"NEW AND NONOFFICIAL REMEDIES."

WHILE, probably, the greater number of our readers are informed relative to the purpose of the publication of "New and Nonofficial Remedies" it is in order to state briefly the reason for reprinting the descriptions and definitions in the JOURNAL.[1] The Pharmacopœia and the National Formulary do not include drugs and preparations of secret composition or those controlled by proprietary rights. To provide standards as far as practicable for products of the latter classes and for certain other remedial agents not recognized by the official standards, the American Medical Association established the Council on Pharmacy and Chemistry. Such preparations must comply with rules and regulations formulated by the Council, which is made up of physicians, chemists and pharmacists.

While the welfare of the physician and his patient is a prime object of the Council, pharmacists should be informed relative to the preparations which are given recognition by the Council, and this is the aim and purpose in reprinting the reports in the JOURNAL A. PH. A., after they have been published in the *Journal A. M. A.* In other words, the former seeks to render service to pharmacists. Approval has been given by the Secretary of the Council and the *Journal A. M. A.* for re-publication of the reports, as stated.

It is hoped that pharmacists will use this service as an opportunity for coöperation by verifying the descriptions, tests, etc., or correcting inaccuracies should any appear. The correctness of the descriptions, standards and tests are of direct interest to pharmacists, and the purpose of THIS JOURNAL *is to give information and to render service*, and this, as stated, constitutes the reason for the inclusion of the reports.—E. G. E.

ORAL ADMINISTRATION OF INSULIN.

M. Elzas states that Lasch and Brugel of Vienna had stated that it was possible to give insulin by the mouth by mixing it with 0.5 Gm. of saponin dissolved in 20 to 30 cc. of normal saline solution. Acting on their suggestion the author determined the blood sugar in a diabetic patient 1, 2, 3 and 4 hours after subcutaneous injection of insulin, and then gave insulin by the mouth in a solution of saponin in distilled water, in distilled water without saponin, and in the solution of saponin in normal saline as recommended by Lasch and Brugel. During these tests the diet remained unchanged and no change was made in the interval between the administration of insulin and the taking of food. Of the two injections which the patient received daily only the first was replaced on some days by oral administration of the drug. The result of the tests was that not only was the oral administration of insulin much more unpleasant than subcutaneous injections owing to the burning sensation it caused in the mouth, but there was a progressive rise in the blood sugar instead of the fall observed after subcutaneous injection. It is concluded that oral administration of insulin is valueless. (*Nederland. Tijdschr. Geneeskunde*, through *B. M. J. Epit.*, 1, 2 (1927), p. 1650 (1926).)

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[1] See "Editorial Notes" in this issue of the JOURNAL.