

dates on bacteriology. It may be questioned whether such an examination serves a useful purpose as long as the questions asked are such as can be answered by the study of a quiz manual. A candidate may be able to define bacteria and to classify them into groups, and still have no knowledge of bacteriology which will make him a more intelligent dispenser. Would it be unreasonable to ask the applicant for registration to actually perform in the laboratory the operations incident to dispensing a two percent solution of cocaine hydrochloride in sterile condition, or a solution of camphor in fixed oil suitable for hypodermic use?

Some may think that the writer is exaggerating the importance of this campaign for educating pharmacists in regard to sterilization. To such he would say that pharmacists as a class cannot hope to be generally recognized as professional men by other professions and by the public until they are willing to inform themselves upon, and to apply in their every day work, those sciences which have a direct bearing upon dispensing pharmacy. If we are content to remain indifferent to the ever changing demands made upon us by the progress of medical science, then we have no just cause to complain if the drug store continues to be a joke in the opinion of many.

In this campaign we may appeal not only to professional pride but to the commercial spirit. Many physicians are compelled to make sterile solutions in their own offices for which they would be only too glad to pay the pharmacist, if there was one in the neighborhood who was prepared to give proper attention to these. Most doctors who administer arsphenamine are willing to pay the pharmacist a dollar more than the cost of the ampoule for making the solution and furnishing the normal saline solution which is used with it. The dispensing of arsphenamine does not require elaborate equipment but does require care, and some knowledge of sterilization methods. The pharmacist who is willing to give proper study to the subject of sterilization will be rewarded, not only by the knowledge that he is performing a most important service for his community, but, in many cases at least, by a larger amount of business of a professional character than he had believed obtainable.

It is to be earnestly hoped that the colleges, the journals, the associations, and the boards of pharmacy will join in arousing pharmacists from the present all too common attitude of indifference in regard to sterilization in dispensing.

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### A SIMPLE SUPPOSITORY DEVICE.

BY CASWELL A. MAYO.\*

I wish to bring to the attention of the Section a very simple little device, which is not new, having been patented in 1916, but which may be new to many of the members. So far as I am aware it has not been described in the Proceedings of the Association nor in the pharmaceutical press.

The device is extremely simple, consisting of a single mould holding 30 grains of cacao butter and a plunger or ejector.

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\* Read before the Section on Practical Pharmacy and Dispensing at the Washington Meeting of the American Pharmaceutical Association, May 7, 1920.

The suppository mass is made up cold in a mortar and is worked into the proper consistence with the addition of a few drops of castor oil.

Where an extract is used this must, of course, first be rubbed to a thin paste with water, alcohol, or glycerin, the scraped or grated cacao butter and other ingredients added, and the whole rubbed to a smooth mass of the proper consistence. The mould is then dusted thoroughly with lycopodium, the excess being shaken out, and the mould then pressed down into the mass until full. The ejector is then used to push out the finished suppository.

The only two possible causes of trouble are the failure to obtain the proper consistence of the mass, which if too brittle will break; and the heating of the device through the hand. In hot weather it is well to chill the mould in cold or ice water and dry before dusting with the lycopodium. There seems to be a great difference in the effect of the hands of different persons, some being able to handle the mould without heating it, while with others the mould soon becomes too hot

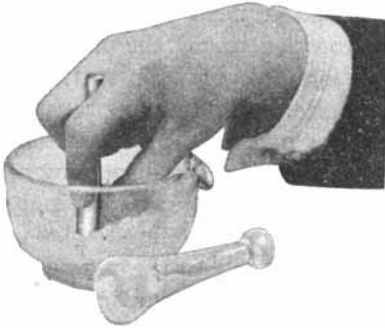


FIG. 1.

FIG. 1.—Cool the mould, dust with lycopodium and fill by pressing down into the mass.

FIG. 2.—Twist the mould and withdraw from the stem.

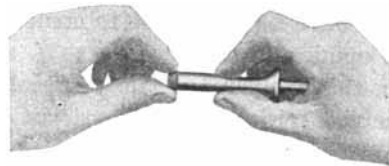


FIG. 2.

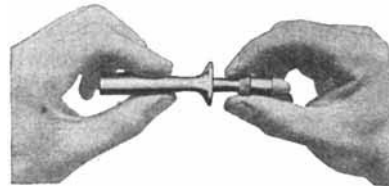


FIG. 3.

FIG. 3.—Reverse the stem and push the suppository out of the mould.

to work satisfactorily. This same difference has been observed, of course, in making suppositories by hand. In spite of these precautions, however, the suppository sometimes sticks, in which case a few drops of soap liniment should be poured into the mould, the excess poured out and the mould then dusted with lycopodium.

The suppository adheres to the end of the ejector and can be deposited in the box without being touched at all by the hands.

The apparatus is inexpensive, costing only about a dollar. It will be found a valuable addition to the armamentarium of the dispensing counter for use in preparing a small number of suppositories, in which case the larger and more complicated machinery would make the process tedious, as all the parts would require washing, putting away, etc. I should be glad to present one to any teacher who may care to use it for demonstration purposes.

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