

column showing the "proof" of the spirit. Since in the commercial world from which the pharmacist obtains his alcohol the traffic is conducted on the basis of the "proof," it would seem very desirable for the pharmacopoeial alcohol table to contain such a column.

In conclusion it may be said that the foregoing discussion makes no pretense of being complete; but it is hoped that it contains timely suggestions which may prove of value.

MEDICO-CHIRURGICAL COLLEGE, PHILADELPHIA.

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#### IS THE PHARMACIST EQUAL TO THE DEMANDS OF THE AGE?

"Another development of pharmaceutic demand is well illustrated by salvarsan. This is the year 1911. More is required of almost every profession and trade in this year than in 1811, vastly more than in 1711. It ought to be possible to send a prescription for salvarsan, ready for use, to any drug store, in 1911, with the same confidence of its prompt and proper preparation, as for laudanum in 1811. Einhorn's heads and packets for intestinal tests belong in the same category. Salol and keratin coated pills are another example. Suppositories and bougies of gelatin, cocoa butter, etc., are another. The fact that expensive and troublesome apparatus for preparing salvarsan are advertised in medical journals to physicians shows that the pharmacist is blinding his eyes to a proper and ultimately profitable extension of his scope.

"The words pharmacist and chemist used to be almost synonymous. Can the physician telephone to his druggist for a deci-normal solution of sodium hydrate, or a 1 per cent solution of a reagent or drug for local use, and be sure of accuracy? Some time ago, we wrote a prescription for a certain extract, in definite amount. We weighed it in its container, soaked it in alcohol, dried and weighed the box and label, subtracted, and found an error of 25 per cent.

"Has the druggist even weights and scales and graduates of sufficient accuracy for even approximate clinical determinations? Can he analyze urine in a suspected case for arsenic or morphine—fairly simple chemic examinations? Can he prepare extemporaneously, chromic catgut, aseptic dressings, etc.?

"We are writing in no fault-finding mood. We merely wish to impress on the pharmaceutic profession that there is a vast field of usefulness and profit requiring a development of special skill, along logical lines and into which it is practically forcing the medical profession to enter. And, meantime, the former profession is complaining of the non-support of the latter and trying to entice him back by a display of elixirs and 4-ounce mixtures which are almost out of date and which any one with a fairly accurate balance and a 25-cent graduate can compound."—*Buffalo Medical Journal*.