

FORMULATED PRESCRIPTIONS ON THE INCREASE.*

BY FREDERICK J. WULLING.¹

"Back to pharmacy" is the desire of an ever-increasing number of pharmacists. Some are going back to exclusive practice, but many more are striving earnestly to rehabilitate and increase their waning professional practice under their present situations which preclude the elimination of trade entirely. That phase of their activities given to prescription dispensing can be stimulated successfully through work with physicians. It has been demonstrated in Minnesota that physicians can be made to realize that they can advance the interests of their patients and themselves by formulating their prescriptions in all possible cases upon the bases of the United States Pharmacopœia and the National Formulary. When he saw the light, a certain physician ceased telling his patients to get certain proprietaries which he designated by word of mouth or by scribbling the name of the recommended proprietary or drug upon any handy scrap of paper. There is evidence that he so scribbled for over a dozen popular proprietaries and such drugs as aspirin, acetanilid and caffeine, mild silver protein, epsom salts, a popular anti-septic solution and even sulphonal and urotropin, telling the patient to ask the druggist how to use them. He wrote very few prescriptions. Now, as a result of work with him and other medical practitioners by pharmacists, he writes prescriptions exclusively and mostly for N. F. preparations. His was an extreme case. The pharmacists convinced him that his desire to save his patients money for medicines had the effect of lessening the confidence in him of his clients and hence diminishing his practice instead of increasing it.

The intention of this paper is to report the work the pharmacists of the Twin Cities and vicinity did with local doctors. The Minneapolis Retail Druggists' Association succeeded easily in establishing affirmative contact with the Hennepin County (Minneapolis) Medical Society. The writer was invited twice to address the medical society on medical and pharmaceutical relation and on the U. S. P. and N. F. These addresses were received not only acceptably but enthusiastically and as a result there was created an Interprofessional Committee made up of sub-committees from the M. R. D. A. and the medical society. This joint committee did splendid and really effective work and pharmacists throughout the city reported an increasing number of prescriptions calling for official and N. F. items and of preparations the pharmacists could prepare themselves.

Previously I had given upon my own initiative, or upon invitations, addresses to physicians in many parts of the state, at Duluth, Marshall, Fergus Falls, Alexandria and other towns, always being received by the physicians with the greatest cordiality and professional sympathy and courtesy. Two physicians accepted my invitation to address pharmacists before the Scientific and Practical Section of the State Association: Dr. Rowntree, of the Mayo Clinic of Rochester, and Dr. Meyerding, executive officer of the state medical association. Both were in heartiest sympathy with the efforts and approaches of the pharmacists and promised every coöperation.

* Section on Practical Pharmacy and Dispensing, Toronto, Canada.

¹ University of Minnesota.

With these preliminaries the Interprofessional Committee found its way well paved for subsequent work. The chairmen of the two composing sub-committees, Mr. Harry H. Gregg, Jr., and Dr. John O. Taft, did especially good work. They invited me to outline a plan of work to the Interprofessional Committee and I did so at one of their numerous luncheon meetings at the medical society's headquarters. I was then invited to give a course of twelve lectures to physicians on prescription formulation to fit presented diagnoses, but I thought it would be much wiser and more consistent if such a course were given by a physician and duly last winter a course was arranged under the auspices of the Department of Pharmacology of the University of Minnesota Medical School. Dr. Hirschfelder, head of the Department, gave the course of eight lectures open to both physicians and pharmacists. The lectures were well attended and their value generally attested, but it was thought they should be supplemented by a pharmacist giving demonstration of dispensing to bring out the need of correct usage of weights and measures and the obviation of incompatibility, etc. Accordingly the College of Pharmacy of the University of Minnesota was called upon for assistance and upon my nomination Mr. Chas. V. Netz gave the desired two lectures and demonstrations, to whom was accorded enthusiastic applause by the many doctors who attended.

This work proved so successful that the Interprofessional Committee felt encouraged to expand its work. Accordingly it arranged for a very representative professional pharmaceutical exhibit at the annual meeting of the state medical association held at the auditorium in St. Paul during the week beginning May 23rd. The exhibit was in the continuous charge of Twin City pharmacists who made frequent demonstrations and distributed printed literature prepared with much care especially for the purpose. Some of that literature is now circulating among those present who are interested in it. The exhibit occupied two booths. It was visited by practically every physician attending the convention and aroused unusual interest among the doctors who came from all parts of the state. Judging from their appreciative and often laudatory remarks they all took helpful suggestions and influences with them to their respective districts.

The surprising thing about this work was the splendid reception and cooperation given it by the physicians themselves. They were eager to receive such information as pharmacists could give them. As a group they seem to have gotten away from their aloofness. Socialization of medicine seems to be slowly going forward and some physicians are beginning to feel it and fear its growth. They are willing more than formerly to recognize pharmacy and dentistry, too, as important medical divisions and are glad to have their help and cooperation in common matters. This is therefore a good time to start everywhere or continue the kind of work the Twin City pharmacists and physicians have already entered upon so successfully.

In the work already done great care was exercised not to minimize the value of medicinal products which the pharmacists cannot make, of which there are many. Secret preparations and substitutes or modifications of U. S. P. and N. F. preparations were not spared, nor were the dispensing physicians. One of the unfortunate facts that became apparent in this campaign is the unpleasant one that some pharmacists or shall we say "so-called" pharmacists could not or would not dispense some of the formulated prescriptions calling for official preparations. In a certain

part of the city these prescriptions gravitated to a well-known pharmacist whose business greatly increased and who is now a real favorite with the prescribers.

Similar work is being done in other parts of the country. The work of the Twin Cities is well known in Cleveland and Milwaukee, where work of this kind is being done. These three centers have helped each other by exchanging their literature and in other ways.

How can pharmacists everywhere be induced to undertake identical or similar work? This Section on Practical Pharmacy and Dispensing could very consistently advocate similar endeavors and activities in every part of our country. Section action to do some publicity work in this respect would well come within the scope of the Section.

ENTERIC COATING OF CAPSULES.*

BY WILLIAM J. HUSA¹ AND LOUIS MAGID.²

INTRODUCTION.

A problem which arises from time to time at the prescription counter is the enteric coating of capsules. A common example is a prescription calling for ipecac in capsules coated with salol. As sometimes dispensed, these capsules appear crude and unsightly, due to poor technique in coating. Furthermore, in some cases the coating applied does not protect the capsule from the digestive processes of the stomach, with the result that the drug acts as an emetic, to the discomfort of patient, physician and pharmacist.

A comprehensive investigation of enteric coatings was recently conducted by Wruble (1), with the object of developing a new coating suitable for large scale production. The primary purpose of the present investigation was to develop a method of coating capsules that would be practical for the retail pharmacist.

EXPERIMENTAL DATA.

Spraying with Melted Salol.—According to Wruble (1), the spraying of solutions of salol in volatile solvents such as ether gave unsatisfactory results. However, Bowers (2) recently reported that capsules could be coated with salol very conveniently and efficiently by melting the salol and spraying it on with a straight-stem atomizer while agitating the capsules in a glass mortar. He stated that with a little practice, a pharmacist, with the aid of the delivery boy to shake the glass mortar, could coat 100 or more capsules in less than two minutes and that the salol coating sticks to the capsules like glue.

In the tests made in the present study, No. 1 gelatin capsules containing 15 grains of sodium bicarbonate were used. A test was made of Bowers' method, using a DeVilbiss No. 16 atomizer. The method proved rapid and convenient, and a smooth coating was obtained. However, the coating was brittle and crystalline and adhered poorly. An attempt was made to secure a coating of salol in an

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¹ Head Professor of Pharmacy, University of Florida.

² Fairchild Scholar, 1931.