

# The Future of History of Pharmacy

John Scarborough

Ah, yes, the “future” of the history of pharmacy. A sore point for me, since here at Wisconsin, I am teaching the last group of students who are required to take the history of pharmacy in order that they may obtain a degree. Many are Ph-1 students, but there are many who are medical students, or history of science majors, and, of course, those who have not been able to take Social and Administrative Pharmacy 401 as first-year students, and are now making up the requirement. I am saddened, indeed, that the future of the specialty appears as it does: marginalized at best. I would predict that in the coming years, the enrollment for the history of pharmacy course will drop from the normal 150 or so to (maybe [here’s hoping!]) 30 students who are innately curious about the history of their profession. We have but one fairly decent (maybe two) texts in the history of pharmacy written in English, and the best secondary sources (surprise!) are those in German published before World War I. That’s no typo: I, not II.

In our new Pharm.D. program, “any history” will satisfy the pre-pharmacy entrance requirements (the literal truth), so that our graduates may one day know something of the Spanish conquest of Aztecs and Incas but nothing much about why quinine remains so useful and where it came from and why. If they chance to take Latin America as the “history” pre-requirement. All of this amazes me. In my courses in Greek and Roman Medicine and Pharmacy (Social and Administrative Pharmacy 561), I always have at least 50 students from the broad mix of majors characteristic of the University of Wisconsin, and in the Byzantine Medicine and Pharmacy (Social and Administrative Pharmacy 562), I now have 35 students, many of whom are (as always seems to be the case) some of the brightest and inquisitive I could imagine. We all de-

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rive great pleasure when an art history major debates a philosophy major on the “meaning” of whatever is the topic for the week, and students seem to have problems only when we enter the world of medieval Arabic medicine, perhaps due to the strange “non-Indo-European” terms, authorities, and other matters. Old Church Slavonic (medieval Kiev and the like) seems to bother them less, but maybe since Russian is a kindred language, this may be the simple explanation of the contrast.

Pharmacy is not alone in “dropping” history from its requirements. I know of no other university anywhere in world (my ignorance of continental European curricula may be showing here) that requires the history of medicine or the history of pharmacy to obtain a degree. We now have “electives.” The obverse, to me, is suggested by the pharmacy students who show up for our “electives” at Wisconsin in Greek and Roman Medicine and Pharmacy, and the somewhat fewer who “elect” Byzantine Medicine and Pharmacy, both 500-level courses students can take as juniors or seniors or as part of a graduate program. Again, sadness. There is much enthusiasm from these youngsters, and they are the lucky ones. They, or some of them anyway, may be on the forefront of the new revolution now overtaking us in molecular genetics or molecular diagnostics. One chap, for example, in the Byzantine course, is a “gaming expert,” with a double major in mathematics and history, so his contribution will be rather different than the “straight” biochemistry majors, of whom I have quite a number. History?

“Why bother” seems to be the general attitude among my colleagues. It would be nice as window-dressing, but with all of these other VERY IMPORTANT subjects to master how can one make room for mere history? Part of the problem lies at the doorstep of the historians (of whatever ilk) themselves. Many “history books” are unreadable, thanks to a kind of in-house jargon that “those in the know” in the history of science, the history of medicine, and somewhat less the history of pharmacy will understand, but for you who are “merely curious,” go away! Things change. The American historians, followed by the ancient historians of Greece and Rome, were the first to recognize the involution, and the happily noisy controversy over Afro-Centrism is the result of a Classicist or two recognizing what sort of BS “African Studies” departments were offering as history. I find this open, vitriolic quarrel incredibly healthy. Maybe we can get rid of Bernal’s Black Athena once and for all. Getting good history is as difficult as getting good literature: it seems that Sturgeon’s Law has caught up with us: Ted Sturgeon was a prominent science fiction writer of the ’50s and ’60s who posited that 90 percent of science fiction was garbage, thus 90 percent of everything

written is garbage. With fewer and fewer students entering the history of science, medicine, and pharmacy, we are witnessing the law of diminishing returns. There is, however, hope: I now have a graduate student who would knock your socks off with his command of Greek, Latin, and increasingly Arabic (not to mention Hebrew) and who has that odd, if not quirky, quality that will produce great scholarship. His interest? Galen. His special interest? Galen's pharmacology. Nothing much done on this since the Renaissance. Whatever he writes will be original, since he controls the sources, writes clearly and succinctly, and knows what is important and what is not. One student in an area that is (literally) wide open for students who are willing to do the languages, know what science is (and is not), and—perhaps most importantly for the future—how to teach the utterly pragmatic value of History (that cap is intentional) to medical students, or students in whatever branch of the biomedical sciences he or she chances to be in. Galen's pharmacology was the model adapted, refined, streamlined, and finally with Aetius of Amida's Sixteen Books, became the "drugs by degrees" system of drug classification, used well into the nineteenth century. Now THAT'S important.

Until pharmacy administrators realize the difference between antiquarianism and historical analysis and research, the future of the history of pharmacy (and medicine) looks rather dim. And with a new revolution about to burst around us in the essentials of drugs and diagnostics in medicine, who can say any administrator wanting to keep his job will choose the history of the profession as priority? Yet history gives us hope (cliché—sorry). Once Pasteur, Koch, and the rest set the tone in the nineteenth century, there was a flurry of scholarly activity to probe for antecedents (a quickie introduction into some historical problems), and some of the finest works ever written in the history of pharmacy and medicine (mostly in German) emerged by the turn of the century. We may be now at a low point, but I, for one, am not discouraged by the indifference of my colleagues. Sure, I'm window dressing for the time being, but sooner or later somebody, somewhere will say "Well, well: this business of history has a very practical use," much as they used to say at Johns Hopkins medical school; it teaches us to be open to ideas, ideas that can be tested in that laboratory of life.