

12. "Pan-American Medical Congresses as Agencies for Stopping the Gap between Medicine and Pharmacy," by Lewis W. Fetzer, Ph.D., M.D., Sc.D., Dallas, Texas.

Typewritten copies of nearly all of the papers, with translations into Spanish by Dr. Amelia Mesa Ponce, were distributed to the delegates in attendance when the papers were read. It is felt that a great deal was done at the meeting to secure and maintain the highly desirable uniformity among the present and prospective pharmacopœias of the various countries in the western hemisphere.

#### SUPPLEMENTARY REPORT.

Word has been received from Dr. Francisco Hidalgo, of Havana, Cuba, who had been appointed chairman of the Section on Pharmacopœias but was unable to attend the meeting in Dallas, that the following additional papers have been contributed to the Pharmacopœial Section and will be published.

1. "Concept of the Pharmacopœia," by Dr. José C. Diaz, of Havana.
2. "The United States Pharmacopœia and the Projected Pan-American Pharmacopœia," by Dr. Francisco Hidalgo.
3. "Considerations in Regard to the Translation into Spanish of the United States Pharmacopœia," by Dr. José Capote Diaz, of Havana.
4. "Official Pharmacopœias and Formularies of the American Continent. Introductory Study for a Projected Pan-American Pharmacopœia," by Dr. Ricardo Galbis, of Havana.
5. "The Pan-American Pharmacopœia," by Dr. Francisco Velez Salas of Caracas, Venezuela.

### OFFICIAL PHARMACOPŒIAS AND FORMULARIES IN USE IN THE DIFFERENT COUNTRIES OF AMERICA.

#### PRELIMINARY SKETCH TO BE USED FOR THE CREATION OF A PAN-AMERICAN PHARMACOPŒIA.

BY DR. RICARDO GALBIS.

We, the people of the various countries of America, know each other less than the inhabitants of distant continents. We mind more European affairs than our Pan-American cultural development, being thus careless about the cultural status of our neighboring countries.

With reference to the Pharmacopœias, which are of vital importance in all health problems, we must admit that many are ignorant as to the type of Pharmacopœia, either official or in use, employed by their respective neighbors.

The object of the present sketch is to investigate which are the official pharmacopœias and formularies in use in the different countries within the American Continent and with this information adopt a policy which will regulate the construction of The Pan-American Pharmacopœia, discussing at the same time its advantages and disadvantages.

The data for this sketch have been obtained from official sources, such as: Bureau of Foreign Relations, Public Health Board, universities, scientific reviews, professors, individual authorities, etc. (The author desires to be reminded of any misquotation, misrepresentation or errors regarding the body of this work, and invites the reader to make suggestions, for it will be for common interest.)

Our information is not limited to American political units, for it also covers data from European possessions in America. The European possessions in America not quoted in this work are understood to be using the official pharmacopœia of their respective commonwealths.

In accordance with the above we come to the following conclusion: Out of the twenty-one independent republics of America, six have their own pharmacopœia: United States of America, Mexico, Venezuela, Brazil, Argentine and Chile. The following possess their own formulary: Canada, United States of America and Cuba. Eleven countries lacking a local pharmacopœia have adopted the French Pharmacopœia; five have adopted the Pharmacopœia of the United States of America. (In accordance with the information received Nicaragua has adopted as official both the French and the United States pharmacopœias, which information must be, in due time, verified.)

As a final analysis of this subject it is a proved fact that the editing of a Pan-American Pharmacopœia should include among its various chapters a thorough treatise on all medicines which are widely recognized for their therapeutic efficiency and general usage. This work might represent a worthy contribution to the progress of the profession in America. Some one may raise the objection that native medicaments of a given country cannot be materially employed in other countries, and the description of the numerous native medicaments of different countries would unnecessarily increase the volume of this work, lacking as well in practical value. We must argue, in answer to that objection, the Pan-American Pharmacopœia would only contain the medicaments possessing uniform and well-defined effects and in general usage in America, and we would set aside for another official work such as the National Formulary for each country, herein dealing with native medicaments as regards each country. If out of the twenty-one American republics only six possess their own pharmacopœia and out of these six we find some that have had no revision for a long time or do not meet the requirements of a true pharmacopœia, is it not a logical conclusion to entertain the project of editing a Pan-American Pharmacopœia?

OFFICIAL PHARMACOPŒIAS.

Country.	National Pharmacopœia.	Adopted Pharmacopœia.
United States of America	Pharmacopœia of the United States of America, Tenth Decennial Revision, 1926	
Mexico.....	Farmacopea Nacional Mexicana, 1930	
Cuba.....		United States
Santo Domingo.....		United States
Haiti.....		French
Guatemala.....		French
Honduras.....		French
Nicaragua.....		U. S. P. and French
El Salvador.....		French
Costa Rica.....		United States
Panama.....		United States
Colombia.....		French
Venezuela.....	(Third Edition) Farmacopea Venezolana, 1927	
Ecuador.....		French
Brazil.....	Pharmacopeia dos Estados Unidos do Brasil, 1929	
Peru.....		French
Bolivia.....		French
Paraguay.....		French
Argentina.....	Farmacopea Argentina, 1928. Second Edition	
Uruguay.....		French
Chile.....	Farmacopea Chilena, 1905	

This would represent continental coöperation of the highest order as the natural result of the organized efforts of countries united by both geographical and historical ties. We must consider in our favor all of the agreements taken at Pan-American congresses and international sanitary Conventions of American republics. The Second Pan-American Congress held at Mexico City thirty-five years ago agreed that each country present would designate a sub-committee out of its members, and these sub-committees would coöperate in editing a Pan-American Pharmacopœia, which work was supposed to be recognized as official by the governments represented at the Congress. At that Congress Professor Joseph P. Remington's exposition on a Pan-American Pharmacopœia was presented and also Dr. H. H. Rusby's work entitled "Pan-American Flora." At the Second International Sanitary Convention of the American Republics held at Washington in the year 1905 it was agreed to translate into Spanish the Pharmacopœia of the United States of America, which translation was to be presented to the Spanish-speaking countries with the object of adopting it as the official Pan-American Pharmacopœia. At the seventh convention of the same body held at Havana in 1924 fundamental agreements were taken as to prospec-

tive food and drugs laws to be adopted by each country. And, finally, the Third Pan-American Medical Congress held at Mexico City in July 1931 agreed to designate a board to take charge, after obtaining the sanction of their respective governments and the Revision Committee of the Pharmacopœia of the United States, of editing a Pan-American Pharmacopœia. This proposition was made by Dr. Demetrio Lopez, as president of the Mexican Medical Academy.

If the scheme for a universal or else international pharmacopœia has been sustained and commended by recognized authorities, all the more logical the existence of a Pan-American Pharmacopœia. The agreements and objects of all conferences dealing with the unification of the formulas for active medicaments, and taking into consideration the pharmacopœias of advanced countries, these might be used for the plan of editing a Pan-American Pharmacopœia.

It must be noted that the Spanish Pharmacopœia has never been officially adopted by any of the nations within the American Continent, as might be expected for historical reasons. This experience proves that the Spanish Pharmacopœia was considered inadequate at the time the Spanish-speaking countries adopted either the French or the United States Pharmacopœia.

With the advent of the eighth edition of the Spanish Pharmacopœia and the rise of the Spanish Republic it might be expected that Spain might try to reconquer Spanish America as regards intellectual tradition, in the pharmacopœial sphere.

SAN LAZARO 331,  
HABANA, CUBA.

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#### PAN-AMERICAN PHARMACOPŒIAL UNIFORMITY.

BY E. FULLERTON COOK, PH.M.\*

The establishment of a Section on Pharmacopœias as a regular function of this ASSOCIATION opens a new line of interest and service in Pan-American coöperation which is most gratifying. The idea of a Pan-American Pharmacopœia and in fact the effort to develop an "International Pharmacopœia" is not new, but every earlier effort failed because such an idea is not in conformity with the spirit of strong nationalism which exists in every country. We may well benefit from the experience of the international groups who made their first progress by agreeing upon a policy which did not interfere with the continuance of their own national Pharmacopœia but, in principle, obtained practically all of the benefits of an "International Pharmacopœia."

I am suggesting, therefore, that this Section agree upon a series of principles, expressed by appropriate resolutions, which should interest the health departments of all of the Republics associated in the Pan-American Union and stimulate activity toward a uniformity in the standards for the more important medicines used by all.

The plan proposed would embody the following general principles:

In recognition of the fact that a number of the Republics associated in the Pan-American Union have already established their own national Pharmacopœias, through the professional coöperation of physicians and pharmacists in their own country, and that others plan to do so as soon as conditions permit, and, since such a policy is desirable in that it enables each country to best provide for its own special needs, and also stimulates interest and development in many associated sciences, it is therefore recommended:

1. That an effort be made to reach a Pan-American agreement upon the standards of strength and purity for the more important therapeutic agents and aids employed by physicians in these associated countries.
2. That a "Committee on Pharmacopœial Uniformity" be created, the authorities in each Republic being invited to name a representative on the Committee.
3. That the aid of the offices and facilities of the Pan-American Health Union at Washington be enlisted for the purpose of obtaining contacts with the various Health Departments of the Republics in the Union and that the aid of their journal be requested as a means of publicity and information.

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\* Chairman of the Committee of Revision of the Pharmacopœia of the United States. Read at the meeting of the Pan-American Medical Association, Pharmacopœial Section, held at Dallas, Texas, March 21-25, 1933.