

neatly. Put the labels on the bottle straight. Always re-label your bottles when refilled and the label is soiled. Remember the medicine goes to a sick room—frequently to a delicate lady, and she will notice any deficiency in that line. Be neat about your mortars and graduates. Have them thoroughly cleansed and dried after each time they are used. Have the spatulas scoured regularly—all should be kept scrupulously clean. At last, be correct. Let all your aims be toward perfect accuracy. Do not allow stinginess to prevent you from having the best scales. Keep them well regulated—use them correctly. While you are filling prescriptions, allow no one to converse with you. For the purpose, it is best to have the prescription department partitioned off separate from the rest of the store. Allow no one to come in. Let that place be the sanctum sanctorum, and the prescription clerk the high priest. By so doing he can concentrate his thoughts upon his business. Don't try to do two things at once, or you might get them mixed. One false step might cause, nay would cause, the loss of your reputation, which had cost you the labor of twenty years to secure. Follow your formula exactly. Don't improvise. The habit of improvising grows. You will soon become so that you will use anything that has the same therapeutic effect, as you think, as that which the doctor prescribed. You might do this without detection for awhile, but the doctor might recollect that the medicine does not taste or appear correct, and then raise a great fuss about it. Read your prescription carefully, and see that the dose of each ingredient is correct. You are equally responsible with the doctor for mistakes in prescriptions. Be certain to look at the bottle when you take it down and also when you put it up, to be sure you are using the proper medicine. Never fill a prescription from memory. It is not much trouble to look the prescription up, and the patient may have had another of the same size from the same doctor filled that you did not know about. To be correct requires a cool head, a concentrated mind, and careful attention to details.

Now, to sum up, I will embody my remarks into a set of rules, which, if closely followed, will lead to ultimate success:

I—CAREFUL ATTENTION TO STOCK.

- (a) Keeping full line.
- (b) Taking care of the stock you have.

II—USE OF IDLE MOMENTS.

- (a) Pharmaceutical work.
- (b) Wrapping packages and filling bottles.
- (c) Neat store and proper display.

III—APPEARANCE AND MANAGEMENT OF STORE.

- (a) Gentlemanly bearing.
- (b) Dignified bearing.
- (c) Discourage loafers.

IV—RELIABILITY AND HONESTY.

- (a) No substitution.
- (b) Fresh goods.

- (c) The best, not the cheapest.
V—KEEP UP WITH THE TIMES.
- (a) Current pharmaceutical literature.
- (b) Reading Remington.
- (c) Text-books.
- VI—ATTENTION TO CUSTOMERS.
- (a) Politeness.
- (b) Rapidity.
- (c) Neatness.
- (d) Correctness.

—Wm. B. Parker, in proceedings of Alabama Ph. Association.

Manufacture of Antiseptic Dressings.

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The ideal surgical dressing is one which, while not interfering with the natural healing processes, possesses germicidal power to disinfect discharges and fairly lasting antiseptic power to inhibit germ-development and prevent infection from without, thus maintaining aseptic conditions regardless of environment. It is regarded by some that the best conditions for healing are ensured if we apply dressings which are aseptic or sterilised. This is true of many operations, but, unfortunately, it happens always that it is exceedingly difficult to sterilise dressings and keep them aseptic. Hence antiseptic dressings will always be resorted to, and, no matter how theory may change, antiseptic dressings will be wanted.

Salicylated Gauze.—To illustrate the principles involved in preparing a representative surgical dressing let us start with ordinary unbleached gauze and end with a salicylated dressing containing 5 per cent. salicylic acid based upon the weight of finished product. First we boil the unbleached gauze in a 2-per-cent. solution of sodium hydrate for several hours to saponify the natural oil in the fibre, remove wood-gum and other impurities. The operation is repeated in a weaker solution, the gauze washed well, passed through a bath of $\frac{1}{2}$ per cent. hydrochloric or sulphuric acid, washed again, and immersed in a solution of chlorinated lime (about 1° Twaddle) and bleached perfectly white. Again wash and pass through the acid bath; wash once more, extract as much water as possible with wringer or centrifugal extractor and dry.

The strength of the medicating solution depends upon the degree of pressure which it is practicable to give the gauze after treatment, and the weight of material which will remain in the gauze after drying. With good calendars we can press so that 100 parts of gauze will weigh 210 parts immediately after.

Prepare a solution by the following formula:

Salicylic acid.....	5.6 parts
Glycerine	15.0 parts
Rectified spirit	50.0 parts
Distilled water to make 100 parts by weight.	

Pass the gauze (conveniently from a

large roll made to turn on a spindle), full width and in single layer, under a roller in the bottom of a tank containing the solution, and up over a rubber-covered drain-board between a pair of 40-inch rubber calendars, having previously adjusted them so that 100 parts of gauze carries through 110 parts of liquid. Throw the driving-belt on to the tight pulley of the machine and, as the gauze passes from the calendars, lead it back and forwards over rollers in a drying-chamber, through which purified warm air is forced by a blower or drawn by an exhaust-fan.

As it passes from the desiccating-chamber the gauze may be folded longitudinally by suitable apparatus, measured as it passes over a long glass-top table, and rolled up or folded up by machines previously made aseptic. The finished gauze is to be packed in containers freshly lined with melted paraffin, sterilised by heat. Gauze prepared by this method is permanently moist with glycerine. If it is desired to have a wet gauze, commonly called "moist," use more spirit, and "dry" so as to leave most of the water. One way to make moist salicylated gauze is to throw the ready-bleached gauze of the market from the bale or case into a vat containing a boiling water solution of salicylic acid, and extract in a centrifugal extractor, returning the excess of solution to the vat. This method is objectionable for many reasons, especially because the use of a boiling solution results in the first gauze drawn through the solution getting an unduly large proportion of the medication, and the last pieces being of low percentage.

The pharmacist working in the small way may start with plain absorbent gauze and wring out with rubber gloves or small wringer the excess of solution used, or he may make a certain weight of gauze take up all the solution, the quantity of material and liquid being properly graduated. The product cannot be uniform in either way, as the folds cause unequal expression, and the result is variation in percentage strength. In the case of salicylic acid, contact with iron should be avoided, as otherwise purple stains will result.

Carbolised Gauze.—The mixture originally employed by Dr. Lister in preparing carbolised gauze was carbolic acid 1 part, resin 5 parts, and paraffin 7 parts. The formula was afterwards changed to crystallised carbolic acid 1 part, common resin 4 parts, and paraffin 4 parts. The resin and paraffin should be melted, and, when the temperature is reduced to about 60° C., the carbolic acid is incorporated. The gauze is saturated and pressed between warm plates. The following modification of the formula works well in the large way:—Paraffin 40 parts, resin 26 parts, and petrolatum 14 parts, are melted and strained through cloth. When the temperature is reduced sufficiently, 10 parts of melted carbolic acid are incorporated (some allowance being made for volatilisation of the phenol). Through this melted mixture the gauze is passed full width and in single layer, into 40-inch