however, do not digest until they reach the intestine, so that their contents are liberated farther down.

Glycerinated gelatin suppositories ($^1/_3$ gelatine, $^1/_3$ glycerol, $^1/_3$ water), nasal, urethral, rectal and vaginal, are used in large quantities. They are firm, yet contain relatively large quantities of water, in which can be dissolved various medicaments.

GELATIN IN ADULT DIETARIES.

Gelatin is used in the adult dietary primarily in the form of salads and desserts, making the many attractive dishes with which all are familiar. Its use in the manufacture of ice cream is practically universal; about 0.5 per cent of gelatin is used and gives the cream a smooth velvety texture. The great advantage of gelatin in special dietaries, especially those for use in hospitals, lies in the fact that it is a pure protein, of known caloric value, making it a simple matter to calculate formulas, readily assimilable, and easily combined with practically any other form of foodstuff, especially vitaminous foods of value in the various so-called deficiency diseases. The above-mentioned quality, that of adding attractiveness to dishes, is of particular importance in preparing special foods for invalids and convalescents, where, for psychological reasons, the appetite must be tempted in every way possible.

PITTSBURGH, PA.

PRESCRIPTION CLINIC.*

BY ADLEY B. NICHOLS.

An introduction is hardly necessary for this clinic, as it has been conducted often enough for most of you to know its plan and purpose. All prescriptions presented are authentic and have been collected during the past year from current files. Many of those obtained were duplicates or have been presented before, and a large number of those brought to my attention as incompatibilities seem to offer no trouble or difficulty when compounded just as written, no matter how many times they were tried. In other words it would seem to show undue carelessness on the part of the original compounder, either as to the method of procedure or the ingredients used in filling the prescription. Prescriptions are printed as written.

℞ 1	Tr. Aconit.	*f*℥*ii*
	Tr. Bellad.	*f*℥*i*
	Sod. Brom.	℥*i*
	Elix. Pepsin. et Bismuth *q. s.*	*f*℥*vi*
M ft. sol.		

In this prescription, the bismuth is immediately precipitated by the sodium bromide; in the form, however, of a very creamy milk, which readily stays in suspension upon shaking. All that is required is a "shake label."

℞ 2	Stront. Salicyl.	℥*iv*
	Sod. Bicarb.	℥*iv*
	Phenyl. Salicyl.	℥*ii*
	Elix. Aromat. *q. s.*	*f*℥*iii*

* Prescription Clinic of Section on Practical Pharmacy and Dispensing, A. PH. A., St. Louis meeting, 1927.

In the first place we have an excessive amount of solids to dissolve in the elixir and, secondly, a very decided effervescence develops, due to the strontium salicylate and the sodium bicarbonate. The solids should first be thoroughly powdered in a mortar, the elixir added and the effervescence allowed to cease before the product is bottled. In this manner the excess solid matter is finely enough divided to readily be dispensed with a "shake label." A slight coloration occurs from the salicylate as the preparation ages.

℞ 3	Antipyr.	
	Caff. Cit.	
	Quin. Bisulph. *āā*	gr. *viii*
	Sod. Salicyl.	gr. *xvi*
	Aquæ *q. s.*	*f*℥*ii*

In this prescription we experience difficulty with the quinine bisulphate, which seems to be split up when it comes in contact with the sodium salicylate. The preparation at once assumes a milky appearance and almost immediately a coagulation occurs with the result that a gummy, sticky mass adheres to the bottom and sides of the container leaving a clear supernatant liquid. This difficulty may be overcome by using about ten grains of tragacanth, which acts as a suspending medium and prevents the gummy mass from separating for about a week, after which time small granular particles are formed throughout the liquid.

℞ 4	Pot. Chlor.	℥*i*
	Tr. Ferr. Chlor.	*f*℥*i*
	Ac. Acetylsal.	℥*i*
	Glycer.	*f*℥*ss*
	Aq. Dest. *q. s.*	*f*℥*ii*

This is a prescription in which the pharmacist must understand the possibilities of a compound; when first prepared this one has the light yellow color which would be expected. However, after the preparation stands for a few hours, the acetyl salicylic acid splits up and the characteristic coloring of the salicylic acid with the iron is developed. It turns red and, finally, changes to a deep purple; in fact, almost black.

It is doubtful whether the physician would want a preparation of this type, as in all probability he doesn't realize what takes place. If it is to be dispensed, the customer should be reminded of the change which will occur.

℞ 5	Tr. Aconit.	♏ *xii*
	Tr. Bellad.	♏ *xxiv*
	Spt. Camph.	♏ *xxiv*
	Sod. Brom.	gr. *xv*
	Syr. Hydriod. Ac.	*f*℥*v*
	Spt. Eth. Nit.	*f*℥*iii*
	Aquæ *q. s.*	*f*℥*iii*

A triple reaction occurs in this prescription. The spirit of nitrous ether liberates iodine from the syrup of hydriodic acid, giving an immediate red color. The iodine in turn decomposes the sodium bromide, liberating bromine, these reactions being accompanied by a continued and heavy ebullition of gas; finally, when the spirit of camphor is added, deep red droplets are immediately formed

and some of these settle to the bottom of the container while others form a ring on the surface of the liquid. The stopper is continually forced from the bottle and after a day or two the red color disappears and the preparation becomes practically colorless, the little color remaining apparently being due to the tinctures.

Here again a physician would undoubtedly not desire to have the prescription dispensed in its present form. If the spirit of nitrous ether is omitted, no reactions develop.

℞ 6	Sod. Salicyl	ʒiiss
	Syr. Ferr. Iod.	fʒii
	Digalin	fʒii
	Aquæ *q. s.*	fʒiii

Here again we find the iron salicylate reaction giving the preparation a dark red color, but perfectly clear. There is no objection to dispensing the prescription in this form as the color is permanent.

℞ 7	Cocaine Alk.	gr. *xvi*
	Chloroform	fʒi
	Phenol	♏ *v*
	Ol. Amgdal. Amar. *q. s.*	fʒi
M ft. Sol.		
Sig.	♏ *iii* in ear every 3 or 4 hours.	

Here we have a remedy for the ear but the physician has mixed his oils and has written for *bitter oil of almond* when he really wanted the *expressed* oil.

℞ 8	Unguentine	ʒ *i*
	Add Chloroform	10%
M. Ung.		
Sig. Apply.		

Can you imagine the sensation of applying this ointment to a burned area? One burn on another! What the physician really meant here was chloretone, which would undoubtedly give a much more desirable effect.

℞ 9	Ext. Cannab.	gr *v*
	Ac. Salicyl.	ʒi
	Zn. Sulph.	ʒi
	Pot. Sulphurat.	ʒi
	Ol. Terebin.	fʒss
	Cocaine Hydrochlor.	gr. *x*
	Collodium Flex.	fʒi
M. ft. Sol.		
Sig.	Apply over Spots.	

Do you recognize the several combinations contained in this prize? This must have been a prescription for one of our toe dancers, for first of all we find the two characteristic corn remedy ingredients, namely, extract of cannabis and salicylic acid, probably used here to remove some calloused spot. Then we recognize none other than our white lotion ingredients in the case of zinc sulphate and the sulphurated potassa, probably used to beautify the foot at the same time. A little oil of turpentine acts as a liniment to relieve the aches, the cocaine helps to cover up the entire situation and, finally, we wind up with flexible collodion, our corn remedy solvent.

Needless to say it is quite impossible to make anything out of the prescription as it stands. In this particular case the pharmacist was able to dispense the preparation by replacing the collodion with rose water.

OPERATIVE PHARMACY AND DISPENSING LABORATORIES,
PHILADELPHIA COLLEGE OF PHARMACY AND SCIENCE.

PRESCRIPTION PROBLEMS AND NATIONAL FORMULARY PROPAGANDA.*

BY P. J. KOLB.

Some prescription problems are due to chemical incompatibilities and others are related to more complex causes.

The following prescription was prescribed:

℞	Sodii Benzoatis	4
	Liq. Potassii Citratis	30.00
	Syr. Acid. Citric. *q. s.*	60.00

The excess acid precipitated the benzoic acid and an unsightly mixture was the result. When the solution of potassium citrate was slightly alkaline the simple syrup was dispensed, the prescription remained clear and the therapeutic effect was not changed.

Another prescription frequently prescribed is as follows:

℞	Tr. Opii Camph.	*f* ℥*iii*
	Aqua Laurocerasi	*f* ℥*iiiss*
	Syr. Pruni. Virg.	*f* ℥*iss*
	Syr. Tolu. *q. s.*	*f* ℥*iii*
M. *f* ℥*i*	Every three hours	

One day the doctor prescribed:

℞	Tr. Opii Camph.	*f* ℥*iii*
	Acid Hydrocyan. Dil.	*f* ℥*iiiss*
	Syr. Pruni. Virg.	*f* ℥*i*
	Syr. Tolu. *q. s.*	*f* ℥*iii*

As it was impossible to reach the physician without attracting undue attention, the prescription was filled as usual. Aqua Laurocerasai was dispensed and the physician was well pleased that the change was made without comment. Proper tact and good judgment is needed at all times when filling prescriptions.

In a survey of the "National Formulary"—the thoughtful pharmacist will find many preparations that may be presented for the busy physician's attention. The various Pepsin combinations are splendid vehicles. *Liquor Antisepticus* and *Liquor Aromaticus Alkalinus*, *Lotio Calaminæ* and a number of others deserve greater attention. A large number of N. F. preparations can easily be prepared with the laboratory facilities of the average pharmacist and they also offer good opportunities for the training of junior clerks and every pharmacist should endeavor to give his apprentice a chance for more laboratory work.

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* Section on Practical Pharmacy and Dispensing, A. PH. A., St. Louis meeting, 1927.