## PHARMACOPŒIAS AND FORMULARIES

## SCANDINAVIAN PHARMACOPOEIA COMMISSION

AT a Conference held, on the invitation of the Swedish Government, at Stockholm in November 1948, a joint Pharmacopæia Commission for the Scandinavian countries was formed. This consists of 3 representatives of cach of the Pharmacopæia Commissions of Denmark, Norway and Sweden, nominated by the Governments of these countries. It is hoped that Finland will also join. The chairman is Prof. G. Ahlgren, Sweden, and the General Secretary, Dr. F. Reimers, Denmark.

Formation of the joint commission has given a permanent organisation to the co-operation between the Pharmacopæia Commissions of the Scandinavian countries which has been kept up by occasional conferences throughout a number of years. While, in the earlier period of co-operation, it was only possible to obtain agreement on single points, work will now be directed towards gradually obtaining such complete agreement that a joint Scandinavian Pharmacopæia can be published.

That would have many advantages. The medical and pharmaceutical professions are so close to one another in these countries, and the difference in language is so small, that any difference between the Pharmacopæias should be avoided, as this may prove a hindrance in connection with scientific literature, text-books, and education, and also may give rise to difficulties in understanding prescriptions written by doctors of the other countries. Further, all the countries manufacture chemicals to a limited extent only and most of the requirements are imported from the same suppliers abroad. It will also be a great advantage that work can be shared among the Pharmacopæical laboratories of these countries, for initial attack on problems and for checking of results.

Instructions to the joint commission have been drafted and are under consideration by the respective Governments. One important decision is that the names of drugs to be used in the National Pharmacopæias shall be decided by the joint Commission.

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constituents being also investigated. A susceptible strain of the organism was used and also a variant of that strain resistant to 1,000  $\mu$ g, of streptomycin. In broth, the bacteriostatic range of streptomycin for the susceptible strain was not affected by the presence of the 60 per cent, of human or rabbit serum. When the resistant strain was tested in the presence of 60 per cent, of rabbit serum, as little as 125  $\mu$ g, ml, of streptomycin gave retarded growth with small inocula at 24 hours but not at 48 hours. This transient inhibition was not due to any constituent of the serum, neither was it due to stimulation of phagocytosis with subsequent death of the leucocytes. Possibly the inhibition is due to modification of the nutritional requirements with the acquisition of streptomycin resistance. It is suggested that there are two alternative growth mechanisms available to the organism, one being blocked by streptomycin, the other being insufficiently developed at first but increasing later.