The Pharmacopoeia is the book that should tell us what drugs are useful and how they may be manufactured. It is not its place to dictate formulas for innumerable mixtures, for a mixture is useless except when prescribed for certain conditions which cannot be foretold. The following mixtures, therefore, seem out of place in the Pharmacopoeia:

Cataplasma Kaolini, Confectio Sennæ, Elixir Ferri, Quinine et Strychnine Phosphatum, Emulsium Olei Morrhuae Cum, Hypophosphitibus, Extractum Colocynthidis Compositum, Fluid Extraitum Bhamni Purshianæ Aromatœcum, Glyceri
tum Ferri, Quinine et Strychnine Phosphatum, Infusum Sennæ Compositum, Liquor Antisepticus, Mistura Rhei et Soda, Pilulae Aloes et Ferri, Pilulae Catharticae Vegetables, Pilulae Laxative Composita, Pilulae Podophylli, Belladonna et Capsi
ciel, Pulvis Acetanilidii Compositus, Syrupus Hypophosphitius Compositus.

These mixtures, with perhaps a few more, make up the class of preparations to which I refer.

**PREPARATIONS WHICH SHOULD BE ENTIRELY DROPPED**

Among these mixtures is the third class which it appears to me would be wise to expunge from both our publications.

I refer especially to Cataplasma Kaolini and Pulvis Acetanilidii Compositus.

These two mixtures and perhaps others are such pal
pable copies of widely advertised nostrums which are either valueless or dangerous that it would appear unwise to recommend them.

**INFORMATION WHICH SHOULD BE CONTAINED IN THE PHARMACOPEIA**

I have stated above that two facts, lack of instruction by the teaching authorities in regard to the undoubted sufficiency of the pharmacopoeial preparations in the treatment of disease, and the persistence of the detail men, are potent reasons for the failure of physicians to use pharmacopoeial preparations. But, it seems to me, there is still another reason. The Pharmacopoeia contains the official name of the drug with the method of its preparation, its dose, and nothing besides this.

The method of preparation of a drug and its prepara
tions is of little value to the practicing physician. He must know, however, the dose, the action and the uses of a drug. He is now compelled to turn to the various dispensatories or the innumerable works on therapeutics for this essential information. Dispensatories and many books on therapeutics very properly contain information on many articles which are not official.

Now, is it not in the province of the Committee on Revision of the Pharmacopoeia to add to the informa
tion already given about official drugs a short and con
cise description of the action and uses of the drugs described? If this is not practicable, cannot this informa
tion be given in a second volume, to be used by physi
cians while the present information could be published in a volume for the use of pharmacists?

It would appear that so long as the Pharmacopoeia has its present form just so long it will not be in common use by the practicing physician and he will be forced to depend on other sources for his information. Drug
drugs are ever ready to supply him with information. It is impossible, moreover, however desirable, for the
every-day doctor to use such names as "hexamethylene
tamin," "sulphomethanum" and "acetphenetidin" for "urotropin," "sulphonal" and "phenacetin." The Comittee must find some synonym for these unpronouncable names. Better adopt the patented name than use the long chemical one.

**CONCLUSIONS**

Certain drugs should be omitted from the next revi
sion of the Pharmacopoeia, because they are obsolete. These mixtures should be relegated to the National For
mulary or be dropped.

More information should be given in the Pharmaco
dea about drugs.

Impossible names should have synonyms supplied.

421 Lyceum Avenue, Roxborough.

**REPORT OF THE COMMITTEE ON THE UNITED STATES PHARMACOPEIA**

To the Board of Trustees of the American Medical Associa
tion:—Your Committee on the United States Pharmacopoeia begs to report as follows:

The committee, soon after its appointment, sent a circular letter (copy of which is enclosed) to the medical organizations entitled to representation in the United States Pharmacopoeial Convention, urging them to consider the appointment of dele
gates to the convention of 1910 and suggesting that they might find it advisable to appoint special committees on the Pharmacopoeia. The letter was also sent to the officers of the Sections of the American Medical Association with the sug
gestion that they appoint in the Pharmacopoeia from the standpoint of their specialties. This letter met with a cordial reception. Many of the medical organizations have appointed delegates to the convention as well as special committees on the Pharmacopoeia. Several sections of the association have also appointed committees; some of these have done considerable work.

The responses to the letter indicate that there is a wide
spread interest in the Pharmacopoeia and a willingness to work. It is evident, however, that some of the committees do not see clearly how they can approach certain of the problems of pharmacopoeial revision.

As an illustration of the practical work a section committee can do, the action of the committee of the Section on Oph
thalmology may be cited. Recognizing that the problem of revision in which the physician is most immediately interested is that of the scope of the Pharmacopoeia, this committee, in order to determine which unofficial drugs are considered by the members of this Section to be most important and most worthy of recommendation for inclusion in the Pharmacopoeia, selected from New and Nonofficial Remedies a list of fourteen drugs of special interest to ophthalmologists. This list was sent to the members of the Section (935 in number) with the request that each indicate the six which he considered of most value.

Other sections are preparing to take similar steps, and it is hoped that various medical organizations will do likewise, for your committee knows of no way in which the medical profes
sion can better make its wishes known to the Committee of Revision of the Pharmacopoeia. It is especially desirable that this work be done in the near future, for the data so collected may be valuable in connection with the formulation of the general policies to be pursued in the next revision of the Pharmaco
peia. The collection and tabulation of such data will involve much labor and some expense, and we believe the American Medical Association should undertake it and not leave it to an already overloaded committee of revision. It is also believed that it would be advantageous for much of the clerical work to be done at the association's headquarters in Chicago, where permanent records could be kept. Since some of the work of the Council on Pharmacy and Chemistry is closely connected with this subject, we recommend that the Secretary of the Council be given authority to cooperate in this matter and that he be given the necessary assistance; the secretary could also serve as a medium of communication between the different committees.

* Read in the Section on Pharmacology and Therapeutics of the American Medical Association, at the Sixtieth Annual Session, held at Atlantic City, June, 1906.
Those who realize the possibilities of the Pharmacopoeia and the need of greater familiarity with it, will agree that there are few objects for which the association could more profitably make a liberal appropriation.

The chairman of the Committee on Anesthesia of the Section on Surgery was written to with the object of ascertaining if the work of that committee could not be of assistance in suggesting and formulating more perfect standards for the important anesthetics of the Pharmacopoeia. It was suggested that it would be highly desirable if such subjects as the following could be considered: the physiologic effects of alcohol-free and alcohol-containing ether; the effect of water and of alcohol on the volatility of ether; the effect of ethyl chloride in chloroform; the admission of nitrous oxide into the Pharmacopoeia; the advisability of recommending the admission of certain anesthetic mixtures, etc. The chairman of the Commission on Anesthesia replied, in part, as follows: "...

We can hardly see our way, for this year at least, to take up the extensive chemical investigations which you suggest. . . . We had hoped that we might turn to your committee for chemical reports on the quality, composition, and value of the various anesthetics."

While most of the pharmaceutical and chemical problems connected with the Pharmacopoeia should be left to the representatives of the pharmaceutical profession, there are a few such problems which should be approached from the standpoint of the physician and should be kept in close correlation with clinical and experimental studies.

The members of this committee believe that the chemical laboratory of the association at Chicago should be available for such investigations and recommend that additional assistance and facilities be given the chemist in charge for the more active prosecution of such studies.

It is evident that New and Nonofficial Remedies is being considered as a Pro-Pharmacopoeia from which the best will be transferred to the Pharmacopoeia. We believe that this work should be so regarded and that the Council should endeavor to emphasize this side of the work, which is largely independent of proprietary medicines.

It is considered especially important that careful consideration be given to the names under which new drugs are admitted to New and Nonofficial Remedies, for it is very desirable that these be brought to the attention of physicians under unobjectionable names suitable for inclusion not only in the United States Pharmacopoeia but in foreign pharmacopoeias, as the difficulty of effecting a reform in the nomenclature of drugs which have once come into general use has been well illustrated in the case of our own as well as of foreign pharmacopoeias. Hence we urge the Council to use its influence with manufacturers to follow a more scientific system of nomenclature and through its corresponding members (the number of which should be increased) endeavor to secure an international agreement on this important subject.

Respectfully submitted,
S. SOLIS COWEN,
GEORGE DOCK,
R. A. HATCHER,
E. E. HAYDE,
W. S. THAYER,
REID HUNT, Chairman.

NOTE. (January, 1910.) Since the above report was submitted, committees of three sections of the Association, viz., those on Practice of Medicine, Ophthalmology, and Stomatolology, have submitted very valuable reports embodying their views as to the revision of the U. S. P. and including drugs which they consider should be admitted to or omitted from it. These reports were published in THE JOURNAL, Sept. 4, 1909, pp. 791-796 (cf. also editorial, October 30, p. 1491, and a letter, p. 1560).

Other sections have appointed committees as follows:

Ostetrics and Diseases of Women.—Drs. F. J. Tausig (chairman), H. T. Byford and G. L. Hunner.

Laryngology and Otology.—Drs. D. Bryson Delavan (chairman), D. Braden Kyle and Algerman Coolidge.

Dermatology.—Drs. Wm. Allen Pusey (chairman), M. B. Hartzell and G. T. Jackson.

It is hoped that these committees will submit reports before the meeting of the Pharmacopoeia Convention in May and that the other sections will appoint similar committees.

Dr. J. H. Blackburn, director of the course of postgraduate study for county societies, has recommended that each society arrange for a meeting for the discussion of the revision of the Pharmacopoeia.

Prof. J. P. Remington, chairman of the present Committee on Revision, recently wrote to the Secretary of the American Medical Association requesting that this Association present to the next Pharmacopoeia Convention a "report on the articles and preparations which, in their opinion, should find a place in the ninth revision of the United States Pharmacopoeia." Among the reasons given for making this request is the following: "When I state to you that in 1901 more than one year's time was consumed in settling the important questions of admissions and deletions you can see how much valuable time might be saved by having a report from the American Medical Association." Dr. Simmons replied, stating that as the American Medical Association does not meet again until after the meeting of the Pharmacopoeia Convention, he presumed that Professor Remington's letter belonged to the Committee on Pharmacopoeia and that he had sent it to the latter. The committee will endeavor, with the help of the reports of the section committees and others, to prepare such a report for the Pharmacopoeia Convention.

THE U. S. PHARMACOPEIA AND THE NATIONAL FORMULARY

DO THEY CONTAIN A SUFFICIENT ARMAMENTARIUM FOR THE MEDICINAL TREATMENT OF DISEASES? *

M. CLAYTON THRUSH, Ph.D., M.D.

PHILADELPHIA

THE NEED OF A MORE INTIMATE KNOWLEDGE OF THE U. S. PHARMACOPEIA AND THE NATIONAL FORMULARY AMONG PHYSICIANS

The propaganda in favor of the U. S. Pharmacopoeia and National Formulary which was begun but a few years ago has been reaching a higher state of development year after year, and if its future progress continues in corresponding proportions the time is not far distant when we will be able largely to overthrow by effective legislation, and in other ways, unethical proprietaries, secret nostrums and charlatanism.

This propaganda has been carried on vigorously by certain members of our own and the pharmaceutical professions, and, of course, more enthusiastically in certain sections of the country than in others.

In order that this propaganda might be carried out effectively, several divisions of the subject became necessary, and each of these contributed its share of the labor and deserves corresponding commendation.

One of these was the formation of the Council on Pharmacy and Chemistry, which has passed on all the various pharmacetic products on the market—in fact, acted as a clearing-house for the benefit of the medical profession. There is no question but that this Council has done an inestimable amount of good, and that its reports have been read with interest by all conscientious physicians. The influence of the Council can be appreciated when we note the large amount of money expended by certain firms to bring their products up to a passing standard. The medical profession can thank the Coun-

* Read in the Section on Pharmacology and Therapeutics of the American Medical Association, at the Sixteenth Annual Session, held at Atlantic City, June, 1908.