cessation of visible connection currents. The oil is then filtered. Most of the advantages of hot pressing, without its drawbacks, are secured by keeping the presses in a hot room, and letting the ground seed stay in the same room for twenty-four hours before pressing.

The mucilaginous bodies in the expressed oil are best coagulated by stirring up the oil with boiling water. The temperature is then high enough for the purpose without being high enough to injuriously affect the oil. Filtration is also simplified, as when the mixture is allowed to stand most of the impurities collect in the underlying water, and the supernatant oil can be drawn off very nearly clear. The subsequent filtration is thus much more rapid than would otherwise be the case.

The oil thus obtained, although very limpid and very pure, is still colored, the tint being an amber, often verging on green. This inconvenience is got rid of by bleaching the oil in the sun.

Castor oil has a specific gravity of .9–.964 at 15 deg. C., the density varying by .00065 for each degree. The oleore-fractometer index is +43 deg. The oil freezes at 18 deg. C., and the saponification point is 181. The iodine number is 84 4, that for the fatty acids being 86–88. The bromine number is .559, and the acetyl number is 153.4.

Castor oil mixes with alcohol in all proportions, and is soluble in glacial acetic acid. It also dissolves in twice its weight of 90 per cent. alcohol, and in four times its weight of 84 per cent. alcohol. It is easily saponified, and gives a white, transparent soap. Its predominant fatty acid is ricinoleic, stearic, and palmitic only occurring in small quantities. According to Hazura and Prussner, the ricinoletic acid is associated with an isomer, ricinisolic acid. Castor oil boils at 264° C., and when it is distilled the distillate contains venanthol, œnanthylic acid, and acrolein. Heated with caustic potash it gives caprylic and methylonanthic alcohols, with sebacylate of potash, producing a highly characteristic smell. Other characters are the high specific gravity, and its solubility in petroleum ether. When mixed with other oils, it increases their solubility in alcohol.

According to Draper, its presence in other oils may be known by heating the oil to be tested with a little nitric acid, neutralizing with carbonate of soda, and again heating. If castor oil has been present, the characteristic odor of œnanthylic alcohol will be developed.—*Les Corps Gras Industriels.* (*Translated for Oils, Colours and Drysalteries.*)

Get Physicians to Help.

By Charles G. Kline.

The only way possible to secure and retain the physician's support is to be a pharmacist in every sense of the word, and then to treat the physician in a commonsense sort of way. We will never secure it by keeping up "a howl" about the doctors dispensing. We must recognize the fact once and for all time that they have a legal right to dispense all the medicine they want to in their own practice. They will always dispense more or less as long as they live, the quantity depending greatly on how we treat them.

We have no legal or moral right to prescribe unless we happen to have a medical diploma, and in that case the other physicians would very likely want to patronize a druggist who is not an M.D. No sensible physician objects to our giving relief doses for headache or colic, if we have sense and knowlege enough to give the proper thing, what they have a right to object to is our attempting to treat the causes.

We should do everything possible to encourage their writing prescriptions. We should show them that we have the stock of drugs and chemicals necessary, and that we always fill their prescriptions just as they want them filled. Grant them the freedom of the store. Let them come behind the prescription case and in the laboratory if they are so inclined; occasionally invite them to, if they are diffident or have a feeling of delicacy about it. Let them see us filling their prescriptions or manufacturing our tinctures, elixirs, etc. It won't shake their confidence in us if we are what we claim to be; but instead it will be an object lesson that they will remember when handing a patient a prescription and hearing the oft-repeated query, "Where shall I take it?"

If a prescription for elixir bromide potassium (Jones) is received, it doesn't do anybody any good to fly off at a tangent, say mean things about the doctor to his patient, and so on! Consider that Jones sent a high-priced gentleman probably five hundred miles to see the doctor, especially to tell him about the preparation and to leave a good-sized sample with him. We have lived within two blocks of his office for years and never have been there except to ask his permission to substitute in a prescription that we have just received.

Is it any wonder that he specified Jones? He did not know we could make a preparation certainly equal.

Go over the National Formulary with them, and if they express a desire to try something that you don't keep made up, make up a generous sample for them. Call their attention to any of the N. F. preparations whenever the opportunity presents itself.

Keep posted on the new remedies and preparations, and have literature on them at hand in case the physicians want to know about them. Let them get in the habit of thinking us interested in progress, and cognizant of the new discoveries and the like. They will then grow to depend on us more as aids. Don't hesitate to stock a small quantity of some new remedy that the doctors are using, and let them know it. If they want a preparation of any sort not in stock, get it.

Supply them with the medicine they dispense at a close margin. Better sell at cost than to let the supply houses furnish them. Protect the doctor from his patients, who very often have a habit of passing his prescriptions around among their friends. Druggists, too, are often consulted about different physicians or by people who think of making a change, but in such cases we must observe a position of strict neutrality, unless it is an occasion where the services of a specialist are needed.

I know that there are some who, having read this far, will be thinking that the physician owes something to the druggist. I think so, too, but it is not my business to say how the doctor ought to treat the druggist. I am only telling one side of the story, and I think if we live up to our opportunities we will gain fair treatment a good deal quicker than by yelling "dispensing doctor" every time we have a spell of the blues and think the drug business has gone to the devil.

We have no business to cut on the price of standard preparations and then try to make up the loss by overcharging on prescriptions. It is the duty of the physician to see that his patient is not paying more than a reasonable price, and an honest doctor is willing the druggist should be paid for his skill as well as his drugs.

Let us work harder to be better phar-