

## EDITORIAL

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### THE SEVENTY-FIRST ANNUAL MEETING OF THE AMERICAN PHARMACEUTICAL ASSOCIATION.

**W**HILE the transactions of the Seventy-first Annual Meeting of the American Pharmaceutical Association have become part of the history of the organization, a report thereon must be deferred till the next number of the JOURNAL—the convention week in Asheville being also the fixed time in the publication office for the completion of the September issue.

It may reasonably be assumed that the subject of greatest general interest for those assembled in Asheville during the week of September 3rd, and for American pharmacy, was the reorganization plan approved at the Cleveland A. Ph. A. meeting and presented during the year before State Pharmaceutical Associations in a way that resulted in endorsements by these units which, by the provisions of the plan, will be brought into closer relation with the parent organization. This is a first step toward a more comprehensive body pharmaceutic and association of organized groups representing the drug industries in its various activities and relations.

These lines, as indicated, were written prior to the opening date of the convention; deductions could be made from the recommendations by the State Pharmaceutical Associations, but our desire to draw conclusions, however reasonable the assumptions may be, is curbed by the realization that the plan to be activated is of momentous importance and the transactions of the Asheville meeting mark an epoch in the history of the American Pharmaceutical Association and American pharmacy. Also what in some respects would of necessity be a very incomplete survey at this writing will be general and authentic information at the time when this JOURNAL reaches the members. The possibilities of the plan are largely dependent on the morale of druggists and pharmacists, applying a meaning to the word as given by Herman J. Stich: "Morale is born of confidence—the confidence created by faith and determination, by enthusiasm and unflagging energy."

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### AN INTERNATIONAL PHARMACOPŒIA AND PHARMACEUTICAL NOMENCLATURE.

**A**MEETING of the International Pharmaceutical Federation was held in London during the week of July 23rd. The most important subject discussed during the convention related to the possibilities of preparing for an international pharmacopœia, which problem, as President van Itallie of the Federation said, lacks the merit of being a new one; preceding international congresses have discussed the same subject and the Federation Internationale Pharmaceutique was organized with such purpose in view.

The standard proposed by Prof. van Itallie restricts the number of items to be given recognition, but in general outline conforms to that followed in the revision of modern pharmacopœias—not only including potent medicines and brief descriptions, but in all cases giving methods of testing and, where necessary, those to be followed in preparing galenicals, etc. An international pharmacopœia conforming

to the viewpoints of Dr. van Itallie would provide standards for potent medicines and other materia medica that have been given official standing in the greater number of national pharmacopœias. The International Protocol needs correction and extension requiring international coöperation; unless that is made possible the work commenced at Brussels in 1902 will become less and less useful.

National pharmacopœias will not be replaced but international coöperation in their revision may prove advantageous, and an international guide has a value that deserves careful investigation. The Commission on Pharmaceutical Nomenclature of the International Pharmaceutical Federation has made progress and supports the foregoing statement; their report demonstrates the necessity for unification of titles and to that extent testifies in favor of an international standard.

In the preparation of the latter report sixteen pharmacopœias have been studied: Great Britain and United States (Anglo-American type); Belgium, France, Spain and Italy (French type); Denmark, Finland, Norway, Holland, Sweden (Northern type); Germany, Austria, Hungary, Russia and Switzerland (German type). A purpose is to select titles which will be acceptable as official designations in all pharmacopœias, and another is to aid in bringing about uniformity in preparations, as far as possible, so that the official title will be indicative of strength and purity.

The medicaments of the pharmacopœias named have been divided into three groups by the Commission:

A.—Chemical medicaments possessing a definite formula.

B.—Drugs of vegetable or animal origin.

C.—Compounded medicaments—galenicals, etc.

Of the first two classes all have been listed, but the latter (C) is incomplete because of wide variation in strengths, somewhat different composition of preparations but possessing about the same therapeutic properties, etc. The Latin title is followed by its corresponding appellation in Esperanto; an example of one official of each class is given for illustration:

<b>Acidum arsenicosum</b> = <i>Anhidrido arsenila</i> ; <i>Arseniko</i> .	Lanolinum: GER—HEL.—HUN—NED—SV. — hydricum: RUS.
Ac. arsenicosum: AUS—DAN—FIN—GER— HEL.—HUN—NED—NOR—RUS— SV—FR—BEL.	Unguentum adipis lanæ: FIN.
Anhydridum arsenicosum: BEL—IT. — arsenicosum: HIS—BRI.	<b>Jalapa</b> = <i>Jalapo</i> . <i>Exogonium Purga</i> — <i>Ipomœa Purga</i> .
Acidum arsenicosum: HIS.	Jalapa: BRI—FIN—U. S.
Arseni trioxidum: U. S.	Jalapæ radix: HUN. — radice tubera: IT.
<b>Adeps lanæ cum aqua</b> = <i>Lanolino kun akvo</i> .	Jalappæ tubera: BEL.
Adeps lanæ cum aqua: BEL—DAN—FR—HEL. —NED—NOR—RUS.	Radix jalappæ: AUS—HIS—NED.
— — hydrosus: AUS—BR—HUN—U. S.	Tuber jalapæ: AUS—DAN—FIN—GER—HEL. —NOR—RUS—SV.
Lanolinum cum aqua: BEL—IT.	Resina jalapæ: AUS—DAN—FR—NED—NOR —SV—U. S.

The British Pharmaceutical Conference and British Pharmaceutical Society were hosts on the occasion of the meeting of the Federation, and the delegates to the latter participated in the discussion of papers; those of one day of the convention were of an international type relating to international standards of drugs, uniformity in pharmaceutical preparations, etc.

In one of the closing addresses of the convention President van Itallie said:

"Our Federation is still in its infancy, and, indeed, its growth ceased entirely during the war. This meeting is proof of its resurrection and, I sincerely trust, of its rebirth to a new and vigorous life of useful activity. Our organization is not yet completed, and it is my hope that in the future our meetings will contribute materially to the advancement of pharmacy."

E. G. F.

#### THE ABSORPTION OF DRUGS.

**D**OCTOR Cary Eggleston, as chairman of the Section on Pharmacology and Therapeutics, American Medical Association, delivered an address\* on the subject indicated by the title, which is deserving of careful reading and study by pharmacists. Although the message was prepared for medical practitioners and intended to arouse a more general interest in the manifold problems of the absorption of drugs on the part of pharmacologists and clinicians, there is much in the address that will interest pharmacists. The presentation of facts bearing on absorption of drugs suggests opportunities for further investigations and some of the problems, in part at least, will appeal to the inquiring laboratory workers in the research departments of pharmacy schools.

Dr. Eggleston points out that the relation between the solubility of a drug in water and its absorbability is by no means so simple as is implied by the common statement that, since a particular modification of a drug is soluble, it is more readily absorbed than another which is relatively less soluble. He calls specific attention to the fact that the fluid in the digestive tract is not water, but is a complex solution of varying composition, capable of reacting with many drugs to render them soluble.

Continuing the discussion he refers to the absorption of alkaloids as hydrochlorides, irrespective of the form in which they are administered. He cites the salts of quinine and the alkaloid; although of varying solubility in water, the rate of absorption after administration is about the same. More striking, perhaps, are the results with quinidine alkaloid and the salts; comparative studies of absorption have shown that the differences in time of absorption bear no necessary relation to the question of solubility. Dr. Eggleston then comments that "it would be interesting to know the relative rates of absorption of these four compounds (those of quinidine) in patients with total achlorhydria and in normal persons, when introduced into the lower duodenum through a tube." He also points out the fact that ouabain is readily soluble, yet it is very poorly absorbed from the digestive tract, while digitoxin, which is almost insoluble, is readily absorbed. The influence of foods and of disease on absorption is also discussed in the paper.

Doctor Eggleston concludes the address deploring the tremendous lack of precise knowledge relative to the absorption of drugs, a knowledge of which seems very essential, and expresses the hope that the desire to investigate some of the problems in connection therewith will lead to a solution of them.

There seem also to be problems relative to the absorption of drugs with which the pharmacist is concerned. The dose of a drug is of necessity variable—it is defined by the author as "that amount which will just produce the desired effect in a given patient under the particular existing conditions." The relation between the rate of elimination and the duration of the action of a drug is another problem suggested by the paper for further investigation.

E. G. F.

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\* San Francisco A. M. A. meeting. See *Journal A. M. A.*, August 11, 1923, p. 431.