

of neatness and cleanliness about an item sold in packages which brings forcibly to our attention that the public selects those things that are neat and clean. There is a psychological factor present in that it gives the young apprentice a smug feeling which inspires a confidence in the drugs he dispenses. The sale of packaged household goods is a distinct advantage to the druggist, because he is able to satisfy the demands of the public. Service and quality are very essential for satisfying the public. Dispensing of packaged goods bought and sold, as such, by the druggist must not be confused with drugs that are purchased in bulk and packed by the druggist. He who buys bulk drugs and dispenses them in small cartons is carrying out some of the many essentials of his profession, coupled with convenience. Druggists who buy packaged drugs and dispense them in the same cartons in which they are purchased are placing themselves on the same plane with the unskilled clerks in wholesale and retail groceries. On further observation, I sometimes wonder if the sale of such well-known drug store items does not decrease that professionalism which we should strive to maintain. We, who are professional men and women, seem too ready to sever one of the remaining threads which tie us to the demands of our profession. We no longer encounter that fragrant aroma of cloves, spices and other odorous drugs that were once synonymous with the drug store.

The sale of packaged goods does not require the services of a professional druggist nor that of one skilled in the handling of common drugs; druggists do not have the monopoly of such sales, as the items are distributed among confectioners and grocers. The effect that sale of packaged goods will have on the future pharmacist is one of grave concern. It will lessen his respect for the profession; he will be of the belief that he knows all there is to be known about the intricacies of the profession, whereas in reality he will not be able to identify the items sold in packages. It will produce a carelessness within him which will be difficult to overcome. The respect due the pharmacists of the past will be singularly absent, because spices, roots and herbs will have no place in the thoughts of the new pharmacists.

TANNIC ACID TREATMENT FOR BURNS AND SCALDS.

The high mortality among children from burns and scalds is not due to primary shock, but is caused by the onset of the toxæmic stage. In the treatment of these casualties the pre-requisites are: Prevention of absorption from the injured tissues, prevention of local sepsis, painless dressing or covering for the burned area and rapid healing with a minimum of scar formation. Tannic acid fulfils all these requirements, inasmuch as it produces a local coagulum over the raw surface and a practically waterproof and rigid covering over the denuded surface. Its actual application is painless and pain-relieving, and no further dressings are required once the formation of the coagulum is complete. In consequence of the coagulum formation, healing progresses undisturbed beneath the covering thus formed. The preparation used is 2-5 per cent of tannic acid in

sterile water, freshly prepared for each application, and it is most convenient to keep 110-grain packages of the powder to be dissolved in half a pint of water when required. The scar formation is rapid and most satisfactory. Although patients require skilled nursing in order to ensure that bed-clothes, etc., do not touch the coagulum, nursing is greatly simplified because the patient is comfortable throughout, and so is rarely restless or irritable. The method is seldom applicable to cases which have been treated by any other methods longer than twelve hours earlier, and once toxæmia through absorption has set in, tannic acid is quite ineffective. Moreover, no coagulum will form after about twenty-four or thirty-six hours from the time the burn or scald has been received.—Gertrude Herzfeld, *Practitioner*; through *The Pharm. J. & Ph.* (March 2, 1929).