The responsibility for complying with the requirements of the Pharmacopœia is placed upon the individual who assumes to compound and dispense drugs. It is the plain duty of every pharmacist to support absolutely the standards of the Pharmacopœia and to respect and follow the principles and precepts of this volume. It is unfortunate that some of those who are engaged in the drug business have not yet learned of the adequacy of the United States Pharmacopœia and have failed to study its requirements.

The druggist cannot be blamed for following the usual law of trade and seeking to obtain his supplies in the cheapest markets, especially under the conditions prevailing at the present time, when prices are largely speculative. He is, however, negligent if he purchases from irresponsible sources without a guarantee and without himself testing such purchases.

Many of the adulterations that have been reported as practised through such unreliable sources of supply as itinerant pedlers could have been detected by the simplest test laid down in the Pharmacopœia. It is difficult to understand how any druggist could have been deceived by such gross adulteration as the sophistication of boric acid for acetphenetidin and cream of tartar for aspirin.

POSSIBILITIES FOR DISPLACING UNOBTAINABLE MATERIA MEDICA.—THE U. S. PHARMACOPŒIA IX.*

BY S. SOLIS COHEN, M.D.

Professor Solis Cohen contends that the problem of finding a drug that will successfully displace one now unobtainable, or practically so, is not so simple as the mere substitution of sodium for potassium as a basis for iodides, bromides, acetates, etc. As a matter of fact, sodium is preferable in most cases, though there are a few in which the potassium is needed to preserve the ionic balance, or for other reasons. But one cannot get the needed effect of a hypodermic injection of quinine in malaria or pneumonia, for example, from tincture of cinchona, nor the needed strychnine effect from nux vomica. It is just because there is a difference between the medicinal effects of galenicals and the medicinal effects of alkaloids, each having its proper sphere, that the consensus of medical opinion frowns upon the erection of alkaloidal therapy into a cult. Of course, there are some cases in which belladonna may be made to serve the purpose of atropine, and doubtless physicians will bear in mind this suggestion. So far as the coal-tar products are

* The paper by Mr. Beringer and the remarks by Dr. S. Solis Cohen have a particular interest at this time on account of the advent of U. S. Pharmacopœia IX. These were presented at a joint meeting of the Philadelphia Branch, American Pharmaceutical Association, and the Philadelphia County Medical Society. The purpose of the joint meeting was largely to consider the present drug situation, causes, means of relieving, etc. There were a number of other most excellent papers and addresses, which have appeared in part. Dr. R. P. Fischelis spoke along lines embodied in his paper published in April, 1916, JOURNAL, p. 411. Dr. Franklin M. Apple reviewed the market conditions of the past two years. Dr. John R. Minehart referred to many native drugs that are available. Prof. C. H. LaWall spoke of the large commercial consumption of drugs and chemicals in manufacturing as causes of scarcity, and the need for revision of our patent laws. Dr. Horatio C. Wood emphasized the latter statement, and indicated that the difficulties arising through unobtainable drugs were not nearly so serious as some contend; that some, at least, could be advantageously displaced.

concerned, Dr. Solis Cohen will be perfectly satisfied if acetphenetidin and acetanilide should become permanently unprocurable. While these agents have a field of judicious use in which nothing else will replace them, yet they are so much more abused than used that their disappearance would have a balance of advantage.

A physician who prescribes intelligently, and has a reason for each drug and each preparation that he employs, will find it as difficult to alter his habits of prescribing as he would in going back from the automobile to the ox-cart or shank's mare as a method of locomotion. When one must, he must, but not otherwise. The tariff has no bearing on the question. Our idiotic product patent is the chief trouble.

Regarding the U. S. Pharmacopœia, now happily drawing near to publication, the speaker characterized it as a super-excellent work in every respect, except that as Chairman of the Sub-committee on Scope, he could not very well praise or blame this portion of the work. Two extreme views were urged upon the Committee of Revision. One looked upon the Pharmacopœia as a text-book, and required it to omit every drug that had not been proved by laboratory experiment to be of therapeutic value. The supporters of this view probably overlooked the fact that to carry it to a logical conclusion would leave nothing for the Pharmacopœia but salvarsan and water, since every other drug derived much of its therapeutic value from properties incapable of pharmacodynamic demonstration, and, as salvarsan is patented, that, too, would be excluded. Apart from this, however, the departure was too radical to be undertaken suddenly. Other extremists desired to include everything that had ever been used as medicine at any time in the history of mankind by physicians, charlatans, or old women. One group corrected in large measure the extravagances of the other. While the speaker personally would have preferred to see the Pharmacopœia somewhat more opulent, and also might have wished some things omitted that have been included, the selection, on the whole, is a fair representation of the consensus of medical and pharmaceutic opinion.

Mr. Beringer laid his finger upon the crux of the situation in saying that the Pharmacopœia, from cover to cover, is a law book. A law book must not represent your whim or my whim, but the necessities of the community. The scientific work—botanic, chemic, pharmaceutic, and biologic—is probably superior to anything done in a book of this kind before. Future revisers have had their work made very easy in comparison with that which fell upon the present committee.

COMPARATIVE TOXICITY OF VARIOUS PREPARATIONS OF MERCURY.

The toxicity of the various mercurial salts is directly proportionate to the amount of pure mercury contained. The average relationship as to the toxicity between the intravenous and intramuscular administration of mercury in general is about 4 to 1. The insoluble preparations, such as gray oil, are absorbed at the rate of a little over 1 percent of the injected amount per day. Even at the end of six or seven weeks almost 50 percent of the mercury of insoluble preparations may be unabsorbed at the site of the injection, hence the injection of the usual doses of insoluble mercurial compounds at weekly intervals must invariably lead to accumulation of the drug in the tissues.—J. F. Schamberg, J. A. Kolmer, and G. W. Raiziss (Journ. Cutaneous Diseases, N. Y., December, 1915, through Journ. Amer. Med. Assoc.).