pre-registration training; and an overview of the employment and workforce issues of women in the profession, including the problems and challenges faced by women working in the pharmaceutical industry.

Since then NAWP members have attended all subsequent meetings. During this period we have visited a number of cities in Germany including Hamburg, Munich, Berlin, Frankfurt, Wiesbaden as well as meetings in The Hague, Warsaw, Vienna and Reykjavík. In 2012, we hosted a meeting in Manchester.

These meetings have covered a wide range of topics

References

- (1) Irvine, Peter. *Chemist & Druggist* 1918 (Dec 28); 90: 33-34.
- (2) *Annual Register of Chemists & Druggists and Pharmaceutical Chemists and Registered Premises. 1937-1949.* London: Pharmaceutical Society of Great Britain.
- (3) Obituary. *Pharm J.* 1949 (Dec 10); 162: 457.
- (4) *Pharm Hist (Lond)* 2016 (Dec); 46 (4):70-71.
- (5) Obituary. *Pharm J.* 1962 (March 10); 134: 203-204
- (6) www.pharmaceutical-journal.com/your-rps/looking-back-at-175-years-of-the-royal-pharmaceutical-society.
- (7) Haines, M.C. *International Women in Science: A Biographical Dictionary to 1950.* ISBN 9781576070901.
- (8) *Chemist & Druggist.* 1947 (June 14); 147: 695.
- (9) *Chemist & Druggist.* 1948 (Dec 25); 150: 813
- (10) *Pharm J.* 1962 (March 10); 134: 204.

related to pharmacy practice, career progress, education and optimising healthcare and have provided the opportunity to learn and understand the situation in the different European countries, as well as to network; and make friends. A group of 11 members (including one speaker) and 6 partners have recently returned from another interesting, diverse and enjoyable meeting in Dresden.

In addition we were invited to, attended and participated as speakers at a Gender Medicine Conference in Heidelberg in 2008. This was organised by dpv and the Deutsche Ärztinnenbund, Baden Württemberg group.

In 2012 NAWP representatives attended the 10th Anniversary Festsymposium of the dpv in Berlin and, in 2013, the 25th Anniversary of NOVA in Deventer.

The dpv having ceased to exist, so the last three EWP meetings, in Vienna, Reykjavík and Dresden, have been organised by a voluntary committee comprised of two members from NAWP, and women pharmacist representatives from The Netherlands, Germany, Iceland and Austria. As the next meeting will be held in Romania a representative from Romania has joined the committee.

It is hoped that UK participation in the EWP meetings will continue.

Virginia Watson

A TRIP DOWN MEMORY LANE

A few reminiscences from recent years

NAWP opens twitter account
February 2014

The Carer's Project
Launched September 2007

A visit to the Women's Library
January 2011

Address given at the memorial service for Ann Lewis
NAWP Newsletter, September 2014

Presentation of plaque commemorating the first meeting of the AWP
to the Director of the German Historical Institute,
17 Bloomsbury Square. November 2005

NAWP President participates in Woman's Hour (BBC Radio 4)
September 2010

Cardiff Branch of NAWP visit Risca Heritage Museum
November 2014

50 years of Equal Opportunities between Men and Women
Facts figures and solutions for the under –representation of women in science
epws article in NAWP Newsletter, August 2007

Launch of the report of the First English Pain Summit,
House of Commons attended by NAWP President
July 2012

NAWP Annual Conferences

- 2006 Milton Keynes
Carers and Caring for the Future
- 2007 Stratford-upon-Avon
Recent Advances in the Treatment of
Cancer Patients
- 2008 Barnsley
When a Spoonful of Sugar Does Not
Help
- 2009 Gloucester
Affairs of the Heart —
A Cardiovascular Approach
- 2010 Kenilworth
Ophthalmology — A Vision for the
Future
- 2011 London
Blue pill, pink pill. *Joint gender
medicine conference with MWF*
- 2012 Manchester
Neurological Disorders
*also the 8th European Meeting of
Women pharmacists*
- 2013 Brighouse
Healthy Mothers and Babies
- 2014 Cardiff
I Forgot to Remember—
Understanding Dementia
- 2015 Bristol
Multicultural Healthcare —The
Pharmacist's Role

Blue Pill, Pink Pill, Does Gender Matter?
November 2011



Members express concerns on Work Place issues
NAWP Newsletter, July 2013

NAWP representatives attend WNC
All Partners Conference
November 2009

NAWP was one of the very few organizations
who were not only invited , but attended every
Transcom (Transitional Committee) meeting
NAWP Newsletter, April 2009



Centenary celebrations 2005

NAWP
Executive Committee

President: Anita White; Secretary & Registrar: Hazel Baker; Treasurer: Monica Rose;
Newsletter Editor: Virginia Watson
also Christine Heading, Joan Kilby, Elizabeth Nye, Jenny Cobden, Veronica Pearson, Susan Shelley,
Veenar Dhadwal

The NAWP executive committee will be disbanded on 31 December 2019
For any enquiries related to the wind down or an historic matter please email: nawp.ch@gmail.com

Note from the Editor

I would like to thank all those who have contributed to the NAWP Newsletter since I took on the role of Editor in 2002. I would also like to acknowledge the sponsorship we received from Phoenix Healthcare Distribution Ltd, especially Liz Sutton and to the two Matts for the production and printing of the Newsletter from 2003 to 2015.

Constant change and adaptation is necessary for the
survival and development of NAWP but consistent
throughout has been the friendship and camaraderie
amongst the members.