

COMMITTEE REPORTS

REPORT ON THE CANADIAN FORMULARY.*

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It is easy to understand how it would be difficult for the British Pharmacopœia to be compiled so as to at once fulfil the exacting requirements of the central part of the Empire and its far-flung outposts. Canada has problems in pharmacopœial standards that it was generally felt could not be solved satisfactorily by the new British Pharmacopœia. With this situation in mind, the Committee on Pharmaceutical Standards in Canada, who made many contributions to the revision of that Pharmacopœia, continued their efforts in revising the "Canadian Formulary." This Formulary has gone through four editions, the last of which is not only exhausted, but has long since failed to meet the modern needs of both pharmacist and physician.

The new volume, it is expected, will be ready for distribution early in 1933. In character it will be quite unlike that of any of the former editions. It will be composed of three sections, each totally different in character and function. These sections are briefly described as follows:

The Addendum.—This portion of the book is intended as supplementary to the new British Pharmacopœia, inasmuch as it specifies standards for therapeutic material, which is of direct interest to Canadians. In this list will be found some items in the new British Pharmacopœia, but for the most part, items which were omitted from that book and which find a place in our own *Materia Medica*. The Addendum is also extended enough to cover many galenicals which have had such variations in commerce, so as to bring them within the category of absolute uniformity throughout the Dominion. This section of the book is to be regarded as official, *i. e.*, mandatory and binding on pharmacists and physicians. Under this heading one will find about 50 items, among which are Syrup of Codeine Phosphate, Aromatic Elixir, Elixir of Three Bromides, etc.

The Physicians' Section, the Formulary Section, is designed as a guide for the physician in making combinations of therapeutic substances, and means of covering any distaste by suitable flavorings or media. Much experimenting has been done in laboratories before these suggestions were endorsed by the Committee. They are written in prescription form in small doses, so that multiple doses can be easily computed. The prescriptions follow the full series of the common forms in which drugs are exhibited, namely, lotions, liniments, mixtures, etc., involving about 60 items, among which one will find suitable formulas for Tannic Acid for burns, Ophthalmic Solutions, Iron Mixtures, Antacid Powder, etc.

Reference Section.—This constitutes a compilation of formulas garnered from every source, and their admission to the Formulary was determined by the degree of popularity, as ascertained by questionnaires sent to pharmacists throughout the Dominion. These formulas are included to not only make the Formulary useful to the pharmacists, but to save them searching many volumes of textbooks for such a formula. In many instances several formulas are found for the same preparation, in which case the editors adopted one, or sometimes two, in the hope that their inclusion would conduce uniformity in Canada. This section is not mandatory. In this section will be found such formulas as Lugol's Solution, Mandl's Pigment, Keith's Dressing, etc.

It is hoped that this new volume will have a strong appeal to both physician and pharmacist—to physicians, particularly in the Formulary Section, to pharmacists in the Reference Section and to both in the *Addendum* to the British Pharmacopœia. Its revision has been retarded, because it was deemed advisable to wait for the new British Pharmacopœia, and to have a parallelism in terminations and nomenclature.

The activities of the Revision Committee on Pharmaceutical Standards in Canada, both in the British Pharmacopœia and the Canadian Formulary, were directed by Prof. V. E. Henderson, Department of Pharmacology, University of Toronto. The appointed editors were Prof. G. H. W. Lucas, Department of Pharmacology, University of Toronto and Prof. R. O. Hurst, Ontario College of Pharmacy.

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