I was much interested in reading the article by John K. Thum, in which he advocates the inclusion of a liquid soap in the next Pharmacopoeia. His arraignment of the Committee of Revision is rather interesting to me as I am well aware of his adhesion to those tenets which will make for a conservative Pharmacopoeia.

Among the other subjects which must be considered in the scope of the new Pharmacopoeia I may mention the following:

1. The extension of the definitions to include additional sources of supply. During the war we were practically confronted with this question and it was found possible to extend the available supplies and reduce the expensiveness of quite a number of drugs. The situation practically forced Mexican Scammony on the market and also the American Styrax, because the Levant article was not obtainable.

2. The stability of certain important drugs and their preparations will doubtless receive greater consideration than ever before. It seems to be a fact that a considerable quantity of such preparations as the fluidextract and tincture of Digitalis, fluidextracts of Ergot and Convallaria, which are on the market, are of inferior quality. It has been stated to me that 30 percent of the fluidextract of Ergot on the retail druggists' shelves to-day is practically worthless and, hence, worse than useless. This does not apply to the best pharmacists or those who are enjoying a large prescription trade and who, consequently, carry fresh stock.

3. The physiological assays of the various drugs and drug derivatives, including the diphtheria antitoxin, seem to demand a most painstaking revision. This is likely to be a vexatious problem, because there is a division of sentiment among pharmacologists as to the accuracy of such assays and also as regards the details of each particular assay. In addition to providing standard assay methods it would seem desirable to extend the list of the drugs subject to physiological assay to include some of the more important vaccines, as anti-typhoid vaccine, which are now just as valuable and as largely consumed as the anti-diphtheritic serum.

4. The Pharmacopoeia should acknowledge the value of the carbolic acid coefficient as demonstrating germicidal activity and thereby officially covering assay of the important class of germicides. This will involve a thorough review of the methods of determining carbolic acid coefficient and the approval of some one particular method, rather than leaving the field open, as at the present time, to three or four assays.

5. In this connection, there might be included a tentative list of suggested additions to the U. S. Pharmacopoeia X:

Acidum Acetylsalicylicum
Acidum Diaethylbarbituricum (Veronal)
Benzene (Benzol)
Benzyl Alcohol
Cantharidin
Chlorinated Paraffin (Dakin)
Duboisine
Dionin
Epinephrina (Adrenalin)
Fluorescein (Diagnostic) Reagent
Protargol
Solution of Chlorinated Soda
Theobromina
Tuberculinum
Vaccinum Staphylococcicum
Vaccinum Typhosum
Sodii Biphosphas
Salvarsan (Arsenobenzol)
Serum Antimeningococcum
Sodii Arsanilas (Atoxyl)

These, it occurs to me, are some of the large questions involved in the scope of the Pharmacopoeia which should receive the attention of pharmacists, and upon which we must have positive ideas in order to develop a Pharmacopoeia which meets the requirements of good practice of to-day.

U. S. P. REVISION—WHO SHALL DO THE WORK AND WHY?

BY ROBERT P. FISCHELIS.

The United States Pharmacopoeia is no longer a book of formulas. It is now a book of standards recognized as such by the Congress of the United States which represents all the people of this country. It is no longer published in the interest of the pharmacist or the physician alone, but also, and largely, in the interest of the public. Shall this addition to the function of the Pharmacopoeia cause a transfer of the work of revision to a new organization responsible directly to

the people or shall this work be left, as heretofore, in the hands of scientists chosen by the Pharmacopoeial Convention which represents incorporated medical and pharmaceutical colleges and associations?

We have had one revision under the latter auspices since the U. S. P. became the legal standard for drugs by act of Congress. From all reports, this revision has been, on the whole, eminently satisfactory and it is very doubtful whether the public interest could have been served better by placing the revision in any other hands. The strongest argument for the present method of revision, to my mind, is the thoroughly democratic policy which it is able to pursue. An open-minded revision committee under the present form of organization is in a position to permit all those interested in standards for drugs to submit their views and act upon such suggestions without fear or favor.

While a government bureau or a scientific foundation laboratory might start out with the best intention to maintain this same democratic spirit, it would soon lack that very thing. We have had enough examples to show that it is impossible in such organizations to eliminate the narrow and biased viewpoint. Symptoms of autocracy are sure to crop out here and there and while it is unlikely that any special interests would be served to the exclusion of others, the wholesome result of discussion pro and con between the various medical and pharmaceutical interests, which has led us so often to the happy medium, would be sorely lacking.

I do not mean to imply that the present revision committee is perfect, but a critical survey of its make-up will reveal a pretty well balanced organization with all the necessary viewpoints represented. Whenever revision committees of the U. S. P. are selected, it should be borne in mind that the best work can be accomplished by having a balanced organization, thoroughly democratic in its make-up, ready to listen to every point of view and willing to decide a case only on its merits. Physicians, pharmacists and chemists should make up the revision committee, but it should be arranged that under these three classes of professional men we have included expert bacteriologists, pharmacologists, plant chemists, and biological chemists, in addition to physicians and pharmacists representing laboratory medicine and practice; retail, wholesale and manufacturing pharmacy; research and routine chemistry. Furthermore, the addition of a few men whose training has been along pharmaco-legal and medico-legal lines and a hard-headed business man or two would help to round out the organization and make for greater efficiency.

ABSTRACT OF DISCUSSION.

CHARLES E. CASPARI: In replying to the question "Who shall do the work and why?" of U. S. P. revision, I may possibly encroach on some other questions; if I do, it will only be for reference and not for full discussion. It is possible for the Pharmacopoeia to be revised only in two ways: Either, as at present, by a committee elected by the U. S. P. Convention; or by the United States Government.

There was a time when I was in favor of turning the Pharmacopoeia over to the Government. Happily, I have gotten over that view and I believe that it should be revised along the same general lines as in the past; except, and this is rather a large exception, that the committee should not be composed of more than fifteen members. In my opinion a committe of fifty is cumbersome, as proved in a number of instances during the last revision. In selecting a number as large as 50 it is not always possible to select 50 men who are going to be animated by the same ambition to do the work. There is always some "dead wood" in such a large committee that is useless or worse than useless.

Furthermore, I think the committee selected should be a paid committee and held responsible for the prompt make-up, promptness and accuracy of the work.

In my own case, and I am sure I speak for a number of others, the pharmacopoeial work in the last revision was done following the work I was paid to do. That work had to be done first and any time left was devoted to the revision of the Pharmacopoeia. That is not as it should be. If the Committee is smaller and is paid a certain amount, I do not care what it is, the members make themselves responsible, and the work would be turned out very much more expeditiously than the last edition of the Pharmacopoeia.

If the committee is limited in number the expense of the revision will be very materially decreased. But whether the work of revision is to be done by a large committee or a small committee, I would advocate more frequent meetings of sub-committees. During the last revision