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The Association does not accept the responsibility for the opinions of contributors. Offensive personalities must be avoided.

THE APPROACHING MEETING.

THE organization meeting of the A. Ph. A. was held at the New York College of Pharmacy, October 15, 1851, when the Association was launched under the title of the "National Pharmaceutical Convention," the present title being adopted at the second meeting, which was held at Philadelphia in October of the following year. Since then the Association has met annually, with the exception of the year 1861, when the breaking out of the war between the states forced all non-political questions into the background, and consequently the approaching meeting at Nashville will be the 61st annual, or counting the organization meeting, the 62d meeting of the Association.

In a country so young as ours, 62 years of continuous activity is noteworthy, and gives the A. Ph. A. an air of respectable antiquity among professional organizations of national scope, and its members may be pardoned if they take pride in the fact that the record of these 62 years of activity presents many honorable achievements and few, very few, association actions which require either extenuation or defense.

The historic city of Nashville, so entertainingly described by Local Secretary Burge in the last issue of the JOURNAL, is located at such an altitude that its normal summer temperature is less than that of many cities farther north, and unless unusual meteorological conditions prevail, the members in attendance may expect a week of quite enjoyable summer weather.

The druggists of that city, and indeed of the whole of Tennessee, have been truly indefatigable in their preparations for the occasion. No other meeting of

the Association has been better advertised among pharmacists of the whole country, or so thoroughly advertised among those of the Southern states, and it will be a matter of surprise if the attendance does not approach, or even exceed the record of past conventions.

Two new features of the convention will be the sessions of the House of Delegates and of the newly created Women's Section.

Notwithstanding the fact that much of the time of the House of Delegates was last year taken up by the consideration of matters relating to its organization, it succeeded in presenting a quite creditable report of resolutions considered. This year, with the details of organization largely out of the way, it is to be expected that the House will be able to show by the wisdom of its deliberations that it is capable of becoming a valuable constituent part of the Association.

It is the opinion of many who have studied the subject that the proper and principal function of the General Sessions of the Association should be to pass final judgment upon the questions which have been considered in detail by the smaller divisional bodies. Very often it has occurred that questions of prime importance have been introduced at these sessions, but in such incomplete or imperfect form that the Association had to choose between their adoption without due consideration or their rejection because of lack of time within which to consider them.

As expressed in the resolutions providing for its creation, the functions of the House of Delegates are:

(a) To receive and consider the reports of delegates from the bodies which they represent in the House of Delegates.

(b) To consider and report upon such resolutions, and such other subjects as shall be referred to the House of Delegates by the Council or by the Association in General Session.

(c) To act as a general committee on resolutions and to report to the Council not later than its last session a series of resolutions upon topics concerning the general welfare of the Association or concerning any features of the Association's work.

The Women's Section, although new in its creation, has already demonstrated the wisdom of its establishment by the heartiness with which the women of the Association have taken up the idea and the enthusiastic work they have bestowed upon the preparations for the first meeting.

Perhaps the main object, certainly one of the main objects of this Section, is to afford the means of placing special emphasis upon woman's work in pharmacy.

The A. Ph. A. was an early champion of the cause of women in pharmacy, and in establishing this new Section it has merely proclaimed in a formal and official manner the fact that woman's activity in this sphere is limited only by her capability and her disposition to fill the places open to her.

The program as it now stands represents the best efforts of those having its preparation in charge to harmonize conflicting claims of the different phases of the Association's work, and to give to each of the Sections and to the allied Faculties Conference and National Association of Boards of Pharmacy, the largest allotment of time possible within the week of the Convention. At least two sessions have been allotted to each section and association, this being with the understanding that if additional sessions are necessary, the officers and committees in charge will arrange them so as to cause as little disturbance as possible to the remainder of the program.

With the large number of interests to be cared for, some conflict is, of course, unavoidable, and must be endured with such philosophy as we can summon to our aid. That the members cannot, as in earlier days, attend all of the sessions, is perhaps unfortunate, but until physicists can explain how a body may occupy two or more locations in space simultaneously, no other course is possible.

J. H. BEAL.



PROGRAM OF THE SIXTY-FIRST ANNUAL CONVENTION OF THE
AMERICAN PHARMACEUTICAL ASSOCIATION,
NASHVILLE, TENN., AUG. 18-23, 1913.

MONDAY, AUGUST 18.

9:00 a. m. *Meeting of the Council.*

10:30 a. m. *National Association of Boards of Pharmacy.*

3:00 p. m. *First General Session of the Association.*

1. Welcoming Address.
2. Response on behalf of the Association.
3. Reception of Delegates from National Associations.
4. Response on behalf of the Association.
5. Reading of President's Address.
6. Report of Council Proceedings in Abstract.
7. Reports of Committees. Read by Title.
8. Calling the Roll of States, Territories and Provinces.
9. Recess of 10 minutes for the Selection of Representatives on the Nominating Committee. (Each state, territory, etc., is entitled to two representatives.)
10. Reading of Names Reported for Members of the Nominating Committee. (The Nominating Committee will meet immediately after the adjournment of the General Session.)
11. Incidental Business.
12. Adjournment of the First General Session.

7:30 p. m. *First Session of the House of Delegates.*

(The meeting is called to order by one of the officers of the preceding House, who presides until the new officers are chosen.)

1. Calling the Roll of Delegates whose credentials have been approved by the Council.
2. Election of Officers.
3. Appointment of Committee on Resolutions.
4. Reading of Communications from the Council or Association.
5. Calling the Roll of Delegations for the Reception of Reports, Resolutions and Communications.
6. Incidental Business.
7. Adjournment.

9:30 p. m. *President's Reception.*

TUESDAY, AUGUST 19.

9:00 a. m. *Meeting of the Council.*10:30 a. m. *Second General Session of the Association.*

1. Minutes of the First General Session.
2. Reading of Communications.
3. Report of Committee on Nominations.
4. Minutes of the Council.
5. Reports of the Treasurer and General Secretary.
6. Reports of Standing Committees.
7. Reports of Special Committees.
8. Incidental Business.
9. Introduction of Members the first time in attendance at a meeting of the A. Ph. A.
10. Adjournment.

2:30 p. m. *Women's Section.**Section on Scientific Papers.**Section on Commercial Interests.**National Association of Boards of Pharmacy. (2d session.)*7:30 p. m. *Second Session of the House of Delegates.**Section on Pharmacopocias and Formularies.*

WEDNESDAY, AUGUST 20.

9:00 a. m. *Meeting of the Council.*10:30 a. m. *Section on Education and Legislation.*12:30 p. m. *Luncheon Reunions of College Alumni.**2:30 p. m. *Section on Practical Pharmacy and Dispensing.*
*Conference of Pharmaceutical Faculties.*6:30 p. m. *Dinner Reunions of College Alumni.*8:00 p. m. *Section on Education and Legislation. (2d session.)**Section on Commercial Interests. (2d session.)**Women's Section. (2d session.)*

THURSDAY, AUGUST 21.

9:00 a. m. *Meeting of the Council.*10:30 a. m. *Joint Session of the Section on Education and Legislation.**Conference of Pharmaceutical Faculties, and National Association
of Boards of Pharmacy.*2:30 p. m. *Section on Scientific Papers. (2d session.)**Section on Practical Pharmacy and Dispensing. (2d session.)*4:30 p. m. *Trolley Ride over the City of Nashville.*8:00 p. m. *Garden Party and Park Concert.*

FRIDAY, AUGUST 22.

9:00 a. m. *Meeting of the Council. (Organization for 1913-14.)*10:30 a. m. *Section on Historical Pharmacy.**Conference of Pharmaceutical Faculties. (2d session.)*

* The representatives of each College are expected to make their own arrangements for time and place of meeting.

- 2:30 p. m. *Excursion to the Hermitage.*
8:00 p. m. *Section on Historical Pharmacy.* (2d session.)
Section on Pharmacopoeias and Formularies. (2d session.)
Final Session of the House of Delegates.

SATURDAY, AUGUST 23.

- 9:00 a. m. *Meeting of the Council.*
10:30 a. m. *Final General Session of the Association.*
 1. Minutes of the Second General Session.
 2. *Report of Council Proceedings.* (Including Final Report of the House of Delegates.)
 3. Installation of Officers.
 4. Incidental Business.
 5. Adjournment.



DISTINGUISHING MARKS FOR DANGEROUSLY TOXIC TABLETS.

DURING the past few months the daily press has furnished numerous accounts of serious or fatal results following the taking of tablets of mercuric chloride, usually in mistake for some comparatively simple household remedy.

With commendable diligence, the pharmaceutical and medical associations have taken up the discussion of the subject, and have offered numerous suggestions for lessening the danger; and it is well that associations should be in the lead in this matter, for if the correction of the evil be left to the vagaries of granger law makers, the chances are that some very ridiculous and inappropriate enactments will be advocated.

The suggestions made relate mainly to the giving of a distinctive character to highly toxic tablets through peculiarity of shape, striking color, or the marking of the package which contains them.

In the present issue of this Journal appear two interesting papers presented at the late meeting of the Pennsylvania Pharmaceutical Association, and both dealing with this subject.

Mr. Apple suggests, among other things, that the tablets should be coffin-shaped, and embossed with the death's-head, in addition to having characteristic color and package.

Mr. Niece, in addition to the suggestion of several unique shapes, lays particular stress upon the color, suggesting that it be green, blue, or red. He also offers some excellent advice as to the wrapping of the individual tablets and the labeling and marking of the container.

Of the various shapes proposed, the writer is inclined to favor most strongly the suggestion that they be coffin-shaped, with a design of a death's-head embossed or impressed on each tablet. This form and marking would be thoroughly distinctive, and calculated to call the attention of the most careless handler to the dangerous quality of the tablet.

The manufacture of the dies necessary to produce this form of tablet would involve no serious mechanical difficulty or material expense.

Of the colors suggested, green, blue, and red, the first two named would be preferable. While it is true that a red color is to a certain extent associated in

the public mind with danger, this applies more to the printed label and wrapper than to the substance itself. So many confections are colored red that a red color in a tablet would, in many cases, fail to arouse any thought of poisonous qualities. Either blue or green would probably answer, but would it not be advisable to take advantage of the prejudice against green already existing in the popular mind, and use this color instead of blue?

The quantity of toxic agent in a single tablet, the method of wrapping and marking the individual tablets, and of labeling the container, are likewise matters of prime importance. Combining the suggestions in the two papers referred to, the writer takes the liberty of formulating the following as a probably effective method of preventing the use of deadly substances in tablet form through mistake:

(1) To adopt the coffin-shape for the form of tablets containing highly toxic substances, each tablet to have embossed or impressed thereon the well-known death's-head. This form and emblem will appeal both to the senses of sight and touch.

(2) To color the tablets green or blue, preferably the former, with some water-soluble dye, so that when dissolved the color of the solution would arouse suspicions of its dangerous nature.

(3) To limit the amount of toxic substance in a single tablet to less than an adult poisonous dose, and thus increase the possibility of recovery if, in spite of the other warnings, a tablet should be swallowed.

(4) To wrap each tablet separately in tin-foil or paper marked in red, with the death's-head or the word *Poison*, or both.

(5) To dispense such tablets in bottles only, to which should be attached a label printed in red, bearing the word POISON, the statement that the tablets are not to be taken internally; that they should not be removed from the bottle except as used; that they should be kept apart from medicines which are used internally and, in addition, instructions for preparing and administering an antidote.

The Journal of the American Medical Association has also proposed that proper indicia for dangerous tablets should be prescribed by the U. S. P. This is a wise suggestion, and if adopted will probably do much to head off vexatious legislation by reformers who would propose impossible and unnecessary regulations.

J. H. BEAL.



THE 1913 MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

THE Sixty-fourth annual session of the American Medical Association held in the City of Minneapolis, June 17, 18, 19 and 20, was, in many respects, one of the most successful meetings of that Association. As foreshadowed by the previous happenings of the year, the question of medical education was a prominent subject for discussion, and the members of the medical profession seem, more than ever, convinced that the work that has been carried on in the way of raising the requirements of medical schools has not been in vain. A report of the Coun-

cil on Medical Education dealt with the subject at some length, and incidentally pointed out that during the last six years, no less than sixty-five medical schools had been closed, either outright, or by merging with other schools, and that, despite the fact that several state universities have recently established medical schools, the total number of schools existing in the United States has been reduced from 166 in 1904 to 110 in 191

The cost of medical teaching has of course been materially increased, and at the present time the fees paid by students represent but a fraction of the cost of the education that is being given them in the better class of medical schools. This feature of medical education was discussed at some length by George Edgar Vincent, President of the University of Minnesota, who, in his address of welcome, pointed out that:

"The number of years required for medical education and the consequent expense are in danger of limiting the area of ability from which the medical profession is recruited. To the plea that individuals have a right to a short and easy road to professional practice we may well turn a deaf ear. Here, as elsewhere, the interests of the public transcend those of the individual. A cheap medical education is the most expensive for the community. But to limit candidates for medical practice to the economically strong is a wholly different thing. There is reason to believe that men and women who might contribute much to the progress of medicine are now excluded from candidacy. A system of scholarships, maintained through private endowment, though state aid, through the cooperation of an Association like yours, might go far toward meeting this difficulty. The profession must be open to the best ability wherever found."

He also congratulated the members of the American Medical Association on the creation and perpetuation of the professional spirit, and asserted that a man can be himself only as he lives the life of cooperation and comradeship.

"A profession is a collective personality. Each individual makes contribution to the whole, it is true, but the materials and the inspiration for his own development, are drawn from the common store. Only as men have the imagination to see their lives in their wider relations, only as they lose their petty personal interests in larger and more generous common purposes, can they attain the true possibility of personal growth."

The work of the sections was, as usual, comprehensive, and the official programme alone includes a total of 168 3-vo. pages, each of the fifteen sections of the Association being represented by from fifteen to forty communications.

The Section on Pharmacology and Therapeutics, which deals more directly with subjects of interest to pharmacists, discussed in five sessions no less than thirty communications, all of them interesting, and some of them, at least, designed to arouse more than passing interest. The address of the Chairman of the Section, Dr. Ray L. Wilbur, of San Francisco, was devoted to a discussion on the teaching of therapeutics from a practical point of view, and will, no doubt, go far towards arousing interest in this at the present time somewhat neglected, feature of medical education. Prof. Joseph P. Remington, as Chairman of the delegation from the American Pharmaceutical Association, presented felicitations and commented at some length on the progress made in the revision of the Pharmacopœia of the United States. The question of scope being touched upon, Dr.

Torald Sollmann, of Cleveland, offered the following resolution, which, after some discussion, was adopted and referred to the House of Delegates:

WHEREAS, It is desirable that the articles officialized by the Pharmacopœia of the United States should reflect the progress of therapeutics; and

WHEREAS, Therefore the inclusion of articles in the Pharmacopœia now in progress of revision should be determined by their therapeutic merit; and

WHEREAS, The decision of therapeutic questions should logically and in fairness be left mainly to the medical members of the Revision Committee; therefore, be it

Resolved, That the section request the House of Delegates of the American Medical Association to urge on the Committee of Revision of the Pharmacopœia of the United States that the selection of articles to be included be left to the Committee on Scope, in which the medical profession has a majority representation, rather than to the Executive Committee, which represents mainly the pharmaceutical profession, and which has overridden half the changes advocated by the Committee on Scope."

The question of the purity of drugs as they reach the patient was discussed at some length in a paper by W. A. Puckner on the quality of drugs sold to dispensing physicians, and in a paper by M. I. Wilbert on carelessness in the pharmacy as a reason for restricting materia medica. Dr. Torald Sollmann, of Cleveland, also read a paper entitled: "Yesterday, Today and Tomorrow: The Activities of the Council on Pharmacy and Chemistry," in which he outlined some of the efforts that are being made by the Council to improve on the nature of medications used in the treatment of disease. The following resolution was adopted by the Section and later concurred in by the House of Delegates:

"WHEREAS, It has been repeatedly shown by the Council on Pharmacy and Chemistry, and by the Chemical Laboratory of the A. M. A., as well as by other investigators, that many drugs and preparations used in the treatment of disease are of unreliable composition, through carelessness, negligence, ignorance and other reasons; and

WHEREAS, This condition of affairs is against the interests of public health and the progress of the science of medicine; therefore it is evident that greater activity is needed in the enforcement of existing laws relating to drugs and medicines; therefore, be it

Resolved, That the Section on Pharmacology and Therapeutics requests the House of Delegates of the A. M. A. to bring this matter to the attention of the proper federal and state authorities, and urge on them the need for more energetic and effective action in this direction."

The remaining papers of the Section on Pharmacology and Therapeutics were largely devoted to discussions on practical therapeutic problems, and the sessions on the morning of Wednesday, June 18, to the morning of Thursday, June 19, were devoted essentially to symposia on practical therapeutics. A joint meeting with the Section on Practice of Medicine on the afternoon of Wednesday, June 18, was devoted to a symposium on serums and vaccines, the practical results of which should go far toward clearing up our present day opinions regarding the possibilities and limitations of these products. The concluding session of the Section on Thursday, June 19, was devoted to a symposium on physical therapeutics. The papers presented at this symposium were conservative in character and

were generally appreciated as being valuable because of their outlining in a practical way the possibilities and limitations of the various physical therapeutic agents that were discussed.

The officers of the Section on Pharmacology and Therapeutics for 1913-14 are: Chairman, J. F. Anderson, Washington, D. C.; Vice Chairman, Robert Hatcher, New York; Secretary, M. I. Wilbert, Washington, D. C.; Delegate, Ray L. Wilbur, San Francisco, Cal.; Alternate, Reid Hunt, Washington, D. C.

Members of the pharmaceutical profession who are interested in the comprehensive nature of the proceedings of the American Medical Association are referred for further details to the Journal of the American Medical Association for June 21, pages 1962-1966; June 28, pages 2052-2053, 2075-2096; July 5, pages 28-40.

Dr. Victor C. Vaughan, of the University of Michigan, Ann Arbor, Michigan, was selected as the President-elect of the American Medical Association, and the next meeting of the Association will be held in Atlantic City in June, 1914.

M. I. WILBERT.



THE SCOPE OF THE PHARMACOPŒIA.

NOT the least puzzling of the many puzzling tasks which come to the Committee of Revision is that of determining the list of medicaments which are to be admitted to the Pharmacopœia. No matter what may be admitted or what excluded, there will be some who will disagree with the Committee's conclusions.

There is probably not a single agent in the Pharmacopœia that has not been condemned by some medical authority as either useless or dangerous, while, on the other hand, there are hundreds of non-pharmacopœial drugs which have admirers who claim for them the highest therapeutic value. These differences of opinion, of course, grow out of the fact that therapeutics is not an exact science, and therefore that the measure of value of a medicinal substance is to a large extent a matter of opinion. If this were not true, we would not so often see therapeutists of equal ability and considerable professional reputation disagreeing totally as to the merits of a particular drug, one vigorously asserting it to be invaluable in the treatment of a certain class of cases, and another insisting with equal vehemence that it has no value at all, or is too dangerous to be used.

It is true that we can measure the toxic value of drugs by laboratory experiments on animals, but it does not necessarily follow that the measure of toxicity is a measure of their therapeutic usefulness, though the therapeutic action and toxic action may be the same in quality and kind.

A striking illustration of the different conclusions which may be drawn from laboratory experiments and from clinical experience is shown in a paper recently published in this Journal* in which, in reply to questions addressed to over 40,000 physicians as to the value of the vegetable drugs employed by them, it appears that a large majority of the voters placed at or near the head of the list of the agents from which they derived the best results in practice certain drugs which laboratory workers had previously declared to be without any value whatever.

*Vegetable Drugs Employed by American Physicians, Journal A. Ph. A., Nov., 1912, p. 1228.

Whom should we follow in such cases? The workers who base their opinions upon the results observed when the drugs are administered to frogs, cats and guinea pigs, or the thousands of practitioners whose opinions are the result of bedside clinical experience?

The laboratory experimenter may be right; we do not know. This is not a question that can be decided offhand. The practical question which confronts the Committee of Revision is, whether they shall follow the opinions of the few who decry the value of a drug, or the opinions of the many who declare it to be of value.

That we must make choice between contending opinions is evident; for if every drug that is approved by some practitioners be admitted, the Pharmacopœia would be so large as to tax muscular effort in handling it, while if everything be excluded which has been severely condemned by certain practitioners, the table of contents would be represented by zero.

An additional element of confusion is introduced by the fact that it has apparently never been definitely settled whether the Pharmacopœia is primarily intended for the guidance of the physician in the selection of therapeutic agents or for the guidance of the pharmacist in the selection and preparation of the agents ordered by the physician, i. e., whether it is primarily a therapeutic guide or a pharmaceutical guide. There are some things to be said on both sides of the question.

Among the arguments which may be offered in favor of the theory that the Pharmacopœia is to be recognized as a guide to pharmacists in compounding and dispensing rather than for the purpose of directing the physician in the selection of therapeutic agents are the following:

(1) Notwithstanding the fact that the movement which resulted in the creation of the U. S. P. originated with the medical profession, an examination of the first edition of that work and of the medical literature of that date will show that physicians did not have it in mind to establish a book that would tell them what therapeutic agents to use, but one which would provide standards of purity, strength and certainty for the agents concerning whose value they were already satisfied.

(2) The book is practically unknown in physician's offices, and their knowledge of what it contains is confined mainly to what they have learned of it from the dispensaries, or other privately published works.

(3) The book makes no statement regarding the physiological properties of drugs or their therapeutic uses, except that it calls attention to the dangerously poisonous properties of certain substances, and gives a formula for arsenic antidote. No one, from reading the pharmacopœial description alone, could determine for what a drug was intended.

(4) An examination of the Pharmacopœia will show that 99 percent or more of the text relates to matters of pharmaceutical interest only, as methods of manufacturing, assaying, identifying and dispensing of drugs, and that practically none of it, except statements of doses, is of interest to those who prescribe medicines. In fact, most of the text is of such a technical nature that it is unintelli-

gible to those who have not been specially trained in the subjects of the pharmaceutical curriculum.

(5) Physicians have not been in the habit of accepting the Pharmacopœia as a guide in the selection of therapeutic agents, and one of the most common complaints of the day is that physicians persistently prescribe and use advertised proprietary preparations in preference to their non-advertised pharmacopœial equivalents.

In view of this disposition of physicians to prescribe non-pharmacopœial remedies, the charge that the tendency to a comprehensive Pharmacopœia is dictated by commercial considerations is strangely inapplicable. Instead of increasing the use of a remedy by including it in the Pharmacopœia, it apparently has exactly the contrary effect. As soon as its formula and method of preparation are open to everybody, no one is particularly interested in exploiting it, and its popularity begins to wane. This is because physicians are made out of the same kind of human material as are those who pursue other vocations. When a physician gets an attractively printed circular exploiting a given drug or preparation, accompanied by clinical reports (i. e., testimonials of other physicians who have used it), he is impressed accordingly, and prescribes it in preference to its non-advertised official equivalent or substitute.

These preliminary considerations bring us back to the main question, "What shall go into the Pharmacopœia, and what shall be omitted?"

It should go without saying that every agent admitted into the Pharmacopœia should be valuable and reliable, and also that the medical profession should select the remedies to be included, but since physicians do not and apparently cannot agree among themselves, and since there is no known method by which therapeutic value and reliability can be definitely established, there is no alternative but to rely upon the extent to which the remedies are used by the medical profession as a whole as a criterion by which to determine their exclusion or admission.

Within the past few days the writer submitted to a prominent city practitioner a recently published list of drugs recommended for deletion by an eminent pharmacologist. The criticism of the practitioner was both severe and caustic. Referring to certain of the condemned drugs, he said, "I have used these in my practice constantly for years. I would not know how to practice medicine without them. Am I to reject the evidence of my own senses in favor of the opinion of one who has not had one-quarter of the clinical experience I have had? If you want to make a book for the theorists do so, but the practical men in the profession will have no use for it."

Confronted by such perplexing differences of opinion, the Committee of Revision have wisely refused to be limited by the judgment of any particular school or sect, and have chosen to be guided rather by the extent to which a given agent is prescribed by the profession at large. If a given remedy or preparation is frequently used in many sections or in some important section of the country, it has been admitted to the Pharmacopœia; if it is used only rarely, it has been denied admission.

Should the Committee of Revision restrict the list of remedies as greatly as

some would have them do, they might justly be charged with attempting to "dictate to physicians what drugs they shall use," but by admitting all of those which are used and believed in to any considerable extent, they are offering to the medical profession the greatest possible freedom of choice.

If the Pharmacopœia provides proper standards for the favorite drugs of one school or class of physicians, I can see no reason why the latter should object to recognition being given to the favorite drugs and remedies of other classes of physicians.

The liberty of choice of those who believe in a restricted materia medica is exactly the same as it was before the substance was admitted. In other words, such a method of selection results in providing a list wherein the greatest number of physicians are able to find the remedies of their choice, if they desire to use the unadvertised official remedies in preference to the advertised proprietary ones.

On the whole, therefore, it would appear that the Revision Committee is acting wisely when it chooses to admit to the Pharmacopœia every drug which is frequently used by any considerable body of physicians, even though there be other physicians who do not use these drugs in their own practice, and who condemn their use by others.

J. H. BEAL.