

Extractum Ergotæ (the Flindextract was retained).....	58
Extractum Gentianæ (the Compound Tincture was retained).....	25
Extractum Hydrastis (the Fluidextract was retained).....	11
Extractum Opii (powdered Opium and the Tincture were retained).....	27
Fluidextractum Viburni Prunifolii.....	13
Pulvis Aromaticus.....	13
Quininæ Salicylas (nine quinines were retained).....	17
Sparteïnæ Sulphas.....	11
Strontii Bromidum (four bromides were retained).....	78
Strychnina (two strychniminc salts were retained).....	11
Syrupus Acaciæ.....	49
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Scope, therefore, is one of the large research problems of the Committee of Revision, and physicians and pharmacists who are in a position to contribute personal knowledge concerning the present-day use and therapeutic approval of medicinal agents which are not now in the U. S. Pharmacopœia, are earnestly urged to contribute such information to the work of the Committee.

THE THEORY AND ART OF PHARMACOPŒIA REVISION; A REPLY.

BY HORATIO C. WOOD, JR., M.D.

In the June number of the JOURNAL appears under the above title an article by Dr. Rusby in which he attacks the work of the Revision Committee especially those operations which belong to the Sub-Committees on Scope and Nomenclature. As I was Chairman of the former and a member of the latter, may I be permitted to call attention to some of the inaccuracies in Dr. Rusby's paper.

It is unfortunate that he has not read the Pharmacopœia more carefully, for if he had done so, he would have been spared the chagrin of condemning the Committee for deeds which it never committed. For example, he accuses us of having deleted oil of chenopodium without sufficient justification; as a matter of fact this drug was admitted into the U. S. P. X. He deems very unfortunate the "relegation of *Rhamnus Purshiana* which is purely Latin to serve as the official English title;" whereas the adopted English title is *Cascara Sagrada*, *Rhamnus Purshiana* being given as a synonym for the Latin name. Most unfortunate of all his misquotations, however, is the statement that we rejected all "articles unless their therapeutical usefulness has been *proved*." Such a principle was never suggested in the work of the Sub-Committee on Scope and, I feel sure, if it had been would have been regarded by most of the members as a ridiculous proposition. Apparently Dr. Rusby's mistake in this connection has arisen from a careless reading of the preface (see page x of the U. S. P.) in which occurs the statement that this Sub-Committee "primarily decided admissions upon approved therapeutical value." There is a vast difference between the meanings of the words "proved" and "approved."

Dr. Rusby states that we have departed from the original principles of the Pharmacopœia by substituting "two totally different and wholly unjustifiable objects, (a) the recommending to the medical profession of those medicines which a certain number of medical men on the Committee of Revision thought should be used, and (b) the creation of a false belief especially in any foreign countries that those not admitted are not used here." The second of these "objects" is ludicrous. The Committee had no desire to create in foreign countries *any* sort of a belief concerning the drugs that are used in this one. It never entered the head of any member of the Committee to consider what foreigners would think of American medical practice; the U. S. Pharmacopœia is made for Americans, not for Europeans.

As regards the first of these asserted objects, while I do not believe the Committee had any desire to pose as an arbiter medicamentarium, I do take positive exception to Dr. Rusby's dictum that only insufficient use can justify the exclusion of a drug. If he had taken the trouble to consult the first edition of the Pharmacopœia, published in 1820, he would have found in it the expression that the purpose of the Pharmacopœia was to *select* from among the substances used in medicine, those remedies which are most worthy of medical employment. It is Dr. Rusby, and not the Committee of Revision, who is attempting to introduce a new principle into Pharmacopœia revision.

I may add in this connection that since the appearance of the Charters' Report on pharmaceutical education, I feel more than ever convinced that the decisions of the Sub-Committee on Scope represented, with a surprising accuracy, the practice of the great majority of American physicians.

By inference Dr. Rusby has placed the Sub-Committee on Scope among that group of people who are led astray by regarding the NATIONAL FORMULARY as dumping ground for drugs that are not considered eligible for the Pharmacopœia. While of course the members of the Sub-Committee on Scope realized that as a matter of fact the N. F. would likely take up certain of the drugs that were dismissed from the U. S. P., the probability of such action was not regarded as germane to the Committee's duties and I doubt whether any member's vote was influenced by such an idea. In the example which he quotes, namely, the deletion of physostigma, it was certainly not the case; the drug was deleted because it was regarded as inferior to the alkaloid (which was retained), and it is certainly not widely used at the present time.

I have not attempted to argue the justice of Dr. Rusby's view that the Sub-Committee should do nothing more than collect statistics as to whether "25% or more of the drug stores in the United States" carry certain medicinal articles, although I confess that such a conception of the duties of this Committee seem to me to be rather naive. The 1920 Convention, in the first paragraph of general principles adopted, empowered the committee to admit "drugs and medicines of therapeutic usefulness or pharmaceutical necessity" and the Committee of Revision was of course bound by the actions of the Convention. I might say, however, that if the functions of the Sub-Committee on Scope were limited to collecting data concerning drug-store merchandise it would be far more appropriate to put statisticians, rather than physicians, on the Revision Committee.
