

EDITORIAL NOTES

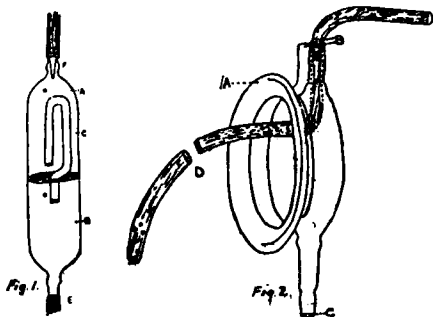
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AIDS IN THE USE OF DAKIN-CARREL TREATMENT.

Dr. Max Bornstein, of Milwaukee, Wis., describes a glass automatic siphon for delivering a definite amount of fluid to a wound at a definite period of time, in *Journal A. M. A.*, June 15, 1918, p. 1820. The apparatus is shown in Figure 1; the periodicity of flushing is regulated by a Hoffman pinch-cock on the tubing between the solution tank and the apparatus. Two bells (A and B) annealed one to the other are connected by a siphon tube (C). A drip point is annealed into the upper end of the upper chamber. Both chambers have air vents.



The apparatus works as follows: Solution from an irrigating bottle or bag is allowed to pass a pinch-cock at a fixed rate. It accumulates in the upper chamber until it reaches the highest point of the siphon, when it suddenly is emptied by the siphon into the lower chamber. Here, by virtue of its height and its weight, it forces its way through the holes in the Carrel tube and flushes the wound. The flushing is periodic and eliminates the inconstant human element which is so often the cause of failure in the Dakin-Carrel technic.

Doctor Bornstein (First Lieutenant, M. R. C., U. S. Army) also has devised a suction drainage bell for applying Dakin-Carrel treatment in empyema, and is described in the same issue. This apparatus, Figure 2, consists of a flattened bell of glass, resting on a wide flange (A), where it comes in contact

with the skin around the wound opening. At the upper end of one diameter are two small tubular openings (B), for transmitting the usual Carrel tube into the wound cavity. One of these may be used for flushing the bell and for cleansing. On the opposite side is a large tubular opening (C) for carrying off drainage, by means of a rubber tube into a waxed or rubber bag. Also, to this latter opening may be applied vacuum suction in empyema cavities by connecting with a vacuum water suction pump. The apparatus is held in position by a rubber dam fitted on the flange and by adhesive. By its use one can save large quantities of dressings, a very important item. It prevents secondary contamination of the wound, and permits instillation of neutral solution of chlorinated soda. It allows for drainage which seeps out beside the Carrel tube; and in the urinary bladder, it does away with the constant overflow of foul smelling urine. In empyema it permits the use of negative pressure to expand the lung and hastens obliterations of the empyema cavity. A Furniss rubber empyema spool is a valuable aid. It is made of glass; can be removed easily for cleansing and boiling, and can be easily reapplied.

PARAFFIN PAPER AS A SURGICAL DRESSING.

Charles M. Harpster, Ph.G., M.D., of Toledo, Ohio, writing in the *Journal A. M. A.*, June 8, 1918, p. 1763, states that paraffin paper will be found an excellent dressing for burns or any other condition in which a non-adherent dressing is desirable. It is far superior to the paraffin dressing of burns by the spray method, is much more easily and rapidly applied, results in more rapid healing of the burned surface, and is more easily removed.

In the first stage of burns, when there is great pain, the various ointments now in use can be applied directly to the paraffin paper and this applied to the burned area after all vesicles have been opened. It has the advantage of excluding the air, which relieves

the pain of the burns, and it is readily removed at the time of redressing, leaving the developing granulations unaltered.

The first dressing of pure petrolatum on paraffin paper, is applied directly to the burn, and over this a layer of cotton and the usual bandage. As the paper is impervious to moisture, the serum that seeps from the injury runs away from the raw surface, and is absorbed by the outer dressings beyond the injury. There is no sticking to the burn or other wounds, when the dressings are removed. Experience has proved that dressings once in two or three days are sufficient in most cases. Certain cases, however, may require more frequent dressings.

Paper bandages, which are now being universally used, perhaps more through necessity than choice, have been found to work well in certain dry dressings. But the thought arose, what a great saving could be accomplished if they could be used on moist dressings or dressings in which there is considerable oozing or drainage. Here again, the paraffin paper can be utilized as a barrier between the moist dressings and the paper bandage. It has the desired effect of keeping the moisture inside the dressing, and prevents the paper bandage from becoming wet and tearing easily.

Dr. Harpster concludes the article by saying that an attempt is being made to have sterile packages of the paper put up and, that to an extent, the paper will replace oiled silk and rubber tissue, especially if a heavier coating of paraffin can be applied to the paper.

SKIN CANCER.

The *New Orleans Medical and Surgical Journal* states that perhaps the most frequent excitant of all causes, so far as skin cancer is concerned, is dandruff. If falls from the scalp, and lights on the ear, eyelids, nose, neck, lips and face, and if there is already a scaling spot, or a thickening, or a wart, a mole, or a gland ready to receive the dandruff scale, it sets this spot alive with activity and it goes on to form a skin cancer. Probably 60 percent of skin cancers are due to this cause, and many a cancer has been prevented and may be prevented by curing the dandruff or by preventing it.

INSOLUBILITY OF SOFT GELATIN CAPSULES.

Dr. F. W. Dershimer, director of the work of the International Health Board in British Guiana, reports on experiments showing that soft capsules are relatively insoluble in the stomach. Comparative experiments were also made with hard capsules which proved that these completely dissolved in an acidified pepsin solution in twenty-one minutes, while the soft capsules similarly treated showed no signs of dissolving beyond slight softening after twenty-four hours. The experiments on which the reports are based were conducted with the support and under the auspices of the International Health Board of the Rockefeller Foundation. The article is printed in the *Journal A. M. A.*, for November 3, 1917, p. 1508. It would seem that this is a subject for further investigation.

PROTECTION AGAINST MUSTARD GAS.

Protection against any of the gases now in use by the Germans is given to American soldiers by the masks now being worn. Statements that American masks do not protect soldiers from the effects of mustard gas are not warranted, according to an official statement from the Chemical Warfare Section authorized by the War Department.

The masks now worn will protect soldiers as long as they are required to remain in areas drenched by gas. The clothing worn by the soldiers will resist the effects of the gas for a normal period. As an added precaution, the soldiers are now provided with a neutralizing ointment to be rubbed on those parts of the body where mustard gas is likely to penetrate through the clothes.

OFFICIAL NAMES FOR LICENSED DRUGS.

Prof. Julius Stieglitz, chairman of the Subcommittee on Synthetic Drugs, National Research Council, on behalf of the committee, urges the use of the official names of licensed drugs, and if the proprietary brand name is to be used to place this side by side with the official name. The official names so far adopted by the Federal Trade Commission are:

Arsphenamine for the drug marketed as Salvarsan, Diarsenol and Arsenobenzol, etc.

Neoarsphenamine for the drug marketed as Neosalvarsan, Neodiarsenol and Novarsenobenzol, etc.

Barbital for the drug marketed as Veronal.

Barbital-Sodium for the drug marketed as Medinal and Veronal-Sodium.

Procaine for the drug marketed as Novocaine.

Procaine Nitrate for the drug marketed as Novocaine Nitrate.

Phenylcinchoninic Acid for the drug marketed as Atophan.

AMERICAN CASTOR OIL.

According to Government reports the biggest castor oil mill in the world will be in operation this month at Gainesville, Fla. Reports from Florida are fully up to expectations and Texas will have a yield as large as has been counted upon.

W. S. Glynn-Jones, M. P., has been elected Secretary of the Pharmaceutical Society of



W. S. GLYNN-JONES

Great Britain. Mr. Glynn-Jones was elected member of the House of Commons in 1910.

He is the author of "The Law of Poisons and Pharmacy," and has been active in British legislation relating to pharmacy.

William Kirkby, elected president of the British Pharmaceutical Conference, is the son of a pharmacist and obtained his degree of pharmaceutical chemist in 1882. In 1886 he became associated with Jewsbury and Brown.



WILLIAM KIRKBY

New President British Pharmaceutical Conference

He has been active in pharmaceutical affairs of Great Britain and is well known for his work in historical research.

Charles H. LaWall, president-elect of the American Pharmaceutical Association, has been invited to become a member of an Advisory Board to the Division of Medical Industry.

OBITUARY.

CHARLES FORD DARE.

Charles F. Dare, engaged in the drug business in Bridgeton, N. J., since 1872, died May 16, 1918. The deceased was born in Bridgeton, May 19, 1842, and the funeral services were held on the anniversary day of his birth.

Mr. Dare graduated March 1861, from the Philadelphia College of Pharmacy; this same year he entered the service as hospital steward

and served in that capacity to the end of the Civil War. On his retirement from the Army he entered the employ of Edwin F. Brewster, and in 1872 engaged in business on his own account. For a number of years his son Charles W. has been a member of the firm.

Mr. Dare was a director of the Bridgeton National Bank, secretary of the Merchants and Mechanics Building and Loan Association. He was member and officer in the First