

Contributed and Selected

THE BRITISH PHARMACOPŒIA OF 1914.

FROM A BRITISH POINT OF VIEW.

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The British citizen, and particularly the British pharmacist, is quite liable to manifest some restlessness whenever any new phase or change is brought into his daily routine. Hence, after a period of about sixteen years, the appearance of a new edition of the British Pharmacopœia has had an upsetting influence upon practitioners of medicine, and of pharmacy, and as is usual with the Britisher, his uneasiness finds its outward manifestation in the form of lengthy communications to the press, and in this particular case in numerous papers before medical and pharmaceutical meetings.

It is true that the new Pharmacopœia was issued at an inopportune time. It was originally scheduled to appear at a time about coincident with the opening of the great European war, but the official publication was postponed until the last day of December, 1914.

Many pharmacists are of the opinion that the publication might well have been deferred until the war was over, and some even go so far as to say that "no great injury would have been inflicted if the issuance had been postponed indefinitely."

A prominent feature of the publication of this edition was that, concurrently, there appeared numerous guides, handbooks and commentaries which seemed to convey the impression that the newly revised work was not in itself entirely complete. Immediately upon its publication there also appeared the usual number of medical and pharmaceutical critics, who assailed it from almost every standpoint, one of them even going so far as to state that it was in its essence simply a wholesalers' Pharmacopœia, the result of an organized effort on the part of the wholesale trade, combined with an autocratic tendency on the part of certain physicians whose recommendations had been accepted. A very prominent pharmacist in Scotland stated that "the benefits arising from all of the changes are nil, and the folly of some of them will be apparent when several people have been poisoned."

On the other hand, it is charged that it is a physicians' Pharmacopœia, and that the pharmacist had little or no hand in its revision. There is some force in this statement when we consider that the revision of the British Pharmacopœia is by virtue of an Act of Parliament vested in the General Medical Council, a body made up entirely of medical men. In the present revision the Council had recourse to a so-called Pharmacopœial Conference made up of members of its own body and five pharmacists recommended by the Pharmaceutical Societies of the United Kingdom, also of a Committee of Reference in Pharmacy nominated by the Pharmaceutical Society of Great Britain and Ireland.

It would appear that the pharmaceutical bodies were without power in the work of revision, and it is claimed that they had but little influence in the present production. Significant also is the fact that when the revision was all over but the shouting, the Pharmaceutical Society of Great Britain took the following action:

“Having regard to the highly unsatisfactory position of pharmacists in relation to the production of the British Pharmacopœia, this Society should give no further assistance to the work of revision under present conditions.”

Taking up in detail some of the criticisms which have been propounded by the users of the new British Pharmacopœia, we find, as might be expected, several strong objections to alterations, readjustments, additions and eliminations; in other words, there would naturally arise in the British mind an objection to any change.

The additions, to the number of forty-three, consist in the most part of pharmaceutical preparations and substances which are well known. Of course the critics have been free to ask the question, “why was one preparation included and another not included?”

The complaint is made that some of the substances omitted are still in frequent use. Among these is the world-wide household remedy—saffron.

A strong protest has arisen in regard to some of the alterations in names, but the revision authorities have claimed that this alteration was, for the most part, a modification, with the intent of giving a more exact definition, and in some instances the alteration of the name is due to a modification of the process.

A feature of some of the alterations is that a number of the solid extracts heretofore known as alcoholic extracts (being hard pasty extracts), now appear in the Pharmacopœia as dry extracts, and in certain instances are standardized. This feature has, in a great measure, been the subject of commendation.

Alteration in the composition of galenical preparations has called forth both praise and criticism. It has been conceded that the bases of ointments have been improved, as well as the bases of various lozenges, and the revisers claim that the alterations in the composition of galenical preparations have been arrived at as the result of careful experimental work.

A flood of criticism has arisen in respect to the alterations in potency. Ten galenical preparations have been increased in strength, some of them it is stated have been dangerously increased. For example—the tincture of aconite strength has been doubled, the tincture of opium has been increased one-third, and the tincture of strophanthus has been increased four times. Indeed, the increase in strength has been mainly in very potent preparations.

Thirteen preparations have been made weaker. A notable decrease in strength is that of the emplastrum belladonnæ; it is now one-half the former strength. The tincture of digitalis is one-fifth weaker, and the tincture of nux vomica is half the former strength. The remarkable, and so-called “dangerous,” alteration in the fourfold increase of the tincture of strophanthus, has brought out columns of comment. The tincture of opium, or the well known laudanum, has been increased to a strength so as to require the prescription of a medical practitioner, or conformity to the poisons schedule act, before it can be given out.

But attention is called to the fact that the alterations in strength in the British

Pharmacopœia of 1914 have been very small when compared with the last previous revision of 1898. A host of commenters agree that the advance made in the standardization, especially of vegetable drugs, has been disappointing, and that there still remain numerous preparations in which quantitative tests might have been applied with advantage.

For a conservative body the revisers took a long stride forward in adopting the metric system, and as one writer puts it, placed upon the already overburdened dispensers "the honor, the duty and the inconvenience of introducing the metric system into pharmacy." Strong objection has arisen to inconveniences which will arise in dispensing and prescribing, and the calculation of dosage under the changed system.

The book gives a table of equivalents which it is claimed is not consistent. The adoption of average doses has brought about considerable discussion both in medical and pharmaceutical publications. The British Pharmacopœia clearly lays the responsibility for dispensing excessive doses on the shoulders of the pharmacist. The Pharmacopœia states:

"It must be clearly understood that the "doses" mentioned in the Pharmacopœia are not authoritatively enjoined by the Council as binding upon prescribers. They are intended merely for general guidance and represent, in each instance, the average range of the quantities which, in ordinary cases, are usually prescribed for adults. The medical practitioner will exercise his own judgment and act on his own responsibility in respect to the amount of any therapeutic agent he may prescribe or administer. Where, however, an unusually large dose appears to satisfy himself that the prescriber's intention has been correctly interpreted."

The pharmacists are much alarmed over the dangers liable to arise in the liability to excessive doses by reason of the changed system of weights and measures and the changed strength in many potent preparations.

Reams of paper have been filled with condemnation of the adoption by the revisers of the term "mil" (the contraction of millilitre) in the place of cc. to express cubic centimeter. This is characterized by friendly critics as an "unfortunate decision and places the British Pharmacopœia in a very insular position, at variance with all scientific literature and all other Pharmacopœias." It is predicted that the word will not be used in practice.

In reference to the use of the word "mil" as a substitute for c. c. the "Chemist & Druggist" states that it is strange that countries which have never used the metric system in its completeness should begin by making a muddle of one very important part of it. The use of the term "millilitre" and its abbreviation "mil" has never been known either in pharmacy or chemistry in the countries which use the metric system, and why the British should have taken a new and "wrong" line is difficult to understand.

Abbreviations are a feature of the newer British Pharmacopœia, and while the English mind is quite fond of coining abbreviations, critics complain that some of the official ones go beyond the limit for brevity. They are styled as "ugly" and "many of the abbreviations are horrible."

Worthy of attention is the fact that no critic has called attention to errors, and it is claimed that they are remarkably rare, which brings to mind the rather

lengthy table of errata that was published conjointly with the appearance of the Eighth Revision of the U. S. P.

Americans are accused of boasting, but no eulogist on the United States Pharmacopœia ever had the fortitude to reach to the following made in England:

"On the whole the compilers may be said to have succeeded in producing a Pharmacopœia which may be pronounced, without hesitation or reserve, to be the best so far published in this (England) or any other country."

In order to maintain neutrality we place against the foregoing the opinion of a well known German pharmacist, Prof. Raubenheimer, who states that "on the whole the new British Pharmacopœia is no credit to British pharmacy or to pharmacy in general."

A writer in one of the Medical Journals says:

"The new Pharmacopœia has been received very calmly in medical circles. The fact is that its issue has little effect on the present generation of practitioners, whose prescribing habits are fixed and are not to be upset by the edict of the General Medical Council. The alterations are felt as occasion for grumbling rather than gratitude. Pharmacists and students are more concerned than the medical practitioner, and perhaps after all the issue of the new volume is not so earth-shaking an event as its authors imagined it would be."

A very well known British pharmacist writes me:

"I fail to recognize any real advancement medically or scientifically in the new British Pharmacopœia."

One of the most illuminating and candid reviews of the work has been that of George Lunan, F. C. S., who was a member of the Committee of Reference in Pharmacy, and whose high ability is conceded by all. He states:

"This is a national book of medicine. It represents to the practitioner the official guide to his prescriptions, because it represents only ascertained and tried materia medica. These are protected by practical standards for his use."

The British Pharmacopœia for 1914 is an Imperial Pharmacopœia made to suit the needs of the whole Empire; hence it must be conceded that it has been no small task to put together a work adapted to a people of such varied races, and to meet the conditions which prevail in a realm which reaches from the North to the South Pole, and upon which the sun continually shines.

In the multitude of publications dealing with applied medicine, the 1914 British Pharmacopœia stands by itself—typical of the nation, stubbornly progressive, accurate and reliable.

Let us not mistake the attitude of the British pharmacist throughout the world in regard to his Pharmacopœia. After he recovers from his first shock of having a new official book of *Materia Medica* thrust upon him, and has relieved himself by a few grumbings, he will begin a most careful study of the book. He will know it from cover to cover. There is one trait in the British pharmacist that gives him a high rank in his life work—he knows his Pharmacopœia and his *Materia Medica*, and he knows it most thoroughly. The British pharmacist will follow the Pharmacopœia as loyally and as devotedly as his fellow compatriots follow the King; he will uphold the Pharmacopœia as bravely as the British soldier upholds the Royal Ensign.