

stronger water of ammonia of full strength, and too much warming will further reduce this.

Syrup of Calcium and Sodium Hypophosphites precipitates on standing. Probably too much sugar is used.

Compound Syrup of Phosphates and Syrup of Phosphates with Quinine and Strychnine precipitates on standing. Since both of these are made from *Compound Solution of Phosphates*, this is probably the key to the difficulty.

Compound Syrup of White Pine and *Compound Syrup of Stillingia* both precipitate organic matter on standing. This kind of precipitation is not easily remedied except by a change in constituents. This may not prove to be practicable.

Antiperiodic Tincture also precipitates. This may be due to excessive acidity, and the use of another salt of quinine may reduce, or possibly inhibit, precipitation.

Stronger Tincture of Iodine.—Several complaints have been made that not enough potassium iodide is used to get all the iodine into solution.

Tincture of Vanilla.—The method of manufacture is unnecessarily complicated and wasteful. Direct percolation of the vanilla, either with or without the sugar makes just as good a preparation with much less trouble and expense.

A number of the N. F. preparations should be introduced to the "purity rubric" and have definite standards and methods of assay attached, if retained in the next edition. Among these are Caffeine Sodio-Salicylate, Extract of Jalap, Extract of Podophyllum, Fluidextract of Kola, Fluidextract of Jalap, Fluidextract of Sanguinaria, Solution of Iron of Albuminate, Solution of Iron Oxide, Solution of Iron Peptonate, Solution of Iron Protochloride, Solution of Strychnine Acetate, Magma of Ferric Hydroxide, Syrup of Calcium Iodide, Syrup of Codeine, Syrup of Iron and Manganese Iodide, Syrup of Ferrous Chloride, Syrup of Quinidine, Syrup of White Pine with Morphine, Tincture of Ferric Citrate, Tincture of Ferrated Extract of Apples, and Tincture of Jalap.

Whether it will be wise to standardize the pepsin preparations is debatable, since the conditions of permanency in solutions of pepsin are not yet known. But it is desirable to make the different liquid preparations of pepsin more uniform as to acidity. These have all been accepted as offered by independent authors, with such modifications as may have suggested themselves to the revisors. In consequence, they vary widely in acidity, and probably also in stability. The latter question should receive considerable attention in the next revision. Probably eight different liquid preparations of pepsin are more than needed, but uniformity in the chemical and physiological composition should be adopted in such as are retained.

Have abbreviations of the titles served any good purpose? If not, why encumber another book with them?

OINTMENT DIFFICULTIES.*

BY WM. GRAY.

In preparing ointments for a famous dermatologist, I have had trouble in trying to furnish a perfect preparation. Here is an example:

* Read before Section on Practical Pharmacy and Dispensing, A. Ph. A., New York meeting, 1919.

Acidum Boricum.....	15.0
Zinci Oxidum.....	10.0
Amylum.....	10.0
Bismuthi Subnitras.....	10.0
Oleum Olivae.....	30.0
Adeps Lanae Hydrosus.....	30.0
Liquor Calcis.....	30.0
Aqua Rosae.....	15.0

This preparation is called Cream Base No. 3. If you try to prepare it cold, it will not work, as you cannot incorporate all the liquids; if you apply much heat, you will have an ill-appearing mess. The trick is: after you have mixed all the ingredients to apply a very slight amount of heat. Stir constantly. Watch your preparation and at the psychological moment remove the heat and you will have a perfect preparation.

Diachylon Ointment is another bad actor. If you have to add some other ingredient to this ointment, when it is cold, it will break up into an unsightly mess. Even the act of stirring the ointment without any admixture does the same thing; that is, after the ointment has been standing a short time. Now, suppose you are called upon to add salicylic acid, phenol or some volatile oil to this ointment, you will have difficulty unless you apply a gentle heat, not enough to change the character of or volatilize the medicaments, but just enough to bring them to the proper consistency. Don't forget, heat is the answer!

THE DIAGNOSTIC LABORATORY IN THE PHARMACY.*

BY JACOB DINER.

SCOPE OF THE WORK.

Before beginning the planning of the laboratory one should carefully consider the scope of the work so as to plan intelligently how to arrange and equip the laboratory. It is entirely within the province of the up-to-date pharmacist to undertake the examination of urine, feces, blood, gastric and duodenal contents; to examine blood for malarial parasites, milk for bacterial contents as well as for adulteration and preservatives, exudates for gonococci, throat smears and cultures for diphtheria bacilli, sputum for tubercle bacilli, and cerebro-spinal fluids for globulin, copper-reducing substances and cell count as well as for bacteria. With reference to cerebrospinal fluid, however, we must bear in mind that many physicians are not familiar with the technic of lumbar puncture and they will therefore prefer to have the laboratory man perform that operation previous to examining the fluid. The procedure for obtaining spinal fluid by lumbar puncture, while relatively simple in the hands of a trained man, is fraught with many dangers to the patient when attempted by the inexperienced, and I doubt whether the pharmacist would legally be entitled to perform this operation. Similar objections may be raised against removal of blood from the vein of the patient for the purpose of performing the complement fixation test for gonorrhoea or syphilis. And even should the physician be willing to do that part of the work himself the preliminary steps necessary for carrying out the complement fixation

* Read before Section on Commercial Interests A. Ph. A., New York Meeting, 1919.