Correspondence.

Shall the Scope of the Pharmacopeia be Increased?

BOSTON, Dec. 19, 1899.

To the Editor: Among the many suggestions and remarks which the approach of the time of calling the convention for revising the Pharmacopeia is eliciting, the query why the sale of this book is so small among physicians often appears, and why they are so little acquainted with its contents and its merits. That such a condition exists is undoubted, but it is also true that there is a reason for it, and it seems to me, without yielding to anyone in my respect for the book in the position it is intended to fill, that the reason is a good one.

Dr. Long (*JOURNAL*, Dec. 9, 1899), in an article which tends in the same direction as my own thoughts, asks whether we—physicians—"are not shirking our duty when we allow pharmaceutical influence to predominate in the convention which directs its issue?" To this I would answer that, if medical colleges and societies send 85 out of 190 delegates, as they did to the convention of 1890, medical interests are fully represented. The details of the pharmacopeia are properly in the hands of pharmacists.

It is true, as Dr. Long says, that the Pharmacopeia originated in the needs of physicians, but that was at a time when a very large proportion were of necessity their own pharmacists. A well-known Boston doctor, whose practice was largely among the wealthier classes, used to say that there was no use in a physician pretending to be anything else; he always would smell of rhubarb.

But now the amount of information which the up-to-date practitioner is absolutely obliged to acquire has so enormously increased, without, so far as any one can see, his capacity having been correspondingly enlarged, that he must cut off all that does not necessarily come within his province. On the other hand, the processes and scope of pharmacy have been so specialized that the practitioner can have this part of his work done so much better than he can do it if he had the time, that the separation has taken place with great mutual advantage. The physician asks the pharmacist for a drug and expects to have him provide it pure, but probably not once in ten thousand times does he apply the pharmacopeial tests to see whether it is really so. It might have been premised that the pecuniary success of the edition of 1890 has been such that there is no financial reason for desiring to increase the sale of the next one, except that it could perhaps be afforded a little cheaper. The receipts have provided for much research in preparation for the coming revision and there is still a considerable balance unappropriated.

But it is desirable, in the interests of the medical profession, that its members should become acquainted with the official and authoritative statement of their pharmacologic instruments, and that they should be able to look to some disinterested source for information on the enormous number of new remedies—good, bad, and indifferent, honest and fraudulent—which are constantly thrust before them in advertisements and specimens, and in regard to which it is almost impossible that they should independently inform themselves. Information there is, if they have the disposition and the time to look for it, but each is much more likely to take what is offered him, buried as the truth may be among proprietary preparations and garbled pseudo-medical literature. The implicit confidence in the ignorance and credulity of the medical profession in regard to drugs, displayed by such hosts of advertisers, and evidently grounded on long experience, is a scandal and disgrace, a part of which might perhaps be averted by familiarity with a work in which no self-interest can be allowed to appear.

There are two reasons why the Pharmacopeia is comparatively unknown to the physician. The first is that it contains so much that he does not want and can not use; the second, that it does not contain the information for which he most frequently consults a book of reference, i. e., doses and new remedies, or sometimes the best forms of administration.

The pharmacologic ground which the physician wishes to traverse is now covered by two sets of books, among which are several of which American medicine and pharmacy may

well be proud. Of these, the two dispensatories are the most comprehensive, and against them there is nothing to be urged except size and consequent expense. But the man who buys one of these has but little use for the pharmacopeia, which is practically included in them. The numerous and excellent works on therapeutics usually contain enough of pharmaceutical detail for ordinary use by the practitioner. All of these discuss non-official remedies.

It is with such works as these that the next Pharmacopeia must in some way compete, if it is to have any extensive sale among physicians, and the question at once arises whether it is for the interests of medicine and pharmacy to undertake this new responsibility or leave it where it now is, in private hands. There is certainly room for more than one opinion on this point. In regard to doses, it would not be advisable for the Pharmacopeia to state them in any such authoritative and absolute way as to relieve the physician of his full responsibility in any individual case, but usual or average doses might very promptly be given, and a statement of the amount of active principle contained in different preparations of the same drug. There are many most useful drugs now in the Pharmacopeia, whose chemical constitution is so illy defined that a short statement of the safe or proper dose is really nothing but a judicious summary of clinical experience. Such, for instance, is digitalis. Even more is this true of some of the most important and useful additions to the medical armamentarium; for instance, the whole group of toxins.

It may be said that if the Pharmacopeia once enters the wide and unsurveyed territory of the most recent investigation and discovery, it will at last find itself in a swamp of speculation, and standing on the same level with all sorts of absurdities and frauds. But it is to be remembered that medical practitioners and pharmacists are already forced to enter this region, whether they like it or not, and will most heartily welcome even a feeble and uncertain light of science which is at least distinguishable from a mere will o' the wisp, by honesty of purpose and impartiality.

A work occupying the position of the Pharmacopeia and possessing the qualities of disinterestedness, impartiality and freedom from individual prejudice, for which the method of its preparation and publication would be a guarantee, must be of the highest value to the medical profession and would meet with a warm reception therefrom.

Some simple additions to the book as at present arranged would not materially increase its size or cost, and could be made to cover the matter of dosage, but a consideration of non-official medicines would be another matter.

Would it not be possible to publish, under the auspices of the convention, two editions, to be called respectively the physicians' and the pharmacists' editions, using the same arrangement and the same text so far as appropriate to each, but having in the physicians' an appendix containing, in an abridgment, all that is positively known of unofficial drugs? For this appendix room would be made by the omission of a large amount of detail unnecessary and cumbersome for the physician.

In the pharmacists' edition, it might be unnecessary to put many articles which are not, and probably for many years will not be, subject to exact chemical and pharmaceutical tests of purity. Still, as most of these are now to a great extent for sale in the shops, it seems more practical for the authority in use by the pharmacist to take cognizance of them, even if unable to test and guarantee their purity and efficiency. Such an edition would be really an abridged dispensatory, and would be unnecessary for those who have the larger one. On the other hand, it could be sold at a much smaller price and could be more easily remodeled at short intervals than the more elaborate works.

In conclusion, although I am unworthily a member of the committee of revision, this letter embodies the views of no one except myself, and is intended as a suggestion rather than as an argument.

ROBERT EDES, M.D.

The Innocuousness of the Specialist.

CLEVELAND, OHIO, Dec. 19, 1899.

To the Editor: While it is perhaps natural that in general medical societies there has grown up a tradition that the chief