

How to Keep Prescriptions.

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The constant wear and tear upon these valuable little documents call loudly for a practical, economical, and thoroughly preservative method of keeping them.

The two most general methods in use, putting the papers on a long file and pasting them in a book, have their obvious faults, yet remain prominent and always uppermost in the mind of the pharmacist who starts in business for the first time as well as with the one who has spent a lifetime behind the counter. The long file, consisting simply of a straight heavy wire fastened to a block of wood, soon affords the opportunity of wearing off the corners and tearing prescriptions more or less, when flung on the counter, or hastily thrown aside, or hung up on one of a row of nails or hooks as the case may be and allowed to jostle into place the best way possible. Then in the case of those prescriptions which are pasted in books, another serious obstacle presents itself in the fact that memoranda are frequently written on the back of a prescription which are of importance in regard to the compounding or contents and which would thus be obliterated and require the expenditure of additional time in copying. Besides these there are other vital points which call for an improved system of caring for this very important department in every pharmacy.

The difficulty cannot be overcome without some expense, of course, but a minimum of this can be attained as well as a maximum, and this must be left to the choice of the pharmacist.

The idea which the writer would suggest as combining neatness and compactness is as follows:

A cabinet consisting of two parts, both of which might form part of the prescription counter. The upper part of cabinet is to be divided into twelve equal spaces, one for each month in the year, and the name of the month represented to be printed on front of dividing piece. In this way the prescriptions of each month will be filed separately and can be readily referred to by removing the file, which would be made to fit space easily and after the pattern of a Shannon bill file. The prescriptions would thus be held firmly and with less likelihood of tearing than when fastened on a single file. Access may be had to this portion of cabinet through either sliding or swinging glass doors.

The lower portion will, of course, be of the same width as the upper, allowing six inches square to each space. The base of the cabinet may consist of any number of drawers six inches square from twelve up; each drawer having a file rod through the center running lengthwise, and arranged so as to be permanently fastened with nut and thread after the prescriptions for the year have been filed; these being transferred from the monthly file at the end of a year. If necessary two drawers may be

used for one year, in which case the date of year would, of course, be the same on the front of each drawer.

The advantage to be derived from this manner of taking care of prescriptions is very plain to be seen, for instance, in renewing a prescription of some years back, say ten or twelve, the drawer-file would present the prescription as clean and almost as fresh looking as when first put up; always having been protected from dust and dirt, and not having been battered and torn while hanging around a dirty cellar among a lot of other files whose fate has been one of partial destruction and almost total obliteration in many cases.

When practicable the prescription cabinet is always the surest way of taking care of prescriptions, of keeping them, in short, and that is the object of our query, to find a plan which can be adopted by the pharmacist without adding too many items to his already weighty expense account.

Trusting that the ideas herein contained may not be altogether without value and may possibly meet the approval of brother pharmacists who well know how often this subject becomes a matter of serious conjecture and discussion, I will close by inviting a free discussion as to the merits of the various plans proposed.

—*Amer. Druggist*

The Relation of Specific Gravity to Atomic Weight.

A. N. DOERSCHUK.

Read before the Missouri State Pharmaceutical Association:

Since the study of Chemistry by beginners and amateurs is so often hampered by apparently logical theories and conclusions which seem perfectly correct to the undeveloped eye, which has not been associated with the fundamental truths and underlying principles of this acute science, and, since views obtained from these theories and conclusions often cost much labor, time and many ungrounded misgivings, we ask your most worthy attention for a few moments while we explain one of these theories which so often worry the beginner in chemistry, and for which very few if any satisfactory explanations are given.

The problem generally presents itself in this shape:

"Why is the sp. gr. of Iron (7.81), to the sp. gr. of aluminium (2.56) not proportionate to the atomic weight of iron (55.9) to the atomic weight of aluminium (27)?" Or "Why is the sp. gr. of iron to the sp. gr. of aluminium not proportionate to the molecular weight of iron to the molecular weight of aluminium?" Or why is it that the sp. gr. of a body, in a proportion to the sp. gr. of water, or (1), is not the same as the proportion formed by the molecular weight of that body, and the molecular weight of water or (18)? To get a clear idea of this matter, we must first know that the sp. gr. of a body is a "purely nominal

value" and is "the relative weight of equal bulks of different bodies." From observation we know that a material difference exists in the "bulk or volume" of the same weights of different bodies, while the molecular weights of these bodies are nearly the same; therefore density is as great a factor in determining the sp. gr. of a body, as is the intrinsic value of the element or elements contained in that body compared to a standard of weight. Physical research has taught that molecules are never in absolute contact; in fact, the density of a substance is entirely dependent upon molecular affinity and the pressure and heat to which it is subjected. Let us take, for instance, a body the sp. gr. of which is .5, sp. volume 2, and its bulk twice as great as that of an equal weight of water. Now, if in the space between the molecules of this body we would place the same number of molecules of the same construction as are in the body, then its sp. gr. would be increased to 1, and its sp. volume reduced to 1; and if from the same body we would take one half of the molecules and leave the remaining half to fill the same space as was occupied by the original body, then its sp. gr. would be reduced to .25 and its sp. volume would be increased to 4. So we see that specific gravity is purely a mutable signification, entirely dependent upon the intrinsic value of matter compared to a standard of weight, and upon density which is regulated by molecular affinity, gravity, atmospheric pressure and heat.

It is clear that a proportion of the atomic weights of two different bodies could not be in ratio with the sp. gravities of these bodies, because atoms of different numbers to form molecules, and the atomic weights of different elements are taken at different temperatures, while sp. gr. is always taken at the same temperature.

The impossibility of the molecular proportion is due to the fact that molecular weight is a constant quantity, being derived with all the elements from the same basis and under similar conditions, while specific gravity is a variable quantity, being derived with all the elements under different conditions, upon the same basis, and, as the same thing, differently treated, does not yield the same result, so the specific gravity and molecular or atomic weight of the same substance, differently derived, cannot be expected to be proportionate in any way.

Carbolate of Camphor.

BY M. B. COCHRAN, M. D.

In the December number of the Gazette for 1887 I called attention to a mixture of Japan or laurel camphor and crystals of carbolic acid, under the above name, and gave some account of the therapeutic uses to which I had applied it. Dr. Th. Schaefer called attention to this preparation in 1885 under the name of "phenol-camphor," and used it as a local anæsthetic in odontalgia, introducing it, on cotton, in