

the line to the vacuum pump is closed and the reaction flask gently heated. As pressure is built up, the mercury in the tube is forced back into the reservoir. When the pressure has risen to that of the atmosphere the manometer screw clamp (1) is opened, then clamp (2), next to the receiving flask, and collection begins. The volume of gas formed is calculated from the increase of weight of the safety flask, the volume of the evacuated apparatus, and the pressure within this. This method of preparation gives a 67% yield of methyl acetylene of practically 100% purity. For every 10 grams of propylene dibromide used approximately 800 cc. of methyl acetylene is produced.

As methyl acetylene is quite soluble in water a saturated salt solution is recommended for the confining liquid.

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WHAT SHOULD A PHARMACIST "BE"??*

BY IVOR GRIFFITH.

The group working under Dr. Charter's able management is carefully and correctly working out its answer to the question—"What should a Pharmacist know?" Into this great statistical compilation has gone years of search and research. More is yet to come.

But I want to point out that beyond—far beyond this question, in essence and in importance, is the much larger question of the sense of personal responsibility of the Pharmacist.

What should the Pharmacist know? Yes, but also "What should the Pharmacist be?"

I will not attempt in the hasty presentation to discuss this question, but I should like to draw for you a picture, and ask you for the while to forget your own impressions and simply see the picture.

And it is no idealized picture, no phantasy, no retouched freak, but taken truly, clearly and without distortion out of realities of Life's everyday.

It is given in a personal way since it is, without bias or exaggeration, the spreading out in prose of a very personal experience. Listen and think.

"Illness had paid me a visit—a most serious, painful visit, and I was carried for my first experience, to the great brick building housing the community hospital. Too sick for expression, too weak for protest, lost to everything except the stubborn, innermost hope that with God's grace health would come back again, I was moved silently through the halls of the house of mercy into the segregated chambers of the serious or hopeless cases. And I knew my destination, for the hospital to me was an open book. I had served long as its pharmacist, compounding its medicines, teaching its nurses and cooperating with its medical staff in many substantial ways.

* Presented before Section on Practical Pharmacy and Dispensing, A. Ph. A., Des Moines meeting, 1925.

EDITOR'S NOTE: This is an interesting presentation of what a pharmacist should "be," and impresses the responsibilities of pharmacists. It is a message that may well be impressed on students and pharmacists.

"Sick, though my body and mind were, I sensed in silence the dark and un-comforting inference that I was bound for the quarters which were dedicated only to those whose lives were in the balance; to those who were parting from a real world, a most enjoyable comfortable, friendly world, into the Land whence none return—I sensed to my lonely self that they had sent me there to slip away in sacred silence.

"And not a word of my thoughts could find expression.—It was a loneliness too deep, and a gradual leaching out of life, that was far too feelingful and far too understandable ever to find expression. I was sick unto death.

"The panorama moved and I watched it, quietly and from a far, narcotic distance. The specialist had finished his survey, and unmindful of my absolute grasp of every detail of word and deed, asked the intern if a certain very powerful drug was then available. An affirmative response was that the Pharmacist there in the hospital could easily and promptly prepare it. Somehow a great comfort came over me then, but along with it a sense of keen anxiety.

"This internal comfort I first interpreted as the pleasant relaxation that I knew to precede the final dissolution, but I naively bargained internally, sick though I was, and sold to my aching heart the idea that it was not that comfort, but another which was more real and substantial."

Said Hope, the conjurer, "In able hands lies your destiny, Trust and rest in perfect assurance that this man of medicine has solved your case and now deals out his panacea."

It was aconitine in combination that the physician had ordered, and it was its unusual application which helped to clinch my faith in my doctor's ability and judgment.

But came then an ephemeral sense of keen anxiety and there ran through my mind a chilling array of conflicting emotions. I knew the drug—I had long learned of its potent actions and its queer eccentricities. I knew it must be most exquisitely prepared lest its action be impaired. I knew its profound toxicity. I feared it might not be exactly as the doctor would have had it for me.

But I knew the hospital pharmacist—I had confidence in his every judgment. I knew his sublime code of service, his exacting methods and his unremitting sense of responsibility. I knew that the doctor's prescription would be compounded by him exactly as written, every ingredient safe as to its identity and its potency, and the whole blended with scientific judgment into a powerful instrument of healing.

If the doctor's judgment was exact and right, I knew that the pharmacist's part in the contract would be precisely fulfilled and my anxiety took wing and the great comfort took complete possession of my weak and ailing heart.

From that moment on Life took a new direction. It rallied its parted forces to a great concentration and slowly but as certainly worked to the end that not yet must it leave this temple. And with the passage of time health soon re-possessed its inheritance.

There is your picture.

It is real. It is every day. Need there be now an answer to my question "What should the Pharmacist be?"
