

THE DEPARTMENT OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY

C. B. JORDAN—CHAIRMAN OF EXECUTIVE COMMITTEE, A. A. C. P., EDITOR OF THIS
DEPARTMENT.

At the last meeting of the American Association of Colleges of Pharmacy, there were quite a number of papers presented before the Pharmacy Section on the subject of the prescription. I have decided to run those papers in a consecutive series so that they will form a sort of symposium on prescription work. The following on "Finishing the Prescription" by Dean Newton is one of the series.—C. B. JORDAN, *Editor*.

FINISHING THE PRESCRIPTION.

BY HOWARD C. NEWTON.*

The most evident and therefore the most common criterion for judging the care with which a prescription has been compounded is the physical appearance of the finished product. Not only the layman but the physician, the nurse and even other pharmacists, are influenced largely in their opinion of the excellence, or lack of excellence, of a compounded prescription by the manner in which it is dispensed. In teaching students to dispense prescriptions we must not ignore these facts. It would, indeed, be difficult to devote too much time in our classes to this important subject of putting the finishing touches upon the products of the prescription counter. The compounding of physicians' prescriptions is the fundamental function of professional pharmacy and it is the one phase of the practice of pharmacy, the duties and privileges of which are universally restricted by law to the pharmacist. The welfare of the public demands that restriction. Since the compounding of prescriptions is looked upon by the public as a highly professional practice, differing greatly from the many other phases of his work, it would seem proper that the pharmacist should make the products of this practice highly distinctive, differing markedly from all other materials that he may distribute. I believe that you will agree with me in this thought and yet when we see the products of some prescription counters we cannot but wonder why those pharmacists should take so little care in the finishing of their prescriptions. It almost seems as if they were purposely trying to avoid the enjoyment of one of the chief advantages of pharmacy—the professional atmosphere which places it above the rank of a trade.

For those who may be inclined to doubt the extreme importance of the physical appearance of the compounded prescription I will make this statement: the most successful prescription stores of this country are those in which the details of finishing the products of their prescription counters are the result of much study and the execution of these details is a matter of continual concern. To prove this I have gathered specimens from successful stores throughout the country, illustrating the care which these stores give to the finishing of their prescriptions. For the purposes of this discussion I shall divide the finishing of a prescription into the following elements:

* Dean, Creighton University College of Pharmacy.

- 1.—The choice of the container and the type of closure.
- 2.—Labels.
- 3.—Special finishing touches such as capping, sealing, etc.
- 4.—Wrapping.

Let us consider these four elements with respect to the dispensing of the several forms of prescriptions. I shall endeavor to state briefly the possibilities under each heading and my own preference in selection, leaving opportunity for criticism and general discussion.

LIQUIDS.

1.—As a container for the liquid prescription we may choose from a great variety of types of bottles, round, square or oval, graduated or ungraduated, flint, amber, or blue, imprinted or plain. Then for the closure we may have a cork stopper or one of the many kinds of metal caps. Bearing in mind that favorable distinction is our object, I would select an ungraduated, flint-glass bottle, imprinted with the name of the store, with a good sound cork as the closure. I reject the graduated bottle because of its evident inaccuracy and the inference that might readily be drawn from it to the effect that the compounder used it as a graduate in his work. I prefer the cork stopper rather than the other forms of closures because it is equally efficient and has the advantage of being distinctive—so many proprietary products are using the other forms of closures. Then, too, the neck and lip of the cork-stoppered bottle are better to pour from than those of bottles specially molded for other closures.

The bottle should be perfectly clean and always polished with a cloth before being labelled in order that it may radiate quality. The mouth of the bottle should be cleaned before the cork is inserted. New bottles should be used for all prescriptions or, in the case of refills, the old bottle may be thoroughly washed and rinsed with distilled water, if it is to be used again. The type of bottle selected, round, square or oval, should be reserved exclusively for prescriptions—other types being used for all other orders. For eye washes it may be desirable to have the smaller sizes of the standard bottle made with wider mouths for the convenient use of medicine droppers, or, a special dropper bottle may be employed. In the case of collodions, liquid caustics and similar local applications, it is desirable to use applicator bottles.

2.—The label on a prescription serves to indicate to the patient the way he is to use the medicine. It is also an advertisement of the store in which the prescription was compounded. Therefore, for the benefit of the patient, it must be perfectly legible; it must be neat, pleasing to the eye and consistent with the dignity of a profession if it is to be a good advertisement for the store. The typewriter has aided greatly in making it possible for all to have perfectly legible labels and most stores have taken advantage of it. The size of the label, whether it shall be the standard or blanket, and its position on the bottle, whether it shall be placed close to the top, in the center or near the bottom of the front of the bottle are matters to be decided. I prefer a label of the next size above the standard, placed relatively high upon the bottle. I reject the blanket label because it obscures the contents of the bottle (although that may be desirable at times). The label should be placed upon the bottle carefully in order that it shall not be crooked.

A crooked label gives an appearance of carelessness, exactly the opposite of what is desired. Auxiliary labels—shake, external, poison, narcotic, caution, etc., should be of a size and shape to conform to the main label. The position of these is determined by the shape of the bottle used and its size. I teach, that of the auxiliary labels for prescriptions, the poison label belongs to the physician and is to be used only on his specification; the shake label, the external use label and others, are the property of the pharmacist and are to be used at his discretion. A valuable auxiliary label for eye washes is one with the inscription, "this medicine is for the eyes" or some similar inscription. The proper use of auxiliary labels is an important factor in dispensing.

3.—In dressing up the bottle we find many ideas expressed. Fluted caps, viscose caps, wax seals, parchment paper coverings and similar devices are illustrated in the specimens that I have gathered from many stores. All of these are excellent and serve to make the prescription distinctive and also to assure the patient that the bottle has reached him in an untampered condition. I believe we should teach our students to make the most of such inexpensive means of making their prescriptions appear to be the work of real craftsmen.

4.—Wrapping is a process that should not be neglected. All packages from the store should be wrapped so as to uphold the tradition that the pharmacist has for being the one who can do this as it should be done. It is good advertising and not expensive. Either twine or adhesive tape may be used to secure the paper and I would suggest that one be used for prescriptions and the other for general packages in order to distinguish them. In most stores under such a plan, the twine would be reserved for the prescription package. One store from which we have a specimen uses sealing wax to secure the paper of small prescription packages. You will note that at least one of these specimens from fine stores has a wrapping paper marked especially for his prescription packages. It has doubtlessly proved to be worth while and is certainly attractive. The teacher who belittles the pharmacy course in which package wrapping is taught does not realize the value of the art, yet, I have come in contact with such teachers in our Association meetings. I believe that wrapping the package properly is a part of dispensing the prescription.

CAPSULES, POWDERS, PILLS AND TABLETS.

1.—For capsule containers we have a choice of one of several types of boxes or a special glass vial. Both the hinged-cover shoulder box and the special vial are popular and practicable.

For divided powders, or papers, a box is the only container suitable and the choice is merely of the type to use—telescopic, shoulder or hinged shoulder (a sliding box is generally considered out of the question).

Bulk powders are often dispensed in round or square utility cartons but the screw-capped, wide-mouth bottle or jar is usually preferred. A special sifter-top carton is the preferred method of dispensing dusting powders.

Pills and tablets are well dispensed in boxes or vials. The box is the more popular container.

2, 3, 4.—The labels, special touches and wrapping of these forms of prescriptions conform to the observations made under the heading "liquids." In

the case of the use of the vial for capsules, careful arrangement of the capsules in the container is a factor that makes the product more attractive. In cases where there are many divided powders or papers, in a box, it may be well to separate them into small bundles by tying with narrow ribbon or with thread. This keeps them in a tidy condition until used.

OINTMENTS.

1.—The proper container for the ointment is undoubtedly a jar or tube. The jars may be opal or amber, tall or short, with aluminum or nickled covers. The opal jar is, I believe, the most satisfactory and the tall form is the more convenient, especially in the smaller sizes as it offers a better space for the label on the side of the jar. Tubes are a sanitary means of dispensing ointments and are most desirable for ophthalmic ointments.

2.—Upon ointment jars the standard prescription label may be used. On tubes it is advisable to have a special label that completely encircles the tube in order to insure that the label will adhere to the tube as it is used. A carton for the tube and a secondary label on it is one good method of caring for the labelling of a tube.

3.—In using ointment jars it is best to carefully wipe out the cover of the jar as well as the jar itself before placing the ointment in it. There is usually dust in the cover which, if not removed, will fall upon the ointment. The surface of the ointment in the jar should be slightly concaved so that it will not adhere to the cover. A strip of cellophane or other transparent material attached around the jar and over the label will be found to be a simple and attractive means of protecting the label from grease spots and dust.

4.—No special wrapping is required for ointment jars.

SUPPOSITORIES.

1.—It seems wise to have a special container available for suppositories. A box, divided into compartments and imperviously lined, is a standard container and is very satisfactory. In the absence of this special container an ordinary powder box may be used and the suppositories individually protected by wrapping in waxed paper.

2.—A special label calling attention to the necessity of preserving the suppositories in a cool place is almost a necessity.

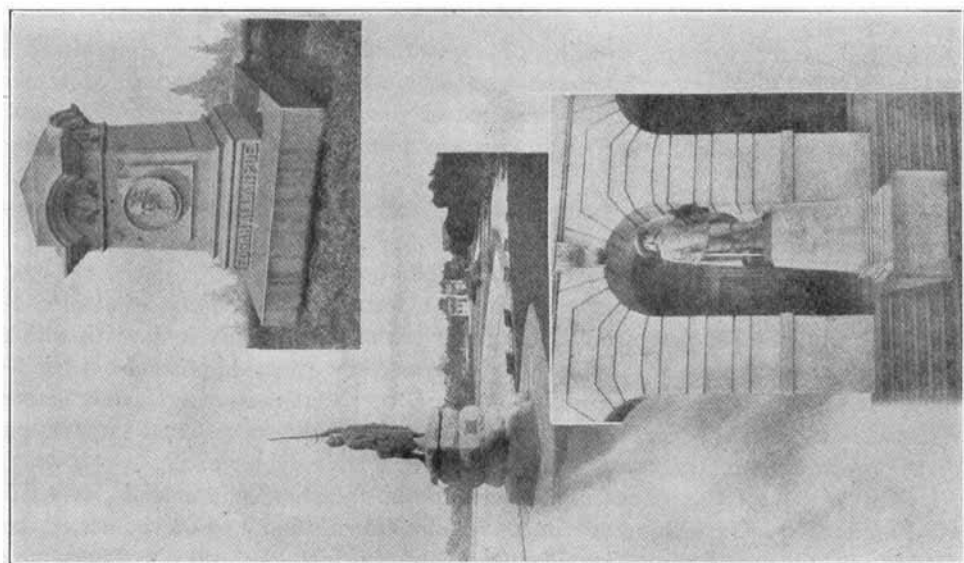
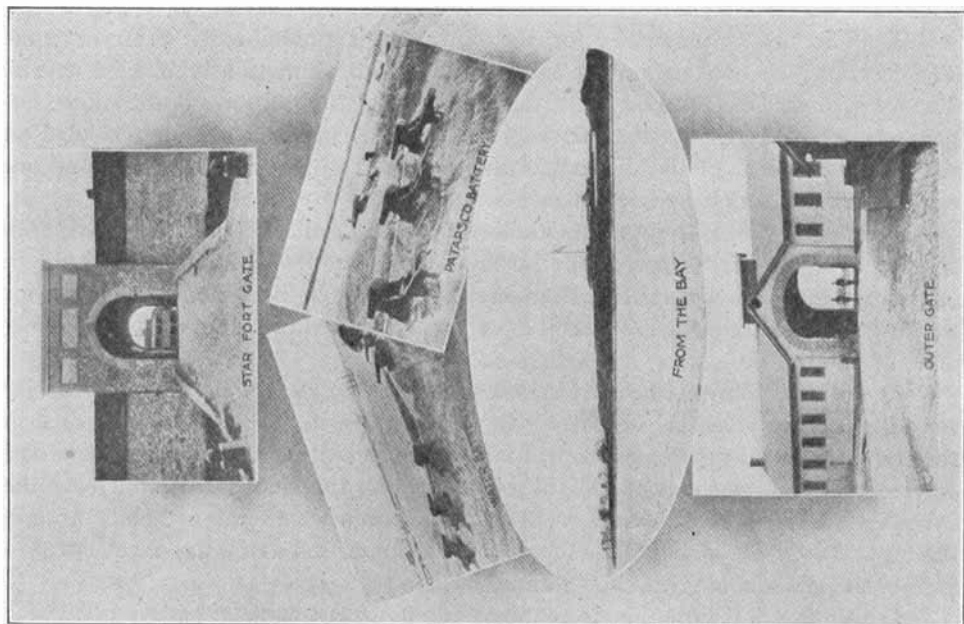
3, 4.—No special requirements need to be observed.

We have now covered the more common forms of prescriptions and in conclusion I would state that my purpose in reviewing these many facts with which you were probably already familiar is to impress you with the importance of teaching these facts to the students in pharmacy in order that they may become better pharmacists. Then, perhaps, they will share some of the success and satisfaction of the proprietors of the stores whose products I have displayed.

The author of this paper is indebted to the following pharmacists for their kind assistance in furnishing specimens for illustrating many of the points of the paper: W. Bruce Philip, San Francisco, California; Whitlock's Pharmacy, Spokane, Washington; J. Leon Lascoff & Son, New York, N. Y.; A. J. Affleck, Sacramento, California; Hilton's Ethical Pharmacy, Washington, D. C.; The

Owl Drug Company, San Francisco, California; J. G. Godding & Co., Boston, Mass.; Bowerman's Pharmacy, San Francisco, California; Leonard E. Seltzer, Detroit, Michigan; W. A. Piel, Omaha, Nebraska; and Frates & Lovotti, San Francisco, California.

BALTIMORE—THE A. P. H. A. CONVENTION CITY—Views at Fort McHenry.



Monuments over the graves of Edgar Allan Poe, Severn Teackle Wallis, Lord Baltimore (Cecilius Calvert).