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## Section on Practical Pharmacy and Dispensing

Papers Presented at the Sixty-Second Annual Convention

### MINUTES OF SECTION

The Third Session of the Section was held on Thursday, August 27, on the boat while on the trip to St. Clair Flats.

Chairman Nitardy presided over the meeting and, as the first order of business, called for a discussion on Mr. Hall's paper on "A New Antidote for Corrosive Sublimate Poisoning," read at the previous session. [Printed in this issue.]

On motion of Mr. Raubenheimer, the paper was referred to the Scientific Section for study, pharmacologically, and the Secretary was instructed to forward the paper to that Section.

Mr. Jeannot Hostmann read a paper entitled, "Assaying Galenicals." [Printed in this issue.] This paper was briefly discussed by Messrs. Mansfield, Nitardy, Weinstein, Hynson, Raubenheimer and Hostmann, opinions being expressed that the cost of the equipment needed by a retail pharmacist was but slight and that such equipment was an extremely valuable addition to any store, Mr. Weinstein expressing the opinion that a microscope was a more essential agent for better work in a drug-store than is a cash-register.

Chairman Nitardy read a paper on "The Preparation of Flake Agar-Agar." [Printed in this issue.] In commenting upon this paper, Mr. Raubenheimer suggested cutting the agar-agar up with scissors, and Mr. Apple stated that he had found a tobacco-cutter useful in such work.

The next business considered was the pharmaceutical questions proposed by Chairman Nitardy, as follows:—

Question 1:—Creosote..... one drachm  
 Syrup Hypophosphites Co..... eight ounces  
 Cod Liver Oil..... eight ounces  
 Mix.

How would you dispense this, and why?

#### DISCUSSION.

PROF. OTTO RAUBENHEIMER:—"This prescription will necessarily be a "shake mixture" and should be dispensed with a "Shake Well" label. The creosote might be dissolved in the oil and then the syrup added gradually with constant shaking. A still better way would be to emulsify the creosote by means of powdered acacia and water, then to add the oil gradually with constant agitation and finally the syrup. The latter method is undoubtedly the more pharmaceutically correct."

MR. GRAY:—"I would mix the creosote with the oil and then add the syrup, using a bottle large enough to admit of a vigorous shaking on account of the oil and syrup not being miscible. I would dispense the preparation with a 'Shake Label.' Preferably, I would dispense the solution of the creosote in the oil in one bottle and the syrup in another, mixing the two preparations at the time of administration."

MR. SCHULZE:—"I would dispense this prescription in the form of an emulsion made by using powdered acacia and water, then thoroughly incorporating the oil in that way with the other ingredients and making a more sightly and palatable preparation."

MR. FERTÉ:—"I would mix the creosote with the oil and emulsify. Then add the Syrup Hypophosphites Compound."

PROF. LASCOFF:—"There are several ways of preparing this prescription, but the one approved by me is to emulsify the creosote and the syrup, with two and one-half drachms of powdered acacia, adding the oil in small portions until a uniform mixture results. I put this mixture aside for about ten days, and no separation occurred. In all other instances it formed a heavy thick mixture which could not be dispensed in an ordinary bottle."

MR. SASS:—"I would dispense it just as it is written, but would attach a shake label."

MR. APPLE:—"I think the physician should be consulted before adding any emulsifying ingredients. I would dispense such a prescription just as it is written with the caution to shake well before administration."

Question 2:—What do you think of using a specially shaped bottle for dispensing poisonous or dangerous preparations? Where would you draw the line as to what and what should not be dispensed in these kind of bottles?

#### DISCUSSION.

MR. LEMBERGER:—"When physicians mark the prescription "Poison," then it is justifiable to use such bottles."

MR. THOMAS:—"The pharmacist should use his own judgment in the matter."

PROF. RAUBENHEIMER:—"Suppose a physician writes a prescription for Fowler's Solution with direction to use two drops in water three times a day. What would you do? Would you label it 'Poison?'"

MR. OSSEWARD:—"In such cases we use a small strip-label stating that, to obtain the desired results, the medicine must be used strictly according to the directions. This label is printed with red ink on white paper. We would not label it 'Poison.'"

DR. HANCOCK:—"We use a label reading, 'Use with care according to directions.'"

PROF. RAUBENHEIMER:—"It is certainly very desirable that a specially shaped bottle should be used for dispensing poisons. Such is the custom in practically all the countries of Europe and it is only a question of time when this practice must be adopted in the United States. The best form of 'Poison bottle,' in my opinion is one provided with sharp points. These serve as a safeguard either day or night. It is also desirable to use a colored bottle for preparations intended for external use. Frequently, very frequently, such preparations as a carbolic wash, containing perhaps two per cent of phenol, are dispensed in a flint-glass bottle such as are used for preparations intended for internal use. I have been in the habit of using amber-colored bottles for those intended for use externally and I have found this precaution to be of value and to be generally approved."

MR. SCHULZE:—"I do not think that the shape of the container is especially essential in dispensing poisonous substances. I believe that after we have attached proper caution labels,

we have performed our duty. Carelessness, neglect to observe directions of labels, and suicide we can only partially guard against."

MR. FERTÉ:—"A colored bottle with a distinctive shape is desirable to be used if there is an understanding in relation to them. Medicines which in teaspoonful doses would be fatal should be dispensed in such bottles."

PROF. LASCOFF:—"Owing to the fact that many errors are made by persons taking, internally, medicines which were intended for external use, all bottles containing dangerously poisonous substances should be dark-colored and, preferably, of a triangular shape, to distinguish them from those containing medicines intended for external use."

MR. GRAY:—"A bottle with diamond-points, with a stopper of corresponding shape, is an excellent one to use in a limited degree, say for carbolic, nitric, hydrochloric, sulphuric, glacial acetic, hydrocyanic and nitro-hydrochloric acids, stronger ammonia water and formaldehyde, and for such preparations as Liqueur Cresolis Compound, Wine of Colchicum, Fowler's, Pearson's and Donovan's Solutions and for potent tablets; also for fluid extracts of aconite, belladonna, digitalis, cannabis indica, adonis vernalis, gelsemium, hyoscyamus, nux vomica, opium, physostigma veratrum and strophanthus. These with the addition of oxalic acid, tartar emetic, Paris green, corrosive sublimate, sugar of lead, potassium ferri-cyanid, and potassium dichromate about covers the field. In my opinion the general use of the poison-label has a tendency to cause a disregard of the same."

Question 3:—What is the best container for dispensing ointments on prescriptions?

## A PLEA FOR REFORM IN THE DISPENSING OF OINTMENTS AND SIMILAR PREPARATIONS.

F. W. NITARDY, PH. C.

In such common use are ordinary glass ointment-jars and metal boxes as containers for ointments and similar soft preparations, that their unclean and insanitary feature fails to impress us without special attention being called thereto.

Ointments, etc., are used as an application to skin, mucous membranes or exposed surfaces. These are frequently infectious, and by the usual mode of application the medicament must necessarily become contaminated. It is not an uncommon occurrence that several people, or various members of a family, will use an ointment, each, in their turn, dipping into it with fingers infected by the disease for the alleviation of which it is applied.

Aside from the dangers of contamination with pathogenic bacteria, the imperfect seal, as well as carelessness on the part of the consumer, frequently causes the preparation to become unsightly, altered or spoiled by oxidation, evaporation and other effects of exposure to atmosphere, light and dust.

Economically, these containers are wasteful as the last portions of their contents must frequently be thrown away. Even from a stand-point of convenience we can hardly find an argument in support of their use.

The collapsible-tube is free from these objections and serves as a container, protecting its contents from every form of contamination or exposure. It is easily filled and more convenient for the patient. Properly dispensed, it makes a neater and more attractive package. Its additional cost is trifling, compared to its advantages, and this can easily be added to the customary charge without causing complaint on part of the customer.

For prescription-use it is preferable to have lacquered pure tin tubes in assorted colors that fit into hinged boxes lined in corresponding colors. In this