

Flat Capsulæ.

H. ST. JOHN PERRY, LINCOLN, NEB.

In the course of my peregrinations over the surface of the United States, I have had occasion to remark the various interpretations put by numerous pharmacists in the many parts of the country upon the directions, "Ft. caps."

In New York and Pennsylvania I find the pharmacists, as a rule, are unusually careful in the preparation of capsules. They make nice masses, divide them accurately, insert the parts into capsules just large enough to hold them, and dispense the finished article neat and clean. This I do not attribute to any superiority in the education or practical knowledge of the pharmacists, but to the fact that they have more competition, cater to a more exacting public, and get better prices for their products.

In the Central States—Indiana, for example—there is very nearly the same accuracy and care in dispensing capsules, although not near the neatness. The outside of the capsule is often besmeared with the mass, which is sometimes too soft, and works through between the two halves of the container. The midland pharmacists do not give the attention to reducing the mass to the smallest possible bulk that our worthy eastern "pill rollers" do.

But it is in the wild and woolly West that the patient's heart aches, and the physician gets profane, over the capsule question. Often and often have I had patients beg of me not to give them capsules; they would rather take powders and drown their sorrows in a little drink of whisky. Especially is this latter fact true in Iowa and Kansas. It is out on the bounding prairies that one meets with the utmost freedom and abandon in the making up of capsules. Here it is that capsules are purchased, not for the filling of prescriptions, but for the dispensing of quinine, and only two sizes are kept on hand—two and five grains each. Occasionally, in malarial districts, 00 is found kept in stock to accommodate some old resident who likes to take "horse doses." In the larger cities a No. 5 capsule is found only on rare occasions. The almost universal practice in the West is to mix the ingredients without any excipient, and pack into capsules by "guesswork"; that is, the compounder will guess that a certain mass should fill so many capsules of such a number, and then proceed to pack the prescription into the capsules. Sometimes time is taken to divide the mass or powder into the number of equal parts called for by the doctor's prescription, but many times I have found my prescriptions short or "long" two or three capsules. This trick of dispensing capsule prescrip-

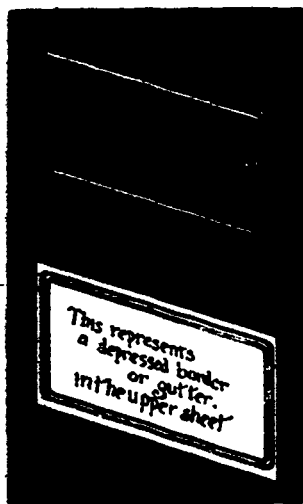
tions dry is a most abominable practice. It makes a large capsule; the "caps" are liable to fall apart, and the powders become lost.

In one town in northwestern Missouri, where I sent a prescription calling for capsules, the druggist came to me and asked me what was meant by "ft. caps," and after an explanation he informed me that he had heard of them, but that he didn't believe in all these new-fangled ideas. In this same neighborhood I found a doctor whose latest medical knowledge came from a drug circular sent out by the Richardson Drug Co., when that firm was located in St. Louis. Ye gods! Is it any wonder that itinerants wax rich in this land?

At another place—quite a city, too—I showed a licensed pharmacist how to reduce the bulk of quinine in capsule masses by adding aromatic sulphuric acid q. s.; he had not heard of it before, neither did he know how to use glycerite of starch.

This reminds me it would be a good thing if druggists would keep on hand a variety of excipients, such as syrup, glycerin, mucilage acacia, starch glycerite, etc., etc., instead of using one common excipient for everything.

I remember one prescription clerk who had gained his knowledge in one of the largest hospitals in America, who used his saliva as an almost universal excipient.



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