

- Cochrane, Mr. C. (Worcester).—£19,450 to the Ministers' Benevolent Fund of the Unitarian Society.
- Barclay, Miss J. M. (Walthamstow).—£6,500 to purely charitable institutions and large bequests to religious societies.
- Bathurst, Rev. L. C., directed that after the death of his sister his estate should be distributed between the Clergy Orphan Corporation and three religious institutions, who will probably receive over £50,000 between them.
- Beach, Mrs.—Nearly £20,000 among a great number of charities, principally Metropolitan.
- Lloyd, Mr. Herbert.—£16,000 to charitable societies, of which £10,000 goes to the Metropolitan Hospital Sunday Fund.
- Shaw, Mr. J. (Wakefield).—£9,500 in specific legacies to various societies, as well as large bequests to Church institutions. The residue of his estate, expected to realise £50,000 is left to the Wakefield Cottage Hospital.
- Orr, Mr. J. (Glasgow).—£18,600 to Glasgow charities.
- Weir, Mr. J. (Dublin).—£100,000 to Dublin hospitals.
- Naylor, Mr. J. W. (Leeds).—£32,250 to five Leeds institutions.
- Fortnum, Mr. C. D. E.—£5,500 to London institutions.
- Brandreth, Mr. T. (Wimbledon).—£11,550 to London and Liverpool institutions, after the death of his sister.
- Lockwood, Mr. T. (Harrogate).—Bequests of £31,000 chiefly to Yorkshire charities, besides legacies to Church institutions. The residue of his estate is left in the executors' discretion for charitable purposes.
- Hulse, Sir E., gave power to his wife to apply £10,000 to any charitable or other society with which the deceased was connected.
- Lambert, Mr. J. (Bristol), left very large legacies, including £12,000 to Muller's Orphanage, but the estate appears since to be practically worthless.
- Bestell, Mr. T. (London).—£12,900 to London charities, besides sufficient to pay annuities amounting to £80 in the Wine and Spirit Trades' Benevolent Society.
- Thomson, Mr. J. B. (Glasgow).—£69,000 to West of Scotland institutions.
- Pollok, Mr. W. W.—£40,000 to Scottish charities.
- Fleming, Miss E. L. (London).—£27,000 to various London institutions, and the residuary estate to be divided between the London and Guy's Hospitals.
- Roberts, Mr. W. (Manchester).—£24,000 to Manchester institutions.
- Hall, Mr. J. (Newcastle-on-Tyne), left £100,000 towards fitting up the Newcastle-on-Tyne Infirmary, provided that a certain site should be acquired within three years, and also that at least £100,000 should be available out of other contributions for the general purposes of the Infirmary.
- Walden, Baroness de.—£8,500 for the Home for Nurses at Portland Town.
- Smith, Mr. G.—£12,000 between six institutions.
- Salmon, Venerable Archdeacon, left his estate to six public institutions, which will probably receive about £18,000.
- Booth, Mr. J. B.—Over £10,000 to charitable institutions.

How to become a Dispenser.

By MISS E. L. B. FORSTER,
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(Continued from page 519.)

II.—PRACTICAL DISPENSING.

It is necessary for a dispenser to be well up in the theoretical, as well as the practical work. For it is quite impossible to dispense with any confidence, without being conversant with the drugs which are used. So both for the examination, and for the dispenser's own use, a fair knowledge of all preparations used in medicine is essential. In studying dispensing, one of the first points to grasp is the weights and measures. The grain, ounce and pound, of the avoirdupois weights, are official for solids, and the measure of capacity for liquids. By official is meant recognised in the British Pharmacopœia. All preparations of the British Pharmacopœia are made by these weights and measures. But all physicians' prescriptions are dispensed by the apothecaries' weight for solids, and the measure of capacity for liquids. In weighing, the weights should be placed on the left hand scale pan, and the ingredients on the right.

All percentage solutions should be made by weight, using the avoirdupois scales. The liquid to be weighed, having first taken the weight of the flask.

A prescription should first be read through, and checked to see if there is any over dose or incompatible. If so, the doctor's attention must be drawn to it.

The dispenser must on no account alter a prescription in any way. In some cases a doctor may wish the patient to have an extra dose. At the same time, the dispenser must never make up any medicine with an overdose, unless specially told to do so by the doctor who has written the prescription.

Great care is necessary in dispensing medicines containing poisons. It is best to add them the last of all. By so doing you avoid the chance of a mistake by putting them in twice.

Note must also be made if the prescription is written for the dose only, and a given number of ounces to be sent, or if written for the amount required. This applies to all prescriptions. Pills as frequently prescribed are the amount for one pill. A certain number to be sent.

The study of the theoretical part, will have made the student familiar with the various actions which take place when different substances enter into a prescription. It is the dispenser's duty in most cases to modify the action, as much as possible, which can be done by the mannereach ingredient is added. As a general rule if each is well diluted with water, the action, if any, will be much lessened. When iodide of potassium and perchloride of mercury are prescribed together, if care is taken a clear colourless medicine is formed. If added in a concentrated state, a red precipitate is thrown down. All crystalline substances should be reduced to powder previous to being dissolved, care being taken to weigh after powdering in case of any being lost.

When there is an insoluble powder such as bismuth in a prescription, some doctors wish it dispensed plain, while others will order it to be suspended. A resinous tincture like Cannabis Indicæ would be prescribed with mucilage to suspend it, as directly the tincture is added to water the resin is thrown down. If care is taken in

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